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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

2010**Open to Public Inspection**

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20																	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization ASI MISSIONS INC</td> </tr> <tr> <td colspan="2">Doing Business As</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td>12501 OLD COLUMBIA PIKE</td> <td></td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4</td> </tr> <tr> <td colspan="2">SILVER SPRING MD 20904-6601</td> </tr> <tr> <td colspan="2">F Name and address of principal officer HAROLD J LANCE</td> </tr> <tr> <td colspan="2">5527 N HAYFORD RD, SPOKANE WA 99224</td> </tr> </table>	C Name of organization ASI MISSIONS INC		Doing Business As		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	12501 OLD COLUMBIA PIKE		City or town, state or country, and ZIP + 4		SILVER SPRING MD 20904-6601		F Name and address of principal officer HAROLD J LANCE		5527 N HAYFORD RD, SPOKANE WA 99224	
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K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of formation 1982	M State of legal domicile MD															

Part I Summary							
Activities & Governance	1	Briefly describe the organization's mission or most significant activities THE ORGANIZATION'S MISSION IS TO FUND PROJECTS FOR THE SEVENTH-DAY ADVENTIST CHURCH AND LAY ORGANIZATIONS THAT SUPPORT THE MISSION OF THE CHURCH					
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.					
	3	Number of voting members of the governing body (Part VI, line 1a)	3 18				
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 14				
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5 0				
	6	Total number of volunteers (estimate if necessary)	6 45				
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0				
b	Net unrelated business taxable income from Form 990-T, line 34	7b 0					
Revenue	8	Contributions and grants (Part VIII, line 1h)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Prior Year</th> <th style="width:50%;">Current Year</th> </tr> <tr> <td style="text-align: right;">4,823,898</td> <td style="text-align: right;">3,684,530</td> </tr> </table>	Prior Year	Current Year	4,823,898	3,684,530
	Prior Year	Current Year					
	4,823,898	3,684,530					
	9	Program service revenue (Part VIII, line 2g)					
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Prior Year</th> <th style="width:50%;">Current Year</th> </tr> <tr> <td style="text-align: right;">14,887</td> <td style="text-align: right;">11,069</td> </tr> </table>	Prior Year	Current Year	14,887	11,069
Prior Year	Current Year						
14,887	11,069						
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Prior Year</th> <th style="width:50%;">Current Year</th> </tr> <tr> <td style="text-align: right;">85,120</td> <td style="text-align: right;">42,093</td> </tr> </table>	Prior Year	Current Year	85,120	42,093	
Prior Year	Current Year						
85,120	42,093						
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Prior Year</th> <th style="width:50%;">Current Year</th> </tr> <tr> <td style="text-align: right;">4,923,905</td> <td style="text-align: right;">3,737,692</td> </tr> </table>	Prior Year	Current Year	4,923,905	3,737,692	
Prior Year	Current Year						
4,923,905	3,737,692						
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Prior Year</th> <th style="width:50%;">Current Year</th> </tr> <tr> <td style="text-align: right;">4,823,898</td> <td style="text-align: right;">5,050,093</td> </tr> </table>	Prior Year	Current Year	4,823,898	5,050,093
	Prior Year	Current Year					
	4,823,898	5,050,093					
	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)					
16a	Professional fundraising fees (Part IX, column (A), line 11e)						
b	Total fundraising expenses (Part IX, column (D), line 25) ▶						
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Prior Year</th> <th style="width:50%;">Current Year</th> </tr> <tr> <td style="text-align: right;">86,171</td> <td style="text-align: right;">30,041</td> </tr> </table>	Prior Year	Current Year	86,171	30,041	
Prior Year	Current Year						
86,171	30,041						
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Prior Year</th> <th style="width:50%;">Current Year</th> </tr> <tr> <td style="text-align: right;">4,910,069</td> <td style="text-align: right;">5,080,134</td> </tr> </table>	Prior Year	Current Year	4,910,069	5,080,134	
Prior Year	Current Year						
4,910,069	5,080,134						
19	Revenue less expenses. Subtract line 18 from line 12	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Prior Year</th> <th style="width:50%;">Current Year</th> </tr> <tr> <td style="text-align: right;">13,836</td> <td style="text-align: right;">1,342,442</td> </tr> </table>	Prior Year	Current Year	13,836	1,342,442	
Prior Year	Current Year						
13,836	1,342,442						
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Beginning of Current Year</th> <th style="width:50%;">End of Year</th> </tr> <tr> <td style="text-align: right;">10,782,792</td> <td style="text-align: right;">8,933,237</td> </tr> </table>	Beginning of Current Year	End of Year	10,782,792	8,933,237
	Beginning of Current Year	End of Year					
	10,782,792	8,933,237					
21	Total liabilities (Part X, line 26)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Beginning of Current Year</th> <th style="width:50%;">End of Year</th> </tr> <tr> <td style="text-align: right;">251,237</td> <td style="text-align: right;">255,875</td> </tr> </table>	Beginning of Current Year	End of Year	251,237	255,875	
Beginning of Current Year	End of Year						
251,237	255,875						
22	Net assets or fund balances. Subtract line 21 from line 20	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Beginning of Current Year</th> <th style="width:50%;">End of Year</th> </tr> <tr> <td style="text-align: right;">10,531,555</td> <td style="text-align: right;">9,189,112</td> </tr> </table>	Beginning of Current Year	End of Year	10,531,555	9,189,112	
Beginning of Current Year	End of Year						
10,531,555	9,189,112						

