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Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2009 Open to Public

Form 990 (£005

Inspection For the 2009 calendar year, or tax year beginning and ending Please Check if applicable C Name of organization Employer identification number use IRS Address change MISSIO INTERNATIONAL label or 62-1570454 X Name change Doing Business As print or Number and street (or P O box if mail is not delivered to street address) type. Telephone number Room/suite Initial return See 125 N CONCORD STREET 865-247-7626 Specific Termination City or town, state or country, and ZIP + 4 G Gross receipts \$ Instruc-Amended return KNOXVILLE TN 37917 tions. F Name and address of principal officer H(a) Is this a group return for Application pending KENNY WOODHULL affiliates? H(b) Are all affiliates included? P.O. BOX 18530 KNOXVILLE If "No," attach a list (see instructions) **X** 501(c) ( ◀ (insert no ) ] 4947(a)(1) or Website: ► MISSIOINTERNATIONAL.ORG&MISSIOLINK.ORG **H(c)** Group exemption number ▶ Type of organization | | Corporation | | Trust | Association Year of formation 1994 M State of legal domicile TN Part I Summary Briefly describe the organization's mission or most significant activities THE DEVELOPMENT/PROVISION OF RESOURCES & ASSISTANCE TO MEET SOCIAL & SPIRITUAL NEEDS OF ROMANIA THRU SOCIAL SERVICES FOR CHILDREN AT RISK, LEADERSHIP DEVEL., CHURCH PLANTING, & A NATL. RETREAT/CAMP CENTER. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 12 Total number of employees (Part V, line 2a) Total number of volunteers (estimate (Thecessary) VED 2 5 75 6 7a Total gross unrelated business revenue from Part VIII, column 7a b Net unrelated business taxable come from Form 99011 fine 9 7b Prior Year Current Year 690,982 1.121 695 Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, (n) (2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,606 652 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,123,301 691,634 952,807 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 645,981 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 65,305 70,061 16a Professional fundraising fees (Part IX, column (A), line 11e) 120 **b** Total fundraising expenses (Part IX, column (D), line 25) 102,716 77,454 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1,120,828 793,496 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 2,473 -101,862 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 308,737 228,319 20 Total assets (Part X, line 16) 2,811 24,255 21 Total liabilities (Part X, line 26) 305,926 22 Net assets or fund balances. Subtract line 21 from line 20 204,064 Part II Signature Bldck Under penalties of penury, 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 Sian Here Signature of officer Date KENNY WOODHULL PRESIDENT Type or print name and title Preparer's identifying number Date Check if Preparer's (see instructions Edwards CPA Paid signature P00599908 04/19/10 employed > Preparer's INGRAM, OVERHOLT & BEAN, 62-1651321 EIN > Firm's name (or yours **Use Only** 428 MARILYN LANE if self-employed), ▶ 865-984-1040 address, and ZIP + 4 ALCOA, TN 37701 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

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

| Form 990 (2009) MISSIO INTE  | RNATIONAL  | 62-1570454   | Page 2        |
|--|--|--|---------------|
| Part III Statement of Progr  | ram Service Accomplishmen  |  |               |
| 1 Briefly describe the organization's r  |  |  |               |
|  |  | ES & ASSISTANCE TO MEET SOCI   |               |
| SPIRITUAL NEEDS OF   | ROMANIA THRU SOCIA   | AL SERVICES FOR CHILDREN AT  | RISK,         |
|  |  | A NATL. RETREAT/CAMP CENTE   |               |
| <u> </u>   |  |  | •             |
| 2 Did the organization undertake any   | significant program services during the  | ne year which were not listed on   |               |
| the prior Form 990 or 990-EZ?  |  |  | Yes X No      |
| If "Yes," describe these new service   | es on Schedule O.  |  |               |
| 3 Did the organization cease conduct   | ting, or make significant changes in ho  | ow it conducts, any program  |               |
| services?  |  | , ,, ,   | Yes X No      |
| If "Yes," describe these changes or  | n Schedule O   |  |               |
|  |  | s three largest program services by expenses.  |               |
|  |  | sts are required to report the amount of grants and  |               |
|  | nses, and revenue, if any, for each pro  |  |               |
|  | ness, and revenue, it any, for each pro  | Jan Salvice Topolica   |               |
| ASSISTANCE TO MEET<br>ROMANIA THROUGH SOO<br>LEADERSHIP DEVELOPMULTIFACETED NATION | THE SOCIAL AND SPICIAL SERVICES FOR COMENT, CHURCH PLANTINAL RETREAT AND CAMFORMATION AND GROW | OURCES AND STRATEGIC RITUAL NEEDS OF CHILDREN AT RISK, ING, AND A PING CENTER WHICH WTH PROGRAMS FOR YOUTH |               |
| AS WELL AS CHORCH  | LAI LEADERS AND PAS  | iors.  |               |
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| Ab (Codo: \(\( \)\( \)Evnonon \( \)  |  |  |               |
| 4b (Code: ) (Expenses \$   | ıncluding gra  | ants of \$ ) (Revenue \$   | )             |
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| 4c (Code ) (Expenses \$  | ıncluding gra  | ants of \$ ) (Revenue \$   |               |
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| • • • •  |  |  |               |
| 4d Other program services (Describe  | n Schedule O.)   |  | _ <del></del> |
| (Expenses \$   | including grants of \$   | ) (Revenue \$  | 1             |
| 4e Total program service expenses  |  | 7 (  |               |

### Part.IV **Checklist of Required Schedules**

|     |  |          | Yes           | No                              |
|-----|--|----------|---------------|---------------------------------|
| 1,  | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"  |          |               |                                 |
|     | complete Schedule A  | 1        | X             | ļ                               |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?   | _2       | X             |                                 |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to   |          |               |                                 |
|     | candidates for public office? If "Yes," complete Schedule C, Part I  | 3        | ļ             | X                               |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete  |          |               |                                 |
| _   | Schedule C, Part II  | 4        | ļ             | X                               |
| 5   | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)  |          |               |                                 |
| _   | notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III  | 5        |               |                                 |
| 6   | Did the organization maintain any donor advised funds or any 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,"  |          |               | ĺ                               |
| _   | complete Schedule D, Part I  | 6        |               | X                               |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,  |          |               |                                 |
|     | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7_       |               | X                               |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"  |          |               |                                 |
|     | complete Schedule D, Part III  | 8        |               | X                               |
| 9   | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part  |          |               |                                 |
|     | X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"   |          |               | i                               |
|     | complete Schedule D, Part IV   | 9        |               | X                               |
| 10  | Did the organization, directly or through a related organization, hold assets in term, permanent, or   |          |               |                                 |
|     | quasi-endowments? If "Yes," complete Schedule D, Part V  | 10       |               | Х                               |
| 11  | 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  | 11       | X             |                                 |
| •   | 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 related 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.   | ١,       |               | -                               |
| •   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  |          |               |                                 |
| 12  | the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete   |          |               |                                 |
| 12  | Schedule D, Parts XI, XII, and XIII.   | 10       | X             |                                 |
| 12A | The state of the s | 12       | ^             |                                 |
| 147 |  | 1 1      |               |                                 |
| 13  | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 1.       |               | X                               |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  | 13       |               | X                               |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,  | 14a      |               |                                 |
| -   | business, and program service activities outside the United States? If "Yes," complete Schedule F, Part!   | 445      |               | X                               |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any   | 14b      | $\rightarrow$ |                                 |
|     | organization or entity located outside the United States? If "Yes," complete Schedule F, Part II   | 4.       | x             |                                 |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance  | 15       | ^             |                                 |
|     | to individuals located outside the United States? If "Yes," complete Schedule F, Part III  | 4.       |               | x                               |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services  | 16       | -             |                                 |
| .,  | on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 4-       |               | v                               |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on  | 17       |               | <u> </u>                        |
| .0  | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | ,,       |               | v                               |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?   | 18       |               | <u> </u>                        |
| . 5 | If "Yes," complete Schedule G, Part III  | 40       |               | x                               |
| 20  | Did the organization operate one or more hospitals? If "Yes," complete Schedule H  | 19<br>20 |               | $\frac{\mathbf{x}}{\mathbf{x}}$ |
|     | end and organization sporate one or more ricopitate. If 100, complete objectule (1   |          | 990           |                                 |
|     |  | i Ullil  | ~~~           | (2003)                          |

Part IV Checklist of Required Schedules (continued)

|     | The state of the s |             |  |              |
|-----|--|-------------|--|--------------|
| 04  | Did the construction and the design of the d |             | Yes  | No           |
| 21. | <b>3</b>   |             |  | 3.5          |
| 22  | in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | _21         |  | X            |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the   |             |  | · ·          |
| 23  | United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | _22         | <del> </del>                                     | X            |
| 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  |             |  | ₹.           |
| 24- | employees? If "Yes," complete Schedule J   | 23          | ├  | X            |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than  |             |  |              |
|     | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines  |             |  | - T          |
|     | 24b through 24d and complete Schedule K If "No," go to line 25   | 24a         |  | X            |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b         |  |              |
| С   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year  | ١,,         |  |              |
|     | to defease any tax-exempt bonds?   | 24c         | -  |              |
|     | 5  | 24d         |  |              |
| 25a | ( ), ( ), ( ), ( )   |             |  | - v          |
| _   | with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a         |  | X            |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a   |             |  |              |
|     | prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or   | 054         |  | x            |
| 26  | 990-EZ? If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or  | . 25b       |  |              |
| 20  | disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II   | 20          |  | x            |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee.   | 26          | <del>                                     </del> |              |
|     | substantial contributor, or a grant selection committee member, or to a person related to such an individual?  |             |  | ĺ            |
|     | If "Yes," complete Schedule L, Part III  | 27          |  | x            |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L,  | <del></del> |  |              |
|     | Part IV instructions for applicable filing thresholds, conditions, and exceptions)   |             |  |              |
| а   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28a         | •  | x            |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete   | 200_        |  |              |
|     | Schedule L, Part IV  | 28b         |  | X            |
| С   | 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            |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29          |  | X            |
| 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> </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          |  | <u> </u>     |
| 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          |  | . <b>X</b> _ |
| 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          |  | <u> </u>     |
| 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          |  | <u> </u>     |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   |             |  | l            |
|     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,   |             |  |              |
|     | Part VI  | 37          |  | <u> </u>     |
| 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  |             | X _  |              |
|     |  | Form        | 990  | (2009)       |

