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Return of Organization Exempt From Income Tax

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

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

For the 2009 calendar year, or tax year beginning , 2009, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	C ADVANCING NATIVE MISSIONS PO BOX 5303 CHARLOTTESVILLE, VA 22905		D Employer Identification Number 75-2402759
				E Telephone number 540-456-7111
				G Gross receipts \$ 7,421,746.
		F Name and address of principal officer. SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list (see instructions) H(c) Group exemption number
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: WWW.ADNAMIS.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other				
L Year of Formation 1990 M State of legal domicile VA				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO SEEK OUT, EVALUATE, AND SUPPORT NATIVE MISSIONS GROUPS WHO HAVE A CLEAR AND DEFINED EVANGELICAL STATEMENT OF FAITH. WHO ARE OPEN AND TRANSPARENT IN THEIR FINANCES, AND WHO ARE WORKING AMONG UNREACHED PEOPLE GROUPS.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3 21	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 18	
	5 Total number of employees (Part V, line 2a)	5 46	
	6 Total number of volunteers (estimate if necessary)	6 25	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 653.	
	b Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
	Expenses	8 Contributions and grants (Part VIII, line 1h)	6,641,285. 7,354,834.
		9 Program service revenue (Part VIII, line 2g)	14,085. 9,092.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-1,042. 13,497.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,654,328. 7,377,423.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,582,280. 5,936,070.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,043,990. 1,143,840.	
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)		945,528. 707,476.	
16a Professional fundraising fees (Part IX, column (A), line 11e)		6,571,798. 7,787,386.	
b Total fundraising expenses (Part IX, column (D), line 25)		82,530. -409,963.	
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,437,754. 2,020,478.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	46,936. 39,623.	
	19 Revenue less expenses. Subtract line 18 from line 12	2,390,818. 1,980,855.	
	20 Total assets (Part X, line 16)		
21 Total liabilities (Part X, line 26)			
22 Net assets or fund balances. Subtract line 21 from line 20			

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer DAVID F. THACKER	Date 10/29/10
Paid Preparer's Use Only	Preparer's signature GREGORY J. COOLEY, CPA	Date 10/29/2010
	Firm's name (or yours if self-employed), address, and ZIP + 4 COOLEY AND ASSOCIATES PLC PO BOX 7967 CHARLOTTESVILLE, VA 22906-7967	Check if self-employed <input checked="" type="checkbox"/> N/A Preparer's identifying number (see instructions) N/A
		EIN N/A Phone no (434) 975-2663

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

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

TEEA0113L 12/29/09 Form 990 (2009)

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

TO SEEK OUT, EVALUATE, AND SUPPORT NATIVE MISSIONS GROUPS WHO HAVE A CLEAR AND
DEFINED EVANGELICAL STATEMENT OF FAITH, WHO ARE OPEN AND TRANSPARENT IN THEIR
FINANCES, AND WHO ARE WORKING AMONG UNREACHED PEOPLE GROUPS.

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

If 'Yes,' describe these new services on Schedule O.

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

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 6,893,226. including grants of \$ 5,936,070.) (Revenue \$)

FUNDS ARE PROVIDED TO SEEK OUT, EVALUATE, AND SUPPORT NATIVE MISSIONS GROUPS WITH A
CLEAR AND DEFINED EVANGELICAL STATEMENT OF FAITH WHO ARE WORKING AMONG UNREACHED
PEOPLE GROUPS. WE SHARE INFORMATION ABOUT THESE NATIVE MISSIONS WITH EVANGELICAL
CHURCHES AND INDIVIDUALS IN NORTH AMERICA AND OTHER REGIONS OF THE WORLD WHO ARE
WILLING TO PRAY AND GIVE FOR THE ADVANCEMENT OF GOD'S KINGDOM THROUGH THESE
MINISTRIES. VISITING NATIVE MISSION LEADERS WORK WITH ANM TO DECLARE GOD'S WORD TO
THE CHURCHES OF NORTH AMERICA AND OTHER REGIONS AND INSPIRE THEM TO BE ACTIVELY
INVOLVED IN MISSIONS AT HOME AND ABROAD.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 6,893,226.

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.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.		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.		
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,' complete Schedule D, Part I.		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.		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,' complete Schedule D, Part IV.		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.		X
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.	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 in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.		
• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	X	
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional.	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I.	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II.	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III.	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I.		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H.		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and II.	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 employees? If 'Yes,' complete Schedule J.		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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.		X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.		X
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II.		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III.		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).		
28a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.		X
28b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	X	
28c	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.		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.		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.		X
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.		X
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.		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 8		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 46		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X	
b If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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.	4a		X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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?	6a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make any distribution to a donor, donor advisor, or related person?	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 other members or shareholders	11a		
b 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		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12b		

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	21	
1b Enter the number of voting members that are independent	18	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
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
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		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?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. SEE SCHEDULE O	X	
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?	X	
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	
b Other officers of key employees of the organization		X
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?		X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ► NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