Part II Signature Block											
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.											
Sign Here	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><i>A. Ramon Chow</i></td> <td style="width:40%; text-align: right;">4/12/2011</td> </tr> <tr> <td colspan="2">Signature of officer</td> </tr> <tr> <td colspan="2">A. Ramon Chow, Secretary-Treasurer</td> </tr> <tr> <td colspan="2">Type or print name and title</td> </tr> </table>	<i>A. Ramon Chow</i>	4/12/2011	Signature of officer		A. Ramon Chow, Secretary-Treasurer		Type or print name and title			
<i>A. Ramon Chow</i>	4/12/2011										
Signature of officer											
A. Ramon Chow, Secretary-Treasurer											
Type or print name and title											
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check ☐ if self-employed	PTIN					
	Firm's name ▶		Firm's EIN ▶								
	Firm's address ▶		Phone no								

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2010)

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SCANNED MAY 02 2011

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐

- 1** Briefly describe the organization's mission:
 THE ORGANIZATION'S MISSION IS TO FUND PROJECTS FOR THE SEVENTH-DAY ADVENTIST CHURCH AND LAY ORGANIZATIONS THAT SUPPORT THE MISSION OF THE CHURCH.
- 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 \$ 3,213,726 including grants of \$ 3,213,726) (Revenue \$)
 THE MODULAR STRUCTURE NAMED THE "ONE DAY CHURCH" IS MADE OF STAINLESS STEEL AND UPON ARRIVING AT ITS DESTINATION IN DEVELOPING COUNTRIES, CAN BE ASSEMBLED IN ONE DAY BY THE NATIVE PEOPLES. THE FOUNDATION AND SIDING ARE MADE OF INDIGENOUS MATERIALS. EACH STRUCTURE WILL SEAT APPROXIMATELY 150 PEOPLE. THE SAME BASIC MODEL IS USED TO BUILD SCHOOL BUILDINGS AND STAFF HOUSING IN DEVELOPING COUNTRIES. THIS IS FUNDED BY AN OFFERING COLLECTED AT THE ANNUAL NATIONAL CONVENTION OF THE ORGANIZATION

4b (Code:) (Expenses \$ 190,000 including grants of \$ 190,000) (Revenue \$)
 ASI "YOUTH FOR JESUS" IS AN ANNUAL YOUTH TRAINING AND EVANGELISM PROGRAM INVOLVING APPROXIMATELY 50 YOUNG PEOPLE WHO DEVOTE MOST OF THEIR SUMMER TO VISITING DOOR TO DOOR AND HOLDING BIBLE STUDIES AND EVANGELISTIC MEETINGS IN THE CITY WHERE THE NATIONAL CONVENTION IS HELD THAT YEAR.

