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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)

OMB No 1545 0047

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

	For the	ອ 2ປີ09 caleng	dar year, c	r tax year beginning	•	2009, and endin	ıg				
В	Check if	applicable		С				D Emplo	yer Identi	fication Number	
	Add	lress change	Please use IRS label	AFRICA NETWORK E	VANGELISM TASK	ζ	1	33-	0532	248	
	\vdash	ne change	or print or type	3630 CHARTER PAR			Ī	E Teleph			
	\vdash	al return	See specific	SAN JOSE, CA 951	36		[408	-249	-3777	
	\vdash		instruc-				ŀ	100	237	3111	
	H	mination	tions.					•	_	. 410	F20
	⊢I ^{Am}	ended return		<u> </u>			l	G Gross		—	<u>, 529.</u>
	Apr	lication pending		and address of principal officer 1326, MONTANA PARK 01	JOHAN COMBRINCK	רט אבסדכא	H(a) Is this a	-		₽.°°	<u> </u>
								amiliates inc attach a list		tructions) Yes	∐ No
<u> </u>	Tax-	exempt statu) 4947(a)(1) c	or 527]		•		
J	Web	site: ► HT	TP://W	WW.AFNET.ORG/			H(c) Group e	exemption n	umber P	-	
K	Form	of organization	X Corpora	ition Trust Association	Other ►	L Year of Format	tion 1992	2 M :	State of le	egal domicile CA	7
Pa	rt I	Summ	ary			· ·					
L	1 8			anızatıon's mission or most	significant activities	TO STRAT	'EGICAL	LY MOE	BILIZ	E CHURCH	
•		•	_	THER WITH DEVELOR	_						
Š	-			AMS_EOR_AFRICAN_(·	··	
& Governance	-	******		<u> </u>		-x-2 C					
9,6	2 (Check this bo	x ►	if the organization discontin	ued its operations or d	Isposed of more	than 25%	of its as	sets.	-	
ŏ				bers of the governing body				0 40	3		8
e e			-	voting members of the gov		ine 1b)			4		0
∠UIŲ ctivitlės				ees (Part V, line 2a)		•			5		0
Ç	6	Fotal number	of Volunt	era (estimate/poecessary)					6		0
₹ ₹	7a -	Fotal gross u	nrelated b	ers festimate/Decessary	√III, column (C), line 1	2			7a		0.
,	ы	Net unrelated	business	taxable income from Form	990-T, line 34				7Ь		0.
			189	AUG 0 6 2010 141	1		P	rior Year		Current Y	ear
AUG	8 (Contributions	and of an	(N)	1			428,2	294.		,113.
₹ e				is (Part VIII, line In)							,
Revenue				OGDEIN (A) Ines 3.	4. and 7d)			10,9	975.	4	,416.
				l, column (A), lines 5, 6d, 8							,
				nes 8 through 11 (must equa), line 12)		439,2	269	412	,529.
₹ —				ounts paid (Part IX, column		,, <u>-</u> ,		264,8			,121.
)				nembers (Part IX, column (,
9				sation, employee benefits (ann E 10\		60,4	100	50	,400.
8	1		-	· ·		162 3-10)		00,-	<u> </u>		, 400.
Expenses	16a I	rofessional	tundraisin	g fees (Part IX, column (A),	line i le)		ļ				
ă	Ь ⁻	Total fundrais	sing exper	ses (Part IX, column (D), li	ne 25) 🕨	15,661.					
щ	17 (Other expens	es (Part I	X, column (A), lines 11a-11e	d, 11f-24f)			111,0)53.	77	,045.
	18	rotal expense	es. Add lir	es 13-17 (must equal Part I	X. column (A), line 25)		436,2			,566.
		•		. Subtract line 18 from line		•			989.		,963.
× 2		10101140 1000	опропосс				0			End of Ye	
Nat Assets or Fund Balancos		F.4.14.	(Dank V. I.a	16)			Begin	ning of Y			
Bok	20	Total assets	•	•			-	486,		604	<u>,723.</u>
to the	21 -	Total liabilitie	s (Part X,	line 26)			<u> </u>		0.		0.
				nces. Subtract line 21 from	line 20			486,	760.	664	<u>,723.</u>
Pa	rt II	Signat	ure Blo	<u>k</u>							
		Under penalti	s f perury,	Leclare that I have examined this r Declaration of preparer (other than	etyrn, including accompanyin	g schedules and stat	tements, and t	to the best o	of my kno	wledge and belief, i	t is
		true, correct,	Complete	Declaration for preparer (other than	officer) is based on all inform	nation of which prepa	rer has any ki	nowleage	6/		
Sig	n	×	Vall	1200m				λ <u></u> <u> </u>	40		
He	re	Signature	of officer				Dat	ě ,			
		► MARK	BRADII	AG			SECRE	TARY/	TREAS	3	
			rint name and								
						Date	Ch	eck if	Pre	eparer's identifying e instructions)	number
Pa	id			\mathcal{M}	MA		sel	ıf	X	e instructions)	
Pre		Preparer's signature	► MAY	A MAITTED	1/1/0	7/27/1	I	ployed P		00052071	
	rer's		1.13.T	A. WALTERS	CDAIC	7/27/1	<u> </u>			00252071	
Us		Firm's name (TERS & KONDRASHEF				_		0.0000	
On	lly	employed), address, and		9 SEABRIGHT AVE.			EIN			96938	
		ZIP + 4	SAN	<u>TA CRUZ, CA 95062</u>			Pho	one no	(831		17
May	the IF	S discuss th	is return v	with the preparer shown abo	ve? (see instructions)					X Yes	No
BA	A For	Privacy Act a	nd Paper	work Reduction Act Notice,	see the separate instr	ructions.	<u> </u>	TEEA0113	12/29/0	9 Form 99	0 (2009)