► ADVANCING NATIVE MISSIONS 10460 CRITZER SHOP ROAD AFTON VA 22920 540-456-7111

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**

1 a 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 employees'.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD BRAUN DIRECTOR	0	X						0.	0.	0.
CARL A. GORDON DIR/SENIOR VP	40	X		X				5,500.	0.	13,023.
BENJAMIN M. BARREDO, JR. DIR/PRESIDENT	40	X		X				22,838.	0.	29,573.
RICHARD PRINS DIRECTOR	0	X						0.	0.	0.
WILLIAM A. JAMES DIRECTOR	0	X						0.	0.	0.
PHILIP ZODHIATES DIR/CHAIRMAN	0	X						0.	0.	0.
DR. WES HOWARD DIRECTOR	0	X						0.	0.	0.
DR. LAILA BARE DIRECTOR	0	X						0.	0.	0.
RONALD TILLET DIRECTOR	0	X						0.	0.	0.
MICHAEL E. ERKEL DIRECTOR	0	X						0.	0.	0.
DAVID CLAWSON DIRECTOR	0	X						0.	0.	0.
ARLIN D. MARTIN DIR/TREASURER	0	X						0.	0.	0.
DR. DONALD RICHARDSON DIRECTOR	0	X						0.	0.	0.
DAVID RILEY DIRECTOR	0	X						0.	0.	0.
CHARLES COLE DIRECTOR	3	X						1,545.	0.	0.
CHARLES DEEDS DIRECTOR	0	X						0.	0.	0.
JOHN ELDER DIRECTOR	0	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LEN HASSELL DIRECTOR	0	X						0.	0.	0.
OTIS SPELLMAN DIRECTOR	0	X						0.	0.	0.
CLAY STERRETT DIRECTOR	0	X						0.	0.	0.
TERRY MCKINLEY DIRECTOR	0	X						0.	0.	0.
OLIVER L. ASHER, III EXEC VP & CEO	40			X				36,593.	0.	30,067.
DANIEL REICHARD SECRETARY & VP	40			X				5,166.	0.	24,977.
DAVID F. THACKER SR VP & CFO	32			X				39,331.	0.	4,488.
DANNY MCALLISTER VICE PRESIDENT	40			X				40,850.	0.	9,922.
REV. GORDON SHIRA CHAPLAIN	40			X				2,210.	0.	0.
VICTOR MORRIS EXEC VP US OPS	40			X				21,314.	0.	13,300.
JAMES D. TEMPLE, JR. EXEC VP OS OPS	40			X				24,000.	0.	11,000.
P.R. MISRA SENIOR VP	40			X				0.	0.	0.
JOHN BUCCHI VICE PRESIDENT	40			X				24,814.	0.	5,767.
1b Total								224,161.	0.	142,117.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.

	Yes	No
3		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual.

	Yes	No
4		X

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person.

	Yes	No
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of Services	(C) Compensation
KHALIL JALOUUB 1524 REDEEMER ROAD ALLEN, TX 75002	MINISTRY SUPPORT	125,260.
SAM SOLOMON ,	MINISTRY SUPPORT	100,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 7,354,834.				
	g Noncash contribns included in lns 1a-1f:	\$ 2,000,237.				
	h Total. Add lines 1a-1f		7,354,834.			
PROGRAM SERVICE REVENUE	Business Code					
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f						
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		8,576.			8,576.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real (ii) Personal				
	6 a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities (ii) Other				
	7 a Gross amount from sales of assets other than inventory	24,507.				
	b Less: cost or other basis and sales expenses	23,991.				
	c Gain or (loss)	516.				
	d Net gain or (loss)		516.			516.
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18.	a 10,255.				
	b Less: direct expenses	b 1,943.				
	c Net income or (loss) from fundraising events		8,312.			8,312.
	9 a Gross income from gaming activities. See Part IV, line 19.	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a 17,524.				
	b Less: cost of goods sold	b 18,389.				
	c Net income or (loss) from sales of inventory		-865.	-1,518.	653.	
Miscellaneous Revenue		Business Code				
11 a MISC NON-INVENTORY SALES		6,050.			6,050.	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		6,050.				
12 Total revenue. See instructions		7,377,423.	-1,518.	653.	23,454.	