Page 5 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 0 U.S. Information Returns. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2 Statements, filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 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 X this return? 3a 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 X account)? 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 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 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? 5c 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? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 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? 7a 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 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7е benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g 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? R 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9b 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 members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a

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

Form 990 (2009) MISSIO INTERNATIONAL 62-1570454 <u>Page</u> **6** Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body 12 þ Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? X 3  $\overline{\mathbf{x}}$ 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X 8a X Each committee with authority to act on behalf of the governing body? a8 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Νo 10a Does the organization have local chapters, branches, or affiliates? 10a X b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 X 11 Describe in Schedule O the process, if any, used by the organization to review this Form 990 11a X Does the organization have a written conflict of interest policy? If "No," go to line 13 12a Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this is done 12c X Does the organization have a written whistleblower policy? 13 13 Does the organization have a written document retention and destruction policy? X 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > TN, GA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► MIKE & DARLENE MCKEITHEN 1820 THE EXCHANGE, SUITE 550B

ATLANTA

770-953-3325

30339

# 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 organization'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 employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

| (A) Name and Title                 | (B)<br>Average    | Pos                            | tion ( |         | C)<br>kall   | that a                       | nnlv) | (D)<br>Reportable                                  | <b>(E)</b><br>Reportable   | <b>(F)</b><br>Estimated  |
|------------------------------------|-------------------|--------------------------------|--------|---------|--------------|------------------------------|-------|--|--|--|
| Name and Title                     | hours per<br>week | Individual trustee or director |        | Officer | Key employee | Highest compensated employee |       | compensation from the organization (W-2/1099-MISC) | compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| PATI WOODHULL                      |                   |                                |        |         |              |                              |       |  |  |  |
| GOVERNANCE COMM MBR                | 1.00              | X                              |        | _       | _            |                              |       | 0  | 0  |  |
| EUGEN GROZA                        | 1 00              |                                |        |         |              |                              |       |  |  | _  |
| GOVERNANCE COMM MBR                | 1.00              | X                              |        |         |              | _                            |       | 0  | . 0  | C  |
| FRANK MURCHISON                    | 1 00              |                                |        |         |              |                              |       |  |  |  |
| SECRETARY                          | 1.00              | X                              |        | X       |              | ļ                            |       | 0  | 0  | 0  |
| KYLE STALLINGS                     | 1 00              |                                |        |         |              |                              |       | ام   |  | 0  |
| DEV COMM CHAIRMAN LOIS M ROSENBERE | 1.00              | X                              |        |         | -            | $\vdash$                     |       | 0  | 0  | 0  |
| AUDIT COMM MEMBER                  | 1.00              | x                              |        |         |              |                              |       | o  | o  | 0  |
| KEVIN BAILEY                       | 1.00              | <u> </u>                       |        |         |              | $\vdash$                     |       |  | <u>_</u>   |  |
| TREASURER                          | 1.00              | x                              |        | x       |              |                              |       | ol   | o  | 0  |
| DARLENE MCKEITHEN                  |                   | <u> </u>                       |        | ^       | ┢            | $\vdash$                     |       |  | <u> </u>   |  |
| AUDIT COMM MEMBER                  | 1.00              | x                              |        |         |              |                              |       | ol   | o  | 0  |
| MIKE MCKEITHEN                     | 2.00              | <del> </del>                   |        |         |              |                              |       |  |  |  |
| BOARD CHAIRMAN                     | 1.00              | x                              |        | x       | ļ            |                              |       | ol   | o  | 0  |
| JEFFREY NORMAND                    |                   |                                |        |         |              |                              |       |  |  | <u> </u>   |
| DEV COMM MEMBER                    | 1.00              | X                              |        |         |              |                              |       | ol   | ol   | 0  |
| DEBORAH NORMAND                    |                   |                                |        |         |              |                              |       |  |  |  |
| DEV COMM MEMBER                    | 1.00              | x                              |        |         |              |                              |       | l ol   | ol   | 0  |
| ANN DRAKE                          |                   |                                |        |         |              |                              |       |  |  |  |
| DEV COMM MEMBER                    | 1.00              | $ \mathbf{x} $                 |        |         | •            |                              |       | l ol   | o  | 0  |
| JOHN MOORE                         |                   |                                |        |         |              |                              |       |  |  |  |
| GOVERNANCE COMM MBR                | 1.00              | X                              |        |         |              |                              |       | 0  | 0  | 0  |
| KENNY WOODHULL                     |                   |                                |        |         |              |                              |       |  |  |  |
| PRESIDENT                          | 30.00             |                                |        | X       |              |                              |       | 48,443   | 0  | 0  |
|                                    |                   |                                |        |         |              |                              |       |  |  | <u> </u>   |
|                                    | _                 |                                |        |         |              |                              |       |  |  |  |
|                                    |                   |                                |        |         |              |                              |       |  |  |  |

| Pa  | rt VII Section A. Officers   | , Directors, Trus              | stees                          | s, Ke                 | y Er         | nplo         | yees                         | s, an        | nd Highest Compensated                         | Employees (continued)                      |                        |   |          |
|-----|--|--------------------------------|--------------------------------|-----------------------|--------------|--------------|------------------------------|--------------|--|--|------------------------|---|----------|
|     | · (A)<br>Name and Title  | (B)<br>Average<br>hours per    |                                | _                     | checl        | _            | hat a                        | _            | (D) Reportable compensation                    | (E) Reportable compensation                |                        | (F)<br>stimated<br>nount of                           |          |
| •   |  | week                           | Individual trustee or director | Institutional trustee | Officer      | Key employee | Highest compensated employee | Former       | from<br>the<br>organization<br>(W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | com<br>fr<br>org<br>an | other pensation om the anization d related anizations |          |
|     |  |                                |                                |                       |              |              |                              |              |  |  |                        |   |          |
|     |  |                                |                                |                       |              |              |                              |              |  |  |                        |   |          |
|     |  | _                              |                                |                       |              |              |                              |              |  |  |                        |   |          |
|     |  |                                |                                |                       |              |              |                              |              |  | _  |                        |   |          |
|     |  |                                |                                |                       |              |              |                              |              |  |  |                        |   |          |
|     |  |                                |                                |                       |              |              |                              |              |  |  |                        |   |          |
|     |  |                                |                                |                       |              |              |                              |              |  |  |                        |   |          |
|     |  |                                |                                |                       |              |              |                              |              | _  |  |                        |   |          |
|     |  |                                |                                |                       |              |              |                              |              |  |  |                        |   |          |
|     |  | '                              |                                |                       |              |              |                              |              |  |  |                        |   |          |
|     |  |                                |                                |                       |              |              |                              |              |  |  |                        |   |          |
|     |  |                                |                                |                       |              |              |                              |              |  |  |                        |   |          |
|     | Total  |                                |                                |                       |              |              |                              | _            | 48,443   |  |                        |   |          |
| 2   | Total number of individuals (in reportable compensation from                     |                                |                                |                       | thos         | e lis        | ted a                        | bov          |  | \$100,000 in                               |                        |   |          |
| 3   | Did the organization list any fo   |                                |                                |                       | ruste        | e, k         | ev er                        | nplo         | ovee, or highest compensal                     | ted  |                        | Yes   | No No    |
| 4   | employee on line 1a? If "Yes," For any individual listed on line                 | complete Schede 1a, is the sum | lule of re                     | J for<br>porta        | such<br>able | n ind<br>com | lividu<br>pens               | ial<br>satio | n and other compensation                       | from                                       |                        | 3   | X        |
| 5   | the organization and related or<br>individual<br>Did any person listed on line 1 |                                |                                |                       |              |              |                              |              |  |  | ļ                      | 4   | X        |
|     | services rendered to the organization B. Independent Contractor                  | nization? If "Yes,"            |                                |                       |              |              |                              |              |  |  |                        | 5   | X        |
| 1   | Complete this table for your five compensation from the organic                  | zation                         | ensa                           | ted ı                 | ndep         | end          | ent c                        | ontr         |  | ·  |                        |   | -        |
|     | Name and   | (A)<br>business address        |                                |                       |              |              |                              | _            | Descrip  | (B)<br>tion of services                    | -+                     | (C)<br>Compens  | sation   |
|     |  |                                | ·                              |                       |              |              |                              |              | 1,000  | <del></del>                                | _                      |   |          |
|     |  |                                |                                |                       |              |              |                              |              |  |  |                        |   |          |
|     |  |                                |                                |                       | •            |              |                              |              |  |  |                        |   |          |
|     |  |                                |                                |                       | -            |              | _                            |              | <del></del>                                    |  | _                      |   |          |
| 2   | Total number of independent of   |                                |                                |                       |              |              | ed to                        | thos         | se listed above) who receiv                    | ed   |                        | <del></del>   |          |
| DAA | more than \$100,000 in compe   | nsation from the               | orga                           | ınıza                 | tion         | <u> </u>     |                              |              | <del></del>                                    |  |                        | 0<br>form <b>99</b>                                   | 0 (2009) |

