

*Public Disclosure Copy*

**STATEMENT THAT THIS IS A TAX RETURN  
NOT A FINANCIAL STATEMENT**

The accompanying federal income tax return does **NOT** constitute a financial statement. We have not audited, reviewed or compiled the accompanying income tax return and, accordingly, do not express an opinion or any other form of assurance on it.

An income tax return is not intended to constitute financial statements prepared in accordance with generally accepted accounting principles. Accordingly, it does not necessarily include all financial information or disclosures required by generally accepted accounting principles. If the omitted financial information or disclosures were included with the tax return, they might influence the users' conclusions about the taxpayer's financial position, results of operations and cash flows. Accordingly, this income tax return is not designed to be used in lieu of financial statements.

**RECORD RETENTION**

Our policy is to dispose of our copies of tax returns and workpapers, and other tax information that is more than eight years old.

Your responsibility for retention of your own tax records varies, depending upon the type of tax return or other information involved. We suggest that you keep your tax information and supporting documents for a minimum of eight years. We also recommend that you keep all records that pertain to a carryover amount, such as net operating loss carryovers and charitable contribution carryovers as well as capital loss carryovers, until eight years after the carryover has been consumed.

Also, we suggest that you maintain, indefinitely, copies of income tax returns, records supporting your tax basis in your personal, investment, and business assets, and documentation pertaining to gifts that you make. Your copies of the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

**ADDITIONAL TAX RETURN REQUESTS FOR PARTNERSHIPS,  
S CORPORATIONS, TRUSTS AND ESTATES**

In compliance with tax law [Section 6103(3) (10)], if additional copies of a tax return are requested, the requestor must complete a release form before Eide Bailly LLP can fulfill the request (including returns not listed above). In addition, the law states that the duplicate copy shall only include the requestor's personal information. Personal information (including supporting schedules, attachments or lists that include taxpayer identity information) for other partners, shareholders or beneficiaries of the taxpayer entity will be excluded from the duplicate copy. The law regarding personal information disclosure applies to not only tax preparers, but to your tax matters person and others who are responsible for the preparation of the return.

## Filing Instructions

**Prepared for:**

The Voice of the Martyrs, Inc  
200 SE Frank Phillips Blvd.  
Bartlesville, OK 74003

**Prepared by:**

Eide Bailly LLP  
2424 E 21st St, Suite 200  
Tulsa, OK 74114

2008 FORM 990

Please sign and mail on or before November 16, 2009.

Mail to - Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027

PUBLIC DISCLOSURE COPY

Form **990**

# Return of Organization Exempt From Income Tax

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

# 2008

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

### A For the 2008 calendar year, or tax year beginning and ending

|  |  |   |  |   |
|--|--|---|--|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Termination<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | Please use IRS label or print or type.<br><br>See Specific Instructions. | <b>C</b> Name of organization<br><b>THE VOICE OF THE MARTYRS, INC</b>   |  | <b>D</b> Employer identification number<br><b>73-1395057</b>  |
|  |  | Doing Business As   |  | <b>E</b> Telephone number<br><b>918-337-8015</b>  |
|  |  | Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>200 SE FRANK PHILLIPS BLVD.</b> |  | <b>G</b> Gross receipts \$ <b>44,393,737.</b>   |
|  |  | City or town, state or country, and ZIP + 4<br><b>BARTLESVILLE, OK 74003</b>  |  | <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c)</b> Group exemption number ▶ |
| <b>F</b> Name and address of principal officer: <b>JAMES DAU</b><br><b>SAME AS C ABOVE</b>   |  |   |  |   |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  |   |  |   |
| <b>J</b> Website: ▶ <b>WWW.PERSECUTION.COM</b>   |  |   |  |   |
| <b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |  |   |  | <b>L</b> Year of formation: <b>1967</b> <b>M</b> State of legal domicile: <b>OK</b>   |

### Part I Summary

|  |   |   |
|--|---|---|
| <b>Activities &amp; Governance</b>   | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>SERVING THE PERSECUTED CHURCH THROUGH PRACTICAL AND SPIRITUAL ASSISTANCE WHILE LEADING CHRISTIANS</b> |   |
|  | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.  |   |
|  | <b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>10</b>   |   |
|  | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>10</b>   |   |
|  | <b>5</b> Total number of employees (Part V, line 2a) <b>5</b> <b>134</b>  |   |
|  | <b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> <b>1210</b>  |   |
|  | <b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C) <b>7a</b> <b>0.</b>  |   |
|  | <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 <b>7b</b> <b>0.</b>   |   |
| <b>Revenue</b>   | <b>8</b> Contributions and grants (Part VIII, line 1h) <b>44,385,941.</b> <b>41,512,337.</b>  |   |
|  | <b>9</b> Program service revenue (Part VIII, line 2g) <b>171,238.</b>   |   |
|  | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>392,578.</b> <b>76,123.</b>  |   |
|  | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>124,389.</b> <b>920,148.</b>  |   |
|  | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>44,902,908.</b> <b>42,679,846.</b>  |   |
|  | <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>27,697,247.</b> <b>17,007,771.</b>                |
|  |   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   |
|  |   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>2,640,026.</b> <b>4,437,754.</b> |
|  |   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  |
|  |   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,929,321.</b>  |
|  |   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) <b>11,163,143.</b> <b>14,625,840.</b>                    |
|  |   | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>41,500,416.</b> <b>36,071,365.</b>       |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>3,402,492.</b> <b>6,608,481.</b> |   |   |
| <b>Net Assets or Fund Balances</b>   | <b>20</b> Total assets (Part X, line 16) <b>24,770,986.</b> <b>29,722,933.</b>  |   |
|  | <b>21</b> Total liabilities (Part X, line 26) <b>2,040,467.</b> <b>1,765,764.</b>   |   |
|  | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>22,730,519.</b> <b>27,957,169.</b>  |   |

### 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 of 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.

|                                 |   |                      |   |  |
|---------------------------------|---|----------------------|---|--|
| <b>Sign Here</b>                | Signature of officer  | Date                 |   |  |
|                                 | <b>JAMES DAU, PRESIDENT</b><br>Type or print name and title   |                      |   |  |
| <b>Paid Preparer's Use Only</b> | Preparer's signature ▶ <b>TIM ROBERTS</b>   | Date <b>09/16/09</b> | Check if self-employed <input type="checkbox"/> | Preparer's identifying number (see instructions) |
|                                 | Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <b>EIDE BAILLY LLP</b><br><b>2424 E 21ST ST, SUITE 200</b><br><b>TULSA, OK 74114</b>  | EIN ▶                | Phone no. ▶ <b>918-299-8833</b>                 |  |
|                                 | May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                      |   |  |

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SERVING THE PERSECUTED CHURCH THROUGH PRACTICAL AND SPIRITUAL ASSISTANCE WHILE LEADING CHRISTIANS IN THE FREE WORLD INTO FELLOWSHIP WITH THEM.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No [X] No

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: ) (Expenses \$ 8,850,000. including grants of \$ ) (Revenue \$ ) BIBLES AND CHRISTIAN LITERATURE: ONE OF THE VOICE OF THE MARTYRS' FIVE MAIN PURPOSES IS TO ENCOURAGE AND EMPOWER CHRISTIANS IN RESTRICTED AND HOSTILE NATIONS; ONE OF THE PRIMARY WAYS TO DO THAT IS TO GET GOD'S WORD INTO THE HANDS OF BELIEVERS WHO WILL BE STRENGTHENED BY IT AND CAN IN TURN SHARE IT WITH THOSE WHO DON'T YET KNOW CHRIST. IN 2008, VOM SPENT APPROXIMATELY \$8,850,000 IN PRINTING, PURCHASING AND DELIVERING BIBLES, NEW TESTAMENTS AND OTHER CHRISTIAN LITERATURE TO PERSECUTED CHRISTIANS IN OVER 35 RESTRICTED OR HOSTILE NATIONS.

4b (Code: ) (Expenses \$ 8,800,000. including grants of \$ ) (Revenue \$ ) EDUCATION: THE VOICE OF THE MARTYRS IS COMMITTED TO DEVELOPING THE FELLOWSHIP OF ALL BELIEVERS BY INFORMING THE WORLD OF THE ATROCITIES ENDURED BY PERSECUTED CHRISTIANS AND PUBLICIZING THEIR STORIES OF HOPE, FAITH AND COURAGE AS THEY STAND BOLDLY FOR JESUS CHRIST. VOM PRODUCES A FREE MONTHLY NEWSLETTER AND UTILIZES SEVERAL ONLINE TOOLS TO ACCOMPLISH THIS PURPOSE. IN 2008, VOM SPENT APPROXIMATELY \$2,750,000 TO CIRCULATE APPROXIMATELY 450,000 FREE NEWSLETTERS EACH MONTH; APPROXIMATELY \$1,430,000 WAS SPENT TO ADVERTISE AND EDUCATE ONLINE AND APPROXIMATELY \$4,620,000 FOR VARIOUS VENUES SUCH AS RADIO, A CHILDREN'S PROGRAM AND CONFERENCES.

4c (Code: ) (Expenses \$ 8,100,000. including grants of \$ ) (Revenue \$ ) VOMEDICAL: VOMEDICAL'S UNIQUE FOCUS IS TO PROVIDE AN IMMEDIATE, LIFE-SAVING RESPONSE TO THOSE ATTACKED FOR THEIR FAITH BY EMPLOYING EXISTING OVERSEAS HEALTHCARE ASSETS AS OUR VEHICLE FOR CARE. VOMEDICAL IS NOT A TRADITIONAL MEDICAL MISSIONS ORGANIZATION AND DOES NOT OPERATE HOSPITALS OR STAFF CLINICS. WE PARTNER WITH OTHER MEDICAL GROUPS TO RESPOND TO THE NEEDS OF THE PERSECUTED CHURCH. VOM ALSO PARTNERS WITH LOCAL HOSPITALS TO PROVIDE MEDICINES THAT ARE DONATED BY MEDPHARM. APPROXIMATELY \$8,100,000 WAS SPENT IN 2008 TO MEET THE MEDICAL AND SPIRITUAL NEEDS OF SEVERAL THOUSANDS PEOPLE.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 4,427,519. including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 30,177,519. (Must equal Part IX, Line 25, column (B).)