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	148,411.	148,411.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	5,787,659.	5,787,659.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	366,278.	149,418.	162,902.	53,958.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))	0.	0.	0.	0.
7 Other salaries and wages.	534,468.	277,367.	202,690.	54,411.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	185,320.	96,607.	60,426.	28,287.
10 Payroll taxes	57,774.	27,125.	24,216.	6,433.
11 Fees for services (non-employees)				
a Management				
b Legal	1,212.		1,212.	
c Accounting	25,978.		25,978.	
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other	24,944.		24,944.	
12 Advertising and promotion	4,312.			4,312.
13 Office expenses	109,289.	25,472.	53,708.	30,109.
14 Information technology	3,370.		3,370.	
15 Royalties				
16 Occupancy	14,337.	5,804.	6,714.	1,819.
17 Travel	338,120.	322,365.	15,755.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,464.		8,464.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	48,544.	19,653.	22,734.	6,157.
23 Insurance	22,613.	10,617.	9,478.	2,518.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PRINTING	52,825.		26,843.	25,982.
b OTHER MINISTRY SUPPORT	17,739.	17,739.		
c MEALS AND ENTERTAINMENT	16,117.	4,989.	11,128.	
d TAXES & FEES	7,685.		7,685.	
e GIFTS	4,576.		4,576.	
f All other expenses	7,351.		7,351.	
25 Total functional expenses. Add lines 1 through 24f	7,787,386.	6,893,226.	680,174.	213,986.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year	(B) End of year
ASSETS	1 Cash — non-interest-bearing	1	
	2 Savings and temporary cash investments	1,241,112.	2 941,617.
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	3,274.	4 6,196.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.	5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L.	6	
	7 Notes and loans receivable, net	63,496.	7 62,785.
	8 Inventories for sale or use	170,170.	8 90,995.
	9 Prepaid expenses and deferred charges	18,697.	9 8,964.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,236,569.	
	b Less: accumulated depreciation	10b 326,915.	10c 909,654.
	11 Investments — publicly-traded securities	11	
	12 Investments — other securities. See Part IV, line 11	12	
	13 Investments — program-related. See Part IV, line 11	13	
	14 Intangible assets	14	
	15 Other assets. See Part IV, line 11	2,420.	15 267.
16 Total assets. Add lines 1 through 15 (must equal line 34).	2,437,754.	16 2,020,478.	
LIABILITIES	17 Accounts payable and accrued expenses	28,861.	17 22,829.
	18 Grants payable	18	
	19 Deferred revenue	19	
	20 Tax-exempt bond liabilities	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.	22	
	23 Secured mortgages and notes payable to unrelated third parties	23	
	24 Unsecured notes and loans payable to unrelated third parties	24	
	25 Other liabilities. Complete Part X of Schedule D.	18,075.	25 16,794.
	26 Total liabilities. Add lines 17 through 25.	46,936.	26 39,623.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.		
	27 Unrestricted net assets	1,397,691.	27 1,120,944.
	28 Temporarily restricted net assets	993,127.	28 859,911.
	29 Permanently restricted net assets	29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	30	
	31 Paid-in or capital surplus, or land, building, and equipment fund	31	
	32 Retained earnings, endowment, accumulated income, or other funds	32	
	33 Total net assets or fund balances	2,390,818.	33 1,980,855.
	34 Total liabilities and net assets/fund balances.	2,437,754.	34 2,020,478.

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Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated 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?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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Form 990 (2009)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	6,336,920.	6,349,884.	6,324,576.	6,641,285.	7,354,834.	33,007,499.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 Total. Add lines 1-through 3	6,336,920.	6,349,884.	6,324,576.	6,641,285.	7,354,834.	33,007,499.
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).						215,966.
6 Public support. Subtract line 5 from line 4						32,791,533.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	6,336,920.	6,349,884.	6,324,576.	6,641,285.	7,354,834.	33,007,499.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	27,826.	53,419.	44,209.	13,873.	8,576.	147,903.
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.) SEE PART IV.	1,602.	6,669.	6,982.	-1,042.	13,497.	27,708.
11 Total support. Add lines 7 through 10						33,183,110.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	98.8 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	98.4 %
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input checked="" type="checkbox"/>		
b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6...						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

[illegible]

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number

ADVANCING NATIVE MISSIONS

75-2402759

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

	(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 (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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 its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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 ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- ☐ a Public exhibition
☐ b Scholarly research
☐ c Preservation for future generations
☐ d Loan or exchange programs
☐ e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Term endowment ☐ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land		185,959.		185,959.
b Buildings		734,449.	83,496.	650,953.
c Leasehold improvements				
d Equipment		93,935.	65,607.	28,328.
e Other		222,226.	177,812.	44,414.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				909,654.

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Schedule D (Form 990) 2009

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	7,377,423.
2	Total expenses (Form 990, Part IX, column (A), line 25)	7,787,386.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-409,963.
4	Net unrealized gains (losses) on investments	53.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4 through 8	53.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-409,910.

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

1	Total revenue, gains, and other support per audited financial statements	1	7,377,423.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	7,377,423.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	7,377,423.

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

1	Total expenses and losses per audited financial statements	1	7,787,386.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	7,787,386.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,787,386.

Part XIV Supplemental Information

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

Part XIV Supplemental Information (continued)[illegible]

Schedule F
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2009

Open to Public Inspection

Name of the organization

ADVANCING NATIVE MISSIONS

Employer identification number

75-2402759

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
CTRL AMERICA/CARRIBEAN	0	0	PROGRAM SERVICE	HUMANITARIAN	70,173.
				RELIEF,	
				ORPHANAGES,	
				CHURCHES	
EAST ASIA/PACIFIC	0	0	PROGRAM SERVICES	HUMANITARIAN	2,545,500.
				RELIEF,	
				ORPHANAGES,	
				CHURCHES	
EUROPE	0	0	PROGRAM SERVICES	HUMANITARIAN	702,550.
				RELIEF,	
				ORPHANAGES,	
				CHURCHES	
MIDDLE EAST/N. AFRICA	0	0	PROGRAM SERVICES	HUMANITARIAN	340,920.
				RELIEF,	
				ORPHANAGES,	
				CHURCHES	
RUSSIA/NIS	0	0	PROGRAM SERVICES	HUMANITARIAN	234,794.
Totals	0	0			5,787,659.