4c (Code:) (Expenses \$ 4,208,343 including grants of \$ 4,208,343) (Revenue \$)
 FUNDED 34 PROJECTS IN THE AREAS OF HEALTH, EDUCATION, EVANGELISM, AND ORPHANAGES. THESE PROJECTS PROMOTE THE WORK OF THE SEVENTH-DAY ADVENTIST CHURCH DIRECTLY OR INDIRECTLY THROUGH 501(C)(3) ENTITIES WHICH SUPPORT THE CHURCH AND ITS MISSION.

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

4e Total program service expenses ▶ 4,817,943

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 ✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2 ✓	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	✓
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	✓
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓
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	9	✓
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓
b 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	11b	✓
c 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	11c	✓
d 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	11d	✓
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	✓
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	✓
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14 a Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	✓
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, Parts II and IV	15	✓
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, Parts III and IV	16	✓
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 (see instructions)	17	✓
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	18	✓
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	19	✓
20 a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	✓
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	☒	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		☒
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? <i>If "Yes," complete Schedule J</i>		☒
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		☒
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? <i>If "Yes," complete Schedule L, Part I</i>		☒
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? <i>If "Yes," complete Schedule L, Part I</i>		☒
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		☒
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? <i>If "Yes," complete Schedule L, Part III</i>		☒
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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		☒
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		☒
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		☒
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		☒
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		☒
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		☒
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		☒
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? <i>If "Yes," complete Schedule R, Part I</i>		☒
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	☒	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		☒
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ☐ Yes ☐ No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		☒
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? <i>If "Yes," complete Schedule R, Part VI</i>		☒
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	☒	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0		
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		
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 0		
b 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 (see instructions)	2b		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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		✓
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax 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		✓
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		✓
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		✓
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓
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 a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders	11a		
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		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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.

Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 18	
b Enter the number of voting members included in line 1a, above, who are independent	1b 14	
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? SEE SCHEDULE O	2 ✓	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	✓
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	✓
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	✓
6 Does the organization have members or stockholders?	6	✓
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	✓
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b ✓	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a ✓	
b Each committee with authority to act on behalf of the governing body?	8b ✓	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	✓

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?	10a	✓
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a ✓	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a ✓	
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a ✓	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? SEE SCHEDULE O	12b ✓	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c ✓	
13 Does the organization have a written whistleblower policy?	13 ✓	
14 Does the organization have a written document retention and destruction policy?	14 ✓	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official SEE SCHEDULE O	15a ✓	
b Other officers or key employees of the organization SEE SCHEDULE O	15b ✓	
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	✓
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► 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. ► A. RAMON CHOW, 12501 OLD COLUMBIA PIKE, SILVER SPRING MD 20904-6601. 301 680-6450

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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, if any. See instructions for definition of "key employee."

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
SEE SCHEDULE O										
(1) HAROLD J LANCE PRESIDENT	8	✓		✓				0	0	0
(2) TOM EVANS DIRECTOR	.5	✓						0	0	0
(3) DON SCHNEIDER DIRECTOR	5	✓						0	0	0
(4) HALVARD THOMSEN DIRECTOR	5	✓						0	0	0
(5) TERRY ANDERSON DIRECTOR	.5	✓						0	0	0
(6) RAMON CHOW SECRETARY/DIRECTOR	8	✓		✓				0	0	0
(7) DAN HOUGHTON DIRECTOR	.5	✓						0	0	0
(8) ELLSWORTH MCKEE DIRECTOR	5	✓						0	0	0
(9) RUSSELL MCKEE DIRECTOR	.5	✓						0	0	0
(10) DENZIL MCNEILUS DIRECTOR	8	✓						0	0	0
(11) GARWIN MCNEILUS DIRECTOR	.5	✓						0	0	0
(12) RADIM PASSER DIRECTOR	5	✓						0	0	0
(13) VOLKER SCHMIDT DIRECTOR	.5	✓						0	0	0
(14) BLONDEL SENIOR DIRECTOR	.5	✓						0	0	0
(15) CARROLL SHOFFNER DIRECTOR	.5	✓						0	0	0
(16) STAN SMITH TREASURER/DIRECTOR	1	✓		✓				0	0	0

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) DEBBIE YOUNG DIRECTOR	.5	☒						0	0	0
(18) JANE SINES DIRECTOR	5	☒						0	0	0
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	0	0

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**

	Yes	No
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	☒	☐
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	☒	☐
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	☒	☐

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
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 0		