| Pa   | rt V     | III Statement of Reve  | nue         |             |   | ····                                  | <del>_</del>                           |   |   |
|--|----------|--|-------------|-------------|---|---------------------------------------|--|---|---|
|  |          |  |             |             | :                                       | (A)<br>Total revenue                  | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| S S  | 12       | Federated campaigns  | 1a          |             | ····                                    |                                       | revenue                                |   | 312, 313, 01 314  |
| ant and  | h        | Membership dues  | 1b          |             |   |                                       |  |   |   |
| ₽Ĕ   |          | ·  |             |             |   | •                                     |  |   |   |
| ifts   | <u>ت</u> | Fundraising events   | 1c          | _           | <del></del>                             | -                                     |  |   |   |
| .ge  | a        | Related organizations  | 1d          |             | -                                       |                                       |  |   |   |
| sir  | е        | * ` '  | 1e          |             |   | ł                                     |  |   |   |
| ributi<br>other  | f        | All other contributions, gifts, grants, and similar amounts not included above | 1f          |             | 690,982                                 |                                       |  |   | ,   |
| Program Service Revenue Contributions, gifts, grants and other similar amounts | g<br>h   |  | 1f          | \$          | <b>•</b>                                | 690,982                               |  |   |   |
| æ  |          |  |             |             | Busn. Code                              |                                       |  |   |   |
| Ven  | 2a       |  |             |             |   |                                       |  |   |   |
| æ  | b        |  |             |             |   |                                       |  |   |   |
| ice  | С        |  |             |             |   |                                       |  |   |   |
| e.   | d        |  |             |             |   |                                       |  |   |   |
| E  | e        |  |             |             |   | · · · · · · · · · · · · · · · · · · · |  | -                                       |   |
| gra  | f        | All other program service reve   | nue         |             |   |                                       |  |   |   |
| Pro  | q        |  | ilac        |             |   | -                                     |  |   |   |
| _  | 3        | Investment income (including of  | divider     | nds intere  |   |                                       |  |   |   |
|  | Ŭ        | other similar amounts)   | J. V. G. C. | ido, intere | ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( | 652                                   |  |   | 652   |
|  | 4        | Income from investment of tax  | -evem       | nt bond r   | roceeds >                               |                                       | _                                      |   |   |
|  | 5        | Royalties  | CACIII      | pt bond p   | <b>N</b>                                |                                       |  |   |   |
|  | 3        | (i) Real   |             | (u) F       | Personal                                |                                       |  |   |   |
|  | 6a       | Gross Rents  |             | (.,, ,      |   |                                       |  |   |   |
|  |          | Less rental exps   |             |             |   |                                       |  |   |   |
|  | b        |  |             |             |   |                                       |  |   |   |
|  | C        | Rental inc or (loss)   |             |             |   | •                                     |  | 1                                       |   |
|  | d<br>7a  | Net rental income or (loss) Gross amount from (i) Securities                   |             | 1           | Other                                   |                                       |  |   | V   |
|  |          | sales of assets  | 1           | (1)         | Other                                   |                                       |  |   |   |
|  |          | other than inventory   |             | İ           |   |                                       |  |   |   |
|  | Þ        | Less cost or other   |             |             |   |                                       |  |   |   |
|  |          | basis & sales exps   |             | ļ           |   |                                       |  |   |   |
|  |          | ` '-   |             |             |   |                                       |  | <b>‡</b>                                |   |
|  | d        | Net gain or (loss)   | . 1         |             |   |                                       |  | -                                       | ·····   |
| ne   | 8a       | Gross income from fundraising ever   | nts         |             |   |                                       |  |   |   |
| eu   |          | (not including \$  |             |             |   |                                       |  |   |   |
| Ş  |          | of contributions reported on line 1c)  |             |             |   |                                       |  |   |   |
| er   |          | See Part IV, line 18   | а           |             |   |                                       |  |   |   |
| Other Reven  |          | Less: direct expenses  | b           |             |   |                                       |  |   |   |
|  |          | Net income or (loss) from fund   |             | events      |   | ,                                     |  |   |   |
|  | 9a       | Gross income from gaming activitie   | s           |             |   |                                       |  |   |   |
|  |          | See Part IV, line 19   | а           |             |   |                                       | ,                                      |   |   |
|  |          | Less direct expenses   | b           |             |   |                                       |  |   |   |
|  | С        | Net income or (loss) from gam  | ıng aç      | tivities    |   |                                       |  |   |   |
|  | 10a      | Gross sales of inventory, less   |             |             |   |                                       |  |   |   |
|  |          | returns and allowances   | а           |             |   |                                       |  |   |   |
|  | b        | Less: cost of goods sold   | b           |             |   |                                       |  |   |   |
|  | С        | Net income or (loss) from sales  | s of in     | ventory     | <b>•</b>                                |                                       |  |   |   |
|  |          | Miscellaneous Revenue  |             |             | Busn. Code                              |                                       |  |   |   |
|  | 11a      |  |             |             |   |                                       |  |   |   |
|  | b        |  |             |             |   |                                       |  |   |   |
|  | c        |  | -           | •           |   |                                       |  |   |   |
|  | đ        | All other revenue  |             |             |   |                                       |  |   |   |
|  | е        | Total. Add lines 11a-11d   |             |             | <b>•</b>                                |                                       |  |   |   |
|  | 12       | Total Revenue. See instruction   | ns.         |             |   | 691,634                               | 0                                      | 0                                       | 652   |

## 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).

|     | All other organizations must o  |                       | are not required to compl    | ete columns (B), (C), and           |  |
|-----|---|-----------------------|------------------------------|-------------------------------------|--|
|     | not include amounts reported on lines 6b,<br>, 8b, 9b, and 10b of Part VIII.            | (A)<br>Total expenses | (B) Program service expenses | (C) Management and general expenses | (D)<br>Fundraising<br>expenses         |
| 1   |   |                       | CAPCHOOD                     | gonoral expenses                    | ONPOLISES                              |
| •   | 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,   |                       |                              |                                     |  |
| 3   | organizations, and individuals outside the  |                       |                              |                                     |  |
|     | U S See Part IV, lines 15 and 16  | 645,981               | 645,981                      |                                     |  |
|     |   | 043,901               | 043,961                      |                                     | ······································ |
| 4   | Benefits paid to or for members   |                       |                              |                                     |  |
| 5   | Compensation of current officers, directors,  | 48,443                |                              | 40 442                              |  |
| •   | trustees, and key employees   | 40,443                |                              | 48,443                              |  |
| 6   | Compensation not included above, to disqualified  |                       |                              |                                     |  |
|     | persons (as defined under section 4958(f)(1)) and                                       |                       |                              |                                     |  |
| _   | persons described in section 4958(c)(3)(B)  | 16 630                |                              | 16 620                              |  |
| 7   | Other salanes and wages   | 16,638                |                              | 16,638                              |  |
| 8   | Pension plan contributions (include section 401(k)                                      |                       |                              |                                     |  |
|     | and section 403(b) employer contributions)  |                       |                              |                                     |  |
| 9   | Other employee benefits   |                       |                              |                                     |  |
| 10  | Payroll taxes   | 4,980                 |                              | 4,980                               |  |
| 11  | Fees for services (non-employees)   |                       |                              |                                     |  |
| а   | Management  |                       |                              |                                     |  |
| Ь   | Legal   | 010                   |                              |                                     |  |
| С   | Accounting  | 913                   |                              | 913                                 |  |
| d   | Lobbying  | <del> </del>          |                              |                                     |  |
| е   | Professional fundraising services See Part IV, line 17                                  |                       |                              |                                     |  |
| f   | Investment management fees  |                       |                              |                                     |  |
| g   | Other   |                       |                              |                                     |  |
| 12  | Advertising and promotion   |                       |                              |                                     | · · · · · · · · · · · · · · · · · · ·  |
| 13  | Office expenses   | 1,233                 |                              | 1,233                               |  |
| 14  | Information technology  |                       |                              |                                     | ·····                                  |
| 15  | Royalties   |                       |                              |                                     |  |
| 16  | Occupancy   | 4,200                 |                              | 4,200                               |  |
| 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   |                       |                              |                                     |  |
| 23  | Insurance   |                       |                              |                                     |  |
|     |   |                       |                              |                                     |  |
| 24  | Other expenses. Itemize expenses not  |                       | 1                            |                                     |  |
|     | covered above. (Expenses grouped together   |                       |                              |                                     |  |
|     | and labeled miscellaneous may not exceed  |                       |                              |                                     |  |
|     | 5% of total expenses shown on line 25 below.)   |                       |                              |                                     |  |
| а   | NEW CITY RESOURCES EXP  | 39,155                |                              | 39,155                              |  |
| b   | GRANTS TO OTHERS  | 14,150                |                              | 14,150                              |  |
| С   | TELECOMMUNICATIONS  | 5,534                 |                              | 5,414                               | 120                                    |
| d   | MI REIMB EXPENSES   | 4,660                 |                              | 4,660                               |  |
| е   | EQUIPMENT UPGRADES  | 3,298                 |                              | 3,298                               |  |
| f   | All other expenses  | 4,311                 |                              | 4,311                               |  |
| 25  | Total functional expenses. Add lines 1 through 24f                                      | 793,496               | 645,981                      | 147,395                             | 120                                    |
| 26  | Joint costs. Check here ▶ ☐ If following  |                       |                              |                                     |  |
|     | SOP 98-2 Complete this line only if the organization reported in column (B) joint costs |                       |                              |                                     |  |
|     | from a combined educational campaign and  | İ                     |                              |                                     |  |
|     | fundraising solicitation  |                       |                              | <u> </u>                            |  |
| DAA |   |                       |                              |                                     | Form <b>990</b> (2009)                 |