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

Schedule F (Form 990) (2009)

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CTRL AMERICA	OP SUPPRT	15,404.	WIRE			
			CTRL AMERICA	OP SUPPRT	32,000.	WIRE			
			CTRL AMERICA	OP SUPPRT	5,071.	WIRE			
			CTRL AMERICA	OP SUPPRT	9,507.	WIRE			
			EAST ASIA	OP SUPPRT	12,800.	WIRE			
			EAST ASIA	OP SUPPRT	10,558.	WIRE			
			EAST ASIA	OP SUPPRT	106,500.	WIRE			
			EAST ASIA	OP SUPPRT	17,300.	WIRE			
			EAST ASIA	OP SUPPRT	20,053.	WIRE			
			EAST ASIA	OP SUPPRT	286.	WIRE	107,702.	MED SUPPL.	FMV
								EQUIPMENT,	
								BOOKS	
			EAST ASIA	OP SUPPRT	34,275.	WIRE	815,539.	MED SUPPL.	FMV
								EQUIPMENT,	
								BOOKS	
			EAST ASIA	OP SUPPRT	34,672.	WIRE	107,702.	MED SUPPL.	FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. 0

3 Enter total number of other organizations or entities 98

Part IV Supplemental Information

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

PART I, LINE 2 - GRANTMAKERS EXPLANATION FOR GRANTS OUTSIDE US

ADVANCING NATIVE MISSIONS REQUIRES REGULAR REPORTING FROM EACH ORGANIZATION RECEIVING FUNDS, INCLUDING RECEIPTS, ANNUAL FINANCIAL STATEMENTS, AND PICTURES OF COMPLETED PROJECTS. GENERALLY, ONLY ORGANIZATIONS THAT QUALIFY AS NON-GOVERNMENTAL ORGANIZATIONS IN THEIR HOME COUNTRIES QUALIFY FOR FUNDING.

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Schedule F (Form 990) Part I, line 3; Part II, line 1; or Part III.
▶ See instructions for Schedule F (Form 990)

2009

Open to Public Inspection

Employer identification number

75-2402759

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type (i.e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
				RELIEF,	
				ORPHANAGES,	
				CHURCHES	
SOUTH AMERICA	0	0	PROGRAM SERVICES	HUMANITARIAN	102,608.
				RELIEF,	
				ORPHANAGES,	
				CHURCHES	
SOUTH ASIA	0	0	PROGRAM SERVICES	HUMANITARIAN	1,255,172.
				RELIEF,	
				ORPHANAGES,	
				CHURCHES	
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	HUMANITARIAN	535,942.
				RELIEF,	
				ORPHANAGES,	
				CHURCHES	
Totals					

Totals

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

Schedule F-1 (Form 990) (2009)

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
								EQUIPMENT,	
								BOOKS	
			EAST ASIA	OP SUPPRT	34,699.	WIRE	50,030.	MED SUPPL,	FMV
								EQUIPMENT,	
								BOOKS	
			EAST ASIA	OP SUPPRT	37,824.	WIRE	227,395.	MED SUPPL,	FMV
								EQUIPMENT,	
								BOOKS	
			EAST ASIA	OP SUPPRT	5,000.	WIRE			
			EAST ASIA	OP SUPPRT	50,140.	WIRE			
			EAST ASIA	OP SUPPRT	5,139.	WIRE			
			EAST ASIA	OP SUPPRT	5,501.	WIRE			
			EAST ASIA	OP SUPPRT	5,774.	WIRE			
			EAST ASIA	OP SUPPRT	6,000.	WIRE	50,030.	MED SUPPL,	FMV
								EQUIPMENT,	
								BOOKS	
			EAST ASIA	OP SUPPRT	6,500.	WIRE			
			EAST ASIA	OP SUPPRT	65,080.	WIRE	227,395.	MED SUPPL,	FMV
								EQUIPMENT,	

Part III Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
								BOOKS	
			EAST ASIA	OP SUPPRT	7,659.	WIRE			
			EAST ASIA	OP SUPPRT	7,920.	WIRE	14,714.	MED SUPPL.	FMV
								EQUIPMENT,	
								BOOKS	
			EAST ASIA	OP SUPPRT	8,555.	WIRE			
			EAST ASIA	OP SUPPRT	8,900.	WIRE			
			EAST ASIA	OP SUPPRT	9,200.	WIRE			
			EAST ASIA	OP SUPPRT	98,623.	WIRE			
			EAST ASIA	OP SUPPRT	9,961.	WIRE			
			EAST ASIA	OP SUPPRT			74,230.	MED SUPPL.	FMV
								EQUIPMENT,	
								BOOKS	
			EAST ASIA	OP SUPPRT	12,463.	CHECK			
			EAST ASIA	OP SUPPRT	14,543.	CHECK			
			EAST ASIA	OP SUPPRT	16,121.	WIRE			
			EAST ASIA	OP SUPPRT	25,244.	WIRE			
			EAST ASIA	OP SUPPRT	7,466.	WIRE	50,030.	MED SUPPL.	FMV
								EQUIPMENT,	

Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
								BOOKS	
			EUROPE	OP SUPPRT	10,000.	WIRE			
			EUROPE	OP SUPPRT	11,455.	WIRE			
			EUROPE	OP SUPPRT	163,227.	WIRE	15,736.	CONSTRUCT	FMV
								MATERIALS	
			EUROPE	OP SUPPRT	335,300.	WIRE			
			EUROPE	OP SUPPRT	5,471.	WIRE			
			EUROPE	OP SUPPRT	70,000.	WIRE			
			EUROPE	OP SUPPRT	8,000.	WIRE			
			M EAST/N AFRICA	OP SUPPRT	131,993.	WIRE	29,901.	MED	FMV
								SUPPLIES,	
								EQUIPMENT,	
								BOOKS	
			M EAST/N AFRICA	OP SUPPRT	30,439.	WIRE			
			M EAST/N AFRICA	OP SUPPRT	6,000.	WIRE			
			RUSSIA/NIS	OP SUPPRT	194,620.	WIRE			
			RUSSIA/NIS	OP SUPPRT	37,674.	WIRE			
			SOUTH AMERICA	OP SUPPRT	27,345.	WIRE			
			SOUTH AMERICA	OP SUPPRT	61,871.	WIRE			

Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SOUTH ASIA	OP SUPPRT	10,300.	WIRE			
			SOUTH ASIA	OP SUPPRT	10,400.	WIRE			
			SOUTH ASIA	OP SUPPRT	10,415.	WIRE			
			SOUTH ASIA	OP SUPPRT	10,832.	WIRE			
			SOUTH ASIA	OP SUPPRT	11,894.	WIRE			
			SOUTH ASIA	OP SUPPRT	12,818.	WIRE			
			SOUTH ASIA	OP SUPPRT	129,198.	WIRE			
			SOUTH ASIA	OP SUPPRT	14,701.	WIRE			
			SOUTH ASIA	OP SUPPRT	15,697.	CHECK			
			SOUTH ASIA	OP SUPPRT	161,979.	CHECK			
			SOUTH ASIA	OP SUPPRT	16,825.	WIRE			
			SOUTH ASIA	OP SUPPRT	18,181.	WIRE			
			SOUTH ASIA	OP SUPPRT	18,943.	WIRE			
			SOUTH ASIA	OP SUPPRT	19,160.	WIRE			
			SOUTH ASIA	OP SUPPRT	19,160.	WIRE			
			SOUTH ASIA	OP SUPPRT	20,596.	WIRE			
			SOUTH ASIA	OP SUPPRT	22,100.	WIRE			
			SOUTH ASIA	OP SUPPRT	24,101.	WIRE			
			SOUTH ASIA	OP SUPPRT	24,920.	WIRE			

Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SOUTH ASIA	OP SUPPRT	26,805.	WIRE			
			SOUTH ASIA	OP SUPPRT	45,406.	WIRE			
			SOUTH ASIA	OP SUPPRT	50,097.	WIRE			
			SOUTH ASIA	OP SUPPRT	53,800.	WIRE			
			SOUTH ASIA	OP SUPPRT	5,395.	WIRE			
			SOUTH ASIA	OP SUPPRT	54,903.	WIRE			
			SOUTH ASIA	OP SUPPRT	55,142.	WIRE			
			SOUTH ASIA	OP SUPPRT	5,828.	WIRE			
			SOUTH ASIA	OP SUPPRT	6,300.	WIRE			
			SOUTH ASIA	OP SUPPRT	6,500.	WIRE			
			SOUTH ASIA	OP SUPPRT	7,100.	WIRE			
			SOUTH ASIA	OP SUPPRT	7,103.	WIRE			
			SOUTH ASIA	OP SUPPRT	7,200.	WIRE			
			SOUTH ASIA	OP SUPPRT	7,284.	WIRE			
			SOUTH ASIA	OP SUPPRT	7,500.	WIRE			
			SOUTH ASIA	OP SUPPRT	7,631.	WIRE			
			SOUTH ASIA	OP SUPPRT	8,500.	WIRE			
			SOUTH ASIA	OP SUPPRT	9,250.	WIRE			
			SUB-SAHAR AFRICA	OP SUPPRT	119,375.	WIRE			
							960.	MED SUPPL.	FMV

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

Name of the organization

Employer identification number

ADVANCING NATIVE MISSIONS

Part 100 General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. SEE PART IV

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

[illegible]

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

TEEA3901L 02/10/10

Schedule I (Form 990) 2009

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

► **Complete if the organization answered**
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► **Attach to Form 990 or Form 990-EZ. ► See separate instructions.**

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

ADVANCING NATIVE MISSIONS

Employer identification number

75-2402759

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ► \$										

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
AMY MCALLISTER	REL/OFFICER	16,878.	EMPLOYMENT COMP		X
MARIA BARREDO	REL/OFFICER	25,762.	EMPLOYMENT COMP		X
CECILIA TEMPLE	REL/OFFICER	23,559.	EMPLOYMENT COMP		X
KATIE B MCALLISTER	REL/OFFICER	11,016.	EMPLOYMENT COMP		X