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AFRICA NETWORK EVANGELISM TASK 33-0532248 Page 3 Checklist of Required Schedules Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х 1 Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? 2 Х Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete 4 Х Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and 5 5 reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, X 6 Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 8 Х complete Schedule D, Part III Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Х 9 Schedule D. Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? 'Yes,' complete Schedule D, Part V Х 10 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable X 11 • Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX • Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 487 If 'Yes,' complete Schedule D, Part X Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII X 12 12AWas the organization included in consolidated, independent audited financial statement for the tax Yes Nο 12 A X year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? I f 'Yes,' complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I 14h X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Х column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I 17

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H 20

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

lines 1c and 8a? If 'Yes,' complete Schedule G, Part II

18

19 20 Х

X

Х

19

Form 990 (2009) AFRICA NETWORK EVANGELISM TASK

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		Х
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		Х
Ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			37
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u>X</u>
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		<u>X</u>
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Χ_
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		<u> </u>
35	Is any related organization a controlled entity within the meaning of section $512(b)(13)$? If 'Yes,' complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
D A A		Farm	DOD /	2000

Form 990 (2009)

Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 1a 5 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c Х 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 0 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a Х b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3b 4a 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)? Х 4a **b** If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х 5b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5¢ 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a Х b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 a X b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82827 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f q For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a **b** Did the organization make any distribution to a donor, donor advisor, or related person? 9Ь 10 Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11 b

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Form 990 (2009)

12a

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

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

Sec	tion.A.	Governing Body and Management				
	_				Yes	No
1 a	Enter the	number of voting members of the governing body	1a 8			
b	Enter the	number of voting members that are independent	1b			
2	Did any o	officer, director, trustee, or key employee have a family relationship or a business relative for the following structure of the	tionship with any other	2	х	
3	Did the o	rganization delegate control over management duties customarily performed by or uno s, directors or trustees, or key employees to a management company or other person	der the direct supervision ?	3		х
4		rganization make any significant changes to its organizational documents		4		X
	since the	prior Form 990 was filed?				
5		rganization become aware during the year of a material diversion of the organization's	assets?	5		Х
6	Does the	organization have members or stockholders?		6		Х
7 a	Does the	organization have members, stockholders, or other persons who may elect one or mo	re members of the	7a		х
b	•	decisions of the governing body subject to approval by members, stockholders, or othe	er persons?	7b		Х
R	Did the o	rganization contemporaneously document the meetings held or written actions underta	ken during the year by			
	the follow	ving.	activity the year by			
	-	rning body?		8a	X	
		nmittee with authority to act on behalf of the governing body?		8ь	X	
_	organizal	any officer, director or trustee, or key employee listed in Part VII, Section A, who cann tion's mailing address? If 'Yes,' provide the names and addresses in Schedule O		9		Х
	tion B. enue Code	Policies (This Section B requests information about policies not	required by the Interna	a/		
	***				Yes	No
10 a	Does the	organization have local chapters, branches, or affiliates?		10 a		X
b	if 'Yes,' o	does the organization have written policies and procedures governing the activities of s ches to ensure their operations are consistent with those of the organization?	such chapters, affiliates,	10b		
11		organization provided a copy of this Form 990 to all members of its governing body bei	fore filing the form?	11	Х	
		in Schedule O the process, if any, used by the organization to review this Form 990	SEE SCHEDULE O		•••••	
		organization have a written conflict of interest policy? If 'No,' go to line 13		12a	X	
		ers, directors or trustees, and key employees required to disclose annually interests the	at could give rise	12b	Х	
c	Does the	organization regularly and consistently monitor and enforce compliance with the policy O how this is done	y? If 'Yes,' describe in	12c		x
13	Does the	organization have a written whistleblower policy?		13		X
14	Does the	organization have a written document retention and destruction policy?		14		X
15	Did the p	rocess for determining compensation of the following persons include a review and ap comparability data, and contemporaneous substantiation of the deliberation and decis	proval by independent			
	-	nization's CEO, Executive Director, or top management official		15a	Х	
	-	cers of key employees of the organization		15b		X
	If 'Yes' to	line 15a or 15b, describe the process in Schedule O (See instructions.)				
16 a		rganization invest in, contribute assets to, or participate in a joint venture or similar ar ling the year?	rangement with a taxable	16a		Х
b	in joint ve	has the organization adopted a written policy or procedure requiring the organization to enture arrangements under applicable federal tax law, and taken steps to safeguard the th respect to such arrangements?	evaluate its participation ne organization's exempt	16ь		
Sec		Disclosures				
17		tates with which a copy of this Form 990 is required to be filed CA				
	Section 6	i104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and n. Indicate how you make these available. Check all that apply	990-T (501(c)(3)s only) avail	able fo	r publ	IC
	Own	website Another's website X Upon request				
19	Describe statemen	in Schedule O whether (and if so, how) the organization makes its governing documents available to the public SEE SCHEDULE O	nts, conflict of interest policy,	and fir	nancia	I
	State the	name, physical address, and telephone number of the person who possesses the book BRADING 3630 CHARTER PARK DRIVE SAN JOSE CA 94136 40		ation		