|                             | art X    | Balance Sheet  |                          | (A)               |          | (B)                                    |
|-----------------------------|----------|--|--------------------------|-------------------|----------|--|
|                             |          |  |                          | Beginning of year |          | End of year                            |
| Ť                           | 1        | Cash—non-interest bearing  |                          | 308,737           | 1        | 224,064                                |
|                             | 2        | Savings and temporary cash investments   |                          | 2007.0.           | 2        |  |
| i                           | 3        | Pledges and grants receivable, net   |                          |                   | 3        |  |
|                             |          | Accounts receivable, net   |                          | -                 | 4        | 4,255                                  |
|                             | į.       | Receivables from current and former officers, directors, true  | stees kev                |                   | 1        |  |
|                             | "        | employees, and highest compensated employees Comple  |                          |                   |          |  |
|                             | İ        | Schedule L   | to rait ii oi            |                   | 5        |  |
|                             | 6        | Receivables from other disqualified persons (as defined un   | der section              |                   |          |  |
|                             | ľ        | 4958(f)(1)) and persons described in section 4958(c)(3)(B).  |                          |                   |          |  |
|                             | İ        | Part II of Schedule L  | Complete                 | ,                 | 6        |  |
| ţ                           | 7        | Notes and loans receivable, net  |                          |                   | 7        |  |
| Assets                      | 8        | Inventories for sale or use  |                          |                   | 8        |  |
| A                           | _        | Prepaid expenses and deferred charges  |                          | . =               | 9        |  |
| :                           |          |  | 1                        |                   | 3        | ······································ |
|                             | IVA      | Land, buildings, and equipment cost or   | 12,701                   |                   |          |  |
|                             |          | ·  | 10a 12,701<br>10b 12,701 |                   | 400      |  |
| i                           |          | •  | 100 12,701               |                   | 10c      | .= -                                   |
|                             |          | Investments—publicly traded securities   |                          |                   | 11       |  |
|                             | 12       | Investments—other securities See Part IV, line 11  |                          |                   | 12       |  |
|                             |          | Investments—program-related. See Part IV, line 11  | 1                        |                   | 13       |  |
|                             |          | Intangible assets  |                          |                   | 14       |  |
|                             |          | Other assets See Part IV, line 11  |                          | 308,737           | 15<br>16 | 228,319                                |
|                             |          | Total assets. Add lines 1 through 15 (must equal line 34)  | •                        | 1,820             | 17       | 4,255                                  |
|                             |          | Accounts payable and accrued expenses  |                          | 1,820             | 18       | 3,233                                  |
|                             | 18<br>19 | Grants payable Deferred revenue  |                          |                   | 19       | 20,000                                 |
|                             |          | Tax-exempt bond liabilities  |                          |                   | 20       | 20,000                                 |
| S                           |          | Escrow or custodial account liability. Complete Part IV of S   | shadula D                |                   | 21       | · · · · · · · · · · · · · · · · · · ·  |
| Liabilities                 |          |  |                          |                   | 21       |  |
| Ē                           | 22       | Payables to current and former officers, directors, trustees,  | -                        | :                 |          |  |
| ā                           |          | employees, highest compensated employees, and disquali-<br>persons. Complete Part II of Schedule L                           | iled                     | =                 | 22       |  |
| _                           | 22       | •  | netico.                  |                   | 23       |  |
|                             |          | Secured mortgages and notes payable to unrelated third parti-<br>Unsecured notes and loans payable to unrelated third parti- |                          |                   | 24       |  |
|                             |          | Other liabilities Complete Part X of Schedule D  | 55                       | 991               | 25       | <u> </u>                               |
|                             |          | Total liabilities. Add lines 17 through 25   |                          | 2,811             | 26       | 24,255                                 |
| s                           | 20       |  | and                      |                   | 20       |  |
| ဗ္ဗ                         |          | complete lines 27 through 29, and lines 33 and 34.   | d                        |                   |          |  |
| a                           | 27       | Unrestricted net assets  |                          | 12,177            | 27       | -95,191                                |
| 찚                           |          | Temporarily restricted net assets  |                          | 293,749           |          | 299,255                                |
| 7                           | ı        | Permanently restricted net assets  |                          | 233,123           | 29       |  |
|                             | 25       | Organizations that do not follow SFAS 117, check here  | <u> </u>                 |                   | 25       |  |
| <u>.</u>                    |          | and complete lines 30 through 34.  |                          |                   |          |  |
| 0                           | 30       | Capital stock or trust principal, or current funds   |                          |                   | 30       |  |
| ets                         |          |  | nd                       |                   | 30       |  |
| SS                          |          | Paid-in or capital surplus, or land, building, or equipment fu   |                          |                   | 31       |  |
| Net Assets or Fund Balances |          | Retained earnings, endowment, accumulated income, or of  | inei iulius              | 305,926           |          | 204,064                                |
| 0                           | 33<br>34 | Total net assets or fund balances  Total liabilities and net assets/fund balances  |                          | 308,737           | 33<br>34 | 228,319                                |

Form **990** (2009)

| Form | 990 (2009) MISSIO INTERNATIONAL   | 62-1570454                            |     | Pag | ge <b>12</b> |
|------|---|---------------------------------------|-----|-----|--------------|
|      | rt XI Financial Statements and Reporting                                    |                                       |     |     |              |
|      |   |                                       |     | Yes | No           |
| 1.   | Accounting method used to prepare the Form 990: Cash                        | Accrual Other                         |     |     |              |
|      | If the organization changed its method of accounting from a prior year o    | r checked "Other," explain in         |     |     |              |
|      | Schedule O.   |                                       | 1   |     |              |
| 2a   | Were the organization's financial statements compiled or reviewed by an     | n independent accountant?             | 2a  |     | X            |
| b    | Were the organization's financial statements audited by an independent      | accountant?                           | 2b_ | X   |              |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that as   | sumes responsibility for oversight of |     |     |              |
|      | the audit, review, or compilation of its financial statements and selection | n of an independent accountant?       | 2c  | X   |              |
|      | If the organization changed either its oversight process or selection proc  | ess during the tax year, explain in   |     |     |              |
|      | Schedule O  |                                       |     |     |              |
| d    | If "Yes" to line 2a or 2b, check a box below to indicate whether the finan  | cial statements for the year were     | -   |     |              |
|      | issued on a consolidated basis, separate basis, or both:                    |                                       |     |     |              |
|      | Separate basis Consolidated basis Both consolidated a                       | and separate basis                    |     |     |              |
| 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  |     | X            |
| 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 ste    | eps taken to undergo such audits      | 3b  |     | L            |

Form **990** (2009)

Part I

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

**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.

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MISSIO INTERNATIONAL

Employer identification number 62-1570454

| Γhe  | orga | nization is not | t a private foundation becaus | se it is (For lines 1 through 11,                                   | check on   | ly one box                    | <b>(</b> )   |           |              | _          |           |                  |             |        |
|------|------|-----------------|-------------------------------|---|------------|-------------------------------|--------------|-----------|--------------|------------|-----------|------------------|-------------|--------|
| 1    |      | A church, co    | nvention of churches, or ass  | sociation of churches described                                     | ın sectio  | n 170(b)(                     | 1)(A)(i).    |           |              |            |           |                  |             |        |
| 2    |      | A school des    | scribed in section 170(b)(1)( | A)(ii). (Attach Schedule E)   |            |                               |              |           |              |            |           |                  |             |        |
| 3    |      | A hospital or   | a cooperative hospital servi  | ce organization described in se                                     | ction 170  | (b)(1)(A)                     | (iii).       |           |              |            |           |                  |             |        |
| 4    | П    |                 |                               | d in conjunction with a hospital                                    |            |                               |              | )(1)(A)(i | iii). Ente   | er the h   | ospital's | s name           | <b>.</b>    |        |
|      |      | city, and stat  |                               | •   |            |                               | •            | ~ ~ ~     | •            |            |           |                  | •           |        |
| 5    |      | An organizat    | ion operated for the benefit  | of a college or university owned                                    | or opera   | ted by a c                    | overnm       | ental un  | ıt descr     | ibed in    |           |                  |             |        |
|      |      |                 | (b)(1)(A)(iv). (Complete Part |   |            |                               | ,            |           |              |            |           |                  |             |        |
| 6    |      |                 |                               | povernmental unit described in s                                    | ection 1   | 70/b)/1)/ <i>4</i>            | N/v)         |           |              |            |           |                  |             |        |
| 7    | X    |                 |                               | substantial part of its support fr                                  |            |                               |              | from the  | - cener      | al public  | _         |                  |             |        |
| •    |      |                 | section 170(b)(1)(A)(vi). (C  |   | om a gov   | Citimenta                     | ii di iit Oi | nom are   | gener        | ai public  | •         |                  |             |        |
| 8    |      |                 |                               | 170(b)(1)(A)(vi). (Complete Part                                    | - II A     |                               |              |           |              |            |           |                  |             |        |
| 9    | H    |                 |                               | 1) more than 33 1/3 % of its sur                                    |            |                               |              |           | <b>f</b>     |            |           |                  |             |        |
| •    | L    |                 |                               |   |            |                               |              |           |              |            |           |                  |             |        |
|      |      |                 |                               | npt functions—subject to certain                                    |            |                               |              |           |              |            | i         |                  |             |        |
|      |      |                 |                               | nd unrelated business taxable in                                    |            |                               |              | x) trom i | ousines      | ses        |           |                  |             |        |
| 40   |      |                 |                               | 0, 1975 See section 509(a)(2)                                       |            |                               |              |           |              |            |           |                  |             |        |
| 10   | H    |                 |                               | exclusively to test for public safe                                 |            |                               |              |           |              |            |           |                  |             |        |
| 11   | Ш    |                 |                               | exclusively for the benefit of, to                                  |            |                               |              |           |              |            |           |                  |             |        |
|      |      |                 |                               | ed organizations described in s<br>he type of supporting organizati |            |                               |              |           |              | section    | 1         |                  |             |        |
|      |      |                 |                               | _   |            |                               |              |           |              |            |           |                  |             |        |
| •    |      |                 | <u> </u>                      | c   |            |                               | d            |           | e III–O      |            |           |                  |             |        |
| е    | ш    |                 |                               | and other than one or more pul                                      |            |                               |              |           |              |            | _         |                  |             |        |
|      |      |                 | section 509(a)(2)             | and other than one of more put                                      | blicly sup | ported org                    | garnzanc     | iiis desc | aibed iii    | Section    | ,         |                  |             |        |
|      |      |                 |                               | ermination from the IRS that it is                                  | a Type I   | Tuno II                       | ar T. ma     | III avana |              |            |           |                  |             |        |
| f    |      |                 | check this box                | immation from the IRS that it is                                    | атурет     | , Type II,                    | огтуре       | III suppi | orting       |            |           |                  |             |        |
| _    |      | -               |                               | tion consist on   |            |                               |              |           |              |            |           |                  |             |        |
| g    |      | _               | -                             | tion accepted any gift or contrib                                   | ution fron | n any or u                    | ne           |           |              |            |           |                  |             |        |
|      |      | following per   |                               |   |            |                               |              |           |              |            |           | 1                |             | T .: - |
|      |      |                 |                               | ontrols, either alone or together                                   | with pers  | ons descr                     | ibea in (    | (II)      |              |            |           |                  | Yes         | No     |
|      |      |                 |                               | f the supported organization?                                       |            |                               |              |           |              |            |           | 11g(ı)           | <del></del> |        |
|      |      |                 | member of a person describ    |   |            |                               |              |           |              |            |           | 11g(iı)          | <del></del> | -      |
|      |      |                 |                               | described in (i) or (ii) above?                                     |            |                               |              |           |              |            |           | 11g(III)         |             |        |
| h    |      |                 |                               | he supported organization(s)  | I # 11 #   |                               | 1            |           | 1            |            |           |                  |             |        |
| (1)  |      | of supported    | (iı) EIN                      | (iii) Type of organization<br>(described on lines 1–9               |            | organization<br>isted in your |              | ou notify | organizat    | Is the     | (         | vii) Amo<br>supp |             |        |
|      |      |                 |                               | above or IRC section  |            | document?                     | col (i)      | of your   | (I) organi   | zed in the |           | зарр             | J. (        |        |
|      |      |                 |                               | (see instructions))   | <u> </u>   | T                             |              | port?     | <del> </del> | S ?        |           |                  |             |        |
|      |      |                 |                               |   | Yes        | No                            | Yes          | No        | Yes          | No         |           |                  |             |        |
|      |      |                 |                               |   |            |                               |              |           |              |            |           |                  |             |        |
|      |      |                 |                               |   |            |                               |              |           | -            |            |           |                  |             |        |
|      |      |                 |                               |   |            |                               |              |           |              |            |           |                  |             |        |
|      |      |                 |                               |   |            |                               |              |           |              |            | _         |                  |             | _      |
|      |      |                 |                               |   |            |                               |              |           |              |            |           |                  |             |        |
|      |      |                 |                               |   |            |                               |              |           |              |            |           |                  |             |        |
|      |      |                 |                               |   | -          |                               |              |           |              |            |           |                  |             |        |
|      |      |                 |                               | ··········  |            | ļ                             | <del>.</del> |           |              |            |           |                  |             |        |
|      |      |                 |                               |   |            |                               |              |           |              |            |           |                  |             |        |
| otal |      |                 | l                             |   | 1          | F                             |              | I :       |              | 1          |           |                  |             |        |