**Part 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)?<br><i>If "Yes," complete Schedule A</i> .....  | X   |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? .....   | X   |    |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....  |     | X  |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> .....  |     | X  |
| 5   | <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> .....  |     |    |
| 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? <i>If "Yes," complete Schedule D, Part I</i> .....   |     | X  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....  |     | X  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....   |     | X  |
| 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? <i>If "Yes," complete Schedule D, Part IV</i> .....                           |     | X  |
| 10  | Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....   | X   |    |
| 11  | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?<br><i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....   | 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? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....   | X   |    |
| 13  | Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....  |     | X  |
| 14a | Did the organization maintain an office, employees, or agents outside of the U.S.? .....   | 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.? <i>If "Yes," complete Schedule F, Part I</i> .....  | X   |    |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> .....   | X   |    |
| 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? <i>If "Yes," complete Schedule F, Part III</i> .....   | X   |    |
| 17  | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> .....  |     | X  |
| 18  | 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> .....  |     | X  |
| 19  | Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....   |     | X  |
| 20  | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....   |     | X  |
| 21  | Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....   | X   |    |
| 22  | Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....  | X   |    |
| 23  | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> .....   | X   |    |
| 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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i> ..... |     | X  |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....  |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....   |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....  |     |    |
| 25a | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| b   | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....  |     | 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? <i>If "Yes," complete Schedule L, Part III</i> .....  |     | X  |

**Part IV Checklist of Required Schedules** (continued)

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>28</b> | During the tax year, did any person who is a current or former officer, director, trustee, or key employee:  |     |    |
| <b>a</b>  | 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)? <i>If "Yes," complete Schedule L, Part IV</i> ..... |     | X  |
| <b>b</b>  | Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>c</b>  | 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? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>29</b> | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....  | X   |    |
| <b>30</b> | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....  |     | X  |
| <b>31</b> | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....  |     | X  |
| <b>32</b> | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....  |     | X  |
| <b>33</b> | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....  | X   |    |
| <b>34</b> | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....   |     | X  |
| <b>35</b> | Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     | X  |
| <b>36</b> | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     | X  |
| <b>37</b> | 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? <i>If "Yes," complete Schedule R, Part VI</i> .....   |     | X  |

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

|            |  | Yes | No |
|------------|--|-----|----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable   |     |    |
|            | <b>1a</b> 114  |     |    |
| <b>1b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |     |    |
|            | <b>1b</b> 0  |     |    |
| <b>1c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | X   |    |
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  |     |    |
|            | <b>2a</b> 134  |     |    |
| <b>2b</b>  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)  | X   |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?   |     | X  |
| <b>3b</b>  | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   |     |    |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?   |     | X  |
| <b>4b</b>  | If "Yes," enter the name of the foreign country: _____<br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  |     |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |     | X  |
| <b>5b</b>  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     | X  |
| <b>5c</b>  | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?   |     |    |
| <b>6a</b>  | Did the organization solicit any contributions that were not tax deductible?   |     | X  |
| <b>6b</b>  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |     |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |
| <b>7a</b>  | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?  |     | X  |
| <b>7b</b>  | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |     |    |
| <b>7c</b>  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |     | X  |
| <b>7d</b>  | If "Yes," indicate the number of Forms 8282 filed during the year  |     |    |
| <b>7e</b>  | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |     | X  |
| <b>7f</b>  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |     | X  |
| <b>7g</b>  | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?   |     |    |
| <b>7h</b>  | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  |     |    |
| <b>8</b>   | <b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? |     |    |
| <b>9</b>   | <b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>   |     |    |
| <b>9a</b>  | Did the organization make any taxable distributions under section 4966?  |     |    |
| <b>9b</b>  | Did the organization make a distribution to a donor, donor advisor, or related person?   |     |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter: <b>N/A</b>  |     |    |
| <b>10a</b> | Initiation fees and capital contributions included on Part VIII, line 12   |     |    |
| <b>10b</b> | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |     |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter: <b>N/A</b>   |     |    |
| <b>11a</b> | Gross income from members or shareholders  |     |    |
| <b>11b</b> | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   |     |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |     |    |
| <b>12b</b> | If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>N/A</b>   |     |    |

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

**Section A. Governing Body and Management**

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.

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body .....  |     |    |
| <b>1b</b> | Enter the number of voting members that are independent .....   |     |    |
| <b>2</b>  | 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? .....   | X   |    |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? ..... |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? .....   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a material diversion of the organization's assets? .....   |     | X  |
| <b>6</b>  | Does the organization have members or stockholders? .....   |     | X  |
| <b>7a</b> | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....   |     | X  |
| <b>7b</b> | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....   |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |     |    |
| <b>8a</b> | The governing body? .....   | X   |    |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body? .....   |     | X  |
| <b>9a</b> | Does the organization have local chapters, branches, or affiliates? .....   |     | X  |
| <b>9b</b> | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .....  |     |    |
| <b>10</b> | 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 .....       | X   |    |
| <b>11</b> | 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 .....      |     | X  |

**Section B. Policies**

|            |  | Yes | No |
|------------|--|-----|----|
| <b>12a</b> | Does the organization have a written conflict of interest policy? If "No," go to line 13 .....   | X   |    |
| <b>12b</b> | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....  | X   |    |
| <b>12c</b> | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done .....   | X   |    |
| <b>13</b>  | Does the organization have a written whistleblower policy? .....   | X   |    |
| <b>14</b>  | Does the organization have a written document retention and destruction policy? .....  | X   |    |
| <b>15</b>  | 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:   |     |    |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official? .....  | X   |    |
| <b>15b</b> | Other officers or key employees of the organization? .....   |     | X  |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....  |     | X  |
| <b>16b</b> | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? ..... |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **OK**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶** \_\_\_\_\_  
**WOODIE RAINS - 918-337-8015**  
**P.O. BOX 443, BARTLESVILLE, OK 74005**

**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.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

| (A)<br>Name and Title                       | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| HARVEY LITTLE<br>CHAIRMAN OF THE BOARD      | 1.00                          | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| THOMAS R. HOLLAND<br>BOARD MEMBER           | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| MARSHAL H. WRIGHT<br>BOARD MEMBER           | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| MERVYN W. KNIGHT<br>BOARD MEMBER            | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| DAVID DYSON<br>BOARD MEMBER                 | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| C. MARK SHUMAKER<br>BOARD MEMBER            | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| PAUL GUSTAFSON<br>BOARD MEMBER              | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| DONALD BANNER<br>BOARD MEMBER               | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| PAUL PETERSON<br>BOARD MEMBER               | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| WALTER T. WHITE<br>BOARD MEMBER/ EXEC DIREC | 40.00                         | X                                      |                       | X       |              |                              |        | 147,325.   | 0.  | 14,505.   |
| JAMES DAU<br>PRESIDENT/COO                  | 40.00                         |  |                       | X       |              |                              |        | 121,313.   | 0.  | 16,541.   |
| WOODIE RAINS<br>VP FOR FINANCIAL OPERATI    | 40.00                         |  |                       | X       |              |                              |        | 73,612.  | 0.  | 6,935.  |
| STEVE LINDQUIST<br>VP FOR DOMESTIC OPERATIO | 40.00                         |  |                       | X       |              |                              |        | 69,588.  | 0.  | 10,529.   |
| RONALD WARREN<br>VP FOR INTERNATIONAL OPE   | 40.00                         |  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |



| Part VIII Statement of Revenue                         |   |  | (A)<br>Total revenue                         | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections 512,<br>513, or 514 |          |  |
|--|---|--|--|---|---|--|----------|--|
| Contributions, gifts, grants and other similar amounts | 1 a   | Federated campaigns  |  |   |   |  |          |  |
|  | b   | Membership dues  |  |   |   |  |          |  |
|  | c   | Fundraising events   |  |   |   |  |          |  |
|  | d   | Related organizations  |  |   |   |  |          |  |
|  | e   | Government grants (contributions)  |  |   |   |  |          |  |
|  | f   | All other contributions, gifts, grants, and similar amounts not included above   | 41512337.                                    |   |   |  |          |  |
|  | g   | Noncash contributions included in lines 1a-1f: \$  | 7641111.                                     |   |   |  |          |  |
|  | h   | <b>Total.</b> Add lines 1a-1f  |  | 41512337.                                       |   |  |          |  |
|  | Program Service Revenue   | 2 a  | CONFERENCE FEE                               | 900099  | 116,516.                                | 116,516.   |          |  |
| b  |   | OTHER INCOME   | 900099                                       | 54,722.   |   | 54,722.  |          |  |
| c  |   |  |  |   |   |  |          |  |
| d  |   |  |  |   |   |  |          |  |
| e  |   |  |  |   |   |  |          |  |
| f  |   | All other program service revenue  |  |   |   |  |          |  |
| g  |   | <b>Total.</b> Add lines 2a-2f  |  | 171,238.  |   |  |          |  |
| Other Revenue  | 3   | Investment income (including dividends, interest, and other similar amounts)   |  | 392,472.  |   | 392,472.   |          |  |
|  | 4   | Income from investment of tax-exempt bond proceeds   |  |   |   |  |          |  |
|  | 5   | Royalties  |  | 11,916.   |   | 11,916.  |          |  |
|  | 6 a   | Gross Rents  | (i) Real                                     |   |   |  |          |  |
|  |   |  | (ii) Personal                                |   |   |  |          |  |
|  |   |  | b  | Less: rental expenses                           |   |  |          |  |
|  |   |  | c  | Rental income or (loss)                         |   |  |          |  |
|  | d   | Net rental income or (loss)  |  |   |   |  |          |  |
|  | 7 a   | Gross amount from sales of assets other than inventory   | (i) Securities                               | 331,350.  | 100,000.                                |  |          |  |
|  |   |  | (ii) Other                                   |   |   |  |          |  |
|  |   |  | b  | Less: cost or other basis and sales expenses    | 747,699.                                |  |          |  |
|  |   |  | c  | Gain or (loss)                                  | -416349.                                | 100,000.   |          |  |
|  | d   | Net gain or (loss)   |  | -316,349.                                       |   | -316,349.  |          |  |
|  | 8 a   | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a  |   |   |  |          |  |
|  |   |  | b  | Less: direct expenses                           |   |  |          |  |
| c  |   |  | Net income or (loss) from fundraising events |   |   |  |          |  |
| 9 a  | Gross income from gaming activities. See Part IV, line 19                     | a  |  |   |   |  |          |  |
|  |   | b  | Less: direct expenses                        |   |   |  |          |  |
|  |   | c  | Net income or (loss) from gaming activities  |   |   |  |          |  |
| 10 a   | Gross sales of inventory, less returns and allowances                         | a  | 1874424.                                     |   |   |  |          |  |
|  |   | b  | Less: cost of goods sold                     | 966,192.  |   |  |          |  |
|  |   | c  | Net income or (loss) from sales of inventory |   | 908,232.                                |  | 908,232. |  |
| Miscellaneous Revenue                                  |   | Business Code  |  |   |   |  |          |  |
| 11 a   |   |  |  |   |   |  |          |  |
| b  |   |  |  |   |   |  |          |  |
| c  |   |  |  |   |   |  |          |  |
| d  | All other revenue   |  |  |   |   |  |          |  |
| e  | <b>Total.</b> Add lines 11a-11d   |  |  |   |   |  |          |  |
| 12   | <b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e |  | 42679846.                                    | 116,516.  | 0.                                      | 1050993.   |          |  |