Form 990 (2009)

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Form 990 (2009)

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

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

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

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

Check this box if the organization did not	compensa	ate an	y cu	rren	t off	icer, c	lirec	tor, or trustee.		
(A)	(B)			-	c)			(D)	(E)	(F)
Name and Title	Average hours		_			hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099 MISC)	related organizations (W 2/1099 MISC)	compensation from the organization and related organizations
AT_VAN_DYK										
DIRECTOR	3							0.	0.	0.
MARK BRIDGLAND]									
DIRECTOR	3	X						0.	0.	0.
RICHARD WHITAKER	,									•
DIRECTOR	3	X						0.	0.	0.
JOHN CHRISTERSON		.,,								•
DIRECTOR	3	X				<u> </u>	<u> </u>	0.	0.	0.
ED_DUECK	١ ,	v								0
DIRECTOR	3	Х			ļ	<u></u>		0.	0.	0.
DAVE HART	3			v				0	0.	0
CHAIRMAN COMPRINCY	3		\vdash	X		<u> </u>		0.	0.	0.
JOHAN COMBRINCK	40			Х				EQ 400	0.	0
PRESIDENT & CEO MARK BRADING	40		H					59,400.	0.	0.
SECRETARY/TREAS	6			Х				0.	0.	0.
SECRETARITY INEAS	0			^		<u> </u>		0.	0.	<u> </u>
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(A)	(B)	Ney					<u>, ar</u>			ipioyee	
Name and Title	Average hours	Posi	ition (c) k all i	hat a	pply)	(D) Reportable	(E) Reportable	Fe	(F) timated
•	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Form	compensation from the organization (W 2/1099 MISC)	compensation from related organizations (W 2/1099 MISC)	amou com fro orga and	int of other pensation om the anization of related inizations
									-		
1 b Total							>	59,400.	0.		0
2 Total number of individuals (including but not limited from the organization ► 0	to those	liste	ed a	bove	e) w	ho re	eceiv	ved more than \$10	0,000 in reportable	compen	sation
										F	Yes No
3 Did the organization list any former officer, director on line 1a? <i>If 'Yes,' complete Schedule J for such inc</i>	dıvıdual		-	•			Ĭ	•	, ,	3	x
4 For any individual listed on line 1a, is the sum of report the organization and related organizations greater that individual	ortable o in \$150,	0007	ens 11	atioi 'Ye	n ar s'c	ia ot omp	ner (<i>lete</i>	Schedule J for suc	n ch	4	x
5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete School	mpensat edule J i	ion f	from uch	any pers	y un	relat	ted c	organization for se	rvices	5	x
Section B. Independent Contractors											
Complete this table for your five highest compensated compensation from the organization	і іпаере	naer	1t cc	ontra	ctor	s th	at re	eceived more than	\$100,000 of		
(A) Name and business address	<u>. </u>							(B) Description o		(C Compen) sation
		_									
			_								
2 Total number of independent contractors (including bi \$100,000 in compensation from the organization ►		nited	i to	thos	e lis	ted	abov	ve) who received n	nore than		