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

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.)

| Sec | tion A. Public Support  |                        |                     |                        |                     |                   |           |
|-----|---|------------------------|---------------------|------------------------|---------------------|-------------------|-----------|
| Ca  | lendar 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 any "unusual grants")   | 616,770                | 683,802             | 1,081,073              | 1,121,695           | 690,982           | 4,194,322 |
| 2   | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |                        |                     |                        |                     |                   | _         |
| 3   | The value of services or facilities furnished by a governmental unit to the organization without charge   |                        |                     |                        |                     |                   |           |
| 4   | Total. Add lines 1 through 3  | 616,770                | 683,802             | 1,081,073              | 1,121,695           | 690,982           | 4,194,322 |
| 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   |                        |                     |                        |                     |                   | 4,194,322 |
|     | tion B. Total Support   |                        |                     |                        |                     |                   |           |
| Ca  | lendar year (or fiscal year beginning in) ▶   | (a) 2005               | (b) 2006            | (c) 2007               | (d) 2008            | (e) 2009          | (f) Total |
| 7   | Amounts from line 4   | 616,770                | 683,802             | 1,081,073              | 1,121,695           | 690,982           | 4,194,322 |
| 8   | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  | 10                     | 2,206               | 4,345                  | 1,606               | 652               | 8,819     |
| 9   | Net income from unrelated business activities, whether or not the business is regularly carried on  |                        |                     |                        |                     | 0                 |           |
| 10  | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)   |                        |                     |                        |                     |                   |           |
| 11  | Total support. Add lines 7 through 10   | /                      |                     |                        | <u>l</u>            |                   | 4,203,141 |
| 12  | Gross receipts from related activities, etc   | •                      |                     |                        |                     |                   |           |
| 13  | First five years. If the Form 990 is for the organization, check this box and stop here   | _                      | secona, tnira, tou  | rtn, or fifth tax year | as a section 501(   | C)(3)             | ▶ □       |
| Sec | tion C. Computation of Public Su  |                        | age                 |                        |                     | <del></del>       |           |
| 14  | Public support percentage for 2009 (line 6  | <del></del>            |                     | n (fl)                 |                     | 14                | 99.79%    |
| 15  | Public support percentage from 2008 Scho  | • • •                  | •                   | . (.,,                 |                     | 15                | 99.79%    |
| 16a | 33 1/3 % support test—2009. If the organ  |                        | •                   | 13. and line 14 is 33  | 3 1/3 % or more. c  |                   |           |
|     | and stop here. The organization qualifies   |                        |                     |                        | ,                   |                   | ► X       |
| b   | 33 1/3 % support test—2008. If the organ  |                        | =                   | or 16a, and line 15    | is 33 1/3 % or mo   | ore, check this   |           |
|     | box and stop here. The organization quali   |                        |                     |                        |                     |                   | ▶ □       |
| 17a | 10%-facts-and-circumstances test—200  |                        |                     | •                      | , or 16b, and line  | 14 is 10% or      |           |
|     | more, and if the organization meets the "fa   | _                      |                     |                        |                     |                   |           |
|     | organization meets the "facts-and-circums   | tances" test. The or   | ganızatıon qualifie | s as a publicly sup    | ported organization | าก                | ▶ 🗌       |
| b   | 10%-facts-and-circumstances test—200  | 8. If the organization | n did not check a l | box on line 13, 16a    | , 16b, or 17a, and  | line 15 is 10% or | _         |
|     | more, and if the organization meets the "fa   |                        |                     |                        |                     |                   |           |
|     | organization meets the "facts-and-circums   | tances" test. The or   | ganızatıon qualıfie | es as a publicly sup   | ported organization | n                 | ▶ 🏻       |
| 18  | Private foundation. If the organization did   | not check a box or     | ı lıne 13, 16a, 16b | , 17a, or 17b, checl   | k this box and see  | instructions      | ▶ ∐       |

DAA

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶

(e) 2009

Schedule A (Form 990 or 990-EZ) 2009

(d) 2008

| P | a | ^ | Δ | • |
|---|---|---|---|---|

(f) Total

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.)

(a) 2005

**(b)** 2006

(c) 2007

| 1   | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")   |                     |                      |                        |                       |          |          |          |             |
|-----|--|---------------------|----------------------|------------------------|-----------------------|----------|----------|----------|-------------|
| 2   | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |                     |                      |                        |                       |          |          |          |             |
| 3   | Gross receipts from activities that are not an unrelated trade or business under section 513   |                     |                      |                        |                       |          |          |          |             |
| 4   | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                     |                      |                        |                       |          |          |          |             |
| 5   | The value of services or facilities furnished by a governmental unit to the organization without charge  |                     |                      |                        |                       |          |          |          |             |
| 6   | Total. Add lines 1 through 5   |                     |                      |                        |                       |          |          |          |             |
| 7a  | Amounts included on lines 1, 2, and 3 received from disqualified persons   |                     |                      |                        |                       |          | $\perp$  |          |             |
| b   | Amounts included on lines 2 and 3 received   |                     |                      |                        |                       |          |          |          |             |
|     | from other than disqualified persons that  |                     |                      |                        |                       |          | - 1      |          |             |
|     | exceed the greater of \$5,000 or 1% of the amount on line 13 for the year  |                     |                      |                        |                       |          |          |          |             |
| С   | Add lines 7a and 7b  |                     |                      |                        |                       |          | $\dashv$ |          |             |
| 8   | Public support (Subtract line 7c from  |                     |                      |                        |                       |          | $\neg$   |          |             |
|     | line 6)  |                     |                      |                        |                       |          |          |          |             |
|     | tion B. Total Support  |                     |                      |                        |                       |          |          |          |             |
|     | endar year (or fiscal year beginning in) ▶   | (a) 2005            | (b) 2006             | (c) 2007               | (d) 2008              | (e) 2009 | $\dashv$ | (f) Tota | l           |
| 9   | Amounts from line 6  |                     |                      |                        |                       |          | $\dashv$ |          |             |
| 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  |                     |                      | L                      |                       |          |          |          |             |
| С   | Add lines 10a and 10b  |                     |                      | -                      |                       |          |          |          |             |
| 11  | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on   |                     | -                    |                        |                       |          |          | _        |             |
| 12  | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)   |                     |                      |                        |                       |          |          |          |             |
| 13  | Total support. (Add lines 9, 10c, 11,  |                     |                      |                        |                       |          |          |          |             |
|     | and 12)  |                     |                      |                        |                       | (-)(0)   |          |          |             |
| 14  | First five years. If the Form 990 is for the organization, check this box and stop here  | -                   | , second, third, foi | urtn, or fifth tax yea | ır as a section 501   | (c)(3)   |          | ı        | ▶ [         |
| Sec | tion C. Computation of Public Su   |                     | tage                 |                        |                       |          |          |          |             |
| 15  | Public support percentage for 2009 (line 8   | <del></del>         |                      | n (f))                 |                       | 1        | 5        |          | %           |
| 16  | Public support percentage from 2008 Sch  | • •                 | •                    | (7)                    |                       | — —      | 6        |          | %           |
|     | tion D. Computation of Investme  |                     |                      |                        |                       |          |          |          |             |
| 17  | Investment income percentage for 2009 (I   | ine 10c, column (f) | divided by line 13   | , column (f))          |                       | _ 1      | 7        |          | %           |
| 18  | Investment income percentage from 2008   |                     |                      |                        | -                     |          | 8        |          | %           |
| 19a | 33 1/3 % support tests—2009. If the orga   |                     |                      |                        |                       |          |          |          | _           |
|     | 17 is not more than 33 1/3 %, check this b   |                     | =                    |                        | •                     |          |          | J        | <b>\</b>    |
| b   | 33 1/3 % support tests—2008. If the orga   |                     |                      |                        |                       |          | id       |          |             |
| 20  | line 18 is not more than 33 1/3 %, check the   |                     |                      |                        |                       |          |          |          | <b>!</b>  - |
| 20  | Private foundation. If the organization did  | not check a box o   | n line 14, 19a, or   | ian, check this box    | k and see instruction | วกร      |          | <u> </u> |             |

