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**Return of Organization Exempt From Income Tax** 

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| A F                       | or the  | 2011 calendar year, or tax year beginning and en   | nding       |                              |  |
|---------------------------|---------|--|-------------|------------------------------|--|
| B C                       | heck if | C Name of organization   |             | D Employer identific         | ation number                                   |
| _                         | Addre   | ASI Mission's, Inc.  |             |                              |  |
| F                         | Name    |  |             | 52-13                        | 302275   |
| F                         | Initial |  | oom/suite   | E Telephone number           |  |
|                           | Termli  |  |             | (301)                        | 680-6450                                       |
|                           | Amen    |  |             | G Gross receipts \$          | 2,432,908                                      |
|                           | Applic  |  |             | H(a) Is this a group re      |  |
|                           | pendi   | F Name and address of principal officer: Harold J. Lance   |             | for affiliates?              | Yes X No                                       |
|                           |         | 5527 N Hayford Road, Spokane, WA 99224   |             | H(b) Are all affiliates Incl | uded? Wes No                                   |
| 1 1                       | Гах-ех  | empt status: X 501(c)(3) 501(c) ( )◀ (insert no ) 4947(a)(1) or                                    | <u></u> 527 | If "No," attach a l          | ist. (see instructions)                        |
|                           |         | e:▶ www.asiministries.org  |             | H(c) Group exemption         |  |
|                           |         | organization: X Corporation  | L Year      | of formation: 1982 M         | State of legal domicile M                      |
| PE                        | it H    | Summary  |             |                              | · - · <u>- · · · · · · · · · · · · · · · ·</u> |
| ģ                         | 1       | Briefly describe the organization's mission or most significant activities: $\overline{	ext{The}}$ | rgani       | zation's mis                 | ssion is to                                    |
| Governance                |         | fund projects for the Seventh-Day Adventis   |             |                              |  |
| E                         | 2       | Check this box 🕨 📖 if the organization discontinued its operations or dispose                      | ed of more  | 1 1                          |  |
| ò                         | 1       |  |             |                              |  |
| 8                         |         | Number of independent voting members of the governing body (Part VI, line 1b) $\dots$              |             |                              | 1  |
| ctivities &               | 5       | Total number of individuals employed in calendar year 2011 (Part V, line 2a)                       |             |                              |  |
| ₹.                        | 6       | Total number of volunteers (estimate if necessary)   |             |                              | - 4  |
| Act                       | 1       | Total unrelated business revenue from Part VIII, column (C), line 12                               |             |                              | 0  |
|                           | b       | Net unrelated business taxable income from Form 990-T, line 34                                     | <u></u>     |                              | 0  |
|                           |         | RECEIVED   | ]           | Prior Year                   | Current Year                                   |
| e                         | 8       | Contributions and grants (Part VIII, line 1h)  | ;           | 3,684,530.                   | 2,097,018                                      |
| Revenue                   | 9       | Program service revenue (Part VIII, line 2g)   |             | 11,069.                      | 10 055   |
| æ                         |         | Investment income (Part VIII, column (A), lines 3 & and 75 16 2.0. 2012                            | (           | 42,093.                      | 10,055<br>52,856                               |
|                           |         | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                           | <u> </u>    | 3,737,692.                   | 2,159,929                                      |
|                           |         | Total revenue - add lines 8 through 11 (must equal Part VIII-column (A), line 12)                  | <del></del> | 5,050,093.                   | 3,453,317                                      |
|                           | 13      | Grants and similar amounts paid (Part IX, column (A), lines 1:3)                                   |             | 0.                           | 0,433,317                                      |
|                           | 14      | Benefits paid to or for members (Part IX, column (A), line 4)                                      | ·           | 0.                           |  |
| Expenses                  | 1       | Professional fundraising fees (Part IX, column (A), line 11e)                                      | ├─          | 0.                           |  |
| per                       | i .     |  | o. Z        |                              | a 235 - 344 -                                  |
| ŭ                         |         | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                       |             | 30,041.                      | -46,257  |
|                           | 18      | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                          | `` —        | 5,080,134.                   | 3,407,060                                      |
|                           | 19      | Revenue less expenses. Subtract line 18 from line 12   |             | -1,342,442.                  | -1,247,131                                     |
| <u> </u>                  |         |  |             | ginning of Current Year      | End of Year                                    |
| Net Assets<br>Fund Balanc | 20      | Total assets (Part X, line 16)   |             | 8,933,237.                   | 7,857,782                                      |
| AS                        | 21      | Total liabilities (Part X, line 26)  |             | 255,875.                     | 238,201  |
| 훒                         | 22      | Net assets or fund balances. Subtract line 21 from line 20   |             | 8,677,362.                   | 7,619,581                                      |
| P                         | art II  | Signature Block  |             |                              |  |
| Und                       | er pen  | ities of perjury, I declare that I have examined this return, including accompanying schedules a   | and statem  | ents, and to the best of my  | knowledge and belief, it is                    |
| true                      | , corre | t, and complete  Declaration of preparer (other than officer) is based on all information of whic  | ch prepare  | has any knowledge.           |  |
|                           |         |  |             |                              |  |
| Sig                       | n       | Signature of officer   |             | Date                         | 0/12/  |
| Her                       | re      | A. Ramon Chow Danielles Da-1   | REA         | SU Rest                      | 2/19/201                                       |
|                           |         | Type or print name and title   |             | Data T                       | /  |
|                           | _       | Print/Type preparer's name Preparer's signature  |             | Date Check                   | PTIN   |
| Pald                      |         | Shelton Chambers   | L           | self-employe                 |  |
|                           | parer   | Firm's name Husch Blackwell LLP  |             | Firm's EIN ▶                 | 26-1688286                                     |
| Pre                       |         | Firm's address 736 Georgia Avenue, Suite 300   |             |                              |  |
| Pre                       | Only    |  |             | 1 4.4                        | 12 2CC PPAA                                    |
| Pre <sub>l</sub><br>Use   |         | Chattanooga, TN 37402  RS discuss this return with the preparer shown above? (see Instructions)    |             | Phone no. 4:                 | 23.266.5500<br>X Yes N                         |

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| orm   | 990 (2011) ASI MISSION'S, INC. 52-13022/5 Page 2  |
|-------|---|
| Par   | t ## Statement of Program Service Accomplishments   |
| 1     | Check if Schedule O contains a response to any question in this Part III  Briefly describe the organization's mission:  None  |
| •     | bling describe the organization of mission  |
|       |   |
|       |   |
|       |   |
| 2     | Did the organization undertake any significant program services during the year which were not listed on  |
|       | the prior Form 990 or 990-EZ?   |
|       | 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?  |
|       | If "Yes," describe these changes on Schedule O.   |
| 4     | Describe the organization's program service accomplishments for each of its three largest program services, as measured 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                              |
| 4a    | others, the total expenses, and revenue, if any, for each program service reported.  (Code ) (Expenses \$ 3,135,971 • including grants of \$ 3,135,971 • ) (Revenue \$) |
| 40    | (Code (Expenses \$ 3,133,971. including grants of \$ 3,133,971.) (Revenue \$ Funded 52 projects in the areas of health, education, evangelism and                       |
|       | child care (orphans). 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.  |
|       |   |
|       |   |
|       |   |
|       |   |
|       |   |
|       |   |
|       |   |
| 41    | (Code) (Expenses \$   |
| 4b    | (Code) (Expenses \$ 2/2,500. including grants of \$ 2/2,500.) (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 attending evangelism classes, visiting door to door, holding home  |
|       | Bible studies, and then conducting public evangelistic meetings,  |
|       | usually in the city where the North American ASI Convention is held.  |
|       |   |
|       |   |
|       |   |
|       |   |
|       |   |
|       |   |
| _     | (Code ) (Expenses \$ 44,846 • including grants of \$ 44,846 • ) (Revenue \$)  |
| 4c    | (Code) (Expenses \$44,846 • including grants of \$44,846 • ) (Revenue \$)  Evangelism DVD   |
|       | Evangerism byb  |
|       | 1   |
|       |   |
|       |   |
|       |   |
|       |   |
|       |   |
|       |   |
|       |   |
|       |   |
|       |   |
| 4d    | Other program services (Describe in Schedule O.)  |
|       | (Expenses \$ including grants of \$ ) (Revenue \$ )   |
| 4e    | Total program service expenses ► 3,453,317.   |
| 13200 | Form <b>990</b> (2011)  |