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	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,684,530			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		3,684,530			
Program Service Revenue				Business Code			
	2a						
	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)			11,069		11,069
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross Rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		a			
	b	Less: direct expenses		b			
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19		a			
	b	Less: direct expenses		b			
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances		a	274,243		
	b	Less: cost of goods sold		b	232,150		
c	Net income or (loss) from sales of inventory			42,093		42,093	
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions			3,737,692		53,162	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) 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	4,955,093	4,955,093		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	95,000	95,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	30,041		30,041	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a					
b					
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	5,080,134	5,050,093	30,041	0
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720). 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	429,955	1	590,515
	2 Savings and temporary cash investments	3,505,754	2	
	3 Pledges and grants receivable, net	490,452	3	463,557
	4 Accounts receivable, net	304,747	4	139,024
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	642,640	8	557,893
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	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	5,409,244	15	7,182,248
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,782,792	16	8,933,237	
Liabilities	17 Accounts payable and accrued expenses	227,036	17	255,875
	18 Grants payable	24,201	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		25	
	26 Total liabilities. Add lines 17 through 25	251,237	26	255,875
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,089,771	27	1,108,613
	28 Temporarily restricted net assets	9,441,784	28	8,080,499
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ 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, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	10,531,555	33	9,189,112	
34 Total liabilities and net assets/fund balances	10,782,792	34	8,933,237	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,737,692
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,080,134
3	Revenue less expenses. Subtract line 2 from line 1	3	(1,342,442)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,531,555
5	Other changes in net assets or fund balances (explain in Schedule O)	5	(1,342,442)
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	9,189,112

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		✓
2b Were the organization's financial statements audited by an independent accountant?		✓
2c 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 separate basis, consolidated 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?		✓
3b 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		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

ASI MISSIONS INC

Employer identification number

52-1302275

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

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions,—and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,202,658	2,717,490	2,295,192	4,823,898	3,684,530	15,723,768
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	2,202,658	2,717,490	2,295,192	4,823,898	3,684,530	15,723,768
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)						0
6 Public support. Subtract line 5 from line 4.						15,723,768

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	2,202,658	2,717,490	2,295,192	4,823,898	5,050,093	17,089,331
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	43,488	74,320	42,336	14,887	11,069	186,100
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.)	244,435	234,340	349,924	344,528	274,243	1,447,470
11 Total support. Add lines 7 through 10						18,722,901
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						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	83.9 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	89 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☒	
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐	
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	☐	
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	☐	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	☐	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 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 year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ☐		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐		

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. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART IV--SUPPLEMENTAL INFORMATION**PART II, LINE 10--OTHER INCOME**

NATURE & SOURCE	2010	2009	2008	2007	2006
CHRISTIAN BOOKS	274,243	344,528	385,346	244,435	234,340
TOTAL	274,243	344,528	385,346	244,435	234,340

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

ASI MISSIONS INC

Employer identification number

52-1302275

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?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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?		☐ Yes ☐ 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).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ 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 Tax 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, and not on a historic structure listed in the National Register	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 easements 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 section 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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

- d ☐ Loan or exchange programs
e ☐ Other _____

c ☐ Preservation for future generations

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 the 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 the 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

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

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

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

Part VI 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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				0

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) GENERAL CONFERENCE MONEY FUND INVESTMENT	7,055,048
(2) PURCHASE DEPOSIT--INVENTORY	127,200
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	
	7,182,248

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,737,692
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,080,134
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	(1,342,442)
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	(1,342,442)

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	3,737,692
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	3,737,692
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,737,692

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

1	Total expenses and losses per audited financial statements	1	5,080,134
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	5,080,134
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,080,134

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

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Part XIV Supplemental Information *(continued)*

Lined area for supplemental information.