**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 required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....   | 4,147,521.            | 4,147,521.                      |  |                             |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....   | 1,885,222.            | 1,885,222.                      |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....  | 10,975,028.           | 10,975,028.                     |  |                             |
| 4 Benefits paid to or for members .....   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees .....  | 460,347.              | 253,191.                        | 193,346.                               | 13,810.                     |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....   |                       |                                 |  |                             |
| 7 Other salaries and wages .....  | 3,702,094.            | 2,810,731.                      | 831,938.                               | 59,425.                     |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....   | 33,460.               | 18,403.                         | 14,053.                                | 1,004.                      |
| 9 Other employee benefits .....   | 68,124.               | 68,124.                         |  |                             |
| 10 Payroll taxes .....  | 173,729.              | 95,551.                         | 72,966.                                | 5,212.                      |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management .....  |                       |                                 |  |                             |
| b Legal .....   | 9,193.                | 3,677.                          | 5,516.                                 |                             |
| c Accounting .....  | 40,500.               | 16,200.                         | 24,300.                                |                             |
| d Lobbying .....  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| f Investment management fees .....  |                       |                                 |  |                             |
| g Other .....   | 24,722.               | 9,889.                          | 14,833.                                |                             |
| 12 Advertising and promotion .....  | 4,821,154.            | 3,140,217.                      |  | 1,680,937.                  |
| 13 Office expenses .....  | 425,471.              | 284,221.                        | 130,656.                               | 10,594.                     |
| 14 Information technology .....   | 227,618.              | 227,618.                        |  |                             |
| 15 Royalties .....  | 10,800.               | 6,696.                          | 3,780.                                 | 324.                        |
| 16 Occupancy .....  | 384,353.              | 230,612.                        | 142,210.                               | 11,531.                     |
| 17 Travel .....   | 727,370.              | 727,370.                        |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings .....   |                       |                                 |  |                             |
| 20 Interest .....   | 331,361.              |                                 | 331,361.                               |                             |
| 21 Payments to affiliates .....   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization .....  | 840,803.              | 504,482.                        | 311,097.                               | 25,224.                     |
| 23 Insurance .....  | 484,965.              | 64,801.                         | 68,938.                                | 351,226.                    |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) .....  |                       |                                 |  |                             |
| a <b>NEWSLETTER</b> .....   | 2,753,031.            | 2,064,773.                      |  | 688,258.                    |
| b <b>MISSION SUPPORT</b> .....  | 1,785,188.            | 1,239,937.                      | 490,860.                               | 54,391.                     |
| c <b>POSTAGE</b> .....  | 1,304,840.            | 1,121,474.                      | 169,614.                               | 13,752.                     |
| d <b>EQUIPMENT LEASE</b> .....  | 105,891.              | 65,652.                         | 37,062.                                | 3,177.                      |
| e .....   |                       |                                 |  |                             |
| f All other expenses .....  | 348,580.              | 216,129.                        | 121,995.                               | 10,456.                     |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24f  | 36,071,365.           | 30,177,519.                     | 2,964,525.                             | 2,929,321.                  |
| 26 <b>Joint Costs.</b> Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ... | 7,574,184.            | 5,204,990.                      |  | 2,369,194.                  |

**Part X Balance Sheet**

|   |  | (A)<br>Beginning of year |                   | (B)<br>End of year     |
|---|--|--------------------------|-------------------|------------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   |                          | <b>1</b>          |                        |
|   | <b>2</b> Savings and temporary cash investments .....  | 7,445,223.               | <b>2</b>          | 6,116,973.             |
|   | <b>3</b> Pledges and grants receivable, net .....  |                          | <b>3</b>          |                        |
|   | <b>4</b> Accounts receivable, net .....  | 118,993.                 | <b>4</b>          | 139,356.               |
|   | <b>5</b> Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .....                            |                          | <b>5</b>          |                        |
|   | <b>6</b> 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 .....      |                          | <b>6</b>          |                        |
|   | <b>7</b> Notes and loans receivable, net .....   | 199,933.                 | <b>7</b>          | 182,733.               |
|   | <b>8</b> Inventories for sale or use .....   | 1,084,793.               | <b>8</b>          | 1,595,617.             |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 66,302.                  | <b>9</b>          | 56,029.                |
|   | <b>10a</b> Land, buildings, and equipment: cost basis ...  | <b>10a</b> 20,441,870.   |                   |                        |
|   | <b>b</b> Less: accumulated depreciation. Complete Part VI of Schedule D .....  | <b>10b</b> 4,151,468.    | <b>8,722,853.</b> | <b>10c</b> 16,290,402. |
|   | <b>11</b> Investments - publicly traded securities .....   | 7,030,414.               | <b>11</b>         | 5,216,740.             |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>         |                        |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  | 30,500.                  | <b>13</b>         | 32,300.                |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>         |                        |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 71,975.                  | <b>15</b>         | 92,783.                |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 24,770,986.  | <b>16</b>                | 29,722,933.       |                        |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 1,318,374.               | <b>17</b>         | 816,247.               |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>         |                        |
|   | <b>19</b> Deferred revenue .....   |                          | <b>19</b>         |                        |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>         |                        |
|   | <b>21</b> Escrow account liability. Complete Part IV of Schedule D .....   |                          | <b>21</b>         |                        |
|   | <b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L ..... |                          | <b>22</b>         |                        |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   | 422,093.                 | <b>23</b>         | 649,517.               |
|   | <b>24</b> Unsecured notes and loans payable .....  | 300,000.                 | <b>24</b>         | 300,000.               |
|   | <b>25</b> Other liabilities. Complete Part X of Schedule D .....   |                          | <b>25</b>         |                        |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 2,040,467.               | <b>26</b>         | 1,765,764.             |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>                                     |                          |                   |                        |
|   | <b>27</b> Unrestricted net assets .....  | 19,740,563.              | <b>27</b>         | 23,653,689.            |
|   | <b>28</b> Temporarily restricted net assets .....  | 2,959,456.               | <b>28</b>         | 4,271,180.             |
|   | <b>29</b> Permanently restricted net assets .....  | 30,500.                  | <b>29</b>         | 32,300.                |
|   | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                          |                   |                        |
|   | <b>30</b> Capital stock or trust principal, or current funds .....   |                          | <b>30</b>         |                        |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>31</b>         |                        |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>32</b>         |                        |
| <b>33</b> Total net assets or fund balances .....                         | 22,730,519.  | <b>33</b>                | 27,957,169.       |                        |
| <b>34</b> Total liabilities and net assets/fund balances .....            | 24,770,986.  | <b>34</b>                | 29,722,933.       |                        |

**Part XI Financial Statements and Reporting**

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other  |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant? .....   |     | X  |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant? .....  | X   |    |
| <b>c</b>  | If "Yes" to lines 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? ..... | X   |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....  |     | X  |
| <b>b</b>  | If "Yes," did the organization undergo the required audit or audits? .....  |     |    |

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **THE VOICE OF THE MARTYRS, INC** Employer identification number **73-1395057**

**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: (Please check only **one** organization.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4  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: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete the Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

|  | Yes      | No |
|--|----------|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ..... | 11g(i)   |    |
| (ii) A family member of a person described in (i) above? .....   | 11g(ii)  |    |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....  | 11g(iii) |    |
- h Provide the following information about the organizations the organization supports.

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
| <b>Total</b>                       |          |   |   |    |  |    |   |    |                         |

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)▶   | (a) 2004  | (b) 2005  | (c) 2006  | (d) 2007  | (e) 2008  | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 23032047. | 34905942. | 45402785. | 44385941. | 41512337. | 189239052 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |           |           |           |           |           |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |           |           |           |           |           |           |
| <b>4 Total.</b> Add lines 1 - 3 .....  | 23032047. | 34905942. | 45402785. | 44385941. | 41512337. | 189239052 |
| <b>5</b> 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) ..... |           |           |           |           |           | 52457963. |
| <b>6 Public Support.</b> Subtract line 5 from line 4.  |           |           |           |           |           | 136781089 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)▶   | (a) 2004  | (b) 2005  | (c) 2006  | (d) 2007  | (e) 2008  | (f) Total                |
|--|-----------|-----------|-----------|-----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4 .....   | 23032047. | 34905942. | 45402785. | 44385941. | 41512337. | 189239052                |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....  | 54,926.   | 154,535.  | 195,484.  | 392,578.  | 404,388.  | 1201911.                 |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  |           |           |           |           |           |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....  |           |           |           |           |           |                          |
| <b>11 Total support.</b> Add lines 7 through 10  |           |           |           |           |           | 190440963                |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |           |           |           |           | 12        |                          |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |           |           |           |           |           | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |                                     |         |
|---|-------------------------------------|---------|
| <b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b>                           | 71.82 % |
| <b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f .....   | <b>15</b>                           | 99.29 % |
| <b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  | <input checked="" type="checkbox"/> |         |
| <b>b 33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   | <input type="checkbox"/>            |         |
| <b>17a 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    | <input type="checkbox"/>            |         |
| <b>b 10% -facts-and-circumstances test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... | <input type="checkbox"/>            |         |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  | <input type="checkbox"/>            |         |