| •   |  |           | 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_        | Х          |  |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2         | Х          |  |
| 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_        |            | Х  |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect   |           |            | <u></u>  |
|     | during the tax year? If "Yes," complete Schedule C, Part II  | 4         |            | Х  |
| 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         |            | X  |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to  | _         |            | v  |
| _   | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6         |            | Х  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,  | -         |            | X  |
| _   | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7         |            | Α.   |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete   | 8         |            | X  |
|     | Schedule D, Part III  Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide  | 0         |            | 1 1  |
| 9   | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9         |            | Х  |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent  |           |            |  |
|     | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10        |            | X  |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X  |           |            |  |
|     | as applicable  |           |            |  |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  |           |            |  |
|     | Part VI  | 11a       |            | X  |
| 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       |            | X  |
| 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       | ļ          | X  |
| 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       |            | X  |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e       |            | Х  |
| f   | ,  |           |            | 17   |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f       | ļ <u>.</u> | X  |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  |           | ų,         |  |
|     | Schedule D, Parts XI, XII, and XIII  | 12a       | X          | <u> </u>   |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?  | 106       |            | Х  |
| 12  | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 12b<br>13 |            | X  |
|     | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a       |            | $\frac{x}{x}$                                    |
|     | Did the organization maintain an office, employees, or agents outside or the officed States:  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,          | 1-76      |            | <del>                                     </del> |
| U   | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000   |           |            |  |
|     | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b       |            | X  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization  |           |            | 1  |
|     | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV  | 15        | Х          |  |
| 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        |            | X  |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  |           |            |  |
|     | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17        |            | X  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   | 1         |            |  |
|     | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18        |            | X  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"   |           |            | _  |
|     | complete Schedule G, Part III  | 19        | <u> </u>   | X  |
|     | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a       | <u> </u>   | X  |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b       | 000        | <u>L</u>   |
|     |  | Form      | 990 (      | (2011)   |

| •   |   |       | Yes      | No        |
|-----|---|-------|----------|-----------|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the           |       |          |           |
|     | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                                     | 21    | X        |           |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,    |       |          |           |
|     | column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22    |          | X         |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current      |       |          |           |
|     | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete                  |       |          |           |
|     | Schedule J  | 23    |          | X         |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the         |       |          |           |
|     | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete              |       |          | ا ا       |
|     | Schedule K. If "No", go to line 25  | 24a   |          | X         |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                               | 24b   |          |           |
| C   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease            |       |          |           |
|     | any tax-exempt bonds?   | 24c   |          | <u> </u>  |
| d   | · · · · · · · · · · · · · · · · · · ·   | 24d   |          |           |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a              |       |          |           |
|     | disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a   |          | X         |
| b   | is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and      |       |          |           |
|     | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete           |       |          | l         |
|     | Schedule L, Part I  | 25b   |          | <u> X</u> |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified  |       |          | l         |
|     | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II                         | 26    |          | X         |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial            |       |          |           |
|     | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member             |       |          |           |
|     | of any of these persons? If "Yes," complete Schedule L, Part III  | 27    | ļ        | X         |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV               |       |          |           |
|     | instructions for applicable filing thresholds, conditions, and exceptions):   |       |          |           |
| а   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                         | 28a   |          | X         |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV      | 28b   |          | Х         |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, |       |          | ١.,       |
|     | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 28c   |          | X         |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                        | 29    | 1        | X         |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation     |       |          | .,        |
|     | contributions? If "Yes," complete Schedule M  | 30    |          | X         |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?  |       |          | .,        |
|     | If "Yes," complete Schedule N, Part I   | 31    |          | X         |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete                |       |          |           |
|     | Schedule N, Part II   | 32    | ļ        | Х         |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                      |       |          | v         |
|     | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33    | <u> </u> | X         |
| 34  | Was the organization related to any tax-exempt or taxable entity?   | ۱ ـ ـ | v        |           |
|     | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1   | 34    | X        | v         |
|     | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a   |          | X         |
| b   | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of       |       |          | v         |
|     | section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b   | ļ        | X         |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?      |       |          | v         |
|     | If "Yes," complete Schedule R, Part V, line 2   | 36    | -        | X         |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                |       |          | v         |
|     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                    | 37    | -        | X         |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?                   |       | v        |           |
|     | Note. All Form 990 filers are required to complete Schedule O   | 38    | X        | <u> </u>  |

Form **990** (2011)

| Par    |   |             |              |          |  |  |  |  |
|--------|---|-------------|--------------|----------|--|--|--|--|
| •      | Check if Schedule O contains a response to any question in this Part V  |             | 1            | <u> </u> |  |  |  |  |
|        |   | }           | Yes          | No       |  |  |  |  |
|        | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  1a 0  Enter the number of Forms W-3G included in line 1a. Enter -0- if not applicable  1b 0   |             |              |          |  |  |  |  |
|        | Effer the flumber of Forms W-2d included in time 1a. Lines -0-11 not applicable   |             |              |          |  |  |  |  |
| С      | 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.   |             |              |          |  |  |  |  |
|        | med for the calculate year offering with at within the year obvious by this retain.   | 2b          | ;            |          |  |  |  |  |
| D      | 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)   | -20         |              |          |  |  |  |  |
| 20     | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a          |              | х        |  |  |  |  |
|        | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  | 3b          |              |          |  |  |  |  |
|        | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a   |             |              |          |  |  |  |  |
| 70     | financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | 4a          |              | Х        |  |  |  |  |
| h      | If "Yes," enter the name of the foreign country   |             |              |          |  |  |  |  |
|        | See instructions for filling 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          |              | <u>x</u> |  |  |  |  |
| ь      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b          |              | X        |  |  |  |  |
|        | 10 TO | 5c          |              |          |  |  |  |  |
|        | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit   |             |              |          |  |  |  |  |
| -      | any contributions that were not tax deductible?   | 6a          |              | X_       |  |  |  |  |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts  |             |              |          |  |  |  |  |
|        | were not tax deductible?  | 6b          | ļ            | ļ        |  |  |  |  |
| 7      | Organizations that may receive deductible contributions under section 170(c).   |             | •            |          |  |  |  |  |
| а      | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?   | 7a          |              | X        |  |  |  |  |
| b      | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b          | <u> </u>     |          |  |  |  |  |
| C      | c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required   |             |              |          |  |  |  |  |
|        | to file Form 8282?  | 7c          |              | X        |  |  |  |  |
| d      | If "Yes," Indicate the number of Forms 8282 filed during the year   | _           |              |          |  |  |  |  |
| е      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e          |              | X        |  |  |  |  |
| f      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f          |              | X        |  |  |  |  |
| 9      | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7g          |              | X        |  |  |  |  |
| 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           |              | 1        |  |  |  |  |
| ٥      | Sponsoring organizations maintaining donor advised funds.   | "           |              |          |  |  |  |  |
| 9      | Did the organization make any taxable distributions under section 4966?   | 9a          | Ì            |          |  |  |  |  |
| a<br>h | Did the organization make any taxable distributions under section 4900?  Did the organization make a distribution to a donor, donor advisor, or related person?   | 9b          |              | İ        |  |  |  |  |
| 10     | Section 501(c)(7) organizations. Enter:   | <del></del> |              |          |  |  |  |  |
| a      | Initiation fees and capital contributions included on Part VIII, line 12  |             |              |          |  |  |  |  |
| b      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  | 1           |              |          |  |  |  |  |
| 11     | Section 501(c)(12) organizations. Enter:  |             |              |          |  |  |  |  |
| a      | Gross income from members or shareholders   |             |              |          |  |  |  |  |
| b      | Gross income from other sources (Do not net amounts due or paid to other sources against  |             |              |          |  |  |  |  |
|        | amounts due or received from them.)   |             |              |          |  |  |  |  |
| 12a    |   | 12a         | <u> </u>     |          |  |  |  |  |
| b      | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   |             |              |          |  |  |  |  |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.  |             | ļ            | <b></b>  |  |  |  |  |
| a      | Is the organization licensed to issue qualified health plans in more than one state?  | 13a         | ļ            | ļ        |  |  |  |  |
|        | Note. See the instructions for additional information the organization must report on Schedule O.   |             |              |          |  |  |  |  |
| b      |   |             |              |          |  |  |  |  |
|        | organization is licensed to issue qualified health plans  | -           |              | 1        |  |  |  |  |
| С      | Enter the amount of reserves on hand  | <u> </u>    | <del> </del> | · v      |  |  |  |  |
| 14a    | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a         | 1            | X        |  |  |  |  |
| b      | If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O   | 14b         | Ι.           | 1        |  |  |  |  |

Form **990** (2011)

ASI Mission's, Inc. 52-1302275 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 Νo 18 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 14 **b** Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? 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? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8a a The governing body? Х **b** Each committee with authority to act on behalf of the governing body? 8b 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 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete 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 Did the organization have a written conflict of interest policy? If "No," go to line 13 X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c X in Schedule O how this was done X 13 13 Did the organization have a written whistleblower policy? 14 Did 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 15a Х 15b **b** Other officers or key employees of the organization 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation

### Section C. Disclosure

| 17 | List the states with which a copy of this Form 990 is required to be filed   | ►Ì | M. | Г |
|----|--|----|----|---|
|    | LIST THE STATES WITH WHICH A CODY OF THIS FORTH 330 IS REQUIRED TO DE INEU P |    |    | _ |

exempt status with respect to such arrangements?