rai	7 VI	HI Statement of Re	evenue		<u></u>	,	,		
		•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
T	1 -	Federated campaigns		1 a					
5 E									
Z S		Membership dues		1Ь					
PROGRAM SERVICE REVENUE OONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	С	Fundraising events		1 c					
	d	Related organizations		1 d					
	е	Government grants (contributi	ons)	1 e					
8 2		-							
HER	f	All other contributions, gifts, g similar amounts not included	grants, and above	11	408,113.				
FO	a	Noncash contribus included in		\$					
õ₹	_	Total. Add lines 1a-1f		`-		408,113.			
-		TOTAL AGG INICS TOTAL		\neg	Business Code	100,110.			
ヌ	0 -			⊢		{			1
\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>									
2	b			-					
乡	С			L					
£	d								
Σ.	e								,
ž		All other program service							
ĕ		· -	e i eveliue		•	•			
	g	Total. Add lines 2a-2f							-
	3	Investment income (incl	uding divid	dends,	interest and	4 416			4 416
		other similar amounts)			•	4,416.			4,416.
	4	Income from investment	t of tax-ex	empt b	ond proceeds				
	5	Royalties			•				
		_	(i) Re	eal	(ii) Personal				
	6a	Gross Rents							
		Less rental expenses							
		Rental income or (loss)			1				
	d	Net rental income or (los							
	7 a	Gross amount from sales of	(i) Secu	rities	(II) Other				
		assets other than inventory							
	b	Less cost or other basis							
	_	and sales expenses							
	c	Gain or (loss)							
		Net gain or (loss)			>				
ш		Gross income from fund	lraising ev	ents					
N.		(not including \$							
OTHER REVENUE		of contributions reported	on line 1	c).					
~		See Part IV, line 18		а					
ᆂᅵ	Ь	Less, direct expenses		b					
Ö	С	Net income or (loss) from	m fundrais	ing eve	ents				
		Gross income from gam See Part IV, line 19		-					
	.	Less. direct expenses		- b					
		•		_					
	С	Net income or (loss) from	m gaming	activiti	es				
	10 a	Gross sales of inventory and allowances.	, less retu	irns a					
	Ь	Less cost of goods sold		ь	•				
		Net income or (loss) from		invent	ory			,	
ł		Miscellaneous Reven		T	Business Code				
}	11 -		_			Ì	,	,	
	_								
	b								
	С							<u> </u>	
	d	All other revenue		L					
	е	Total. Add lines 11a-11d	i		>				
	12	Total revenue. See instr	uctions_			412,529.	0.	0.	4,416.

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).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				·
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	98,121.	98,121.		
4	Benefits paid to or for members			, , , , , , , , , , , , , , , , , , , ,	
5	Compensation of current officers, directors, trustees, and key employees	59,400.	59,400.	0.	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
t	Legal				· · · · ·
	: Accounting	3,200.		3,200.	
	I Lobbying	-,			
	Prof fundraising svcs. See Part IV, In 17			-	
	Investment management fees		1		
	Other				
-	Advertising and promotion				
13	Office expenses				
14	Information technology		***		
15	Royalties				 -
16	Occupancy	**	· · · · · · · · · · · · · · · · · · ·		
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,770.		3,770.	
23	Insurance			-,	<u> </u>
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)				
а	HONORARIUMS	49,752.	49,752.		
	DEVELOPMENT	5,552.			5,552
	POSTAGE AND SHIPPING	3,081.			3,081
	PRINTING AND PUBLICATIONS	3,015.			3,015
	VEHICLE EXPENSE	2,966.			2,966
	All other expenses	5,709.		4,662.	1,047
	Total functional expenses. Add lines 1 through 24f	234,566.	207,273.	11,632.	15,661
	Joint costs. Check here ► If following	201,000.	20.,2.0.		13,001
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