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)▶  | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> 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 .....       |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 - 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</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 ..... |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6.)   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)▶  | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                        |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....                               |          |          |          |          |          |           |
| <b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g .....                    | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h .....                      | <b>18</b> | % |

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

**2008**

Name of the organization

Employer identification number

THE VOICE OF THE MARTYRS, INC

73-1395057

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

**General Rule**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ▶ \$ \_\_\_\_\_

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

**THE VOICE OF THE MARTYRS, INC**

**73-1395057**

**Part I Contributors** (see instructions)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|--------------------------------|--|
| 1          |                                   | \$ 7,109,251.                  | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
|            |                                   | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |                                   | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |                                   | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |                                   | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |                                   | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |

|   |  |
|---|--|
| <b>Name of organization</b><br><br><b>THE VOICE OF THE MARTYRS, INC</b> | <b>Employer identification number</b><br><br><b>73-1395057</b> |
|---|--|

**Part II Noncash Property** (see instructions)

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                 | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|------------------------------|--|--|----------------------|
| <u>1</u>                     | <u>DRUGS AND MEDICAL SUPPLIES</u><br>_____<br>_____<br>_____ | \$ <u>7,109,251.</u>                           | <u>12/31/08</u>      |
| _____                        | _____<br>_____<br>_____                                      | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____                                      | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____                                      | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____                                      | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____                                      | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____                                      | \$ _____                                       | _____                |

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

THE VOICE OF THE MARTYRS, INC

Employer identification number

73-1395057

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form with multiple sections for conservation easements, including checkboxes for purposes (land, habitat, open space, historic), a table for 'Held at the End of the Year' (2a-2d), and questions about monitoring and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form with questions 1a and 1b regarding reporting of art and treasures, and question 2 regarding financial gain reporting, with associated dollar amounts.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     | 4,837,494.       |                |                    |                      |                     |
| <b>b</b> Contributions                                  | 2,108,590.       |                |                    |                      |                     |
| <b>c</b> Investment earnings or losses                  |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs | 6,913,784.       |                |                    |                      |                     |
| <b>f</b> Administrative expenses                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance                            | 32,300.          |                |                    |                      |                     |

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment  \_\_\_\_\_ %
  - b** Permanent endowment  100.00 %
  - c** Term endowment  \_\_\_\_\_ %
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                    | Yes                      | No                                  |
|------------------------------------|--------------------------|-------------------------------------|
| <b>(i)</b> unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>(ii)</b> related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of investment  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------|----------------|
| <b>1a</b> Land   |                                      | 846,824.                        |                  | 846,824.       |
| <b>b</b> Buildings   |                                      | 5,295,341.                      | 1,038,133.       | 4,257,208.     |
| <b>c</b> Leasehold improvements  |                                      | 17,214.                         | 17,214.          | 0.             |
| <b>d</b> Equipment   |                                      | 4,434,840.                      | 2,926,526.       | 1,508,314.     |
| <b>e</b> Other   |                                      | 9,847,651.                      | 169,595.         | 9,678,056.     |
| <b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                  | 16,290,402.    |



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

|    |  |    |             |
|----|--|----|-------------|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                         | 1  | 42,679,846. |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                          | 2  | 36,071,365. |
| 3  | Excess or (deficit) for the year. Subtract line 2 from line 1                    | 3  | 6,608,481.  |
| 4  | Net unrealized gains (losses) on investments                                     | 4  | -1,247,146. |
| 5  | Donated services and use of facilities   | 5  |             |
| 6  | Investment expenses  | 6  |             |
| 7  | Prior period adjustments   | 7  |             |
| 8  | Other (Describe in Part XIV)   | 8  | -134,685.   |
| 9  | Total adjustments (net). Add lines 4-8   | 9  | -1,381,831. |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | 10 | 5,226,650.  |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|   |   |    |             |
|---|---|----|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements          | 1  | 41,432,700. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:               |    |             |
| a | Net unrealized gains on investments   | 2a | -1,247,146. |
| b | Donated services and use of facilities  | 2b |             |
| c | Recoveries of prior year grants   | 2c |             |
| d | Other (Describe in Part XIV)  | 2d |             |
| e | Add lines 2a through 2d   | 2e | -1,247,146. |
| 3 | Subtract line 2e from line 1  | 3  | 42,679,846. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:              |    |             |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                  | 4a |             |
| b | Other (Describe in Part XIV)  | 4b |             |
| c | Add lines 4a and 4b   | 4c | 0.          |
| 5 | Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) | 5  | 42,679,846. |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|   |  |    |             |
|---|--|----|-------------|
| 1 | Total expenses and losses per audited financial statements                         | 1  | 36,071,365. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                  |    |             |
| a | Donated services and use of facilities   | 2a |             |
| b | Prior year adjustments   | 2b |             |
| c | Losses reported on Form 990, Part IX, line 25                                      | 2c |             |
| d | Other (Describe in Part XIV)   | 2d |             |
| e | Add lines 2a through 2d  | 2e | 0.          |
| 3 | Subtract line 2e from line 1   | 3  | 36,071,365. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:                 |    |             |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                   | 4a |             |
| b | Other (Describe in Part XIV)   | 4b |             |
| c | Add lines 4a and 4b  | 4c | 0.          |
| 5 | Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) | 5  | 36,071,365. |

**Part XIV Supplemental Information**

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

**PART V, LINE 4: BOARD-DESIGNATED FUNDS WERE SET ASIDE TO BE USED ON**

**THE CONSTRUCTION OF A NEW MINISTRY CENTER AND WERE COMPLETELY EXPENDED IN**

**2008. THE PERMANENT ENDOWMENTS ARE FOR THE USE IN TWO SPECIFIC DONOR**

**PROGRAMS, BIBLES UNBOUND AND PARTICIPATING WITH STRATEGIC PARTNERS. THE**

**BIBLES UNBOUND PROGRAM PROVIDES BIBLES TO CHRISTIANS IN RESTRICTED NATIONS**

**AND THE PARTICIPATING WITH STRATEGIC PARTNERS PROGRAM PROVIDES MONTHLY**

**ASSISTANCE TO PASTORS AND CHRISTIAN WORKERS WHO ARE UNABLE TO WORK**

**FULL-TIME AS A RESULT OF THEIR COMMITMENT TO SPREADING THE GOSPEL.**

**Part XIV** Supplemental Information (continued)

PART XI, LINE 8 - OTHER ADJUSTMENTS:

TRANSLATION ADJUSTMENT: -134685.

SCHEDULE D PART X:

IN JULY 2006, FINANCIAL INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, (FIN NO. 48) WAS ISSUED. SUBSEQUENT TO ITS ORIGINAL ISSUANCE, THE EFFECTIVE DATE OF ITS IMPLEMENTATION FOR NONPUBLIC ENTERPRISES HAS BEEN DEFERRED, AND IS CURRENTLY DEFERRED FOR NONPUBLIC ENTITIES UNTIL YEARS BEGINNING AFTER DECEMBER 15, 2008. THE ORGANIZATION HAS ELECTED TO DEFER IMPLEMENTATION OF FIN NO. 48, AS ALLOWABLE. THE ORGANIZATION UNDERGOES AN ANNUAL ANALYSIS OF ITS VARIOUS TAX POSITIONS, ASSESSING THE LIKELIHOOD OF THOSE POSITIONS BEING UPHELD UPON EXAMINATION WITH RELEVANT TAX AUTHORITIES, AS DEFINED BY FIN NO. 48.

**Schedule F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2008**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

|                                 |                                       |
|---------------------------------|---------------------------------------|
| <b>Name of the organization</b> | <b>Employer identification number</b> |
| THE VOICE OF THE MARTYRS, INC   | 73-1395057                            |

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

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

**3 Activities per Region.** (Use Schedule F-1 (Form 990) if additional space is needed.)

| (a) Region                              | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures in region |
|---|-------------------------------------|---|--|--|----------------------------------|
| CENTRAL AMERICA AND THE CARIBBEAN       | 0                                   | 0   | PROGRAM SERVICES   | BIBLES, CHRISTIAN LITERATURE & HUMANITARIAN AID  | 370,690.                         |
| EAST ASIA AND THE PACIFIC               | 6                                   | 12  | PROGRAM SERVICES   | BIBLES, CHRISTIAN LITERATURE & HUMANITARIAN AID  | 5086301.                         |
| EUROPE                                  | 0                                   | 2   | PROGRAM SERVICES   | BIBLES, CHRISTIAN LITERATURE & HUMANITARIAN AID  | 230,369.                         |
| MIDDLE EAST AND NORTH AFRICA            | 1                                   | 2   | PROGRAM SERVICES   | BIBLES, CHRISTIAN LITERATURE & HUMANITARIAN AID  | 1986763.                         |
| NORTH AMERICA                           | 2                                   | 12  | PROGRAM SERVICES   | BIBLES, CHRISTIAN LITERATURE & HUMANITARIAN AID  | 45,055.                          |
| NON-REGION                              | 0                                   | 0   | PROGRAM SERVICES   | BIBLES, CHRISTIAN LITERATURE & HUMANITARIAN AID  | 436,978.                         |
| RUSSIA AND THE NEWLY INDEPENDENT STATES | 1                                   | 1   | PROGRAM SERVICES   | BIBLES, CHRISTIAN LITERATURE & HUMANITARIAN AID  | 456,086.                         |
| SOUTH AMERICA                           | 1                                   | 1   | PROGRAM SERVICES   | BIBLES, CHRISTIAN LITERATURE & HUMANITARIAN AID  | 756,036.                         |
| <b>Totals</b> .....                     | 16                                  | 35  |  |  | 20530658                         |

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

Schedule F (Form 990) 2008

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000  Use Schedule F-1 (Form 990) if additional space is needed.