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

in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

Own website Another's website X Upon request

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization: |
|----|---|
|    | A. Ramon Chow - (301) 680-6449  |
|    | 12501 Old Columbia Pike, Silver Spring, MD 20904  |

01-23-12

Form 990 (2011)

16b

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

Check 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.

| X Check this box if neither the organization n | or any related    | orga                  | ınıza                 | tion     | cor          | nper                         | nsat     | ed any current officer, o       | director, or trustee. |  |
|--|-------------------|-----------------------|-----------------------|----------|--------------|------------------------------|----------|---------------------------------|-----------------------|--|
| (A)  | (B)               |                       |                       |          | C)           |                              |          | (D)                             | (E)                   | (F)  |
| Name and Title                                 | Average           | (40                   |                       |          | ition        | l<br>than                    |          | Reportable                      | Reportable            | Estimated  |
|  | hours per         | box                   | , unte                | ss pe    | rson         | s bot                        | h an     | compensation                    | compensation          | amount of  |
|  | week              | -                     | cer an                | dad      | irecto       | r/trus                       | tee)     | from                            | from related          | other  |
|  | (describe         | director              |                       |          |              |                              |          | the                             | organizations         | compensation                                     |
|  | hours for related | o o                   | 黟                     |          |              | sated                        |          | organization<br>(W-2/1099-MISC) | (W-2/1099-MISC)       | from the<br>organization                         |
|  | organizations     | Tuste                 | l trus                |          | 幺            | E E                          |          | (***27 1033-141100)             |                       | and related                                      |
|  | in Schedule       | Individual trustee or | institutional trustee | <u></u>  | 윮            | S 25                         | <br>  15 |                                 |                       | organizations                                    |
|  | O)                | ndiv                  | Instit                | Officer  | Key employee | Highest compensated employee | Former   |                                 |                       |  |
| (1) Harold J. Lane, Esq.                       |                   |                       |                       |          |              |                              |          |                                 | _                     | _  |
| President                                      | 8.00              | Х                     |                       | Х        |              | <u> </u>                     |          | 0.                              | 0.                    | 0.   |
| (2) Stan Smith                                 |                   |                       |                       |          | 1            |                              |          |                                 |                       | •  |
| VP for Finance                                 | 1.00              | X                     |                       | X        | _            |                              |          | 0.                              | 0.                    | 0.   |
| (3) Ramon Chow                                 |                   |                       |                       | <br>     |              |                              |          |                                 |                       |  |
| Secretary/Treasurer                            | 8.00              | X                     |                       | Х        |              | <u> </u>                     |          | 0.                              | 0.                    | 0.   |
| (4) Terry Anderson                             | 1 00              |                       |                       |          |              |                              |          |                                 |                       |  |
| Director                                       | 1.00              | X                     | <u> </u>              | Х        |              | _                            | _        | 0.                              | 0.                    | 0.   |
| (5) Debbie Young                               | 1                 |                       |                       |          |              |                              | ŀ        |                                 |                       | •  |
| Director                                       | 1.00              | X                     |                       |          |              | <u> </u>                     | _        | 0.                              | · 0 •                 | 0.   |
| (6) Dan Houghton                               | 1                 |                       |                       |          |              |                              |          |                                 |                       |  |
| Director                                       | 1.00              | X                     |                       |          |              | <u> </u>                     |          | 0.                              | 0.                    | 0.   |
| (7) Ellsworth McKee                            | 1 00              |                       |                       |          |              |                              |          |                                 |                       |  |
| Director                                       | 1.00              | X                     |                       |          |              | -                            |          | 0.                              | 0.                    | 0.   |
| (8) Blondel Senior                             | 1 00              | ,,                    |                       |          |              | -                            |          |                                 |                       | _  |
| Director                                       | 1.00              | X                     | $\vdash$              |          |              | -                            | _        | 0.                              | 0.                    | 0.   |
| (9) Carroll Shoffner                           | 1 00              |                       |                       |          |              |                              |          |                                 | 0.                    | _  |
| Director                                       | 1.00              | Х                     |                       | <u> </u> | ļ.—          | -                            |          | 0.                              | 0.                    | 0.   |
| (10) Denzil McNeilus                           | 9 00              | J.                    | 1                     |          |              |                              |          | 0.                              | 0.                    | 0.   |
| Vice President                                 | 8.00              | X                     | $\vdash$              |          |              | ├—                           |          | 0.                              | <u></u>               | <u> </u>   |
| (11) Garwin McNeilus                           | 1.00              | l.                    |                       |          |              |                              |          | 0.                              | 0.                    | 0.   |
| Director                                       | 1.00              | Х                     | -                     | _        | ┢            |                              | -        | 0.                              |                       | •  |
| (12) Larry Romrell                             | 1.00              | X                     |                       |          |              |                              |          | 0.                              | 0.                    | 0.   |
| Director                                       | 1.00              | ^                     |                       |          |              |                              |          | 0.                              | 0.                    | -  |
| (13) Radim Passer                              | 1.00              | X                     |                       |          |              |                              |          | 0.                              | 0.                    | 0.   |
| Director                                       | 1.00              | ^                     |                       |          | -            | 1                            |          | - 0.                            | 0.                    |  |
| (14) Rusty McKee                               | 1.00              | v                     |                       |          |              |                              |          | 0.                              | 0.                    | 0.   |
| Director                                       | 1.00              | ┢                     | -                     | ├        | $\vdash$     | -                            | -        | 0.                              | 0.                    | 0.   |
| (15) Volker Schmidt                            | 1.00              | v                     |                       |          |              |                              |          | 0.                              | 0.                    | 0.   |
| Director                                       | 1.00              | ^                     | $\vdash$              | $\vdash$ | $\vdash$     | ┼                            | -        | -                               | 0.                    | <del>                                     </del> |
| (16) Daniel Jackson                            | 1.00              | Y                     |                       |          |              |                              |          | 0.                              | 0.                    | 0.   |
| Director (17) West Prints                      | 1.00              | <b>↑</b> ^            | $\vdash$              | $\vdash$ | $\vdash$     | $\vdash$                     | ├─-      | <del> </del>                    |                       | <del>                                     </del> |
| (17) Tom Evans                                 | 1.00              | v                     |                       |          |              |                              |          | 0.                              | 0.                    | 0.   |
| Director                                       | 1.00              | IΛ                    | <u> </u>              | Ц_       |              | 1                            | Ц        |                                 | <u>V•</u>             | <u>V•</u>  |