		•			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			49,369.	1	226,687
	2	Savings and temporary cash investments			431,656.	2	436,071
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors and highest compensated employees. Complete Part I	, trust l of Sc	ees, key employees, hedule L		5	
	6	Receivables from other disqualified persons (as define	d unde	r section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B). Comp	lete Pa	art II of Schedule L		6	
Š	7	Notes and loans receivable, net				7	
A S S E T	8	Inventories for sale or use				8	
s	9	Prepaid expenses and deferred charges				9	
	10 a	Land, buildings, and equipment cost or other basis	10 a	35,533.			
		Complete Part VI of Schedule D					
	ь	Less accumulated depreciation.	10 b	33,568.	5,735.	10c	1,965.
	11	Investments — publicly-traded securities				11	
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets Add lines 1 through 15 (must equal line 3	34)		486,760.	16	664,723.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue				19	
Ļ	20	Tax-exempt bond liabilities				20	
A B I	21	Escrow or custodial account liability. Complete Part IV	of Sc	hedule D		21	
L	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified pers	tees, k ons. C	ey employees, omplete Part II			
- 1		of Schedule L				22	
E S	23	Secured mortgages and notes payable to unrelated thin	d parti	es		23	
	24	Unsecured notes and loans payable to unrelated third p	oarties			24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
Ē		Organizations that follow SFAS 117, check here ▶	X ar	nd complete lines			
		27 through 29 and lines 33 and 34.					
S	27	Unrestricted net assets			486,760.	27	618,448.
Ĕ	28	Temporarily restricted net assets				28	46,275.
	29	Permanently restricted net assets		_		29	
R		Organizations that do not follow SFAS 117, check her	e►	and complete		1	
FUND		lines 30 through 34.					
В	30	Capital stock or trust principal, or current funds				30	
B	31	Paid-in or capital surplus, or land, building, and equipment	nent fu	ind _		31	
日々上々之いもの	32	Retained earnings, endowment, accumulated income, or	or othe	r funds		32	<u></u>
Ĕ	33	Total net assets or fund balances		L	486,760.	33	664,723.
5	34	Total liabilities and net assets/fund balances.			486,760.	34	664,723.

BAA

Form 990 (2009)

rati At Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b Were the organization's financial statements audited by an independent accountant?	2b	Х	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		х
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d if 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
X Separate basis Consolidated basis Both consolidated and separate basis			ĺ
3a 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?	3a		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

BAA

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

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

OMB No 1545 0047 2009

Open to Public Inspection

Name of the organization Employer identification number 33-0532248 AFRICA NETWORK EVANGELISM TASK Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 7 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 Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h. 11 Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations h (v) Did you notify the organization in col (i) of (iii) Type of organization (i) Name of Supported (ii) EIN (iv) Is the (vi) Is the (vii) Amount of Support described on lines 1 9 above or IRC section (see instructions)) organization in col (i) organized in the US? rganization in col Organizatio your support? governing document? Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 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 (d) 2008 (a) 2005 (b) 2006 (c) 2007 (e) 2009 (f) Total beginning in) Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ') 322,988 352,994 508,099 428,294. 408,113 2,020,488. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 0. The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge 0. 322,988 352,994 508,099 428,294. 408,113. 2,020,488. Total. Add lines 1-through 3 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) 0. Public support. Subtract line 5 2,020,488. from line 4 Section B. Total Support Calendar year (or fiscal year (e) 2009 (a) 2005 (b) 2006 (c) 2007 (d) 2008 (f) Total beginning in) 🟲 322,988 352,994 508,099 428,294 408,113. 2,020,488. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form 778 3,692 10,975 13,269 4,416 33,130. similar sources Net income from unrelated business activities, whether or not the business is regularly 0. carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in 0._ Part IV.) 11 Total support. Add lines 7 2,053,618. through 10 12 0. 12 Gross receipts from related activities, etc. (see instructions) 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 98.4% 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 15 98.6% 15 Public support percentage from 2008 Schedule A, Part II, line 14 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 **►** [X] 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

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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.)

Sec	tion A. Public Support						
	ndar 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						<u> </u>
3	Gross receipts from activities that are not an unrelated trade or business						
_	under section 513						<u> </u>
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						
	Total. Add lines 1 through 5						<u> </u>
7 a	Amounts included on lines 1, 2, 3 received from disqualified						
	persons						
	Amounts included on lines 2 and 3 received from other than						
	disqualified persons that exceed the greater of 1% of				}		
	the amount on line 13 for the						
_	year : Add lines 7a and 7b						
	Public support (Subtract line						
Ū	7c from line 6.)						1
Sec	tion B. Total Support					***************************************	
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6		•	·			
10 a	Gross income from interest, dividends, payments received						
	on securities loans, rents,						
	royalties and income form similar sources						
b	Unrelated business taxable		···				
	income (less section 511						
	taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included inline 10b.						
	whether or not the business is		п				
12	regularly carried on Other income. Do not include						
'-	gain or loss from the sale of capital assets (Explain in						
	Part IV.)						
	Total support. (add Ins 9, 10c, 11, and 12)		<u></u>		<u> </u>		L
14	First five years. If the Form 990 is organization, check this box and	s for the organizat stop here	ion's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ □
Sec	tion C. Computation of Pu	blic Support I	Percentage				
15	Public support percentage for 200	09 (line 8, column	(f) divided by line	13, column (f))		15	%
	Public support percentage from 2					16	%
Sec	tion D. Computation of Inv						T
17	Investment income percentage for				n (f))	17	%
18	Investment income percentage fro				1 - 1 - 1 - 1 - 1	18	%
19 a	 33-1/3 support tests — 2009. If the more than 33-1/3%, check this bo 	e organization did ox and stop here.	not check the box The organization	on line 14, and l qualifies as a pub	iline 15 is more that flicly supported org	ın 33-1/3%, and li janization	ne i / is not ►
b	33-1/3 support tests - 2008. If th	e organization did	not check a box of	on line 14 or 19a,	and line 16 is more	e than 33-1/3%, a	and line 18
20	is not more than 33-1/3%, check	•	-	·		-	IH.
_20	Private foundation. If the organiz	ation did not checi	N a DOX OIT line 14	, isa, or isb, che	CK IIIIS DOX AND SE	e monuctions	