### **SCHEDULE D** (Form ,990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047 Open to Public

▶ Attach to Form 990. ▶ See separate instructions. Inspection Name of the organization Employer identification number

| _ <u>M</u> | ISSIO INTERNATIONAL  |   | 62-1        | 570454                          |
|------------|--|---|-------------|---------------------------------|
| P          | Organizations Maintaining Donor Advised Futhe organization answered "Yes" to Form 990, |   | ccount      | s. Complete if                  |
|            |  | (a) Donor advised funds                       | (b)         | Funds and other accounts        |
| 1          | Total number at end of year  |   |             |                                 |
| 2          | Aggregate contributions to (during year)   |   | _           |                                 |
| 3          | Aggregate grants from (dunng year)   |   |             |                                 |
| 4          | Aggregate value at end of year   |   |             |                                 |
| 5          | Did the organization inform all donors and donor advisors in writing that              | at the assets held in donor advised           |             |                                 |
|            | funds are the organization's property, subject to the organization's exc               |   |             | Yes No                          |
| 6          | Did the organization inform all grantees, donors, and donor advisors in                | _   |             |                                 |
|            | used only for charitable purposes and not for the benefit of the donor of              |   |             |                                 |
|            | purpose conferring impermissible private benefit?                                      | •   |             | Yes No                          |
| P          | art II Conservation Easements. Complete if the org                                     | anization answered "Yes" to Forr              | n 990, I    | Part IV, line 7.                |
| 1          | Purpose(s) of conservation easements held by the organization (check                   | •   |             |                                 |
|            | Preservation of land for public use (e.g., recreation or pleasure)                     | Preservation of an historically imp           | ortant lar  | nd area                         |
|            | Protection of natural habitat  | Preservation of certified historic s          | tructure    |                                 |
|            | Preservation of open space   | <del>_</del>                                  |             |                                 |
| 2          | Complete lines 2a through 2d if the organization held a qualified conse                | ervation contribution in the form of a conse  | rvation     |                                 |
|            | easement on the last day of the tax year.  |   | <del></del> |                                 |
|            |  | -   |             | Held at the End of the Tax Year |
| а          | Total number of conservation easements   |   | 2a          |                                 |
| b          | 3  |   | 2b          |                                 |
| C          |  |   | 2c          | ļ <del> </del>                  |
| d          |  |   | 2d          | <u> </u>                        |
| 3          | Number of conservation easements modified, transferred, released, ex                   | xtinguished, or terminated by the organizat   | ion dunng   | 1                               |
|            | the taxable year   |   |             |                                 |
| 4          | Number of states where property subject to conservation easement is                    |   |             |                                 |
| 5          | Does the organization have a written policy regarding the periodic mon                 | nitoring, inspection, handling of             |             |                                 |
|            | violations, and enforcement of the conservation easements it holds?                    |   |             | ∐ Yes ∐ No                      |
| 6          | Staff and volunteer hours devoted to monitoring, inspecting, and enforce               | cing conservation easements during the year   | ar          |                                 |
| 7          | Amount of expenses incurred in monitoring, inspecting, and enforcing                   | consoniation encoments during the year        |             |                                 |
| •          | S  | conservation easements during the year        |             |                                 |
| 8          | Does each conservation easement reported on line 2(d) above satisfy                    | the requirements of section                   |             |                                 |
| Ū          | 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  | and requirements of section                   |             | ☐ Yes ☐ No                      |
| 9          | In Part XIV, describe how the organization reports conservation easem                  | nents in its revenue and expense statemen     | t and       |                                 |
| -          | balance sheet, and include, if applicable, the text of the footnote to the             | •   | -           |                                 |
|            | the organization's accounting for conservation easements.                              |   |             |                                 |
| Pa         | art III Organizations Maintaining Collections of Art,                                  |   | Similar     | Assets.                         |
|            | Complete if the organization answered "Yes" to   | Form 990, Part IV, line 8.                    |             |                                 |
| 1a         | If the organization elected, as permitted under SFAS 116, not to report                | t in its revenue statement and balance she    | et works    | of                              |
|            | art, historical treasures, or other similar assets held for public exhibition          | n, education, or research in furtherance of   | public sei  | rvice,                          |
|            | provide, in Part XIV, the text of the footnote to its financial statements             | that describes these items.                   |             |                                 |
| b          | If the organization elected, as permitted under SFAS 116, to report in i               | ts revenue statement and balance sheet w      | orks of a   | t,                              |
|            | historical treasures, or other similar assets held for public exhibition, ed           | ducation, or research in furtherance of pub   | lic service | <del>)</del> ,                  |
|            | provide the following amounts relating to these items:                                 |   |             |                                 |
|            | (i) Revenues included in Form 990, Part VIII, line 1                                   |   | •           | \$                              |
|            | (ii) Assets included in Form 990, Part X   |   | <b>&gt;</b> | <b>\$</b>                       |
| 2          | If the organization received or held works of art, historical treasures, or            | other similar assets for financial gain, pro- | vide the    |                                 |
|            | following amounts required to be reported under SFAS 116 relating to                   | these items                                   |             |                                 |
| а          | · · · · · · · · · · · · · · · · · · ·  |   | <b>&gt;</b> | <b>\$</b>                       |
| b          | Assets included in Form 990, Part X  |   | •           | \$                              |
|            |  |   |             |                                 |