| 1<br>(a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region                 | (d) Purpose of grant                          | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|----------------------------|---|--------------------------|---------------------------------|-----------------------------------|--|---|
|                               |  | MIDDLE EAST & NORTH AFRICA | FAMILIES OF MARTYRS                           | 7,200.                   | WIRE                            | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA         | CHRISTIAN LITERATURE                          | 19,700.                  | WIRE                            | 0.                                |  |   |
|                               |  | MIDDLE EAST & NORTH AFRICA | CHRISTMAS OUTREACH                            | 23,550.                  | WIRE                            | 0.                                |  |   |
|                               |  | SOUTH AMERICA              | MINISTRY MATERIAL NEEDS                       | 27,000.                  | WIRE                            | 0.                                |  |   |
|                               |  | NORTH AMERICA              | MINISTRY MATERIAL NEEDS                       | 26,018.                  | WIRE                            | 0.                                |  |   |
|                               |  | SOUTH ASIA                 | BIBLES  | 57,363.                  | WIRE                            | 0.                                |  |   |
|                               |  | SOUTH ASIA                 | MINISTRY MATERIAL NEEDS & FAMILIES OF MARTYRS | 205,369.                 | WIRE                            | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA         | MEDICAL & MINISTRY MATERIAL NEEDS             | 6,129.                   | WIRE                            | 0.                                |  |   |

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 23

3 Enter total number of other organizations or entities ▶ 35

SEE PART IV FOR COLUMN (D) DESCRIPTIONS

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Use Schedule F-1 (Form 990) if additional space is needed.

| (a) Type of grant or assistance           | (b) Region                 | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---|----------------------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| PARTICIPATING WITH STRATEGIC PARTNERS     | EAST ASIA & THE PACIFIC    | 3,120                    | 312,104.                 | CASH                            | 0.                                |  |   |
| MMN, CHURCH REBUILDING, FOM, BIBLES & PSP | MIDDLE EAST & NORTH AFRICA | 379                      | 136,856.                 | CASH                            | 0.                                |  |   |
| FAMILIES OF MARTYRS                       | EUROPE                     | 3                        | 100,000.                 | WIRE                            | 0.                                |  |   |
| TRAINING, MMN & CHRISTIAN LITERATURE      | EAST ASIA & THE PACIFIC    | 4                        | 138,026.                 | WIRE                            | 0.                                |  |   |
| CHRISTIAN LITERATURE                      | SUB-SAHARAN AFRICA         | 1                        | 5,800.                   | WIRE                            | 0.                                |  |   |
| PARTICIPATING WITH STRATEGIC PARTNERS     | SUB-SAHARAN AFRICA         | 766                      | 76,692.                  | WIRE                            | 0.                                |  |   |
| MEDICAL, MMN & BIBLES                     | SUB-SAHARAN AFRICA         | 2                        | 40,134.                  | WIRE                            | 0.                                |  |   |
|   |                            |                          |                          |                                 |                                   |  |   |
|   |                            |                          |                          |                                 |                                   |  |   |

**Part IV** Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information.

SCHEDULE F, PART I, LINE 2: PROJECTS ARE DEVELOPED TO MEET THE SPIRITUAL AND PHYSICAL NEEDS OF THOSE THAT ARE SUFFERING AS A DIRECT RESULT OF AN INDIVIDUAL'S OR PEOPLE GROUP'S CHRISTIAN FAITH AS THE VOICE OF THE MARTYRS BECOMES AWARE OF THEM. THE PROJECTS ARE FUNDED ONCE THEY ARE APPROVED. RECEIPTS ARE REQUIRED TO DOCUMENT THE APPROPRIATE USE OF FUNDS. FIELD VISITS ARE CONDUCTED TO OBSERVE THE RESULTS OF THE PROJECT.

PART II, COLUMN (D):

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: CHRISTIAN LITERATURE; SAFE HOUSE & MINISTRY MATERIAL NEEDS; REFUGEE AID; MINISTRY MATERIAL NEEDS; LEGAL SUPPORT; CHURCH REBUILDING.



| Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II) |  |                                 |                                       |                          |                                 |                                   |  |   |
|---|--|---------------------------------|---------------------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1<br>(a) Name of organization   | (b) IRS code section and EIN (if applicable) | (c) Region                      | (d) Purpose of grant                  | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|   |  | CENTRAL AMERICA & THE CARRIBEAN | BIBLES                                | 40,500.                  | WIRE                            | 0.                                |  |   |
|   |  | SOUTH ASIA                      | CHRISTIAN LITERATURE                  | 32,474.                  | WIRE                            | 0.                                |  |   |
|   |  | SUB-SAHARAN AFRICA              | MEDICAL                               | 17,372.                  | WIRE                            | 0.                                |  |   |
|   |  | SUB-SAHARAN AFRICA              | PARTICIPATING WITH STRATEGIC PARTNERS | 64,122.                  | WIRE                            | 0.                                |  |   |
|   |  | SOUTH AMERICA                   | BIBLES & CHRISTIAN LITERATURE         | 146,012.                 | WIRE                            | 0.                                |  |   |
|   |  | SUB-SAHARAN AFRICA              | PARTICIPATING WITH STRATEGIC PARTNERS | 20,625.                  | WIRE                            | 0.                                |  |   |
|   |  | EAST ASIA & THE PACIFIC         | RADIO BROADCASTS                      | 21,961.                  | WIRE                            | 0.                                |  |   |
|   |  | EUROPE                          | CHRISTIAN LITERATURE                  | 7,000.                   | WIRE                            | 0.                                |  |   |
|   |  | EUROPE                          | CHRISTIAN COLLEGE                     | 40,625.                  | WIRE                            | 0.                                |  |   |

| Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II) |  |                               |  |                          |                                 |                                   |  |   |
|---|--|-------------------------------|--|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1<br>(a) Name of organization   | (b) IRS code section and EIN (if applicable) | (c) Region                    | (d) Purpose of grant   | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|   |  | SOUTH ASIA                    | CHRISTIAN LITERATURE;<br>SAFE HOUSE & MINISTRY<br>MATERIAL NEEDS;<br>REFUGEE AID; MINISTRY | 167,222.                 | CASH                            | 0.                                |  |   |
|   |  | EAST ASIA & THE<br>PACIFIC    | CHRISTIAN LITERATURE   | 149,435.                 | WIRE                            | 0.                                |  |   |
|   |  | MIDDLE EAST &<br>NORTH AFRICA | BIBLES   | 11,900.                  | CASH                            | 0.                                |  |   |
|   |  | SUB-SAHARAN<br>AFRICA         | MEDICAL  | 70,483.                  | WIRE                            | 0.                                |  |   |
|   |  | MIDDLE EAST &<br>NORTH AFRICA | CHRISTIAN LITERATURE   | 17,000.                  | CASH                            | 0.                                |  |   |
|   |  | SOUTH AMERICA                 | CHRISTIAN LITERATURE   | 17,490.                  | WIRE                            | 0.                                |  |   |
|   |  | EAST ASIA & THE<br>PACIFIC    | BIBLES   | 111,858.                 | WIRE                            | 0.                                |  |   |
|   |  | RUSSIA                        | CHRISTIAN LITERATURE   | 19,341.                  | WIRE                            | 0.                                |  |   |
|   |  | EAST ASIA & THE<br>PACIFIC    | CHRISTIAN LITERATURE,<br>BIBLES  | 129,000.                 | CASH                            | 0.                                |  |   |

| Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II) |  |  |  |                          |                                 |                                   |  |   |
|---|--|--|--|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1<br>(a) Name of organization   | (b) IRS code section and EIN (if applicable) | (c) Region                                 | (d) Purpose of grant   | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|   |  | EAST ASIA & THE PACIFIC                    | CHRISTIAN LITERATURE   | 52,379.                  | WIRE                            | 0.                                |  |   |
|   |  | MIDDLE EAST & NORTH AFRICA                 | BIBLES, FAMILIES OF PRISONERS & MEDICAL                                  | 38,946.                  | WIRE                            | 0.                                |  |   |
|   |  | EAST ASIA & THE PACIFIC                    | RADIO BROADCASTS & PASTOR TRAINING                                       | 23,953.                  | WIRE                            | 0.                                |  |   |
|   |  | SOUTH ASIA                                 | PASTOR TRAINING & MEDICAL  | 20,660.                  | WIRE                            | 0.                                |  |   |
|   |  | SOUTH ASIA                                 | PASTOR TRAINING  | 26,975.                  | WIRE                            | 0.                                |  |   |
|   |  | EAST ASIA & THE PACIFIC/SUB-SAHARAN AFRICA | CHRISTMAS OUTREACH & CHRISTIAN LITERATURE, RADIO BROADCASTS, REFUGEE AID | 60,385.                  | WIRE/CASH                       | 0.                                |  |   |
|   |  | SUB-SAHARAN AFRICA                         | PARTICIPATING WITH STRATEGIC PARTNERS                                    | 5,445.                   | WIRE                            | 0.                                |  |   |
|   |  | EAST ASIA & THE PACIFIC                    | PARTICIPATING WITH STRATEGIC PARTNERS                                    | 53,940.                  | WIRE                            | 0.                                |  |   |
|   |  | SUB-SAHARAN AFRICA                         | MINISTRY MATERIAL NEEDS & CHRISTIAN LITERATURE                           | 671,855.                 | WIRE                            | 0.                                |  |   |

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**  
▶ **Attach to Form 990.**

OMB No. 1545-0047

2008

**Open to Public  
Inspection**

Name of the organization

**THE VOICE OF THE MARTYRS, INC**

Employer identification number

**73-1395057**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

| <b>1 (a)</b> Name and address of organization or government                       | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance             |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| IGLESIA BUENAS NEUVAS<br>2580 W. 2ND AVE.<br>HIALEAH, FL 33010                    | 65-0223347     | 501(C)(3)                            | 293,875.                        | 0.                                       |  |   | BIBLES, CHRISTIAN<br>LITERATURE & HUMANITARIAN<br>AID |
| HARVEST EVANGELISTIC ASSOCIATION<br>P.O. BOX 7000292<br>SAN ANTONIO, TX 78270     | 74-2769694     | 501(C)(3)                            | 10,000.                         | 0.                                       |  |   | BIBLES, CHRISTIAN<br>LITERATURE & HUMANITARIAN<br>AID |
| INTERNATIONAL ANTIOCH MINISTRIES<br>740 E. ARQUES AVE.<br>SUNNYVALE, CA 94085     | 14-1865897     | 501(C)(3)                            | 651,143.                        | 0.                                       |  |   | BIBLES, CHRISTIAN<br>LITERATURE & HUMANITARIAN<br>AID |
| FARSI PRAISE<br>P.O. BOX 23789<br>SAN JOSE, CA 95153                              | 72-1615705     | 501(C)(3)                            | 12,000.                         | 0.                                       |  |   | BIBLES, CHRISTIAN<br>LITERATURE & HUMANITARIAN<br>AID |
| INTERNATIONAL CHRISTIAN<br>ASSOCIATION - P.O. BOX 443 -<br>BARTLESVILLE, OK 74005 | 73-1559383     | 501(C)(3)                            | 303,360.                        | 0.                                       |  |   | BIBLES, CHRISTIAN<br>LITERATURE & HUMANITARIAN<br>AID |
| LAST HARVEST CHURCH<br>1731 JASMINE STREET<br>EL CAJON, CA 92021                  | 33-0328887     | 501(C)(3)                            | 196,406.                        | 0.                                       |  |   | BIBLES, CHRISTIAN<br>LITERATURE & HUMANITARIAN<br>AID |