Schedule A	(Form	990 or 990	0-EZ) 2009	AFRICA	NETWORK	EVANGEL	ISM	TASK	33-0532248	Page 4
Part IV	Supp	lementa	al Informa	ation. Com	plete this	part to pro	vide	the exp	33-0532248 lanations required by Part II, lin ditional information. See instruc	e 10;
	Parti	i, line i	7a or 17b	o; and Part	III, line 12	z. Provide	ariy	other au	ditional information. See instruc	tions.
,										
			- -							
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TEEA0404L 02/05/10

Schedule A (Form 990 or 990-EZ) 2009

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545 0047

Open to Public Inspection

Employer Identification number

AFI	RICA NETWORK EVANGELISM TASK			33-0532248
Par	41 Oursinations Maintaining Done	- Advised Frederic Ott	Cimilar Francis on As	
rai	the organization answered 'Yes'	to Form 990, Part IV, lin	ne 6.	counts Complete if
		(a) Donor advised	funds (b) I	Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor funds are the organization's property, subject to	or advisors in writing that the a to the organization's exclusive l	ssets held in donor advised egal control?	Yes No
6	Did the organization inform all grantees, donor- used only for charitable purposes and not for the purpose conferring impermissible private bene	he benefit of the donor or donor	that grant funds may be advisor or for any other	☐Yes ☐ No
Da.	t II Conservation Easements Compl		nswered 'Ves' to Form (
				250, Fait IV, IIIle 7.
1	Purpose(s) of conservation easements held by	- '	—i' ''	ally important land area
	Preservation of land for public use (e.g., re	ecreation or pleasure)	Preservation of an historica	• •
	H		Preservation of certified his	storic structure
2	Preservation of open space Complete lines 2a through 2d if the organizatio last day of the tax year	n held a qualified conservation	contribution in the form of a co	onservation easement on the
				Held at the End of the Year
á	Total number of conservation easements		2a	
	Total acreage restricted by conservation easen	nents	2b	
	Number of conservation easements on a certifi		 	
	Number of conservation easements included in		2d	
	Number of conservation easements modified, t	• • •		nization during the tay
3	year ►	ransierrea, releasea, extinguisi	led, or terminated by the organ	nzation during the tax
4	Number of states where property subject to cor	nservation easement is located	•	
5	Does the organization have a written policy reg		inspection, handling of violation	ons, Yes No
6	Staff and volunteer hours devoted to monitoring during the year	g, inspecting, and enforcing coi	nservation easements	
7	Amount of expenses incurred in monitoring, instituting the year ►	specting, and enforcing conserv	vation easements	
8	Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requ	uirements of section	Yes No
9	In Part XIV, describe how the organization reprinctude, if applicable, the text of the footnote to conservation easements.			
Pai	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historica swered 'Yes' to Form 990	I Treasures, or Other Si D, Part IV, line 8.	milar Assets
1 a	a If the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial statemen	c exhibition, education, or rese		
t	 If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items. 	SFAS 116, to report in its rever c exhibition, education, or rese	nue statement and balance sho arch in furtherance of public so	eet works of art, historical ervice, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1		► \$
	(ii) Assets included in Form 990, Part X			►\$ ►\$
2	If the organization received or held works of art amounts required to be reported under SFAS 1		similar assets for financial gair	
á	Revenues included in Form 990, Part VIII, line	1		► \$
t	Assets included in Form 990, Part X			►\$ ►\$