| Sche       |  | <u> TERNATIONAL</u>       |  |                        | <u> 70454                                  </u> |             | Pag                                     | e 2 |
|------------|--|---------------------------|--|------------------------|---|-------------|---|-----|
| Pa         | art II Organizations Maintaining   | Collections of Art        | , Historical Trea                              | sures, or Other        | <b>Similar Assets</b>                           | (contin     | ued)                                    |     |
| 3          | Using the organization's acquisition, accession collection items (check all that apply). | n, and other records, ch  | eck any of the follow                          | ng that are a signific | ant use of its                                  |             | •                                       |     |
| а          | Public exhibition  | <b>d</b> Loar             | or exchange progran                            | ns                     |   |             |   |     |
| b          |  | e Othe                    |  |                        |   |             |   |     |
| c          | Preservation for future generations  | C Outc                    | "  |                        |   |             |   |     |
| 4          | Provide a description of the organization's coll-  | ections and explain hov   | v they further the orga                        | ınızatıon's exempt pı  | urpose in                                       |             |   |     |
| 5          | Part XIV  During the year, did the organization solicit or i                             | receive donations of art  | , historical treasures,                        | or other similar       |   |             |   |     |
|            | assets to be sold to raise funds rather than to  |                           |  |                        |   | Ye          |   | Νo  |
| Pa         | art IV Escrow and Custodial Arra   |                           |  | ation answered         | "Yes" to Form 9                                 | 190, Pa     | rt                                      |     |
|            | IV, line 9, or reported an am  | <u>ount on Form 990</u>   | , Part X, line 21.                             |                        | _   |             |   |     |
| 1a         | Is the organization an agent, trustee, custodiar   | or other intermediary     | for contributions or oth                       | ner assets not         |   |             |   |     |
|            | included on Form 990, Part X?  | ·                         |  |                        |   | Ye          | s 🗆 ı                                   | No  |
| b          | If "Yes," explain the arrangement in Part XIV a  | nd complete the follows   | ng table                                       |                        |   | ٠. ب        | ٠ ــ. ٠                                 |     |
|            | , . ,  |                           |  |                        |   | Amount      | ٠                                       | -   |
| _          | Beginning balance  |                           |  |                        | 4-  | 7 111100111 | <del></del>                             | -   |
|            | Additions during the year  |                           |  |                        | 1c  |             |   | _   |
|            |  |                           |  |                        | 1d  |             |   | _   |
| e          | Distributions during the year  |                           |  |                        | 1e  |             |   | _   |
| f          | Ending balance   |                           |  |                        | 1f  |             |   | _   |
|            | Did the organization include an amount on For  | m 990, Part X, line 21?   |  |                        |   | Ye          | s 📙 I                                   | No  |
|            | If "Yes," explain the arrangement in Part XIV.   | <del> </del>              |  |                        |   |             |   |     |
| Pa         | ert V Endowment Funds. Comple  |                           |  | o Form 990, Pa         | rt IV, line 10.                                 |             |   |     |
|            |  | (a) Current year          | (b) Pnor year                                  | (c) Two years back     | (d) Three years back                            | (e) Four    | years ba                                | ck  |
| 1a         | Beginning of year balance  |                           | <u>,                                      </u> |                        |   | <u> </u>    |   |     |
| b          | Contributions  |                           |  |                        |   |             |   |     |
| C          | Net investment earnings, gains,  |                           |  |                        |   |             | *************************************** |     |
|            | and losses   |                           |  |                        |   | ĺ           |   |     |
| d          | Grants or scholarships   |                           |  |                        |   |             |   |     |
| е          | Other expenditures for facilities  |                           |  |                        |   |             |   |     |
|            | and programs   |                           |  |                        |   | ĺ           |   |     |
| f          | Administrative expenses  |                           |  |                        |   | <u> </u>    |   |     |
| g          | End of year balance  | -                         |  |                        |   |             |   |     |
| 2          | Provide the estimated percentage of the year e   | and halance hold as       |  | <u> </u>               |   | £           |   |     |
|            | Board designated or quasi-endowment  |                           |  |                        |   |             |   |     |
|            | <u> </u>   | - <del>-</del> -%         |  |                        |   |             |   |     |
|            |  |                           |  |                        |   |             |   |     |
|            | Term endowment ▶ %   |                           |  |                        |   |             |   |     |
| <i>s</i> a | Are there endowment funds not in the possess   | ion of the organization f | that are held and adm                          | inistered for the      |   | г           |   |     |
|            | organization by  |                           |  |                        |   |             | Yes N                                   | lo_ |
|            | (i) unrelated organizations  |                           |  |                        |   | 3a(i)       |   |     |
|            | (ii) related organizations   |                           |  |                        |   | 3a(ii)      | _                                       |     |
| b          | If "Yes" to 3a(II), are the related organizations I                                      | sted as required on Scl   | hedule R?                                      |                        |   | 3b          |   |     |
| 4          | Describe in Part XIV the intended uses of the o  | rganization's endowme     | nt funds                                       |                        |   |             |   |     |
| Pa         | rt VI Investments—Land, Buildin  | gs, and Equipme           | nt. See Form 990                               | D, Part X, line 10     | ).  |             |   |     |
|            | Description of investment  | (a) Cost or other basis   | (b) Cost or oth                                |                        | umulated  | (d) Book v  | value                                   |     |
|            |  | (investment)              | basis (other)                                  | depre                  | eciation  |             |   |     |
| 1a         | Land   |                           |  |                        |   |             |   | _   |
|            | Buildings  |                           |  |                        |   |             |   | _   |
|            | Leasehold improvements   |                           | <del>-  </del>                                 | <del></del>            |   |             |   | _   |
|            | · ' ' '  |                           | 10   | 701                    | 12 701  |             |   | —   |
|            | Equipment  |                           |  | ,701                   | 12,701  |             |   | _   |
|            | Other  | iol Form 2000 B 114       | - Lucia (D) 11 - 12(1)                         |                        |   |             |   |     |
| otal       | <ul> <li>Add lines 1a through 1e (Column (d) must equ</li> </ul>                         | iai ronn 990. Part X. co  | olumn (B), (ine 10(c) )                        |                        | ▶   |             |   |     |

| Schedule D (Form 990) 2009 MISSIO INTERNATIONAL                                |                            | 62-1570454                | Page 3         |
|--|----------------------------|---------------------------|----------------|
| Part VII Investments—Other Securities. See Form 990                            | . Part X. line 12.         |                           |                |
| (a) Description of security or category  | (b) Book value             | (c) Method of value       | ation          |
| (including name of security)   | (-,                        | Cost or end-of-year mai   |                |
|  |                            | 1                         |                |
| Financial derivatives  | <del></del>                | <del> </del>              |                |
| Closely-held equity interests  |                            |                           |                |
| Other  | <u> </u>                   |                           |                |
|  |                            |                           |                |
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|  |                            |                           |                |
|  |                            |                           |                |
| 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           |                           |                |
| (a) Description of investment type   | (b) Book value             | (c) Method of valua       | ation          |
| (a) Description of investment type   | (b) book value             | Cost or end-of-year mai   |                |
|  |                            | Cost of end-of-year filar |                |
|  |                            |                           |                |
|  |                            |                           |                |
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|  |                            | <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.                           |                            |                           |                |
| (a) Description  |                            |                           | (b) Book value |
|  |                            |                           |                |
|  |                            |                           |                |
|  |                            |                           |                |
|  |                            | ·                         |                |
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| T-4-1 (O-1 (h)   |                            |                           |                |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)             | <del></del>                |                           |                |
| Part X Other Liabilities. See Form 990, Part X, line 25                        |                            |                           |                |
| 1 (a) Description of liability   | (b) Amount                 |                           |                |
| Federal income taxes   |                            | _                         |                |
|  |                            | 1                         |                |
|  |                            | 1                         |                |
|  |                            | 1                         |                |
|  |                            | 4                         |                |
|  |                            | 4                         |                |
|  |                            | 4                         |                |
|  |                            | j                         |                |
|  |                            | J                         |                |
|  |                            | ]                         |                |
|  |                            | 1 -                       |                |
|  |                            | 1                         |                |
| Table (0)   200 D 1   201 D 1  |                            | 1                         |                |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶            |                            | <u> </u>                  |                |
| 2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organi | zation's financial stateme | ents that reports the     |                |
| organization's liability for uncertain tax positions under FIN 48.             |                            |                           |                |

| Sche         | dule D (Form 990) 2009 MISSIO INTERNATIONAL   | 62-15704                         | 54          | Page <b>4</b>  |
|--------------|---|----------------------------------|-------------|----------------|
| Pa           | rt XI Reconciliation of Change in Net Assets from Form 990                                    | to Audited Financial State       | ments       |                |
| 1            | Total revenue (Form 990, Part VIII, column (A), line 12)                                      |                                  | 1           | 691,634        |
| 2.           | Total expenses (Form 990, Part IX, column (A), line 25)                                       |                                  | 2           | 793,496        |
| 3            | Excess or (deficit) for the year. Subtract line 2 from line 1                                 |                                  | 3           | -101,862       |
| 4            | Net unrealized gains (losses) on investments  |                                  | 4           |                |
| 5            | Donated services and use of facilities  |                                  | 5           |                |
| 6            | Investment expenses   |                                  | 6           |                |
| 7            | Prior period adjustments  |                                  | 7           |                |
| 8            | Other (Describe in Part XIV)  |                                  | 8           |                |
| 9            | Total adjustments (net). Add lines 4 through 8  |                                  | 9           |                |
| 10           | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and        |                                  | 10          | -102,853       |
| _Pa          | rt XII Reconciliation of Revenue per Audited Financial Staten                                 | nents With Revenue per Re        | eturn       |                |
| 1            | Total revenue, gains, and other support per audited financial statements                      |                                  | 1           | 651,488        |
| 2            | Amounts included on line 1 but not on Form 990, Part VIII, line 12                            |                                  |             |                |
| а            | Net unrealized gains on investments   | 2a                               | <b>.</b>    |                |
| b            | Donated services and use of facilities  | 2b                               | ] ]         |                |
| С            | Recoveries of prior year grants   | 2c                               | ]           |                |
| d            | Other (Describe in Part XIV.)   | 2d                               | ]           |                |
| e            | Add lines 2a through 2d   |                                  | 2e          |                |
| 3            | Subtract line 2e from line 1  |                                  | 3           | 651,488        |
| 4            | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                          |                                  |             |                |
| а            | Investment expenses not included on Form 990, Part VIII, line 7b                              | 4a                               | ]           |                |
| b            | Other (Describe in Part XIV.)   | 4b 40,146                        |             |                |
| С            | Add lines 4a and 4b   |                                  | 4c          | 40,146         |
| 5            | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)                |                                  | 5           | <u>691,634</u> |
|              | rt XIII Reconciliation of Expenses per Audited Financial State                                | ments With Expenses per          | Returi      |                |
| 1            | Total expenses and losses per audited financial statements                                    |                                  | 1           | 754,341        |
| 2            | Amounts included on line 1 but not on Form 990, Part IX, line 25                              | 1 1                              |             |                |
| a            | Donated services and use of facilities  | 2a                               | 4 1         |                |
| b            | Prior year adjustments  | 2b                               | 4 1         |                |
| C            | Other losses  | 2c                               | 4 1         |                |
| d            | Other (Describe in Part XIV )   | 2d                               | 4 1         |                |
| e            | Add lines 2a through 2d   |                                  | 2e          | 754 241        |
| 3            | Subtract line 2e from line 1  | ſ                                | 3           | 754,341        |
| 4            | Amounts included on Form 990, Part IX, line 25, but not on line 1:                            |                                  |             |                |
| a            | Investment expenses not included on Form 990, Part VIII, line 7b                              | 4a 20 155                        |             |                |
|              | Other (Describe in Part XIV)  | 4b 39,155                        | 7           | 20 155         |
|              | Add lines 4a and 4b   | •                                | 4c          | 39,155         |
|              | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)               |                                  | 5           | 793,496        |
|              | rt XIV Supplemental Information   | <del> </del>                     |             |                |
|              | blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III |                                  |             |                |
|              | b; Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII. | , lines 2d and 4b. Also complete |             |                |
|              | art to provide any additional information.  ART XI, LINE 8 - RECONCILATION OF CHANGES         | - OTHER                          |             |                |
|              |   |                                  |             |                |
| _ <u>N</u> F | W_CITY RESOURCES  |                                  | <b>&gt;</b> | 40,146_        |
| _NE          | W_CITY RESOURCES  |                                  | <b>}</b>    | 39,155         |
|              |   |                                  |             |                |
| — —          | ADM VII TIME AD DEVENUE ANADOMO TAGE  |                                  |             |                |
|              | ART XII, LINE 4B - REVENUE AMOUNTS INCLUDE  |                                  |             |                |
| _NE          | W_CITY RESOURCES  | -                                | }           | 40,146         |
|              |   |                                  |             |                |
|              | ·   |                                  |             |                |
|              |   |                                  |             |                |

| Schedule D (Form 990) 2009 MISSIO INTERNATIONAL | 62-1570454          | Page <b>5</b> |
|---|---------------------|---------------|
| Part XIV Supplemental Information (continued)   |                     |               |
| _PART_XIII, LINE_4B - EXPENSE AMOUNTS_INCLUDED  | ON_RETURN - OTHER _ |               |
| NEW_CITY RESOURCES                              | \$                  | 39 155        |
|   | <b></b>             |               |
| PART XIV - SUPPLEMENTAL FINANCIAL INFORMATION   |                     |               |
| PRIOR YEAR NEW CITY RESOURCES LOSS NOT INCLUD   | ED IN_FINANCIAL     |               |
| _STATEMENTS \$991                               |                     | <b>-</b> -    |
|   |                     | <b></b>       |
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Schedule F (Form 990)