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► **Complete if the organizations answered 'Yes'**
on Form 990, Part IV, lines 29 or 30.
► **Attach to Form 990.**

OMB No 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

ADVANCING NATIVE MISSIONS

Employer identification number

75-2402759

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		5,086.	THRIFT SHOP
5 Clothing and household goods	X		88,592.	THRIFT SHOP
6 Cars and other vehicles	X	3	5,160.	KELLY BLUEBOOK
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	5	23,992.	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution— Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	15	1,836,031.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (FURN & EQUIP)	X	10	7,313.	THRIFT SHOP
26 Other ► (MISC - OTHER)	X	25	3,247.	THRIFT SHOP
27 Other ► (SCHOOL SUPPLIES)	X	30	14,605.	FMV
28 Other ► (CONSTR MATERIAL)	X	10	16,211.	FMV

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If 'Yes,' describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes No

30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2009

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

Area with horizontal dashed lines for supplemental information.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2009

**Open to Public
Inspection**

Name of the organization

ADVANCING NATIVE MISSIONS

Employer identification number

75-2402759

DISCLOSURE OF 2008 FORM 990 DISCREPANCY

ON THE ORGANIZATION'S 2008 IRS FORM 990 THERE WAS A DISCREPANCY BETWEEN THE NUMBER
OF VOTING MEMBERS OF THE BOARD OF DIRECTORS LISTED ON PAGE 1, LINE 3, (14 DIRECTORS)
AND THE NUMBER OF INDIVIDUAL DIRECTORS LISTED IN PART VII, SECTION A (13 DIRECTORS).
THE ERROR WAS DUE TO THE FAILURE TO PLACE A CHECK MARK IN PART VII, COLUMN C
"INDIVIDUAL TRUSTEE OR DIRECTOR" FOR ONE OF THE DIRECTORS LISTED THEREIN. THE ERROR
HAS BEEN CORRECTED FOR 2009.

FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS

THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE FORM 990 AND PRESENTS IT
TO THE FULL BOARD OF DIRECTORS FOR FORMAL APPROVAL PRIOR TO THE FILING OF THE
RETURN.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE BOARD OF DIRECTORS REQUIRES THAT ANNUALLY EACH DIRECTOR AND OFFICER REVIEW THE
CONFLICT OF INTEREST RESOLUTION AND SIGN AN AFFIRMATION.

IN ADDITION, DURING 2009 THE BOARD OF DIRECTORS BEGAN CONSIDERING THE IMPLEMENTATION
OF A WHISTLEBLOWER POLICY.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE CURRENT YEAR'S IRS FORM 990 IS AVAILABLE AT THE ORGANIZATION'S WEBSITE,
WWW.ADNAMIS.ORG. OTHER REQUIRED DOCUMENTS FOR PUBLIC INSPECTION ARE AVAILABLE UPON
REQUEST.

Name of the organization

ADVANCING NATIVE MISSIONS

Employer identification number

75-2402759

BAA

Form **4562**Department of the Treasury
Internal Revenue Service

(99)

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

2009Attachment
Sequence No **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

Advancing Native Missions

Identifying number

75-2402759

Business or activity to which this form relates

All Business Activities**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.00
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000.00
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	43,997.74

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	4,545.97
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C-Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations--see instructions	22	48,543.71
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2009)

DAA

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?				Yes	No	24b If "Yes," is the evidence written?				Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)									25		
26 Property used more than 50% in a qualified business use.											
		%									
		%									
27 Property used 50% or less in a qualified business use											
		%				S/L-					
		%				S/L-					
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1									28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1										29	

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions):					
43 Amortization of costs that began before your 2009 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

2009

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT 3350

ADVANCING NATIVE MISSIONS

75-2402759

PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>
OTHER INCOME	13,497.	-1,042.	6,982.	6,669.	1,602.
TOTAL	<u>\$ 13,497.</u>	<u>\$ -1,042.</u>	<u>\$ 6,982.</u>	<u>\$ 6,669.</u>	<u>\$ 1,602.</u>