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| Part VII Section A. Officers, Direct (A)  | (B)                 |  | _                                  |          | <b>C)</b>      |                              |       | (D)                      | (E)                |              | (F                                     | F)           |          |
|---|---------------------|--|------------------------------------|----------|----------------|------------------------------|-------|--------------------------|--------------------|--------------|--|--------------|----------|
| Name and title  | Average             |  |                                    | Pos      | ition          |                              |       | Reportable               | Reportable         |              | Estimated                              |              |          |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   | hours per           | box,   | (do not check n<br>oox, unless per |          |                | ıs bot                       | h an  | compensation             | compensation       |              | amou                                   | unt o        | f        |
|   | week                | <u> </u>                                     | cer an                             | dad      | recto          | or/trus                      | tee)  | from                     | from related       |              |  | ner          |          |
|   | (describe           | actor  |                                    |          |                | 1                            |       | the                      | organizations      |              | compe                                  |              |          |
|   | hours for related   | o d  | 88                                 |          |                | ated                         |       | organization             | (W-2/1099-MISC)    |              |  | the          |          |
|   | organizations       | ustee  | trustee                            |          | g <sub>R</sub> | gens                         |       | (W-2/1099-MISC)          |                    |              | organ<br>and re                        |              |          |
|   | in Schedule         | fual tr                                      | tonal                              |          | yold           | E col                        |       |                          |                    |              | organi                                 |              |          |
|   | O)                  | Individual trustee or director               | Institutional                      | Officer  | Кеу етріоуее   | Highest compensated employee | Forme |                          |                    |              | organii                                |              | _        |
| (18) Ken Denslow  | 1.00                | v  |                                    |          |                |                              |       | 0.                       |                    |              |  |              | 0.       |
| Director  | 1.00                | ^  |                                    |          | -              | H                            |       |                          |                    | +            |  | _            | <u> </u> |
|   |                     |  |                                    |          | -              |                              | _     |                          |                    | +            |  |              |          |
|   |                     |  |                                    |          |                |                              |       |                          |                    | ╽            |  |              |          |
|   |                     |  |                                    |          |                |                              |       |                          |                    |              |  |              |          |
|   |                     |  |                                    |          |                |                              |       | -                        |                    |              |  |              |          |
|   |                     |  |                                    |          |                |                              |       |                          |                    | +            |  |              |          |
|   |                     | _  |                                    |          |                | -                            |       |                          |                    | +            |  |              |          |
|   | u                   | L  |                                    |          |                |                              |       | _                        |                    | $\downarrow$ |  |              |          |
|   |                     |  |                                    |          |                |                              |       |                          |                    |              |  |              |          |
|   |                     |  |                                    |          |                |                              |       |                          |                    |              |  |              |          |
| 1b Sub-total  | 1                   | <u>.                                    </u> | <u> </u>                           | L        | J              | ▶                            |       | 0.                       |                    | ).           |  |              | 0 .      |
| c Total from continuation sheets to   | Part VII, Section A |  |                                    |          |                | $\blacktriangleright$        |       | 0.                       |                    | ).           |  |              | 0.       |
| d Total (add lines 1b and 1c)   |                     |  |                                    |          |                | <b>•</b>                     |       | 0.                       | 0                  | ).           |  |              | 0.       |
| 2 Total number of individuals (including compensation from the organization)                          | _                   | ose  | liste                              | ed a     | bov            | e) w                         | ho r  | eceived more than \$100  | ,000 of reportable |              |  |              | (        |
| compensation from the organizatio   |                     |  |                                    |          |                |                              |       |                          |                    |              | Y                                      | es           | No       |
| 3 Did the organization list any former  |                     |  | e, ke                              | ey er    | mple           | oyee                         | , or  | highest compensated e    | mployee on         |              |  |              | v        |
| line 1a? If "Yes," complete Schedul   |                     |  |                                    |          |                |                              |       |                          |                    | -            | 3                                      |              | X        |
| 4 For any individual listed on line 1a,   | ·                   |  | -                                  |          |                |                              |       |                          | the organization   |              | 4                                      | 1            | Х        |
| <ul><li>and related organizations greater the</li><li>Did any person listed on line 1a red</li></ul>  |                     |  |                                    |          |                |                              |       |                          | idual for een/icee | -            | 4                                      |              |          |
| 5 Did any person listed on line 1a rec<br>rendered to the organization? If "Ye                        | •                   |  |                                    |          |                | -                            | Сіаі  | ted organization or molv |                    |              | 5                                      |              | Х        |
| Section B. Independent Contractors  |                     |  |                                    |          |                |                              |       |                          |                    |              |  |              |          |
| <ol> <li>Complete this table for your five high<br/>the organization. Report compensation.</li> </ol> | •                   |  |                                    |          |                |                              |       |                          |                    | ensat        | tion fro                               | m            |          |
|   | (A)                 |  |                                    |          |                |                              |       | (B)                      |                    |              | (C)                                    |              |          |
| Name and b  | ousiness address    | NO   | INC                                | <u> </u> |                |                              |       | Description of s         | services           |              | mpens                                  | ation        | <u> </u> |
|   |                     |  |                                    |          |                |                              |       |                          | -*                 |              | ,                                      |              |          |
|   |                     |  |                                    |          |                |                              |       |                          |                    |              |  |              |          |
|   |                     |  |                                    |          |                |                              |       |                          |                    |              |  |              |          |
| -   |                     |  |                                    |          |                |                              |       |                          |                    |              |  |              |          |
|   |                     |  |                                    |          |                |                              |       |                          |                    |              |  |              |          |
| O Takal annah an afarah an adam   |                     |  |                                    | - ۵ ام   |                |                              | at -  | d above) when received a | age than           |              | ······································ |              |          |
| 2 Total number of independent contributions \$100,000 of compensation from the                        |                     | iot II                                       | mite                               | o 10     |                | ose II<br>O                  | stec  | u abovej who received h  | iore man           |              |  |              |          |
|   |                     |  |                                    |          |                |                              |       |                          |                    | F            | orm <b>9</b> 9                         | <b>90</b> (2 | 011      |

52-1302275 Form 990 (2011) Statement of Revenue Part VIII (D) (A) (B) (C) Revenue excluded from tax under sections 512, Related or Unrelated Total revenue exempt function business revenue revenue 513, or 514 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and  $|_{1f}|_{2,097,018}$ similar amounts not included above Q Noncash contributions included in lines 1a-1f \$  $\overline{\triangleright}$  2,097,018. Total. Add lines 1a-1f f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 10,055 10,055. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (II) Personal (ı) Real 6 a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns a 325,835 and allowances b Less: cost of goods sold 52,856. 52,856. Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d 159,929.62,911. Total revenue. See instructions 12

Form 990 (2011)

### 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)

|        | Check if Schedule O contains a respon  | nse to any question in thi | s Part IX                                     |                                     |  |
|--------|--|----------------------------|---|-------------------------------------|--|
|        | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.                         | (A)<br>Total expenses      | (B) Program service expenses                  | (C) Management and general expenses | (D) Fundraising expenses                     |
| 1      | Grants and other assistance to governments and   |                            |   |                                     | , , , , , , , , , , , , , , , , , , ,        |
| -      | organizations in the United States See Part IV, line 21  | 3,315,817.                 | 3,315,817.                                    |                                     |  |
| 2      | Grants and other assistance to individuals in  |                            | <u>,                                     </u> |                                     | <del>11 -11</del>                            |
| _      | the United States. See Part IV, line 22  |                            |   | [                                   |  |
| 3      | Grants and other assistance to governments,  | -                          | · <u>·</u>                                    |                                     |  |
| -      | organizations, and individuals outside the   |                            |   |                                     |  |
|        | United States See Part IV, lines 15 and 16   | 137,500.                   | 137,500.                                      |                                     |  |
| 4      | Benefits paid to or for members  | ,                          |   |                                     | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> |
| 5      | Compensation of current officers, directors,   |                            |   |                                     |  |
| •      | trustees, and key employees  |                            |   |                                     |  |
| 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 accruals and 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  |                            |   |                                     | <del></del>                                  |
| c      | Accounting   | 42,296.                    |   | 42,296.                             |  |
| d      | Lobbying   | 12,2300                    |   |                                     |  |
| e      | Professional fundraising services See Part IV, line 17   |                            |   |                                     |  |
| f      | Investment management fees   |                            |   |                                     |  |
| g<br>g |  | 2,910.                     |   | 2,910.                              |  |
| 12     | Advertising and promotion  |                            |   | _,                                  | · · · · · · · · · · · · · · · · · · ·        |
| 13     | Office expenses  | 13,537.                    |   | 13,537.                             | ******                                       |
| 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 24e If line |                            |   |                                     |  |
|        | 24e amount exceeds 10% of line 25, column (A)  |                            |   |                                     |  |
|        | amount, list line 24e expenses on Schedule 0) Bad Debt Exp. (see note                              | -105,000.                  |   | -105,000.                           |  |
| a      |  | -103,000.                  | <del></del>                                   | -103,000.                           |  |
| b      |  |                            | · · · · · - · · · · · · · · · · · · · ·       |                                     |  |
| C      |  | -                          |   |                                     |  |
| d      | All all and an analysis  | -                          |   |                                     |  |
|        | All other expenses   | 3,407,060.                 | 3,453,317.                                    | -46,257.                            | 0.   |
| 25     | Total functional expenses. Add lines 1 through 24e   | 3,407,000.                 | 3,433,31/.                                    | -40,257.                            | <u> </u>                                     |
| 26     | Joint costs Complete this line only if the organization  |                            |   |                                     |  |
|        | reported in column (B) joint costs from a combined   |                            |   |                                     |  |
|        | educational campaign and fundraising solicitation  |                            |   |                                     |  |
|        | Check here if following SOP 98-2 (ASC 958-720)   |                            |   |                                     |  |

