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Short Form
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)

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning JANUARY , 2009, **and ending** DECEMBER 31 , 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ACF MISSIONS, INC.		D Employer identification number 20-2489094
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 6706 ANNAPOLIS ROAD		E Telephone number (301) 322-8701
		City or town, state or country, and ZIP + 4 HYATTSVILLE MD 20784		F Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ www.acfmissions.org

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

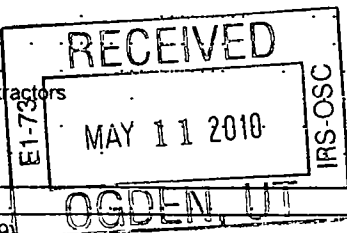
J Tax-exempt status (check only one) — 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 119,884.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	119,884.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b Less: direct expenses other than fundraising expenses	6b		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶ _____)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	119,884.	
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	1,650.
	14 Occupancy, rent, utilities, and maintenance	14	1,181.
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶ See Other Expenses Statement)	16	109,453.
17 Total expenses. Add lines 10 through 16	17	112,284.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,600.	
ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	0.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	7,600.



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	4,441.	7,741.
23 Land and buildings	39,116.	39,036.
24 Other assets (describe ▶ See L-24 Stmt)	1,354.	2,305.
25 Total assets	44,911.	49,082.
26 Total liabilities (describe ▶ See L-26 Stmt)	44,911.	60,932.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0.	7,600.

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

Form 990-EZ (2009)

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Part V Other Information (Note the statement requirements in the instrs for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
39	39 Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ , section 4955 ▶		
40b	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		X
40c	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41	41 List the states with which a copy of this return is filed ▶		
42a	42a The organization's books are in care of ▶ LYDIA TABI Telephone no. ▶ (301) 356-8376 Located at ▶ 11301 NARROW TRAIL TERRACE BELTSVILLE MD ZIP + 4 ▶ 20705		
42b	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)? If 'Yes,' enter the name of the foreign country: ▶		X
42c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S. ? If 'Yes,' enter the name of the foreign country: ▶		X
43	43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 <input type="checkbox"/>		
44	44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If 'Yes,' was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

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.

Sign Here

Signature of officer: *Emmanuel Ezeonu* Date: 05/04/10

Type or print name and title: _____

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 04/27/10

Check if self-employed: Preparer's Identifying Number (See instructions): _____

Firm's name (or yours if self-employed): Macro Accounting and Consulting Services

address, and ZIP + 4: P.O. Box 8588, Parkville, MD 21234

EIN: _____ Phone no: (443) 980-7151

May the IRS discuss this return with the preparer shown above? See instructions Yes No

BAA Form 990-EZ (2009)

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 Total. Add lines 1-through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 15 %

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization

b **33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a **10%-facts-and-circumstances test – 2009** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

b **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

18 **Private foundation.** If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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 yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lns 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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33-1/3 support tests – 2009. 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 – 2008. If the organization did not check a box on line 14 or 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

**Form 990-EZ
Part II**

Other Assets and Liabilities

2009

Name as Shown on Return ACF MISSIONS, INC.	Employer Identification No. 20-2489094
---	---

	Beginning of Year	End of Year
Line 24 - Other Assets:		
Missions Equipment	1,354.	2,305.
Totals to Form 990-EZ, Part II, line 24	1,354.	2,305.
Line 26 - Total Liabilities:		
Loan from Member	0.	7,500.
Temporary Restricted Net Assets	0.	-12,741.
Unrestricted Net Assets (other Income)	0.	58,373.
Net Assets	44,911.	7,800.
Totals to Form 990-EZ, Part II, line 26	44,911.	60,932.

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)	
TRAVEL EXPENSES	10,855.
TELEPHONE AND TELECOMMUNICATIONS	1,051.
CONSULTING	390.
PRINTING & DUPLICATING	1,102.
POSTAGE & SHIPMENT	4,252.
LICENCE & FEES	217.
SUPPLIES	4,924.
MISSIONARY REIMBURSEMENTS	5,020.
PROGRAM EXPENSES	11,454.
MARKTING AND ADVERTISING	248.
SPONSORSHIP EXPENSES	250.
TUITION AND SCHOOL FEES	62,691.
MEALS AND FEEDING	374.
BANK TRANSFER FEES	1,279.
CUSTOMS AND VISA FEES	270.
BENEVOLENCE	4,042.
SMALL BUSINESS AIDS	1,000.
MISC. EXPENSES	34.
Total	<u>109,453.</u>

ACF MISSIONS, INC.