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

2010

**Open to Public
Inspection**

Name of the organization

ASI MISSIONS INC

Employer identification number

52-1302275

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 V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, 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 for and investments in region
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			0

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 ☐

Part II can be duplicated 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)
(1)		CANADA--	EVANGELISM	25,000	CHECK		N/A	FMV
(2)		FOUNTAINVIEW	EQUIPMENT					
(3)		CZECH REPUBLIC--	UPGRADE	30,000	CHECK		N/A	FMV
(4)		GENERATIONS	FACILITIES @					
(5)		CENTER	COMM. CTR.					
(6)		TANZANIA--FAMILY	TRUCK FOR	25,000	CHECK		N/A	FMV
(7)		DEVELOP. INT'L	ONE-DAY					
(8)			CHURCH					
(9)			TRANSPORT					
(10)								
(11)		POLAND--SPRINGS	BUY NEW	15,000	CHECK		N/A	FMV
(12)		OF LIFE	HEATING					
(13)		FOUNDATION	SYSTEM &					
(14)			ENHANCE					
(15)			PRINT					
(16)			MINISTRY					

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 4

3 Enter total number of other organizations or entities 0

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471) ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865) ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713) ☐ Yes ☒ No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

PART I, LINE 2--GRANTMAKER'S EXPLANATION FOR GRANTS OUTSIDE US

PERIODIC ON-SITE INSPECTIONS ARE MADE BY OFFICERS, BOARD MEMBERS OR VOLUNTEERS.



SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

ASI MISSIONS INC

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

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

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number

52-1302275

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" 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. Part II can be duplicated if additional space is needed. SEE PART IV

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							TO FURTHER THE
(2)	VARIOUS						MISSION OF THE
(3)	ORGANIZA-	501(C)(3)	4,817,943	0	FMV	N/A	SEVENTH-DAY
(4)	TIONS						ADVENTIST CHURCH
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations 1

3 Enter total number of other organizations 0

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

Cat No 50055P

Schedule I (Form 990) (2010)

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV

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

PART I, LINE 2--GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED:

THE GRANTEEES ARE REQUIRED TO REPORT PROGRESS TO THE BOARD PRIOR TO RECEIVING THE FULL AMOUNT OF THEIR GRANTS, WHICH THE BOARD REVIEWS PRIOR TO

RELEASING THE FULL AMOUNT OF GRANT FUNDS. PERIODIC ON-SITE INSPECTIONS ARE MADE TO ENSURE COMPLIANCE.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization
ASI MISSIONS INC

Employer identification number
52-1302275

FORM 990, PART VI, LINE 2--BUSINESS OF FAMILY RELATIONSHIP OF OFFICERS/DIRECTORS

GARWIN MCNEILUS, DIRECTOR, IS THE FATHER OF DENZIL MCNEILUS, DIRECTOR.

ELLSWORTH MCKEE, DIRECTOR, IS THE FATHER OF RUSSELL "RUSTY" MCKEE, DIRECTOR.

FORM 990, PART VI, LINE 10--FORM 990 REVIEW PROCESS

LINE 11: 990 DOCUMENT WAS MADE AVAILABLE TO THE BOARD MEMBERS PRIOR TO FILING AND COMMENTS WERE REQUESTED.

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

EACH YEAR THE OFFICERS, DIRECTORS AND KEY EMPLOYEES SIGN A CONFLICT OF INTEREST DOCUMENT. THESE DOCUMENTS ARE KEPT ON FILE AND REVIEWED BY THE SECRETARY OF THE ORGANIZATION AND BY THE ORGANIZATION'S AUDITORS.

FORM 990, PART VI, LINE 15B--COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS AND KEY EMPLOYEES

COMPENSATION IS COMMENSURATE WITH THE PAY SCALE POLICIES OF THE GENERAL CONFERENCE OF SEVENTH-DAY ADVENTISTS.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII--COMPENSATION EXPLANATION

THE BOARD MEMBERS OF ASI MISSIONS INC. ARE VOLUNTEERS OF THE ORGANIZATION AND ARE NOT PAID FOR THEIR SERVICES.

HOWEVER, SEVERAL OFFICERS (SECRETARY-TREASURER/COMMUNICATION DIRECTOR/CONVENTION COORDINATOR) AND OFFICE

STAFF OF THE ORGANIZATION ARE EMPLOYEES OF ASI (ADVENTIST-LAYMEN'S SERVICES & INDUSTRIES), WHICH IS A GENERAL

CONFERENCE OF SEVENTH-DAY ADVENTISTS, NORTH AMERICAN DIVISION ENTITY. ASI/ASI MISSIONS INC EMPLOYEES ARE PAID

BY THE GENERAL CONFERENCE AND ARE INCLUDED IN THE GENERAL CONFERENCE OF SDA'S FORM W-3.