- 2** Enter total number of section 501(c)(3) and government organizations ..... ▶ **19.**
- 3** Enter total number of other organizations ..... ▶

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

Schedule I (Form 990) 2008

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

| (a) Type of grant or assistance                 | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|--------------------------|--------------------------|-----------------------------------|---|--|
| BIBLES, CHRISTIAN LITERATURE & HUMANITARIAN AID | 20                       | 10,000.                  | 0.                                |   |  |
| BIBLES, CHRISTIAN LITERATURE & HUMANITARIAN AID | 1                        | 102,500.                 | 0.                                |   |  |
| BIBLES, CHRISTIAN LITERATURE & HUMANITARIAN AID | 1                        | 8,310.                   | 0.                                |   |  |
| BIBLES, CHRISTIAN LITERATURE & HUMANITARIAN AID | 2030                     | 201,033.                 | 0.                                |   |  |
| BIBLES, CHRISTIAN LITERATURE & HUMANITARIAN AID | 1                        | 40,500.                  | 0.                                |   |  |

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: PROJECTS ARE DEVELOPED TO MEET THE SPIRITUAL AND PHYSICAL NEEDS OF THOSE THAT ARE SUFFERING AS A DIRECT RESULT OF AN INDIVIDUAL'S OR PEOPLE GROUP'S CHRISTIAN FAITH AS THE VOICE OF THE MARTYRS BECOMES AWARE OF THEM. THE PROJECTS ARE FUNDED ONCE THEY ARE APPROVED. RECEIPTS ARE REQUIRED TO DOCUMENT THE APPROPRIATE USE OF FUNDS. FIELD VISITS ARE CONDUCTED TO OBSERVE THE RESULTS OF THE PROJECT.

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▲ Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

**THE VOICE OF THE MARTYRS, INC**

Employer identification number

**73-1395057**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government                                    | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                    |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|---|
| NORTH AFRICA CONNECTION<br>3595 CANTON ROAD, SUITE A9 BOX 142<br>MARIETTA, GA 30066   | 26-3280555 | 501(C)(3)                          | 9,926.                   | 0.                                |   |  | BIBLES, CHRISTIAN<br>LITERATURE & HUMANITARIAN<br>AID |
| WORLDWIDE EVANGELIZATION FOR<br>CHRIST - P.O. BOX 1707 - FORT<br>WASHINGTON, PA 19034 | 23-6396212 | 501(C)(3)                          | 6,640.                   | 0.                                |   |  | BIBLES, CHRISTIAN<br>LITERATURE & HUMANITARIAN<br>AID |
| SEOUL USA<br>2303 CINNABAR ROAD<br>COLORADO SPRINGS, CO 80921                         | 90-0085610 | 501(C)(3)                          | 434,254.                 | 0.                                |   |  | BIBLES, CHRISTIAN<br>LITERATURE & HUMANITARIAN<br>AID |
| CHINA AID ASSOCIATION<br>P. O. BOX 8513<br>MIDLAND, TX 79708                          | 42-1560745 | 501(C)(3)                          | 392,134.                 | 0.                                |   |  | BIBLES, CHRISTIAN<br>LITERATURE & HUMANITARIAN<br>AID |
| FAR EAST BROADCASTING CO. (FEBC)<br>P.O BOX 1<br>LA MIRADA, CA 90637                  | 95-1461574 | 501(C)(3)                          | 20,000.                  | 0.                                |   |  | BIBLES, CHRISTIAN<br>LITERATURE & HUMANITARIAN<br>AID |
| PRECIOUS GIFT MINISTRIES<br>P.O. BOX 456<br>BROOKVILLE, OH 45309                      | 31-1245978 | 501(C)(3)                          | 240,696.                 | 0.                                |   |  | BIBLES, CHRISTIAN<br>LITERATURE & HUMANITARIAN<br>AID |
| CLC INTERNATIONAL<br>P.O. BOX 1449<br>FORT WASHINGTON, PA 19034                       | 23-6393292 | 501(C)(3)                          | 54,500.                  | 0.                                |   |  | BIBLES, CHRISTIAN<br>LITERATURE & HUMANITARIAN<br>AID |
| SPEED THE SEED<br>13441 HIDDEN VALLEY DRIVE<br>MONTGOMERY, TX 77356                   | 35-0865032 | 501(C)(3)                          | 486,638.                 | 0.                                |   |  | BIBLES, CHRISTIAN<br>LITERATURE & HUMANITARIAN<br>AID |

**2** Enter total number of Section 501(c)(3) and government organizations .....

**3** Enter total number of other organizations .....

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▲ Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

**THE VOICE OF THE MARTYRS, INC**

Employer identification number

**73-1395057**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government                      | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                    |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|---|
| TELL ASIA MINISTRIES<br>12650 W. 64TH AVE. #245<br>ARVADA, CO 80004     | 62-1718896 | 501(C)(3)                          | 11,175.                  | 0.                                |   |  | BIBLES, CHRISTIAN<br>LITERATURE & HUMANITARIAN<br>AID |
| MAKE WAY PARTNERS<br>P.O. BOX 26367<br>BIRMINGHAM, AL 35260             | 76-0733035 | 501(C)(3)                          | 25,000.                  | 0.                                |   |  | BIBLES, CHRISTIAN<br>LITERATURE & HUMANITARIAN<br>AID |
| PERSECUTION PROJECT FOUNDATION<br>P.O. BOX 1327<br>CULPEPER, VA 22701   | 54-1976312 | 501(C)(3)                          | 151,050.                 | 0.                                |   |  | BIBLES, CHRISTIAN<br>LITERATURE & HUMANITARIAN<br>AID |
| SPIRIT OF MARTYRDOM<br>P.O. BOX 101<br>CLARKDALE, AZ 86324              | 26-1614003 | 501(C)(3)                          | 6,400.                   | 0.                                |   |  | BIBLES, CHRISTIAN<br>LITERATURE & HUMANITARIAN<br>AID |
| UTTERMOST MINISTRIES<br>2603 SANTIAGO CIRCLE<br>GRAND PRAIRIE, TX 75072 | 26-1886609 | 501(C)(3)                          | 9,438.                   | 0.                                |   |  | BIBLES, CHRISTIAN<br>LITERATURE & HUMANITARIAN<br>AID |
| WORLDS TREASURES<br>3001 KINGSTON DRIVE<br>BARTLESVILLE, OK 74006       | 20-3486915 |                                    | 146,576.                 | 0.                                |   |  | BIBLES, CHRISTIAN<br>LITERATURE & HUMANITARIAN<br>AID |
|   |            |                                    |                          |                                   |   |  |   |
|   |            |                                    |                          |                                   |   |  |   |

**2** Enter total number of Section 501(c)(3) and government organizations ..... **▶**

**3** Enter total number of other organizations ..... **▶**

**Part II** Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990), Part III.)

| (a) Type of grant or assistance                 | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|--------------------------|--------------------------|-----------------------------------|---|--|
| BIBLES, CHRISTIAN LITERATURE & HUMANITARIAN AID | 1.                       | 46,372.                  | 0.                                |   |  |
| BIBLES, CHRISTIAN LITERATURE & HUMANITARIAN AID | 1.                       | 5,000.                   | 0.                                |   |  |
| BIBLES, CHRISTIAN LITERATURE & HUMANITARIAN AID | 1.                       | 15,950.                  | 0.                                |   |  |
| BIBLES, CHRISTIAN LITERATURE & HUMANITARIAN AID | 1.                       | 11,000.                  | 0.                                |   |  |
|   |                          |                          |                                   |   |  |
|   |                          |                          |                                   |   |  |
|   |                          |                          |                                   |   |  |
|   |                          |                          |                                   |   |  |
|   |                          |                          |                                   |   |  |

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization

THE VOICE OF THE MARTYRS, INC

Employer identification number

73-1395057

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions          | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |

**b** If line 1a is 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 .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- 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) and 501(c)(4) organizations must complete lines 5-8.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes," to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in 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 .....