FINANCIAL STATEMENTS

(DECEMBER 31, 2009)

**Macro Resource, Inc.
(Accounting & Consulting Services)
P. O. BOX 8538
Baltimore, Maryland 21234
Phone: (443) 980 -7151
Fax: (410) 248 -2546
okems@comcast.net**

**ACF MISSIONS, INC.
FIANCIAL STATEMENTS**

December 31, 2009

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ACF-Missions, Inc.
STATEMENT OF FINANCIAL POSITION
For the Year Ended December 31, 2009

ASSETS

CURRENT ASSETS

Cash	\$ 4,139.98
Child Sponsorship	3,601.03
	<hr/>
Total Current Assets	\$ 7,741.01

PROPERTY AND EQUIPMENT

LAND (Fort Portal)	\$ 7,009.00
Building Construction in Progress	44,107.00
Missions Equipment	2,304.85
Accum. Dep.Missions' Equip.	(231.00)
	<hr/>
Total Property and Equipment	\$ 53,189.85

OTHER ASSETS

TOTAL ASSETS	\$ 60,930.86
	<hr/> <hr/>

LIABILITIES & NET ASSETS

CURRENT LIABILITIES

Loan Payable	\$ 7,500.00
	<hr/>
Total Current Liabilities	\$ 7,500.00
	<hr/>
Total Liabilities	\$ 7,500.00

NET ASSETS:

Unrestricted Net Assets	\$ 66,172.39
Temporarily Restricted	(12,741.53)
Permanently Restricted	-
	<hr/>
TOTAL NET ASSETS	\$ 60,930.86

ACF MISSIONS, INC.
STATEMENT OF FINANCIAL ACTIVITIES
FOR THE YEAR ENDED DECEMBER 31, 2009

	UNRESTRICTED	TEMPORARY RESTRICTED	TOTAL ALL FUNDS
Revenue And Support			
Contributions	\$ 38,789.37	\$ 81,094.58	\$ 119,883.95
Total Revenue And Contributions	<u>\$ 38,789.37</u>	<u>\$ 81,094.58</u>	<u>\$ 119,883.95</u>
Restrictions:			
Against Restricted Fund	\$ 81,094.58	\$ (81,094.58)	\$ -
Expenses			
<u>Program Services</u>			
Medical Missions Outreach	\$ 2,920.00	\$ 2,920.00	\$ -
Education and Training	64,596.63	64,596.63	-
Economic Empowerment	1,340.00	1,340.00	-
Counseling	9,439.08	9,439.08	-
Total Program Expenses	<u>\$ 78,295.71</u>	<u>\$ 78,295.71</u>	\$ -
<u>Support Services</u>			
Management and Administration	29,393.26	29,393.26	-
Fundraising	4,595.29	4,595.29	-
Total Support Expenses	<u>33,988.55</u>	<u>33,988.55</u>	-
Total Expenses	<u>\$ 112,284.26</u>	<u>\$ 112,284.26</u>	\$ -
Change in Net Assets	\$ 7,599.69		\$ 7,599.69
Net Assets, Beginning of Year	\$ 8,620.00		\$ 8,620.00
Net Assets, End of Year	\$ 7,600.00		\$ 7,600.00

ACF MISSIONS, INC.
STATEMENT OF CASH FLOWS
For the Year Ended December 31, 2009

CASH FLOWS FROM OPERATING ACTIVITIES:

Adjustment To Reconcile Changes in Net Assets
To Net Cash Provided By Operating Activities

Net Income	\$ 7,600.00
Loan from Member	<u>\$ 7,500 00</u>
Net Cash Provided by Operating Activities	<u>\$ 15,100 00</u>

CASH FLOWS FROM INVESTING ACTIVITIES:

Increase in Building Construction	\$(12,000 00)
Net Cash Used by Investing Activities	<u>\$(12,000 00)</u>