IN 2009, ASI MISSIONS INC RECEIVED A SALARY SUBSIDY FROM THE GENERAL CONFERENCE (VIA ASI) IN THE AMOUNT OF \$48,848.

Name of the organization

ASI MISSIONS INC.

Employer identification number

52-1302275

FORM 990, PART XI--RECONCILIATION OF NET ASSETS

MANY OF THE PROJECTS ASSISTED BY ASI MISSIONS INC'S, ESPECIALLY THE ONE-DAY CHURCH, WERE FUNDED DURING 2010, BUT REVENUES THAT MADE FUNDING POSSIBLE CAME IN DURING PREVIOUS YEARS.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ASI MISSIONS INC

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

52-1302275

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) GENERAL CONFERENCE OF SDA (ASI DIVISION) 12501 OLD COLUMBIA PIKE	TO PROMOTE SDA						
(2) SILVER SPRING MD 20904 52-0643036	CHRISTIAN VALUES	MD	501(C)(3)	2 N/A			✓
(3)							
(4) LARRY SHARLEY INSTITUTE FOR EVANGELISM 231 LAKE GRIFFIN ROAD	LAY EVANGELISM	FL	501(C)(3)	2 N/A			✓
(5) LADY LAKE FL 32159 20-2447490	TRAINING SCHOOL						
(6)	FOR SDA CHURCH						
(7)							

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

Cat No 50135Y

Schedule R (Form 990) 2010

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entry is listed in Parts II, III, or IV of this schedule.

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

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		1a
b Gift, grant, or capital contribution to other organization(s)	✓	1b
c Gift, grant, or capital contribution from other organization(s)		1c
d Loans or loan guarantees to or for other organization(s)		1d
e Loans or loan guarantees by other organization(s)		1e
f Sale of assets to other organization(s)		1f
g Purchase of assets from other organization(s)		1g
h Exchange of assets		1h
i Lease of facilities, equipment, or other assets to other organization(s)		1i
j Lease of facilities, equipment, or other assets from other organization(s)		1j
k Performance of services or membership or fundraising solicitations for other organization(s)		1k
l Performance of services or membership or fundraising solicitations by other organization(s)		1l
m Sharing of facilities, equipment, mailing lists, or other assets		1m
n Sharing of paid employees	✓	1n
o Reimbursement paid to other organization for expenses		1o
p Reimbursement paid by other organization for expenses		1p
q Other transfer of cash or property to other organization(s)		1q
r Other transfer of cash or property from other organization(s)		1r

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	GENERAL CONFERENCE OF SDA (ASI DIVISION)	N	48,848	Prorated
(2)	LARRY SHARLEY INSTITUTE FOR EVANGELISM (LIFE)	B	609,600	Based on actual
(3)				amount trans-
(4)				ferred to LIFE
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

Part VII Supplemental Information

Supplemental information. Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

[illegible]