| Par                         | tΧ  | Balance Sheet  |                          |     |  |
|-----------------------------|-----|--|--------------------------|-----|--|
| `                           |     |  | (A)<br>Beginning of year |     | (B)<br>End of year                     |
| -                           | 1   | Cash - non-interest-bearing  | 590,515.                 | 1   | 306,840.                               |
|                             | 2   | Savings and temporary cash investments                                   |                          | 2   | 6,602,036.                             |
|                             | 3   | Pledges and grants receivable, net                                       | 463,557.                 | 3   | 134,572.                               |
|                             | 4   | Accounts receivable, net   | 139,024.                 | 4   | 24,480.                                |
|                             | 5   | Receivables from current and former officers, directors, trustees, k     | ey                       |     |  |
|                             |     | employees, and highest compensated employees. Complete Part              | ı                        |     |  |
|                             |     | of Schedule L  |                          | 5   |  |
|                             | 6   | Receivables from other disqualified persons (as defined under sec        | tion                     |     |  |
|                             |     | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contrib     | uting                    |     |  |
|                             |     | employers and sponsoring organizations of section 501(c)(9) volun        | tary                     |     |  |
|                             |     | employees' beneficiary organizations (see instructions)                  |                          | 6   |  |
| Assets                      | 7   | Notes and loans receivable, net  |                          | 7   |  |
| Ass                         | 8   | Inventories for sale or use  | 557,893.                 | 8   | 789,854.                               |
| •                           | 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  | 7,182,248.               | 15  |  |
|                             | 16  | Total assets. Add lines 1 through 15 (must equal line 34)                | 8,933,237.               | 16  | 7,857,782.                             |
|                             | 17  | Accounts payable and accrued expenses                                    | 255,875.                 | 17  | 238,201.                               |
|                             | 18  | Grants payable   |                          | 18  |  |
|                             | 19  | Deferred revenue   |                          | 19  |  |
|                             | 20  | Tax-exempt bond liabilities  |                          | 20  |  |
| S                           | 21  | Escrow or custodial account liability Complete Part IV of Schedule       | D                        | 21  | ······                                 |
| Liabilities                 | 22  | Payables to current and former officers, directors, trustees, key en     | nployees,                |     |  |
| jabi                        |     | highest compensated employees, and disqualified persons. Comp            | lete 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 (including federal income tax, payables to related the | nird                     |     |  |
|                             |     | parties, and other liabilities not included on lines 17-24). Complete    | Part X of                |     |  |
|                             |     | Schedule D   | 255 255                  | 25  | 000 001                                |
|                             | 26  | Total liabilities. Add lines 17 through 25                               | 255,875.                 | 26  | 238,201.                               |
|                             | İ   | Organizations that follow SFAS 117, check here X and                     | complete                 |     |  |
| Ş                           |     | lines 27 through 29, and lines 33 and 34.                                | 1 100 613                |     | 1 100 606                              |
| auc                         | 27  | Unrestricted net assets  | 1,108,613.               | 1 1 | 1,108,626.                             |
| Bal                         | 28  | Temporarily restricted net assets  | 8,080,499.               | 28  | 6,510,955.                             |
| ᅙ                           | 29  | Permanently restricted net assets *See Note Below                        | _511,750.                | 29  | 0.                                     |
| Net Assets or Fund Balances |     | Organizations that do not follow SFAS 117, check here                    | and                      |     |  |
| 5                           |     | complete lines 30 through 34.  |                          |     |  |
| ets                         | 30  | Capital stock or trust principal, or current funds                       |                          | 30  |  |
| Ass                         | 31  | Paid-in or capital surplus, or land, building, or equipment fund         |                          | 31  | <del></del>                            |
| ě                           | 32  | Retained earnings, endowment, accumulated income, or other fun           | ds                       | 32  | 7 (10 501                              |
| Z                           | 33  | Total net assets or fund balances *See Note Below                        | 8,677,362.               |     | 7,619,581.                             |
|                             | 34  | Total liabilities and net assets/fund balances                           | 8,933,237.               | 34  | 7,857,782.                             |

\*Figure of -511,750 is due to a miscalculation on prior year's tax return, completed in house, by the taxpayer. The liabilities were incorrectly deducted from the Total net assets on Line 33b in 2010, which resulted in overstated net assets. Other than this adjustment, the prior year balance sheet figures on this page conform to what was filed in 2010.

| Form | 990 (2011) ASI Mission's, Inc.   | 52-      | 13022      | 75    | Pag   | e 12       |
|------|--|----------|------------|-------|-------|------------|
| Pa   | t XI Reconciliation of Net Assets  |          |            |       |       |            |
|      | Check if Schedule O contains a response to any question in this Part XI  |          |            |       |       | X          |
|      |  |          |            |       |       |            |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)  | 1        | 2,         | 159   | ,9    | 29.        |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2        | 3,4        | 107   | , 0   | <u>60.</u> |
| 3    | Revenue less expenses. Subtract line 2 from line 1   | 3        | -1,2       | 247   | , 1   | 31.        |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                          | 4        | 8,6        | 577   | , 3   | 62.        |
| 5    | Other changes in net assets or fund balances (explain in Schedule O)   | 5        |            |       |       | 50.        |
| 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        | 7,6        | 519   | , 5   | 81.        |
| Pai  | t XIII Financial Statements and Reporting  |          |            |       |       |            |
|      | Check 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 X Accrual Other  |          |            |       |       |            |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule     | 0.       |            |       |       |            |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                    |          | L          | 2a    |       | X          |
| b    | Were the organization's financial statements audited by an independent accountant?                                 |          |            | 2b    | X     |            |
| C    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audıt, |            |       | İ     |            |
|      | review, or compilation of its financial statements and selection of an independent accountant?                     |          | <u> </u>   | 2c    |       | X          |
|      | If the organization changed either its oversight process or selection process during the tax year, explain in Sch  | edule O  | [          | `   ' | · · ] |            |
| d    | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue  | d on a   |            |       |       |            |
|      | separate basis, consolidated basis, or both:   |          |            |       | - 1   |            |
|      | X Separate basis Consolidated basis Both consolidated and separate basis   |          | •          |       | -     |            |
| За   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Aud | dit        |       | - 1   |            |
|      | Act and OMB Circular A-133?  |          | <u>_</u> ; | 3a    |       | X          |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ  | ired aud | iit        |       | 1     |            |
|      | or audits, explain why in Schedule O and describe any steps taken to undergo such audits.                          |          | ;          | 3b    | i     |            |

Form **990** (2011)

### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

2011

Open to Public Inspection

**Employer identification number** 

Name of the organization

ASI Mission's, Inc. 52-1302275 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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. **b** Type II c \_\_\_\_ Type III - Functionally integrated 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). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section | (iv) Is the d<br>in col (i) lis<br>governing | sted in your | organizat | i notify the<br>ion in col<br>support? | (vi) Is<br>organizatio<br>(i) organiz<br>U S | the<br>on in col<br>ed in the | (vii) Amount of<br>support |
|------------------------------------|----------|---|--|--------------|-----------|--|--|-------------------------------|----------------------------|
|                                    |          | (see instructions))   | Yes  | No           | Yes       | No                                     | Yes  | No                            |                            |
|                                    |          |   |  |              |           |  |  |                               |                            |
|                                    |          |   |  |              |           |  |  |                               |                            |
|                                    |          |   |  |              |           |  |  |                               |                            |
|                                    |          |   |  |              |           |  |  |                               |                            |
|                                    |          |   |  |              |           |  |  |                               |                            |
|                                    |          |   |  |              |           |  |  |                               |                            |
|                                    |          |   |  |              |           |  |  |                               |                            |

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below,

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

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?

Provide the following information about the supported organization(s)

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

h

Yes

11g(i)

11g(ii)

11g(iii)

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.)