Net Increase (Decrease) in Cash \$ 3,100 00

Cash At Beginning of Year \$ 4,441 32

Cash At the End of Year \$ 7,541 32

ACF MISSIONS, INC.
 STATEMENT OF FUNCTIONAL EXPENSES
 (Activities by Class)
 For the Year Ended December 31, 2009

	Kuml Education & Trg	Fort Portal Educ. & Trg	Total Educ. & Trg.	Medical Mission	Economic Empow	Adminis- trative	Fund- raising	Advocacy	TOTAL
Income									
Contributions									
Chapter Contribution	-	-	-	-	-	7,800.00	-	2,239.00	10,039.00
Church Contribution	-	-	-	-	-	2,435.30	-	1,050.00	3,485.30
Individual Contributions	-	-	-	1,225.00	-	2,448.07	-	200.00	3,873.07
Corporate Contributions	-	-	-	2,500.00	-	1,375.00	-	-	3,875.00
Designated Contribution	-	-	-	150.00	-	1,000.00	-	1,136.94	2,286.94
Missionaries Contribution	-	-	-	-	-	2,500.00	-	17,850.81	20,350.81
Economic Empowerment	-	-	-	-	800.00	0.00	-	-	800.00
Total Contributions	-	-	-	3,875.00	800.00	17,558.37	-	22,476.75	44,710.12
Child Sponsorship Contr.									
Fort Portal	-	\$ 30,837.37	\$ 30,837.37	-	-	-	-	-	\$ 30,837.37
Kuml	\$ 25,585.50	-	\$ 25,585.50	-	-	-	-	-	25,585.50
Total Child Sponsorship Contr.	25,585.50	\$ 30,837.37	\$ 56,422.87	-	-	-	-	-	\$ 56,422.87
Fund Raising Revenue									
Calendar Sale	-	-	-	-	-	-	3,690.00	-	3,690.00
Baltimore Chapter	-	-	-	-	-	-	\$ 2,054.00	-	2,054.00
Boston Chapter	-	-	-	-	-	-	1,000.00	-	1,000.00
Bronx Chapter	-	-	-	-	-	-	8,147.00	-	8,147.00
Northern N. Jersey Chapter	-	-	-	-	-	-	11,767.37	-	11,767.37
Northern Virginia Chapter	-	-	-	-	-	-	4,050.00	-	4,050.00
South New Jersey	-	-	-	-	-	-	2,300.00	-	2,300.00
State College Chapter	-	-	-	-	-	-	839.08	-	839.08
Washington Chapter	-	-	-	-	-	-	6,252.00	-	6,252.00
Total Fund Raising Revenue	-	-	-	-	-	-	40,109.45	-	40,109.45
Total Income	\$ 25,585.50	30,837.37	56,422.87	3,875.00	800.00	17,558.37	40,109.45	22,476.75	141,242.44

ACF MISSIONS, INC.
STATEMENT OF FUNCTIONAL EXPENSES
(Activities by Class)
For the Year Ended December 31, 2009

Expense	Kumi	Fort Portal	Total	Medical	Economic	Adminis-	Fund-	TOTAL
	Education & Trg	Educ. & Trg	Educ. & Trg.	Mission	Empow	trative	raising	
Salaries & Wages								
Stipends for field office staff	-	-	-	-	-	1,350.00	-	1,650.00
Total Salaries & Wages	-	-	-	-	-	1,350.00	-	1,650.00
Rent								
Office Rent (USA)	-	-	-	-	-	-	-	-
Field Office Rent (Overseas)	-	-	-	-	-	525.00	-	525.00
Equipment Rental (Overseas)	-	-	-	-	-	478.00	-	478.00
Site Rental (Overseas)	-	-	-	-	-	178.00	-	178.00
Total Rent	-	-	-	-	-	1,181.00	-	1,181.00
Travel								
Transportation	-	-	-	352.00	-	383.89	424.77	1,160.66
International Travel	-	-	-	-	280.00	2,370.70	-	2,650.70
Lodging	700.00	-	700.00	-	-	2,800.00	-	3,500.00
Meals	-	-	-	400.00	-	2,116.18	-	2,716.18
Fuel	-	-	-	-	-	805.29	-	805.29
Parking & Toll	-	-	-	-	-	-	22.00	22.00
Total Travel	700.00	-	700.00	752.00	280.00	8,476.06	446.77	10,654.83
Telephone/Telecommunication								
Web Site/Internet	-	-	-	-	-	391.40	-	391.40
Cell Phone/Phone Card	-	-	-	-	-	113.33	-	113.33
Vedio Development Expense	-	-	-	-	-	546.00	-	546.00
Total Telephone/Telecomm	-	-	-	-	-	1,050.73	-	1,050.73
Professional Fees								