Part II - Special Depreciation Allowance and Other Depreciation

Asset	(a) Property Description	(b) Date In Service	(c) Tax Basis	(d) Prior Depreciation	(e) Tax Method	(f) Tax Period	(g) Tax Depr Deduction
<u>ACRS and/or Other Depreciation</u>							
126	10X12 Wood Siding Storage Buildi	9/03/99	1,248.78	777.00	S/L	15.0	83.25
152	3 banding tools	11/08/02	750.00	660.70	S/L	7.0	89.30
153	electric forklift	11/08/02	10,000.00	8,809.52	S/L	7.0	1,190.48
154	70 - 12ft teardrop pallet rack	11/08/02	1,575.00	1,387.50	S/L	7.0	187.50
155	24 - 20 ft teardrop pallet rack uprigt	11/08/02	1,476.00	1,300.30	S/L	7.0	175.70
156	59 pallet rack wire decking	11/08/02	680.00	599.03	S/L	7.0	80.97
159	MITXL1U Projector XGA	4/22/02	2,699.00	2,570.47	S/L	7.0	128.53
169	2001 Ford Van Windstar	3/19/04	10,612.70	10,082.07	S/L	5.0	530.63
171	2002 Chevy Express Van	4/12/04	15,129.50	14,373.03	S/L	5.0	756.47
172	2001 Toyota Camry	5/07/04	12,289.34	11,470.06	S/L	5.0	819.28
175	Mahindra 2310 Tractor with LDC	4/24/04	14,757.23	13,773.43	S/L	5.0	983.80
176	Dell Optiplex Computer with Point	10/01/04	2,444.47	2,077.78	S/L	5.0	366.69
178	Telephone System	9/13/05	18,348.74	12,232.50	S/L	5.0	3,669.75
179	7 New Computers	11/16/05	6,265.37	3,863.63	S/L	5.0	1,253.07
180	Security Alarm System	9/16/05	2,019.00	1,312.35	S/L	5.0	403.80
181	Furniture	10/25/05	1,752.52	792.81	S/L	7.0	250.36
182	Blinds, wallhangings	10/04/05	1,674.67	777.53	S/L	7.0	239.24
183	Wallhangings, chairs	10/04/05	384.41	178.49	S/L	7.0	54.92
184	Office Furnishings	10/21/05	614.49	277.97	S/L	7.0	87.78
185	Sofa, Desk, Bookcases	10/28/05	2,484.92	1,124.13	S/L	7.0	354.99
186	Wallhangings, etc	11/17/05	1,270.87	559.78	S/L	7.0	181.55
187	New Office Building	11/15/05	547,143.13	44,426.15	S/L	39.0	14,029.31
188	Fire System	2/14/06	2,739.58	1,598.10	S/L	5.0	547.92
189	Telephone Sys/Upgrade	3/29/06	5,581.94	2,192.90	S/L	7.0	797.42
190	Conference Room Screen	3/08/06	2,040.00	1,156.00	S/L	5.0	408.00
191	Folding Machine	2/28/06	4,600.00	2,606.67	S/L	5.0	920.00
192	Signs	10/18/06	2,060.00	892.67	S/L	5.0	412.00
193	Computer	11/01/06	1,423.80	616.98	S/L	5.0	284.76
194	OFFICES IN WHSE	3/01/06	10,013.16	727.46	S/L	39.0	256.75
195	Computer	11/02/06	1,423.80	616.98	S/L	5.0	284.76
196	Dell Computer	6/22/06	1,140.30	570.15	S/L	5.0	228.06
197	Dell Computer I6400	5/19/06	723.45	373.78	S/L	5.0	144.69
198	Dell Computer	8/31/06	1,086.74	507.15	S/L	5.0	217.35
199	Dell E521	11/06/06	778.00	337.13	S/L	5.0	155.60
200	Server and Licenses	9/11/06	4,544.25	2,120.65	S/L	5.0	908.85
201	1999 International Truck	9/25/07	14,573.24	3,643.31	S/L	5.0	2,914.65
202	2 Dell Quad Core Xeon Processors	3/20/07	4,972.58	1,740.41	S/L	5.0	994.52
203	Server-APC Smart-UPS XL	3/22/07	2,007.23	702.53	S/L	5.0	401.45
204	Coldfusion (software)	3/31/07	859.00	501.08	S/L	3.0	286.33
205	Multimedia Projector	8/13/07	1,818.00	515.10	S/L	5.0	363.60
206	Sever File for Assets/Ins Records	11/09/07	1,766.99	412.30	S/L	5.0	353.40
207	Sealing Machine	3/12/08	1,600.00	190.48	S/L	7.0	228.57
208	Sonic Firewall	9/08/08	2,998.19	333.13	S/L	3.0	999.40
209	2000 Ford Windstar	4/04/08	4,310.00	646.50	S/L	5.0	862.00
210	2003 Ford Escape	7/08/08	6,620.00	662.00	S/L	5.0	1,324.00
211	2005 Toyota Camry	3/24/08	13,052.00	1,957.80	S/L	5.0	2,610.40
212	2000 GMC Yukon XL	11/06/08	5,730.00	191.00	S/L	5.0	1,146.00
213	Parking Lot Lights	10/19/09	2,689.75	0.00	S/L	15.0	29.89
			<u>756,772.14</u>				<u>43,997.74</u>

Part III - MACRS Depreciation

Asset	(a) Property Description	(b) Date In Service	(c) Tax Depr Basis	(d) Tax Period	(e) Tax Convention	(f) Tax Method	(g) Tax Depr Deduction
<u>Depreciation of MACRS Property Placed in Service In Prior Years</u>							
177	Nelson County Warehouse	9/10/04	177,292.68	39.0	Mid-mth	S/L	4,545.97
			<u>177,292.68</u>				<u>4,545.97</u>