Schedule D (Form 990) 2009 AFRI	CA NETWO	RK EV	ANGELISM T	ASK			33-053	2248		Page :
Part III Organizations Mainta	ining Coll	ection	s of Art, His	toric	al Treasures,	or Other S	milar As	sets	(contir	าued)
3 Using the organization's acquisition items (check all that apply).	on accession	and oth	er records, check	k any i	of the following th	at are a signifi	cant use of	its coll	ection	
a			d Loan	or exc	hange programs					
b Scholarly research			e Other							
c Preservation for future genera	ations									
4 Provide a description of the organ Part XIV	nization's colle	ections a	and explain how	they fo	urther the organiz	ation's exemp	purpose in)		
5 During the year, did the organizat assets to be sold to raise funds ra								Yes		No
Part IV Escrow and Custodia 9, or reported an amo					nization answ	ered 'Yes'	to Form S	990, F	'art IV ———	', line
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodiar	n, or oth	er intermediary f	for cor	tributions or othe	r assets not	[Yes	. [No
b If 'Yes,' explain the arrangement	ın Part XIV a	nd comp	olete the followin	g table	:		•	_	_	_
				_				Amoun	ıt	
c Beginning balance.						1 c				
d Additions during the year						1 d			-	
e Distributions during the year						1 e		-		
f Ending balance						16				
2a Did the organization include an ar	mount on For	m gan i	Part X line 212			,		Yes	T	No
b if 'Yes,' explain the arrangement		111 550, 1	art X, iii c 21.				ι		L	
Part V Endowment Funds Co		organi	zation answe	red '	Yes' to Form	990 Part IV	/ line 10			_
att v Endowment i dids oc	(a) Curren		(b) Prior yea		(c) Two years bac	1	e years back		Four year	e baek
1 a Paginning of year halance	(a) current	t year	(b) Thor yea	II .	(C) I WO years bac	(u) Tille	s years back	(6)	roui yeai	S DACK
1 a Beginning of year balance								ļ		
b Contributions								 	***************************************	
 c Net Investment earnings, gains, and losses 								ļ		
d Grants or scholarships							•••••	<u> </u>		······
 Other expenditures for facilities and programs 									··········	***************************************
f Administrative expenses								<u> </u>		
g End of year balance								<u> </u>		
2 Provide the estimated percentage	of the year e	nd balaı	nce held as							
a Board designated or quasi-endow	ment ►		ક							
b Permanent endowment ►	8	;								
c Term endowment ►	8									
3a Are there endowment funds not in organization by.	the possess	on of th	e organization th	nat are	held and adminis	tered for the		ſ	Yes	No
(i) unrelated organizations								3a(i)		
(ii) related organizations								3a(ii)		
b If 'Yes' to 3a(ii), are the related or	roanizations li	istad as	required on Sch	عارياء	R?			3b		
4 Describe in Part XIV the intended	-		•							
Part VI Investments—Land, B						X line 10				
Description of investment		(a) Cos	st or other basis	(b)	Cost or other pasis (other)	(c) Accum Deprecia		(d) [Book Va	alue
1a Land		\			<u> </u>					
b Buildings								-		
c Leasehold improvements										
d Equipment		1			20,410.	1	9,216.		1	,194.
e Other					15,123.		4,352.			771.
		I		l	1J, 14J.	l ±.	-, JJG .			, , <u>,</u> ,

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

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Schedule **D** (Form 990) 2009

1,965.

Schedule D (Form 990) 2009 AFRICA NETWORK EV			33-0532248	Page 3
Part VII Investments—Other Securities See F		ne 12. N/A		
(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valuation t or end-of-year market value	
Financial derivatives		003	to cha or year market value	
Closely-held equity interests				
Other		1000		
				-
				-
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12)				
Part VIII Investments-Program Related (See	Form 990, Part X,	line 13) N	/A	
(a) Description of investment type	(b) Book value		(c) Method of valuation	
		Cos	t or end-of-year market value	
	<u> </u>			
				
				
		-	· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·				
Total (Column (b) must equal Form 990, Part X, Col. (B) line 13)			•••••••••••••••••••••••••••••••••••••••	
Part IX Other Assets (See Form 990, Part X,	line 15) N/A			······
	escription		(b) Bool	k value
Total. (Column (b) must equal Form 990, Part X, col (B), lin			>	
Part X Other Liabilities (See Form 990, Part	X, line 25)			
(a) Description of Liability	(b) Amount			
Federal Income Taxes		_		
		—		
	-			
	-	_		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)				
2. FIN 48 Footnote. In Part XIV, provide the text of the footnoter uncertain tax positions under FIN 48	ote to the organization's	tinancial statements	s that reports the organization's li	ability