ACF MISSIONS, INC.
STATEMENT OF FUNCTIONAL EXPENSES
 (Activities by Class)
 For the Year Ended December 31, 2009

	Kumi Education & Trg	Fort Portal Educ. & Trg	Total Educ. & Trg.	Medical Mission	Economic Empow	Adminis- trative	Fund- raising	Advocacy	TOTAL
Accounting Fee	-	-	-	-	-	-	-	-	-
Consulting (USA)	-	-	-	-	-	390.00	-	-	390.00
Total Professional Fees	-	-	-	-	-	390.00	-	-	390.00
Printing & Duplication	-	-	-	-	-	463.32	638.52	-	1,101.84
Postage & Shipment	-	-	-	-	-	3,951.83	-	300.00	4,251.83
Licenses & Fees	-	-	-	-	-	217.00	-	-	217.00
Supplies	-	-	-	-	-	-	-	-	-
Office Supplies	-	-	-	-	60.00	1,863.59	-	-	1,923.59
Medicine	-	-	-	2,000.00	-	1,000.00	-	-	3,000.00
Total Supplies	-	-	-	2,000.00	60.00	2,863.59	-	-	4,923.59
Missionaries Reimbursement	-	-	-	-	-	467.42	350.00	4,202.08	5,019.50
Program Expenses	-	-	-	-	-	-	-	-	-
Assistance	-	-	-	-	-	4,419.00	-	2,625.00	7,044.00
Program Supplies	-	-	-	-	-	1,250.00	-	-	1,250.00
Calenda expense	-	-	-	-	-	-	3,160.00	-	3,160.00
Total Program Expenses	-	-	-	-	-	5,669.00	3,160.00	2,625.00	11,454.00
Marketing/Advertising	-	-	-	-	-	-	-	-	-
Advertising	-	-	-	-	-	284.00	-	-	284.00
Total Marketing/Advertising	-	-	-	-	-	284.00	-	-	284.00
Sponsorship Expense	250.00	-	250.00	-	-	-	-	-	250.00
School Fees	-	-	-	-	-	-	-	-	-
Fort Portal	6,375.50	31,710.00	38,085.50	-	-	-	-	-	38,085.50
Kumi	20,605.00	4,000.00	24,605.00	-	-	-	-	-	24,605.00
Total School Fees	26,980.50	35,710.00	62,690.50	-	-	-	-	-	62,690.50
Economic Empowerment Expense	-	-	-	-	-	-	-	-	-
Small Business Aids	-	-	-	-	1,000.00	-	-	-	1,000.00

ACF MISSIONS, INC.
STATEMENT OF FUNCTIONAL EXPENSES
 (Activities by Class)
 For the Year Ended December 31, 2009

	Kumi Education & Trg	Fort Portal Educ. & Trg	Total Educ. & Trg.	Medical Mission	Economic Empow	Adminis- trative	Fund- raising	Advocacy	TOTAL
Total Economic Empowerment Expend:	-	-	-	-	1,000.00	-	-	-	1,000.00
Food & Feeding Bank Fees	-	-	-	-	-	374.17	-	-	374.17
Wire Transfer Fee	544.00	412.13	956.13	-	-	323.14	-	-	1,279.27
Total Bank Fees	544.00	412.13	956.13	-	-	323.14	-	-	1,279.27
Custom/Visa Fees	-	-	-	-	-	-	-	270.00	270.00
Benevolence	-	-	-	-	-	2,500.00	-	1,542.00	4,042.00
Total Expense	28,474.50	36,122.13	64,596.63	2,920.00	1,340.00	29,393.26	4,595.29	9,439.08	112,284.26
Net Income	-2,889.00	-5,284.76	-8,173.76	955.00	-540.00	-11,834.89	33,014.17	13,037.67	26,458.19