| Sec  | ction A. Public Support   |               |                       |                        |   |                     |                       |
|------|---|---------------|-----------------------|------------------------|---|---------------------|-----------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨                             | (a) 2007      | <b>(b)</b> 2008       | (c) 2009               | (d) 2010                                | (e) 2011            | (f) Total             |
| 1    | Gifts, grants, contributions, and                                     |               |                       |                        |   |                     |                       |
|      | membership fees received. (Do not                                     |               |                       |                        |   |                     |                       |
|      | include any "unusual grants.")  | 2717490.      | 2295192.              | 4823898.               | 3684530.                                | 2097018.            | 15618128.             |
| 2    | Tax revenues levied for the organ-                                    |               |                       |                        |   |                     |                       |
|      | ization's benefit and either paid to                                  |               |                       |                        |   |                     |                       |
|      | or expended on its behalf   |               |                       |                        |   |                     |                       |
| 3    | The value of services or facilities                                   |               |                       |                        |   |                     |                       |
|      | furnished by a governmental unit to                                   |               |                       |                        |   |                     |                       |
|      | the organization without charge                                       |               |                       |                        |   |                     |                       |
| 4    | Total. Add lines 1 through 3  | 2717490.      | 2295192.              | 4823898.               | 3684530.                                | 2097018.            | 15618128.             |
| 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)  |               |                       |                        | , , '.,l.dd##h:                         |                     |                       |
|      | Public support. Subtract line 5 from line 4                           |               |                       |                        |   |                     | 15618128.             |
| Sec  | ction B. Total Support  |               |                       |                        | <del></del>                             | ·                   |                       |
| Cale | ndar year (or fiscal year beginning in) 🕨                             | (a) 2007      | (b) 2008              | (c) 2009               | (d) 2010                                | (e) 2011            | (f) Total             |
| 7    | Amounts from line 4   | 2717490.      | 2295192.              | 4823898.               | 3684530.                                | 209/018.            | 15618128.             |
| 8    | Gross income from interest,   |               | !                     |                        |   |                     |                       |
|      | dividends, payments received on                                       |               |                       |                        |   |                     |                       |
|      | securities loans, rents, royalties                                    | 74 220        | 40 226                | 14 007                 | 11 060                                  | 10 055              | 150 667               |
|      | and income from similar sources                                       | 74,320.       | 42,336.               | 14,887.                | 11,069.                                 | 10,055.             | 152,667.              |
| 9    | Net income from unrelated business                                    |               |                       |                        |   |                     |                       |
|      | activities, whether or not the  |               |                       |                        |   |                     |                       |
|      | business is regularly carried on                                      |               |                       |                        |   |                     |                       |
| 10   | Other income. Do not include gain                                     |               |                       |                        |   |                     |                       |
|      | or loss from the sale of capital                                      | 224 240       | 240 024               | 244 520                | 274 242                                 | 225 025             | 1520070               |
|      | assets (Explain in Part IV.)  | 234,340.      | 349,924.              | 344,520.               | 2/4,243.                                | 323,033.            | 1528870.<br>17299665. |
|      | Total support. Add lines 7 through 10                                 | L             |                       |                        | l                                       | 12                  | 117299003.            |
| 12   | •   |               |                       |                        |   |                     |                       |
| 13   |   | _             | s tirst, secona, tnir | a, tourth, or titth ta | ax year as a sectio                     | n 501(c)(3)         | ▶□                    |
| Se   | organization, check this box and stop<br>ction C. Computation of Publ | ic Support Pe | rcentage              |                        |   |                     |                       |
|      | Public support percentage for 2011 (                                  |               |                       | column (fl)            |   | 14                  | 90.28 %               |
|      | Public support percentage from 2010                                   |               | -                     | Joidini (17)           |   | 15                  | 8390 %                |
|      | 33 1/3% support test - 2011. If the                                   |               |                       | n line 13 and line     | 14 is 33 1/3% or n                      |                     |                       |
| 100  | stop here. The organization qualifies                                 |               |                       |                        | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                     | ► X                   |
| ŀ    | 33 1/3% support test - 2010. If the                                   |               |                       |                        | l line 15 is 33 1/3%                    | 6 or more, check t  |                       |
|      | and stop here. The organization qua                                   |               |                       |                        |   | ,                   | ▶□                    |
| 17a  | 10% -facts-and-circumstances tes                                      |               |                       |                        | e 13, 16a, or 16b, a                    | and line 14 is 10%  | or more,              |
|      | and if the organization meets the "fac                                |               |                       |                        |   |                     |                       |
|      | meets the "facts-and-circumstances"                                   |               |                       |                        |   | J                   | ▶ 🗀                   |
| Ŀ    | 10% -facts-and-circumstances tes                                      |               |                       |                        |   | 17a, and line 15 is | 10% or                |
|      | more, and if the organization meets t                                 |               |                       |                        |   |                     |                       |
|      | organization meets the "facts-and-cir-                                |               |                       |                        |   |                     | ▶ □                   |
| 18   | Private foundation. If the organization                               |               |                       |                        |   |                     | ns 🕨 🗌                |
|      |   |               | -                     |                        | Sche                                    | edule A (Form 99    | 0 or 990-EZ) 2011     |

## Schedule A (Form 990 or 990-EZ) 2011 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.)  |

| Sec | tion A. Public Support  |                     |                       |                        |                   |          |                |                   |
|-----|---|---------------------|-----------------------|------------------------|-------------------|----------|----------------|-------------------|
|     | ndar year (or fiscal year beginning in) 🕨                               | (a) 2007            | <b>(b)</b> 2008       | (c) 2009               | (d) 2010          |          | (e) 2011       | (f) Total         |
|     | Gifts, grants, contributions, and                                       |                     |                       |                        |                   |          |                |                   |
|     | membership fees received. (Do not                                       |                     |                       |                        |                   |          |                |                   |
|     | include any "unusual grants.")  |                     |                       |                        |                   |          |                |                   |
| 2   | Gross receipts from admissions,   |                     | _                     |                        |                   |          |                |                   |
|     | merchandise sold or services per-                                       | <b>\</b>            |                       |                        |                   |          |                |                   |
|     | formed, 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 bus-                                      |                     |                       |                        |                   |          |                | 1                 |
|     | iness under section 513   |                     |                       |                        |                   |          |                |                   |
| 4   | Tax revenues levied for the organ-                                      |                     |                       |                        |                   |          |                |                   |
|     | ization's benefit and either paid to                                    |                     |                       |                        |                   |          |                |                   |
|     | or expended on its behalf   |                     |                       |                        |                   |          |                |                   |
| 5   | The value of services or facilities                                     |                     |                       |                        |                   | 1        |                |                   |
| -   | furnished by a governmental unit to                                     |                     |                       |                        |                   |          |                |                   |
|     | the organization without charge   |                     |                       |                        |                   |          |                |                   |
| A   | Total. Add lines 1 through 5  |                     | <u> </u>              | -                      |                   | 1        |                |                   |
|     | Amounts included on lines 1, 2, and                                     |                     |                       |                        |                   | 1        |                |                   |
| ı a | 3 received from disqualified persons                                    |                     |                       |                        |                   |          |                |                   |
| h   | 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  |                     |                       |                        | 1                 | +        |                |                   |
|     | Add lines 7a and 7b   |                     |                       |                        | <u> </u>          | +        |                |                   |
|     | Public support (Subtract line 7c from line 6)<br>etion B. Total Support | <u> </u>            | 1                     | £                      |                   | <u> </u> |                | 1                 |
|     |   | (-) 0007            | (F) 0000              | (-) 0000               | (A) 0010          | Т        | (a) 0011       | (6 Total          |
|     | ndar year (or fiscal year beginning in)                                 | (a) 2007            | <b>(b)</b> 2008       | (c) 2009               | (d) 2010          | +        | (e) 2011       | (f) Total         |
|     | Amounts from line 6   |                     |                       |                        |                   | +        |                |                   |
| ıva | Gross income from interest, dividends, payments received on             |                     |                       |                        |                   | 1        |                |                   |
|     | 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  | <u> </u>            | ļ                     |                        |                   | -        |                |                   |
|     | Add lines 10a and 10b   |                     |                       | 1                      |                   |          |                |                   |
| 11  | Net income from unrelated business activities not included in line 10b, |                     |                       | 1                      |                   |          |                |                   |
|     | 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                                | r the organization' | 's first, second, thu | rd, fourth, or fifth t | ax year as a sect | on 50    | 1(c)(3) organı | zation,           |
|     | check this box and stop here  |                     |                       |                        |                   |          |                | <b>▶</b> □        |
| Sec | ction C. Computation of Publ  | ic Support Pe       | ercentage             |                        |                   |          |                |                   |
| 15  | Public support percentage for 2011 (I                                   | ine 8, column (f) c | divided by line 13,   | column (f))            |                   | 15       |                | 9/                |
| 16  | Public support percentage from 2010                                     | ) Schedule A, Par   | t III, line 15        |                        |                   | 16       |                | %                 |
| Sec | ction D. Computation of Inves   | stment Incom        | ne Percentage         |                        |                   |          |                |                   |
|     | Investment income percentage for 20                                     |                     |                       |                        | •                 | 17       |                | %                 |
|     | Investment income percentage from 2                                     |                     |                       | .,,                    |                   | 18       |                | %                 |
|     | 33 1/3% support tests - 2011. If the                                    |                     |                       | on line 14, and lin    | e 15 is more than |          | 3%, and line   | 17 is not         |
| -   | more than 33 1/3%, check this box a                                     |                     |                       |                        |                   |          |                |                   |
| h   | 33 1/3% support tests - 2010. If the                                    |                     |                       |                        |                   |          | an 33 1/3%     | and               |
|     | line 18 is not more than 33 1/3%, che                                   |                     |                       |                        |                   |          |                |                   |
| 20  | Private foundation. If the organization                                 |                     |                       |                        |                   |          |                | ` <b>▶</b> □      |
|     | 22 01 24 12   | n did flot clicck a | . 20/ 01/ 11/0 17, 18 | , or 100, oncon t      |                   |          |                | 90 or 990-FZ) 201 |

### **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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

2011
Open to Public Inspection

**Employer identification number** Name of the organization ASI Mission's, Inc. 52-1302275 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 1 Total number at end of year Aggregate contributions to (during year) 2 3 Aggregate grants from (during year) Aggregate value at end of year 4 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? 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 Yes impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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 2a a Total number of conservation easements b Total acreage restricted by conservation easements 2b 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure 2d listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? 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