Schedule D (Form 990) 2009 AFRICA NETWORK EVANGELISM TASK

33-0532248

Sched	dule D (Form 990) 2009 AFRICA NETWORK EVANGELISM TASK	33-0532248	Page 4
Par	XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement		
	Total revenue (Form 990, Part VIII,column (A), line 12)		412,529.
2	Total expenses (Form 990, Part IX, column (A), line 25)		234,566.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		177,963.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		177,963.
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Keturn	410 500
	Total revenue, gains, and other support per audited financial statements	1	412,529.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments 2a	\dashv 1	
_	Donated services and use of facilities 2b	_	
	Recoveries of prior year grants 2c		
	Other (Describe in Part XIV)	_	
	Add lines 2a through 2d	2e	410 500
_	Subtract line 2e from line 1	3	412,529.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)	- .	
_	Add lines 4a and 4b	4c	412 520
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per I		412,529.
	Total expenses and losses per audited financial statements	1	234,566.
	Amounts included on line 1 but not on Form 990, Part IX, line 25	<u> </u>	234,300.
	Donated services and use of facilities 23		
	Prior year adjustments 2b		
	Other losses 2c		
	Other (Describe in Part XIV)		
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	234,566.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		231,300.
	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)	-	
	Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	234,566.
	XIV Supplemental Information		
line 4	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this phation.	/, lines 1b and 2b, I art to provide any a	Part V, additional
			-

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Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 AFRICA NETWORK EVANGELISM TASK	33-0532248	Page 5
Part XIV Supplemental Information (continued)		
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Schedule **D** (Form 990) 2009

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Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No 1545 0047 2009

Department of the Treasury Internal Revenue Service

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

Open to Public

Inspection

Name of the o	rganization		
AFRICA	NETWORK	EVANGELISM	TASK

Employer identification number

33-0532248

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

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? X Yes No

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

(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
UB-SAHARAN AFRICA	0	0	TRAINING,		98,12
			COORDINATING, AND		
			EQUIPPING EVANGELISTIC		
			ORGANIZATIONS AND		,
			MEMBERS AND RELATED		
			ACTIVITIES.		
					
otals	▶ 0	0			98.121

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

Schedule F (Form 990) (2009)

Page 2

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.

(i) Method of valuation (book, FMV, appraisal, other)									_		2
(h) Description of non-cash assistance								-			for which the
(g) Amount of non-cash assistance											empt by the IRS, or
(f) Manner of cash disbursement	WIRE	TRANSFER		TRANSFER							ognized as tax-ex
(e) Amount of cash grant	45,817.		52, 304.								foreign country, rec
(d) Purpose of grant	CHRISTIAN	NOISSIM	SUPPORT TO	ORPHANAGES							charities by the
(c) Region	SUB-SAHARAN	AFRICA	SUB-SAHARAN	AFRICA							t are recognized as
(b) IRS code section and EIN (if applicable)											ations listed above tha
1 (a) Name of organization											2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities BAA

Schedule F (Form 990) 2009

TEEA3502L 07/06/09

Page 3

AFRICA NETWORK EVANGELISM TASK

Schedule F (Form 990) 2009 AFRICA NETWORK E

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.

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

Schedule F (Form 990) 2009 AFRICA NETWORK EVANGELISM TASK	33-0532248	Page 4
Part IV Supplemental Information Complete this part to provide the information required in Part I, line 2, and any additional info	rmation	
•		
PART I, LINE 2 - GRANTMAKERS EXPLANATION FOR GRANTS OUTSIDE US	<u></u>	
PRESIDENT OF THE BOARD IS DIRECTLY INVOLVED IN THE PROCESS OF	ALLOCATION AND	USE OF
FUNDS AND PERIODIC FIELD INSPECTIONS. FINANCIAL REPORTS ARE	PROVIDED TO THE	BOARD
FOR THEIR REVIEW.		
	-	
		
		
		
		
		
		
		

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Schedule **F** (Form 990) 2009

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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545 0047

2009

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
► Attach to Form 990.

Open to Public Inspection

-	Employer identification number
AFRICA NETWORK EVANGELISM TASK	33-0532248
FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS.	, <u>direct</u>
JOHAN_COMBRINCKCEO/BOARD_MEMBER_AND_AT_VAN_DYKBOARD_MEMBER	HAVE A FAMILY
RELATIONSHIP.	
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
RESPONSIBLE OFFICER AND BOARD MEMBER REVIEWS PREPARED FORM 990	FOR ACCURACY AND
COMPLETENESS.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	AILABLE
GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS AVAILAB	LE_UPON_REQUEST
	
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Schedule O (Form 990) 2009	Page 2
Name of the organization	Employer identification number
AFRICA NETWORK EVANGELISM TASK	33-0532248
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