Projects - 2010

Name of Project	TAX ID	Address	Address	Country	Amount
Shirley Trust Appropriation					\$609,600.00
TOTAL MISC PROJECTS					\$609,600.00
PPPA Print Fund COGS					\$0.00
TOTAL PPPA PRINT FUND					\$0.00
Heritage Academy	62-1566104	23100 Clarkrange Hwy	Monterey, TN 38574	USA	\$9,500.00
Total 2007 SPECIFIC PROJECTS					\$9,500.00
Fountainview Academy	Canadian Charity--				\$25,000.00
Generation of Youth for Christ	BN/Reg #	Box 500	Lillooet BC V0K 1V0	CANADA	
TAGnet	118929496RR0001	PO Box 3786	Ann Arbor, MI 48106	USA	(\$25,000.00)
The One-Day Church	20-02921834	12505 Old Columbia Pike Silver Spring, MD 20904		USA	(\$37,500.00)
VitaSalus	ASI Project	12505 Old Columbia Pike Silver Spring, MD 20904		USA	\$9,826.15
Total	58-1570279	5340 Layton Lane	Apison, TN 37302	USA	(\$7,500.00)
					(\$35,173.85)
Adventist Southeast Asi Projects	38-3256028	PO Box 84	Berrien Springs, MI 49103	USA	\$12,500.00
Centro Misionero de Salud Inc	74-2897392	112 E Coma Ave #295	Hidalgo, TX 78557	USA	\$12,500.00
Congo Frontline Missions	58-6039864	435 Lifestyle Lane	Wildwood GA 30757	USA	\$35,000.00
Eden Valley Institute - Foster Care Mission (pf)	84-0581955	6263 NCR29	Loveland, Co 80538	USA	\$25,000.00
Fanantenana Training Center	58-1570279	5340 Layton Lane	Apison, TN 37302	USA	\$13,200.00
Generations Center, Civic Association	Czech Republic reg-non-profit/tax exempt	Palachova 504/7	460 01 Liberec 1	Czech Rep	\$30,000.00
God's Helping Hands, Inc	91-2083117	PO Box 1472	Loma Linda, CA 92354	USA	\$2,500.00
Heritage Academy	62-1566104	23100 Clarkrange Hwy	Monterey, TN 38574	USA	\$18,775.00
Israel Field of SDA	SDA Church (AZ Conf)	12501 Old Columbia Pike Silver Spring, MD 20904		USA	\$17,500.00
Living Waters International	SDA Church	1107 S Beeline #4	Payson, AZ 85541	USA	\$2,500.00
Outpost Centers International (MAP)(pf)	58-1570279	5340 Layton Lane	Apison, TN 37302	USA	\$9,500.00
Outpost Centers International-EAP	58-1570279	5340 Layton Lane	Apison, TN 37302	USA	(\$9,500.00)
One Day Church Project	ASI Project	12505 Old Columbia Pike Silver Spring, MD 20904		USA	\$1,596,267.55
Pierson Inst. of Evang. & World Mission	Funding Declined by Ministry				(\$1,500.00)
Riverside Farm Institute	58-1570279	5340 Layton Lane	Apison, TN 37302	USA	\$25,000.00
Riverside Farm Institute (pf)	58-1570279	5340 Layton Lane	Apison, TN 37302	USA	\$47,000.00
The Quiet Hour	95-6006642	630 Brookside Ave	Redlands, CA 92373	USA	\$12,500.00
Three Angels Broadcasting Network, Inc	37-1179056	PO Box 220	Frankfort IL 62896	USA	\$30,000.00
Wildwood	58-6039864	435 Lifestyle Lane	Wildwood GA 30757	USA	\$37,500.00
Wildwood Better Living Ministry	58-6039864	435 Lifestyle Lane	Wildwood GA 30757	USA	\$5,000.00
Wildwood LIGHT	58-6039864	435 Lifestyle Lane	Wildwood GA 30757	USA	\$12,500.00
Youth For Jesus	ASI Project	12505 Old Columbia Pike Silver Spring, MD 20904		USA	(\$10,000.00)
2009 Train Them Now	ASI Project	12505 Old Columbia Pike Silver Spring, MD 20904		USA	\$43,532.61
Total					\$1,987,275.16