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Schedule D (Form 990) 2011

| Sche        | dule D (Form 990) 2011 ASI Miss   | sion's,          | Inc      |              |                |               |  |               | 52-13         | 02275             | Pa                    | ıge <b>2</b> |
|-------------|---|------------------|----------|--------------|----------------|---------------|--|---------------|---------------|-------------------|-----------------------|--------------|
|             | t III Organizations Maintaining Co  | ollections       | f Art    | t, Hist      | orical Tre     | easures,      | or Othe  | er Simil      | ar Asse       | <b>ls</b> (contii | nued)                 |              |
| 3           | Using the organization's acquisition, accession                                 |                  |          |              |                |               |  |               |               |                   |                       |              |
|             | (check all that apply):   |                  |          |              |                |               |  |               |               |                   |                       |              |
| а           | Public exhibition   |                  | d        | L            | oan or exch    | nange progra  | ams  |               |               |                   |                       |              |
| b           | Scholarly research  |                  | е        |              | Other          |               |  |               |               |                   |                       |              |
| С           | Preservation for future generations   |                  |          |              |                |               |  |               |               |                   |                       |              |
| 4           | Provide a description of the organization's co                                  | llections and e  | xplaın   | how the      | ey further th  | ne organizati | ion's exe  | mpt purp      | ose in Part   | XIV.              |                       |              |
| 5           | During the year, did the organization solicit or                                | receive donat    | ons of   | f art, his   | storical treas | sures, or oth | er sımıla  | r assets      |               |                   |                       |              |
|             | to be sold to raise funds rather than to be ma                                  | intained as pa   | t of th  | e organ      | ization's co   | llection?     |  |               |               | Yes               |                       | No           |
| Par         | t IV Escrow and Custodial Arrang  | gements. C       | omplet   | te if the    | organizatio    | n answered    | "Yes" to   | Form 990      | ), Part IV, I | ine 9, or         |                       |              |
|             | reported an amount on Form 990, Part  |                  |          |              |                |               |  |               |               |                   |                       |              |
| 1a          | Is the organization an agent, trustee, custodia                                 | an or other inte | rmedi    | ary for c    | contribution   | s or other as | ssets not  | ıncluded      |               | -                 | _                     | 1            |
|             | on Form 990, Part X?  |                  |          |              |                |               |  |               |               | Yes               |                       | No           |
| b           | If "Yes," explain the arrangement in Part XIV a                                 | and complete t   | he foll  | lowing t     | able:          |               |  | ۲             |               |                   |                       |              |
|             |   |                  |          |              |                |               |  | <u> </u>      | -             | Amount            |                       |              |
| c           | Beginning balance   |                  |          |              |                |               |  | 1c            |               |                   |                       |              |
| d           | Additions during the year   |                  |          |              |                |               |  | 1d            |               |                   |                       |              |
| е           | Distributions during the year   |                  |          |              |                |               |  | 1e            |               |                   |                       |              |
| f           | Ending balance  |                  |          |              |                |               |  | 1f            | L             | 1                 |                       | <del>-</del> |
| 2a          | Did the organization include an amount on Fo                                    | orm 990, Part X  | , line 2 | 21?          |                |               |  |               |               | Yes               | L                     | J No         |
| <u>b</u>    | If "Yes," explain the arrangement in Part XIV.                                  |                  |          |              |                |               |  |               |               |                   |                       |              |
| Pa          | * V Endowment Funds. Complete if  |                  |          |              |                |               |  |               |               | <del></del>       |                       |              |
|             | _   | (a) Current ye   | ear      | <b>(b)</b> P | rior year      | (c) Two yea   | irs back   | (d) Three     | years back    | (e) Four          | years                 | back         |
| 1a          | Beginning of year balance   |                  |          |              |                |               |  |               |               |                   | <del></del>           |              |
| b           | Contributions   |                  |          |              |                |               |  | <del></del> . |               |                   |                       |              |
| С           | Net investment earnings, gains, and losses                                      |                  |          |              |                |               |  |               |               |                   | <del>,,,,,,,,,,</del> | <del></del>  |
| d           | Grants or scholarships  |                  |          |              |                |               |  |               |               |                   |                       |              |
| е           | Other expenditures for facilities   |                  |          |              |                |               |  |               |               |                   |                       |              |
|             | and programs  |                  |          |              |                |               |  |               |               |                   |                       |              |
| f           | Administrative expenses   |                  |          |              |                |               |  |               |               | ,                 |                       |              |
| g           | End of year balance   |                  |          |              |                |               |  |               | <del></del>   | <u> </u>          |                       |              |
| 2           | Provide the estimated percentage of the curr                                    | ent year end b   | alance   |              | g, column (a   | a)) held as:  |  |               |               |                   |                       |              |
| а           | Board designated or quasi-endowment   |                  |          | _%           |                |               |  |               |               |                   |                       |              |
| b           | Permanent endowment   | %                |          |              |                |               |  |               |               |                   |                       |              |
| С           | Temporarily restricted endowment  |                  | _%       |              |                |               |  |               |               |                   |                       |              |
| _           | The percentages in lines 2a, 2b, and 2c shou                                    |                  |          |              |                |               |  |               |               |                   |                       |              |
| 3a          | Are there endowment funds not in the posses                                     | ssion of the or  | ganıza   | ition tha    | it are held a  | nd administ   | erea tor t                                       | ine organ     | ization       | ٦                 | V                     | <u>.</u>     |
|             | by:   |                  |          |              |                |               |  |               |               | 0-6               | Yes                   | No           |
|             | (i) unrelated organizations   |                  |          |              |                |               |  |               |               | 3a(i)             |                       |              |
|             | (ii) related organizations  |                  |          |              |                |               |  |               |               | 3a(ii)            |                       |              |
|             | If "Yes" to 3a(ii), are the related organizations                               | -                |          |              |                |               |  |               |               | 3b                |                       |              |
| Da.         | Describe in Part XIV the intended uses of the rt VI Land, Buildings, and Equipm |                  |          |              |                |               |  |               |               |                   | _                     |              |
| r-d1        |   | (a) Cos          |          |              |                | or other      | (c) A  | ccumulat      | ed            | (d) Bool          | k valu                |              |
|             | Description of property   | basis (in        |          |              |                | (other)       |  | preciation    |               | (u) book          | \ valu                | -            |
| 1.          | Land  | 2000 (11         |          | ,            | 24013          |               | <del>                                     </del> |               | ·             |                   |                       |              |
|             | Buildings   |                  |          |              |                |               |  |               |               |                   |                       |              |
| υ<br>C      | Leasehold improvements  |                  |          |              |                |               |  | - <u></u>     |               |                   | -                     |              |
| ت<br>ب      | Equipment   |                  |          |              |                |               |  |               |               |                   |                       | —            |
|             | Other   |                  |          |              |                |               |  |               |               |                   |                       |              |
| <del></del> |   |                  | O 1      |              | nn /D\ /rn = 1 | 10(=) )       | 1  |               |               |                   |                       | 0.           |

Schedule D (Form 990) 2011

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|                | dule D (Form 990) 2011 ASI MISSION'S, INC.  | A., -124 - 1-1 | Financial Ot 1      |                      | 1302273 Page 4 |
|----------------|---|----------------|---------------------|----------------------|----------------|
| ·              | TXI Reconciliation of Change in Net Assets from Form 990 to                                 | Audited        |                     | ement                | 2 150 020      |
| 1              | `Total revenue (Form 990, Part VIII, column (A), line 12)                                   |                | 1                   |                      | 2,159,929.     |
| 2              | Total expenses (Form 990, Part IX, column (A), line 25)                                     |                | 2                   |                      | 3,407,060.     |
| 3              | Excess or (deficit) for the year. Subtract line 2 from line 1                               |                | 3                   |                      | -1,247,131.    |
| 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                   |                      | 189,350.       |
| 8              | Other (Describe in Part XIV)  |                | 8                   |                      |                |
| 9              | Total adjustments (net). Add lines 4 through 8  |                | 9                   |                      | 189,350.       |
| 10             | Excess or (deficit) for the year per audited financial statements. Combine lines 3 an       | d 9            | 10                  |                      | -1,057,781.    |
| Pa             | TXII Reconciliation of Revenue per Audited Financial Stateme                                | ents With      | Revenue per         | Return               | <u> </u>       |
| 1              | Total revenue, gains, and other support per audited financial statements                    |                |                     | 1                    | 2,159,929.     |
| 2              | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                         |                |                     |                      |                |
| а              | Net unrealized gains on investments   | 2a             |                     | _                    |                |
| b              | Donated services and use of facilities  | 2ь             |                     |                      |                |
| c              | Recoveries of prior year grants   | 2c             |                     |                      |                |
| d              | Other (Describe in Part XIV.)   | 2d             |                     | 7                    |                |
| e              | Add lines 2a through 2d   |                |                     | 2e                   | 0.             |
| 3              | Subtract line 2e from line 1  |                |                     | 3                    | 2,159,929.     |
| 4              | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                        |                |                     | <del> </del>         | <u> </u>       |
| a              | Investment expenses not included on Form 990, Part VIII, line 7b                            | 4a             |                     |                      |                |
|                | Other (Describe in Part XIV.)   | 4b             |                     | 7                    |                |
| b              | Add lines 4a and 4b   | 70             |                     | 4c                   | 0.             |
| E .            | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)              |                |                     | 5                    | 2,159,929.     |
| D <sub>2</sub> | rt XIII Reconciliation of Expenses per Audited Financial Statem                             | ents With      | Expenses pe         |                      |                |
|                | Total expenses and losses per audited financial statements                                  | ionto ima      | Expositore po       | 1                    | 3,407,060.     |
| 1              | •   |                |                     |                      | 0,101,0000     |
| 2              | Amounts included on line 1 but not on Form 990, Part IX, line 25:                           | 2a             |                     |                      |                |
| a              |   | 2b             |                     | ㅓ                    |                |
| b              | · ·   | <del></del>    |                     | $\dashv$ $\parallel$ |                |
|                | Other losses  | 2c             |                     | -                    |                |
|                | Other (Describe in Part XIV.)   | 2d             |                     | ا 👡 ا                | 0.             |
| _              | Add lines 2a through 2d   |                |                     | 2e                   | 3,407,060.     |
| 3              | Subtract line 2e from line 1  |                |                     | 3                    | 3,407,000.     |
| 4              | Amounts included on Form 990, Part IX, line 25, but not on line 1:                          | 1.1            |                     |                      |                |
| а              | •   | 4a             |                     | -                    |                |
| b              | Other (Describe in Part XIV.)   | 4b             |                     | ┥. ╽                 | 0.             |
| С              | Add lines 4a and 4b   |                |                     | 4c                   |                |
| 5              | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)            |                |                     | 5                    | 3,407,060.     |
|                | rt XIV Supplemental Information   |                |                     |                      |                |
|                | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part I |                |                     |                      |                |
| X, Iır         | e 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com   | plete this pai | rt to provide any a | dditiona             | I information. |
|                |   |                |                     |                      |                |
|                |   |                |                     |                      |                |
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|                |   |                |                     |                      |                |