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

MISSIO INTERNATIONAL 62-1570454 General Information on Activities Outside the United States. Complete if the organization answered Part I "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 Yes No the grants or assistance? 2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the **United States** 3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is (f) Total offices in the employees or region (by type) (i e , a program service, expenditures for fundraising, program services, region agents in describe specific type of region region grants to recipients located in service(s) in region the region)

62-1570454

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. Schedule F (Form 990) 2009 MISSIO INTERNATIONAL Part II Grants and Other Assistance to Organization

Page 2

| (i) Method of valuation (book, FMV,    | appraisal, other) |                    |                  |        |               |        |                      |                      |        |                    |        |                      |                     |        |                      |        |                   |                      |  |  |  |
|--|-------------------|--------------------|------------------|--------|---------------|--------|----------------------|----------------------|--------|--------------------|--------|----------------------|---------------------|--------|----------------------|--------|-------------------|----------------------|--|--|--|
| (h) Description of non-cash assistance |                   |                    |                  |        |               |        |                      |                      |        |                    |        |                      |                     |        |                      |        |                   |                      |  |  |  |
| (g) Amount of non-cash assistance      |                   | SFER               | SFER             |        | SFER          |        | SFER                 | SFER                 |        | SFER               |        | SFER                 | SFER                | İ      | SFER                 |        | SFER              | SFER                 |  |  |  |
| (f) Manner of cash disbursement        |                   | WIRE TRANSFER      | WIRE TRANSFER    |        | WIRE TRANSFER |        | WIRE TRANSFER        | WIRE TRANSFER        |        | WIRE TRANSFER      |        | WIRE TRANSFER        | WIRE TRANSFER       |        | WIRE TRANSFER        |        | WIRE TRANSFER     | WIRE TRANSFER        |  |  |  |
| (e) Amount of cash grant               |                   | 84,584             | 64,239           |        | 84,738        |        | 21,450               | 105,515              |        | 83,082             |        | 40,933               | 32,400              |        | 25,000               |        | 93,721            | 7,869                |  |  |  |
| (d) Purpose of grant                   |                   | MINISTRY-OPERATION | MEDICAL MINISTRY |        | MINISTRY ADMN |        | RETREAT/CONF OPERATI | CHILD AT RISK OPERAT |        | CHURCH SUPP SALARY |        | MINISTRY RELATED PRO | MUSIC MINISTRY ADMN |        | RECLAIM INDEPT LIVIN |        | CHURCH DEVEL ADMN | SHORT TERM TRIPS ADM |  |  |  |
| (c) Region                             |                   | EUROPE             |                  | EUROPE |               | EUROPE | EUROPE               |                      | EUROPE |                    | EUROPE | EUROPE               |                     | EUROPE |                      | EUROPE | RITEODE           | EUROPE               |  |  |  |
| (b) IRS code<br>section and EIN        | (if applicable)   |                    |                  |        |               |        |                      |                      |        |                    |        |                      |                     |        |                      | _      |                   |                      |  |  |  |
| (a) Name of organization               |                   |                    |                  |        |               |        |                      |                      |        |                    |        |                      |                     |        |                      |        |                   |                      |  |  |  |

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 N

Enter total number of other organizations or entities က

621570454

Page 3 Schedule F (Form 990) 2009 MISSIO INTERNATIONAL 62–1570454

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) (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

Schedule F (Form 990) 2009

### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## Supplemental Information to Form 990

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

► Attach to Form 990.

OMB No 1545-0047

Open to Public

Inspection Employer identification number

62-1570454

MISSIO INTERNATIONAL

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS PROVIDING FUNDING TO MISSIO LINK INTERNATIONAL AND OTHER ENTITIES - TO PROVIDE CHRISTIAN MINISTRY AND PROVIDE FOR THE MATERIAL AND SPIRITUAL NEEDS OF THE PEOPLE OF ROMANIA

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS PATI WOODHULL

DIRECTOR

IMMEDIATE FAMILY MEMBER

KENNY WOODHULL

PRESIDENT

IMMEDIATE FAMILY MEMBER

DARLENE MCKEITHEN

DIRECTOR

**SPOUSE** 

MIKE MCKEITHEN

DIRECTOR

**SPOUSE** 

JEFFREY NORMAND

DIRECTOR

**SPOUSE** 

Employer identification number 62-1570454

DEBORAH NORMAND

DIRECTOR

**SPOUSE** 

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS IN FEBRUARY 2009, THE BOARD APPROVED AND FILED THE AMENDED AND RESTATED CHARTER WITH THE TN SOS. IN ADDITION TO THE NAME CHANGE OF THE ORGANIZATION, SIGNIFICANT GOVERNANCE PROVISIONS WERE ADDED TO THE CHARTER.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990
BEFORE THE PRESIDENT/EXECUTIVE DIRECTOR IS AUTHORIZED TO SIGN AND FILE THE
990, BOTH THE BOARD AUDIT AND GOVERNANCE COMMITTEES MUST BE PROVIDED WITH A
DRAFT FOR REVIEW AND COMMENTS. THE RESULTING REVISED 990 (IF ANY REVISIONS
ARE MADE BY THE COMMITTEES) IS THEN PROVIDED TO THE ENTIRE BOARD BEFORE
FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE CONFLICT OF INTEREST POLICY WAS ADOPTED BY THE BOARD MEMBERS ON
FEBRUARY 28, 2009.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE PROPOSED 2009 BUDGET LINE ITEM SALARY OF THE EXECUTIVE DIRECTOR WAS
DISCUSSED AND APPROVED BY THE BOARD (WHICH HAS A MAJORITY OF MEMBERS
UNRELATED TO, AND INDEPENDENT OF MANAGEMENT) AT THE NOVEMBER 2008 ANNUAL
BOARD MEETING, AND SUCH DELIBERATIONS ARE REFLECTED IN THE MINUTES OF THAT
MEETING. PRIOR TO THAT MEETING, COMPARABLE SALARIES WERE REVIEWED FOR AN

EXECUTIVE DIRECTOR ON AVAILABLE RESOURCE WEB SITES TO DETERMINE A RANGE OF COMPARABLES. THE SALARIES APPROVED BY THE BOARD WERE WELL WITHIN THE RANGE OF COMPARABLES AND DID NOT REQUIRE FURTHER COMMENT.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE PROPOSED 2009 BUDGET LINE ITEMS SALARIES OF THE ONE OTHER EMPLOYEE WERE

DISCUSSED AND APPROVED BY THE BOARD (WHICH HAS A MAJORITY OF MEMBERS

UNRELATED TO, AND INDEPENDENT OF MANAGEMENT) AT THE NOVEMBER 2008 ANNUAL

BOARD MEETING, AND SUCH DELIBERATIONS ARE REFLECTED IN THE MINUTES OF THAT

MEETING.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
IN 2009 ALL SUCH RECORDS WERE MAINTAINED FOR INSPECTION AND COPYING IN THE
KNOXVILLE OFFICE, BEGINNING 1/1/10, THE RECORDS ARE MAINTAINED FOR COPYING
AND INSPECTION IN THE ATLANTA OFFICE.

### SCHEDULE O - ADDITIONAL INFORMATION

PART VI SECTION C QUESTION 19 - THE ORGANIZATION MAKES ITS GOVERNING

DOCUMENTS, CONFLICT OF INTEREST POLICY (ADOPTED AS OF 2/28/09) AND AUDITED

FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REASONABLE REQUEST.

621570454 MISSIO INTERNATIONAL

62-1570454

Federal Statements

FYE: 12/31/2009

# **Taxable Interest on Investments**

| Description                  | <br>Amount | Unrelated Business Code | Exclusion Code | Postal<br>Code | Acquired after 6/30/75                |
|------------------------------|------------|-------------------------|----------------|----------------|---------------------------------------|
| MLI GEN ADMN INTEREST INCOME | \$<br>652  |                         | 14             |                | · · · · · · · · · · · · · · · · · · · |
| TOTAL                        | \$<br>652  |                         |                |                |                                       |

|   | p.i.  |
|---|---|
|   | Fund Raising \$   |
| 1   | Management & General  \$ 1,474 1,142 1,127 568 \$ 4,311   |
| tements   | Program Service   |
| Federal Statements  | Form 990, Part IX, Line 24f - All Other Expenses  Total Service  \$ 1,474 \$ 1,142 1,127 568 \$ 4,311 \$ \$ 0 |
| 621570454 MISSIO INTERNATIONAL<br>62-1570454<br>FYE: 12/31/2009 | ription   |
| 621570454 MISSIC<br>62-1570454<br>FYE: 12/31/2009               | OFFICE<br>NOC<br>LICENSES AND FEES<br>INSURANCE<br>TOTAL  |