Advent Interfaith Initiative (Mi Conf)	SDA Church--Michigan	5295 Granger Rd	Oxford MI 48371	USA	\$0.00	\$6,000.00
Adventist Southeast Asia Projects	38-3256028	PO Box 84	Berrien Springs, MI 49103	USA	\$0.00	\$5,000.00
Amazing Facts	SDA Church	PO Box 1058	Roseville, CA 95678-8058	USA	\$0.00	\$12,500.00
AUDIOVERSE				USA	\$0.00	\$5,000.00
Better Life Television Inc	93-1011913	PO Box 766	Gran Pass, OR 97526	USA	\$0.00	\$10,000.00
Congo Frontier Missions	58-6039864	435 Lifestyle Lane	Wildwood GA 30757	USA	\$0.00	\$10,000.00
DVD Train Them Now	ASI Project	12505 Old Columbia Pike	Silver Spring, MD 20904	USA	\$0.00	\$40,782.93
E A Sutherland Education Association	41-2115114	PO Box 495	Collegedale, TN 37315	USA	\$0.00	\$5,000.00
Eden Valley Foster Care Missions	84-0581955	6263 NCR29	Loveland, Co 80538	USA	\$0.00	\$5,000.00
Eden Valley Institute	84-0581955	6263 NCR29	Loveland, Co 80538	USA	\$0.00	\$50,000.00
Family Development International	Tanzania Non-Governmental Org					
	#1710/Tanz Societies				\$0.00	\$8,000.00
Generation of Youth for Christ	Reg #7506	PO Box 17	Mafinga, Iringa	TANZANIA		
Gospel Outreach	20-02921834	PO Box 3786	Ann Arbor, MI 48106	USA	\$0.00	\$25,000.00
Heritage Academy	58-6039864	435 Lifestyle Lane	Wildwood GA 30757	USA	\$0.00	\$5,000.00
Kiubi Development Corporation	62-1566104	23100 Clarkrange Hwy	Monterey, TN 38574	USA	\$0.00	\$6,500.00
Light Bearers Ministry	58-6039864	435 Lifestyle Lane	Wildwood GA 30757	USA	\$0.00	\$2,500.00
Living Springs Overseas Missions (Metro Lifestyle Ministries)	91-1320416	37457 Jasper Lowell Rd	Jasper OR 97438	USA	\$0.00	\$10,000.00
Marenn Parenn Pou Haiti	13-3301177	1768 CR 628	Roanoke AL 36274	USA	\$0.00	\$12,500.00
Missionary Assistance Plan (MAP)	20-0849247	42 Broadway, 20th Fl	New York NY 10004	USA	\$0.00	\$2,500.00
Ouachita Hills Academy	58-6039864	435 Lifestyle Lane	Wildwood GA 30757	USA	\$0.00	\$36,000.00
Vita Salus	71-0671050	PO Box 170	Amity AR 71921-8348	USA	\$0.00	\$12,500.00
R & H Guide Magazine	58-6039864	435 Lifestyle Lane	Wildwood GA 30757	USA	\$0.00	\$12,500.00
Riverside Farm Institute	SDA Church	55 W Oak Ridge Dr	Hagerstown MD 21740-7390	USA	\$0.00	\$2,500.00
Seminar Schloss Bogenhofen	58-6039864	435 Lifestyle Lane	Wildwood GA 30757	USA	\$0.00	\$10,000.00
Shelter from the Storm	SDA Church	Bogenhofen 1	4963 St Peter/Hart	AUSTRIA	\$0.00	\$5,000.00
Southern Adventist University	20-1114930	1500 SE 23rd Lane	Gainesville FL 32641	USA	\$0.00	\$7,000.00
Southern Adventist University-Archeology	62-0536733	PO Box 370	Collegedale, TN 37315	USA	\$0.00	\$5,000.00
Springs of Life Foundation	62-0536733	PO Box 370	Collegedale, TN 37315	USA	\$0.00	\$5,000.00
Springs of Life Foundation-Heating Sys	Polish Foundation #45503	Budy Zaslonia, Zrodiana	Mszczonow 96-320	POLAND	\$0.00	\$2,500.00
The Biblical World	Polish Foundation #45503	Budy Zaslonia, Zrodiana	Mszczonow 96-320	POLAND	\$0.00	\$12,500.00
Three Angels Broadcasting Network, Inc	02-0696885	PO Box 1384	Chino Hills, CA 91709	USA	\$0.00	\$12,500.00
Water for Life International	37-1179056	PO Box 220	Frankfort IL 62896	USA	\$0.00	\$50,000.00
Weimar Center for Health & Education	26-2242364	1312 N Monroe St	Spokane WA 99201	USA	\$0.00	\$5,000.00
Wildwood Lifestyle Center & Hospital	94-2423430	20601 W Paoli Lane	Weimar, Ca 95736	USA	\$0.00	\$25,000.00
Youth for Jesus	58-6039864	435 Lifestyle Lane	Wildwood GA 30757	USA	\$0.00	\$25,000.00
2010 - One Day School	ASI Project	12505 Old Columbia Pike	Silver Spring, MD 20904	USA	\$0.00	\$15,000.00
Total	ASI Project	12505 Old Columbia Pike	Silver Spring, MD 20904	USA	\$0.00	\$190,000.00
					\$0.00	\$1,617,459.15
					\$0.00	\$2,246,742.08
TOTAL EXPENSES					\$318,000.00	\$4,817,943.39