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> |     | X  |
| <b>2</b>  | X   |    |
| <b>4a</b> |     | X  |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
| <b>7</b>  | X   |    |
| <b>8</b>  |     | X  |

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

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

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

| (A) Name        |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                          | (C)<br>Deferred compensation | (D)<br>Nontaxable benefits | (E)<br>Total of columns (B)(i)-(D) | (F)<br>Compensation reported in prior Form 990 or Form 990-EZ |
|-----------------|------|--|-------------------------------------|--------------------------|------------------------------|----------------------------|------------------------------------|---|
|                 |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other compensation |                              |                            |                                    |   |
| WALTER T. WHITE | (i)  | 107,682.   | 29,480.                             | 10,163.                  | 2,207.                       | 12,298.                    | 161,830.                           | 0.  |
|                 | (ii) | 0.   | 0.                                  | 0.                       | 0.                           | 0.                         | 0.                                 | 0.  |
|                 | (i)  |  |                                     |                          |                              |                            |                                    |   |
|                 | (ii) |  |                                     |                          |                              |                            |                                    |   |
|                 | (i)  |  |                                     |                          |                              |                            |                                    |   |
|                 | (ii) |  |                                     |                          |                              |                            |                                    |   |
|                 | (i)  |  |                                     |                          |                              |                            |                                    |   |
|                 | (ii) |  |                                     |                          |                              |                            |                                    |   |
|                 | (i)  |  |                                     |                          |                              |                            |                                    |   |
|                 | (ii) |  |                                     |                          |                              |                            |                                    |   |
|                 | (i)  |  |                                     |                          |                              |                            |                                    |   |
|                 | (ii) |  |                                     |                          |                              |                            |                                    |   |
|                 | (i)  |  |                                     |                          |                              |                            |                                    |   |
|                 | (ii) |  |                                     |                          |                              |                            |                                    |   |
|                 | (i)  |  |                                     |                          |                              |                            |                                    |   |
|                 | (ii) |  |                                     |                          |                              |                            |                                    |   |
|                 | (i)  |  |                                     |                          |                              |                            |                                    |   |
|                 | (ii) |  |                                     |                          |                              |                            |                                    |   |
|                 | (i)  |  |                                     |                          |                              |                            |                                    |   |
|                 | (ii) |  |                                     |                          |                              |                            |                                    |   |
|                 | (i)  |  |                                     |                          |                              |                            |                                    |   |
|                 | (ii) |  |                                     |                          |                              |                            |                                    |   |
|                 | (i)  |  |                                     |                          |                              |                            |                                    |   |
|                 | (ii) |  |                                     |                          |                              |                            |                                    |   |
|                 | (i)  |  |                                     |                          |                              |                            |                                    |   |
|                 | (ii) |  |                                     |                          |                              |                            |                                    |   |

**Part III** Supplemental Information

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

PART I, LINE 1A: A DISCRETIONARY SPENDING AMOUNT IS DETERMINED BY THE BOARD OF DIRECTORS AND PROVIDED TO THE EXECUTIVE DIRECTOR AND THE PRESIDENT/COO EACH YEAR TO USE AS UNPLANNED NEEDS ARISE.

A HOUSING ALLOWANCE WAS PROVIDED FOR ONE MEMBER OF THE EXECUTIVE STAFF AS HE IS A LICENSED AND ORDAINED MINISTER BUT THIS POLICY HAS BEEN DISCONTINUED FOR FUTURE YEARS.

THE EXECUTIVE DIRECTOR'S SPOUSE ACCOMPANIED HIM ON TWO INTERNATIONAL TRIPS AND PARTICIPATED IN TRIP OBJECTIVES WHILE TRAVELING.

PART I, LINE 1B: THE DISCRETIONARY SPENDING AMOUNTS ARE PREDETERMINED BY THE BOARD OF DIRECTORS AT THE BEGINNING OF THE YEAR; THE CHAIRMAN OF THE BOARD AND THE CHAIRMAN OF THE FINANCIAL AUDIT COMMITTEE ARE NOTIFIED EACH TIME FUNDS ARE EXPENDED. NO EXPENSE HAS BEEN QUESTIONED TO DATE.

THE HOUSING ALLOWANCE HAS BEEN DISCONTINUED BUT WAS ONLY PROVIDED AFTER THE LICENSED AND/OR ORDAINED MINISTER PROVIDED ACCEPTABLE DOCUMENTATION TO THE BOARD SUPPORTING THEIR LICENSURE AND PURPOSE.

**Part III** Supplemental Information

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

COMPANION TRAVEL WAS ONLY PROVIDED TWICE FOR THE SPOUSE OF THE EXECUTIVE DIRECTOR WHILE SHE WAS FULFILLING A NECESSARY ROLE.

PART I, LINE 7: CHRISTMAS BONUSES ARE AWARDED EACH YEAR AND ARE DETERMINED BY THE EMPLOYEE'S SUPERVISOR, WHICH IS THE BOARD OF DIRECTORS IN THE CASE OF THE EXECUTIVE DIRECTOR AND PRESIDENT/COO.

**SCHEDULE M  
(Form 990)**

**NonCash Contributions**

OMB No. 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

Name of the organization **THE VOICE OF THE MARTYRS, INC** Employer identification number **73-1395057**

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions | (c)<br>Revenues reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining revenues |
|--|----------------------------|--------------------------------|--|---------------------------------------|
| 1 Art - Works of art .....   | X                          | 4                              | 3,575.   | SALES PRICE                           |
| 2 Art - Historical treasures .....                                 |                            |                                |  |                                       |
| 3 Art - Fractional interests .....                                 |                            |                                |  |                                       |
| 4 Books and publications .....                                     |                            |                                |  |                                       |
| 5 Clothing and household goods .....                               | X                          |                                | 2,800.   | SALES PRICE                           |
| 6 Cars and other vehicles .....                                    |                            |                                |  |                                       |
| 7 Boats and planes .....   |                            |                                |  |                                       |
| 8 Intellectual property .....                                      |                            |                                |  |                                       |
| 9 Securities - Publicly traded .....                               | X                          | 43                             | 182,971.   | QUOTED MARKET PRICE                   |
| 10 Securities - Closely held stock .....                           |                            |                                |  |                                       |
| 11 Securities - Partnership, LLC, or trust interests .....         |                            |                                |  |                                       |
| 12 Securities - Miscellaneous .....                                |                            |                                |  |                                       |
| 13 Qualified conservation contribution (historic structures) ..... |                            |                                |  |                                       |
| 14 Qualified conservation contribution (other) ...                 |                            |                                |  |                                       |
| 15 Real estate - Residential .....                                 |                            |                                |  |                                       |
| 16 Real estate - Commercial .....                                  |                            |                                |  |                                       |
| 17 Real estate - Other .....                                       | X                          | 1                              | 24,957.  | SALES PRICE                           |
| 18 Collectibles .....  | X                          | 3                              | 3,670.   | SALES PRICE                           |
| 19 Food inventory .....  |                            |                                |  |                                       |
| 20 Drugs and medical supplies .....                                | X                          | 1                              | 7,109,251.   | AVERAGE WHOLESALE PRIC                |
| 21 Taxidermy .....   |                            |                                |  |                                       |
| 22 Historical artifacts .....                                      |                            |                                |  |                                       |
| 23 Scientific specimens .....                                      |                            |                                |  |                                       |
| 24 Archeological artifacts .....                                   |                            |                                |  |                                       |
| 25 Other ▶ ( ARCHITECTURAL )                                       | X                          | 1                              | 100,000.   | COST BASIS PROVIDED BY                |
| 26 Other ▶ ( GRAIN )   | X                          | 8                              | 12,532.  | SALES PRICE                           |
| 27 Other ▶ ( JEWELRY )   | X                          | 1                              | 1,350.   | SALES PRICE                           |
| 28 Other ▶ ( )   |                            |                                |  |                                       |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment ..... **29** **0**

|   | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? ..... |     | X  |
| b If "Yes," describe the arrangement in Part II.  |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....  |     | X  |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....  | X   |    |
| b If "Yes," describe in Part II.  |     |    |
| 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.   |     |    |

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

Schedule M (Form 990) 2008

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M, LINE 32B: IDONATE.COM FACILITATES THE SALE OF BOATS, VEHICLES, ETC. AND FORWARDS THE PROCEEDS TO VOM AFTER THE SALE IS FINALIZED. UBS RECEIVES ALL STOCK CONTRIBUTIONS AND EITHER HOLDS FOR INVESTMENT OR SELLS THE CONTRIBUTED STOCK AND THE PROCEEDS ARE INVESTED.

SCHEDULE M, LINE 33: BLANKETS AND OTHER TYPES OF HUMANITARIAN AID ARE ACCUMULATED AS THEY ARE COLLECTED AND THEN SHIPPED OVERSEAS WHEN A CONTAINER CAN BE FILLED. THE VOICE OF THE MARTYRS DOES NOT RECORD REVENUE FOR THESE ITEMS.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

THE VOICE OF THE MARTYRS, INC

Employer identification number

73-1395057

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IN THE FREE WORLD INTO FELLOWSHIP WITH THEM.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

APPROXIMATELY \$4,427,519 WAS SPENT TO MEET VARIOUS PHYSICAL AND SPIRITUAL NEEDS THAT ARISE FROM PERSECUTION. INCLUDED IN THIS CATEGORY IS THE FAMILIES OF MARTYRS FUND, WHICH IS DESIGNED TO MEET THE

SHORT-TERM IMMEDIATE NEEDS OF SPOUSES AND DEPENDENT CHILDREN OF THOSE DETAINED OR KILLED, AND THE PARTICIPATING WITH STRATEGIC PARTNERS

PROGRAM, WHICH IS DESIGNED TO FACILITATE A PRAYER AND FINANCIAL

RELATIONSHIP BETWEEN A US BASED SPONSOR AND A PASTOR OR CHRISTIAN

WORKER IN A RESTRICTED OR HOSTILE NATION THROUGH THE REGULAR EXCHANGE

OF PICTURES, LETTERS AND MINISTRY REPORTS. THIS RELATIONSHIP HELPS

OFFSET THE INCOME SACRIFICED TO PARTICIPATE IN SPREADING THE GOSPEL.

APPROXIMATELY 2,500 SPONSORS HELPED SUPPORT MORE THAN 4,000 PASTORS AND

CHRISTIAN WORKERS IN 2008 ENABLING THEM TO SHARE CHRIST'S LOVE IN THEIR

HOSTILE SURROUNDINGS. VOM ALSO MET THE IMMEDIATE SHORT-TERM NEEDS OF

OVER 500 FAMILIES.

EXPENSES \$ 4427519. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2: JAMES DAU (PRESIDENT/COO) AND

DONALD BANNER (BOARD MEMBER), HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 8B: EXECUTIVE ADVISORY COMMITTEE IS

MADE UP OF 3 PEOPLE, INCLUDING THE BOARD CHAIR AND 2 MEMBERS. FINANCIAL

AUDIT COMMITTEE IS MADE UP OF 4 BOARD MEMBERS. ADDITIONALLY, 3 EMPLOYEES

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

THE VOICE OF THE MARTYRS, INC

Employer identification number

73-1395057

ATTEND FINANCIAL AUDIT COMMITTEE MEETINGS, ALTHOUGH THEY ARE NOT CONSIDERED COMMITTEE MEMBERS. POLICY AUDIT COMMITTEE IS MADE UP OF 3 BOARD MEMBERS. STRATEGIC PLANNING COMMITTEE IS MADE UP OF 4 BOARD MEMBERS. COMMITTEES MAKE RECOMMENDATIONS TO THE GOVERNING BODY. NO COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. MINUTES ARE DOCUMENTED AND CENTRALLY LOCATED FOR EACH COMMITTEE EXCEPT THE EXECUTIVE ADVISORY COMMITTEE.