Part II - Special Depreciation Allowance and Other Depreciation

Asset	(a) Property Description	(b) Date In Service	(c) Tax Basis	(d) Prior Depreciation	(e) Tax Method	(f) Tax Period	(g) Tax Depr Deduction
<u>ACRS and/or Other Depreciation</u>							
126	10X12 Wood Siding Storage Buildi	9/03/99	1,248.78	777.00	S/L	15.0	83.25
152	3 banding tools	11/08/02	750.00	660.70	S/L	7.0	89.30
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156	59 pallet rack wire decking	11/08/02	680.00	599.03	S/L	7.0	80.97
159	MITXL1U Projector XGA	4/22/02	2,699.00	2,570.47	S/L	7.0	128.53
169	2001 Ford Van Windstar	3/19/04	10,612.70	10,082.07	S/L	5.0	530.63
171	2002 Chevy Express Van	4/12/04	15,129.50	14,373.03	S/L	5.0	756.47
172	2001 Toyota Camry	5/07/04	12,289.34	11,470.06	S/L	5.0	819.28
175	Mahindra 2310 Tractor with LDC	4/24/04	14,757.23	13,773.43	S/L	5.0	983.80
176	Dell Optiplex Computer with Point	10/01/04	2,444.47	2,077.78	S/L	5.0	366.69
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179	7 New Computers	11/16/05	6,265.37	3,863.63	S/L	5.0	1,253.07
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184	Office Furnishings	10/21/05	614.49	277.97	S/L	7.0	87.78
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190	Conference Room Screen	3/08/06	2,040.00	1,156.00	S/L	5.0	408.00
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195	Computer	11/02/06	1,423.80	616.98	S/L	5.0	284.76
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197	Dell Computer I6400	5/19/06	723.45	373.78	S/L	5.0	144.69
198	Dell Computer	8/31/06	1,086.74	507.15	S/L	5.0	217.35
199	Dell E52I	11/06/06	778.00	337.13	S/L	5.0	155.60
200	Server and Licenses	9/11/06	4,544.25	2,120.65	S/L	5.0	908.85
201	1999 International Truck	9/25/07	14,573.24	3,643.31	S/L	5.0	2,914.65
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206	Sever File for Assets/Ins Records	11/09/07	1,766.99	412.30	S/L	5.0	353.40
207	Sealing Machine	3/12/08	1,600.00	190.48	S/L	7.0	228.57
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209	2000 Ford Windstar	4/04/08	4,310.00	646.50	S/L	5.0	862.00
210	2003 Ford Escape	7/08/08	6,620.00	662.00	S/L	5.0	1,324.00
211	2005 Toyota Camry	3/24/08	13,052.00	1,957.80	S/L	5.0	2,610.40
212	2000 GMC Yukon XL	11/06/08	5,730.00	191.00	S/L	5.0	1,146.00
213	Parking Lot Lights	10/19/09	2,689.75	0.00	S/L	15.0	29.89
			<u>756,772.14</u>				<u>43,997.74</u>

Part III - MACRS Depreciation

Asset	(a) Property Description	(b) Date In Service	(c) Tax Depr Basis	(d) Tax Period	(e) Tax Convention	(f) Tax Method	(g) Tax Depr Deduction
<u>Depreciation of MACRS Property Placed in Service In Prior Years</u>							
177	Nelson County Warehouse	9/10/04	177,292.68	39.0	Mid-mth	S/L	4,545.97
			<u>177,292.68</u>				<u>4,545.97</u>

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.***Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below. (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	ADVANCING NATIVE MISSIONS	75-2402759
	Number, street, and room or suite number. If a P.O. box, see instructions	
	PO BOX 5303	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	CHARLOTTESVILLE, VA 22905	

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

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of. ► ADVANCING NATIVE MISSIONS

Telephone No. ► 540-456-7111 FAX No. ► 540-456-7222

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. ► ☐. If it is for part of the group, check this box. ► ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 10, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ☒ calendar year 20 09 or
- ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

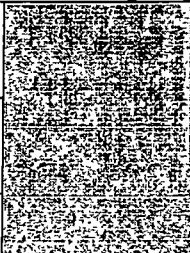
2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box. ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	ADVANCING NATIVE MISSIONS		75-2402759
	Number, street, and room or suite number. If a P.O. box, see instructions.		For IRS use only
	COOLEY AND ASSOCIATES PLC PO BOX 7967		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	CHARLOTTESVILLE, VA 22906-7967		

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

- | | | | |
|--|--|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

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

- The books are in care of. **ADVANCING NATIVE MISSIONS**
Telephone No. **540-456-7111** FAX No. **540-456-7222**
- If the organization does not have an office or place of business in the United States, check this box. ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN). If this is for the whole group, check this box. ☐ . If it is for part of the group, check this box. ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until 11/15, 2010.
- 5 For calendar year 2009, or other tax year beginning , 20 , and ending , 20 .
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension. TAXPAYER'S ACCOUNTING RECORDS ARE INCOMPLETE.
THEREFORE, IT IS IMPOSSIBLE TO FILE A COMPLETE AND ACCURATE RETURN AT THIS TIME.

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

Signature and Verification

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

Signature Gregory J. Cooley Title CPA Date 8/6/2010