FORM 990, PART VI, SECTION A, LINE 10: THE 990 WILL BE REVIEWED BY THE VICE PRESIDENT OF FINANCE AND THE DIRECTOR OF FINANCIAL SERVICES. UPON THEIR REVIEW, THE 990 WILL BE SENT TO BOARD MEMBERS VIA EMAIL. BOARD MEMBERS WILL CONTACT THE VICE PRESIDENT OF FINANCE OR DIRECTOR OF FINANCIAL SERVICES WITH ANY QUESTIONS OR COMMENTS ON THE 990. THE 990 WILL NOT BE FILED UNTIL ALL BOARD MEMBERS HAVE HAD SUFFICIENT TIME TO REVIEW THE 990, IF SO DESIRED.

FORM 990, PART VI, SECTION B, LINE 12C: THE SPECIFIC PROCESS FOR MONITORING AND ENFORCING THE CONFLICT OF INTEREST POLICY:

1. ALL EXISTING BOARD MEMBERS HAVE REVIEWED AND SIGNED THE CONFLICT OF INTEREST STATEMENT;

2. ALL NEW BOARD MEMBERS ARE REQUIRED TO REVIEW AND SIGN THE CONFLICT OF INTEREST STATEMENT WHEN THEY ARE ELECTED TO THE BOARD;

3. ALL BOARD MEMBERS COMPLETE AND SIGN A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY AT THE NOVEMBER BOARD MEETING;

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

THE VOICE OF THE MARTYRS, INC

Employer identification number

73-1395057

4. THE EXECUTIVE ADVISORY COMMITTEE (EAC) REVIEWS ALL DISCLOSURE STATEMENTS THAT REPORT DISCLOSURES;

5. THE EAC DETERMINES WHETHER THE DISCLOSURES ARE ACCEPTABLE AND GIVES APPROVAL TO THE DISCLOSURES;

6. THE EAC REPORTS TO THE BOARD THAT THE DISCLOSURE STATEMENTS HAVE BEEN REVIEWED AND APPROVED.

FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR DETERMINING THE COMPENSATION FOR THE PRESIDENT AND THE EXECUTIVE DIRECTOR ARE AS FOLLOWS:

1. THE EXECUTIVE ADVISORY COMMITTEE IS RESPONSIBLE FOR PERFORMING EMPLOYEE PERFORMANCE EVALUATIONS FOR THE EXECUTIVE DIRECTOR AND THE PRESIDENT;

2. THOSE EVALUATIONS ARE PREPARED AND REVIEWED AT THE NOVEMBER EAC MEETING AND ARE DISCUSSED IN DETAIL WITH THE EXECUTIVE DIRECTOR AND THE PRESIDENT AT THE SAME MEETING;

3. THE RESULTS OF THE EVALUATIONS ARE USED TO DETERMINE WHETHER THE EXEC. DIR. AND PRESIDENT ARE ELIGIBLE FOR A COMPENSATION ADJUSTMENT;

4. A DETAILED STUDY OF THE COMPONENTS OF THE EXEC. DIR. AND PRESIDENT'S COMPENSATION IS PREPARED BY THE HR DEPARTMENT AND REVIEWED AT THE NOVEMBER EAC MEETING;

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

THE VOICE OF THE MARTYRS, INC

Employer identification number

73-1395057

5. A STUDY OF COMPARABLE COMPENSATION IS PREPARED BY THE HUMAN RESOURCES DEPARTMENT USING THE RESOURCES OF THE CHRISTIAN LEADERSHIP ALLIANCE AND THE CHRONICLE OF PHILANTHROPY. ANY COMPENSATION ADJUSTMENTS ARE COMPARED TO THESE RESOURCES TO DETERMINE THAT THE TOTAL COMPENSATION WILL BE COMPARABLE TO ENTITIES OF OUR SIZE IN THE CHRISTIAN NON-PROFIT SECTOR;

6. A COMPENSATION PACKAGE IS THEN AGREED UPON BY THE EAC AND PRESENTED TO THE FULL BOARD IN EXECUTIVE SESSION WHERE IT IS THEN VOTED UPON;

7. DETAILS OF THE COMPENSATION PACKAGE ARE THEN COMMUNICATED TO THE HUMAN RESOURCES DEPARTMENT BY THE BOARD CHAIRMAN.

FORM 990, PART VI, SECTION C, LINE 19: ALL OF THESE DOCUMENTS ARE AVAILABLE UPON REQUEST. THE IRS DETERMINATION LETTER AND FINANCIAL STATEMENTS ARE INCLUDED ON THE ORGANIZATION'S WEBSITE.

**Related Organizations and Unrelated Partnerships**

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**  
▶ **See separate instructions.**

**Name of the organization** **THE VOICE OF THE MARTYRS, INC** **Employer identification number**  
**73-1395057**

**Part I Identification of Disregarded Entities**

| (A)<br>Name, address, and EIN<br>of disregarded entity  | (B)<br>Primary activity | (C)<br>Legal domicile (state or<br>foreign country) | (D)<br>Total income | (E)<br>End-of-year assets | (F)<br>Direct controlling<br>entity |
|---|-------------------------|---|---------------------|---------------------------|-------------------------------------|
| MOVACI (FOREIGN ENTITY, NO EIN NUMBER)<br>420/11-13 CHIANG MAI LAND VILLAGE T, CHANGK-<br>LAN, A.MUANG CHIANG MAI, THAILAND 50100 | BRANCH OF IT DEPARTMENT | THAILAND  | 47,649.             | 700,174.                  |                                     |
|   |                         |   |                     |                           |                                     |
|   |                         |   |                     |                           |                                     |
|   |                         |   |                     |                           |                                     |
|   |                         |   |                     |                           |                                     |
|   |                         |   |                     |                           |                                     |
|   |                         |   |                     |                           |                                     |
|   |                         |   |                     |                           |                                     |

**Part II Identification of Related Tax-Exempt Organizations**

| (A)<br>Name, address, and EIN<br>of related organization | (B)<br>Primary activity | (C)<br>Legal domicile (state or<br>foreign country) | (D)<br>Exempt Code<br>section | (E)<br>Public charity<br>status (if section<br>501(c)(3)) | (F)<br>Direct controlling<br>entity |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|
|  |                         |   |                               |   |                                     |
|  |                         |   |                               |   |                                     |
|  |                         |   |                               |   |                                     |
|  |                         |   |                               |   |                                     |
|  |                         |   |                               |   |                                     |
|  |                         |   |                               |   |                                     |
|  |                         |   |                               |   |                                     |
|  |                         |   |                               |   |                                     |



**Part V Transactions With Related Organizations**

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

|  | Yes | No |
|--|-----|----|
| <b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties <b>(iv)</b> rent from a controlled entity ..... |     | X  |
| <b>b</b> Gift, grant, or capital contribution to other organization(s) .....   |     | X  |
| <b>c</b> Gift, grant, or capital contribution from other organization(s) .....   |     | X  |
| <b>d</b> Loans or loan guarantees to or for other organization(s) .....  |     | X  |
| <b>e</b> Loans or loan guarantees by other organization(s) .....   |     | X  |
| <b>f</b> Sale of assets to other organization(s) .....   |     | X  |
| <b>g</b> Purchase of assets from other organization(s) .....   |     | X  |
| <b>h</b> Exchange of assets .....  |     | X  |
| <b>i</b> Lease of facilities, equipment, or other assets to other organization(s) .....  |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets from other organization(s) .....  |     | X  |
| <b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) .....                          |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) .....                           | X   |    |
| <b>m</b> Sharing of facilities, equipment, mailing lists, or other assets .....  |     | X  |
| <b>n</b> Sharing of paid employees .....   |     | X  |
| <b>o</b> Reimbursement paid to other organization for expenses .....   |     | X  |
| <b>p</b> Reimbursement paid by other organization for expenses .....   |     | X  |
| <b>q</b> Other transfer of cash or property to other organization(s) .....   |     | X  |
| <b>r</b> Other transfer of cash or property from other organization(s) .....   |     | X  |

**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 and transaction thresholds.

| (A)<br>Name of other organization(s) | (B)<br>Transaction type (a-r) | (C)<br>Amount involved |
|--------------------------------------|-------------------------------|------------------------|
| (1) MOVACI                           | L                             | 374,634.               |
| (2)                                  |                               |                        |
| (3)                                  |                               |                        |
| (4)                                  |                               |                        |
| (5)                                  |                               |                        |
| (6)                                  |                               |                        |



• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

|   |   |   |
|---|---|---|
| <b>Part II</b>  | <b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).                   |   |
| Type or print<br><br>File by the extended due date for filing the return. See instructions. | Name of Exempt Organization<br><b>THE VOICE OF THE MARTYRS, INC</b>   | Employer identification number<br><b>73-1395057</b> |
|   | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>200 SE FRANK PHILLIPS BLVD.</b>              | For IRS use only                                    |
|   | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>BARTLESVILLE, OK 74003</b> |   |

**Check type of return to be filed** (File a separate application for each return):

- Form 990   
  Form 990-EZ   
  Form 990-T (sec. 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
  Form 990-PF   
  Form 990-T (trust other than above)   
  Form 4720   
  Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**WOODIE RAINS**

• The books are in the care of  **P.O. BOX 443 - BARTLESVILLE, OK 74005**  
 Telephone No.  **918-337-8015**      FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- 4** I request an additional 3-month extension of time until **NOVEMBER 15, 2009.**
- 5** For calendar year **2008**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- 6** If this tax year is for less than 12 months, check reason:  Initial return     Final return     Change in accounting period
- 7** State in detail why you need the extension  
**ADDITIONAL TIME IS REQUESTED TO GATHER THE REQUIRED INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.**

|  |           |    |            |
|--|-----------|----|------------|
| <b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   | <b>8a</b> | \$ |            |
| <b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | <b>8b</b> | \$ |            |
| <b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>8c</b> | \$ | <b>N/A</b> |

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  \_\_\_\_\_ Title  **EA** Date  \_\_\_\_\_