### **SCHEDULE F** (Form 990)

### **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990.

Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** 

| SI  | Mission's,                   | Inc.               |  |  | 52-13022                         | 75                      |
|-----|------------------------------|--------------------|--|--|----------------------------------|-------------------------|
| Par |                              |                    | ctivities Out                            | side the United States. Comple           | ete if the organization answered | 'Yes'                   |
|     | to Form 990, Part            | t IV, line 14b.    |  |  |                                  |                         |
| 1   | For grantmakers. Does        | the organization   | maintain record                          | ds to substantiate the amount of its gra |                                  |                         |
|     | the grantees' eligibility fo | or the grants or a | assistance, and f                        | the selection criteria used to award the | grants or assistance?            | Yes No                  |
|     |                              |                    |  |  |                                  |                         |
| 2   | For grantmakers. Desc        | ribe in Part V the | organization's i                         | procedures for monitoring the use of its | s grants and other assistance ou | tside the               |
|     | United States.               |                    |  |  |                                  |                         |
| 3   | Activities per Region. (Th   | ne following Part  | I, line 3 table ca                       | n be duplicated if additional space is n | needed)                          | ·                       |
|     | (a) Region                   | (b) Number of      | (c) Number of                            | (d) Activities conducted in region       | (e) If activity listed in (d)    | (f) Total               |
|     |                              | offices            | employees,<br>agents, and<br>independent | (by type) (e.g., fundralsing, program    | is a program service,            | expenditures<br>for and |
|     |                              | in the region      | Independent<br>contractors               | services, investments, grants to         | describe specific type           | investments             |
|     |                              |                    | in region                                | recipients located in the region)        | of service(s) in region          | in region               |
|     |                              |                    |  |  |                                  |                         |
|     |                              |                    |  | ]  |                                  |                         |
|     |                              |                    |  |  |                                  |                         |
|     |                              |                    |  |  |                                  |                         |
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|     | <u> </u>                     |                    |  |  |                                  |                         |
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|     |                              | <del></del>        |  |  |                                  |                         |
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|     |                              |                    |  |  |                                  |                         |
|     |                              | 1                  |  |  |                                  |                         |
|     |                              |                    |  |  |                                  | +                       |
|     | Sub-total                    | 0                  | 0  |  |                                  | 0.                      |
| b   | Total from continuation      | _                  |  |  |                                  |                         |
|     | sheets to Part I             | 0                  | 0  |  |                                  | 0-                      |
| С   | Totals (add lines 3a         | _                  |  |  |                                  |                         |
|     | and 3b)                      | 0                  |  |  |                                  | 0.                      |

132071 01-23-12

Schedule F (Form 990) 2011

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Page 2

52-1302275

ASI Mission's, Inc.

Schedule F (Form 990) 2011

| Part II | Part it 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<br>(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<br>valuation (book, FMV,<br>appraisal, other) |
|---|--|---------------------------|---|--------------------------|---------------------------------|-----------------------------------|--|---|
| *************************************** |  |                           | To assist with  |                          |                                 |                                   |  |   |
|   |  |                           | projects sponsored  |                          |                                 |                                   |  |   |
|   |  |                           | and operated by lay   |                          |                                 |                                   |  |   |
|   |  | Austria                   | people who are  | 5,000.Check              | Check                           | 0.                                |  | FMV   |
|   |  |                           | To assist with  |                          |                                 |                                   |  | _   |
|   |  |                           | projects sponsored  |                          |                                 |                                   |  |   |
|   |  |                           | and operated by lay   |                          |                                 |                                   |  |   |
|   |  | Poland                    | people who are  | 32,500.                  | 500.Check                       | 0.                                |  | PMV   |
|   |  |                           | To assist with  |                          |                                 |                                   |  |   |
|   |  |                           | projects sponsored  |                          |                                 |                                   |  |   |
|   |  |                           | and operated by lay   |                          |                                 |                                   |  |   |
|   |  | Canada                    | people who are  | 12,500.Check             | Check                           | 0                                 |  | FMV   |
|   |  |                           | To assist with  |                          |                                 |                                   |  |   |
|   |  |                           | projects sponsored  |                          |                                 |                                   |  |   |
|   |  |                           | and operated by lay   |                          |                                 |                                   |  |   |
|   |  | Canada                    | people who are  | 50,000.check             | Check                           | 0.                                |  | FMV   |
|   |  |                           | To assist with  |                          |                                 |                                   |  |   |
|   |  |                           | projects sponsored  |                          |                                 |                                   |  |   |
|   | ,  |                           | and operated by lay   |                          |                                 |                                   |  |   |
|   |  | <b>Tanzania</b>           | people who are  | 25,000.                  | 000.check                       | 0.                                |  | FMV   |
|   |  |                           | To assist with  |                          |                                 |                                   |  |   |
|   |  |                           | projects sponsored  |                          |                                 |                                   |  |   |
|   |  |                           | and operated by lay   |                          |                                 |                                   |  |   |
|   |  | Portugal                  | people who are  | 12,500.                  | 500.Check                       | 0.                                |  | FMV   |
|   | , ,,,  |                           |   |                          |                                 |                                   |  |   |
|   |  |                           |   |                          |                                 |                                   |  |   |
|   |  |                           |   |                          |                                 |                                   |  |   |
| 2 Enter total number of                 | f recipient organization                     | ns listed above that are  | Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by | foreign country,         | recognized as tax-e)            | cempt by                          |  | 9   |
| וופווא זכן כן נכען פווו                 | THE GLAINER OF COURSE                        | יייסטים א שטועטרוע פאוווש | the this, or for which the grantee of courtset has provided a section 50 (c)(3) equivalency retter  |                          |                                 | . 4                               |  |   |

See Part V for Column (d) descriptions 25 3 Enter total number of other organizations or entities

Schedule F (Form 990) 2011

52-1302275

Page 3

ASI Mission's, Inc.

Schedule F (Form 990) 2011 ASI I

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.

| <br>  | <br> | ]<br> | [ [ |  |   |   | 1 | 1 | • | ۱ –                        |
|---|------|-------|-----|--|---|---|---|---|---|----------------------------|
| (h) Method of valuation (book, FMV, appraisal, other) |      |       |     |  |   |   |   |   |   | Schedule F (Form 990) 2011 |
| (g) Description of non-cash assistance                |      |       |     |  |   |   |   |   |   | Schedu                     |
| (f) Amount of non-cash assistance                     |      |       |     |  |   | - |   |   |   |                            |
| (e) Manner of cash disbursement                       |      |       |     |  |   |   |   |   |   |                            |
| (d) Amount of cash grant                              |      |       |     |  |   |   |   |   |   |                            |
| (c) Number of recipients                              |      |       |     |  |   |   |   |   |   |                            |
| (b) Region  |      |       |     |  |   |   |   |   |   |                            |
| (a) Type of grant or assistance                       |      |       |     |  | · |   |   |   |   |                            |

Schedule F (Form 990) 2011

Yes X No

for Form 5713)

### 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, amounts of investments vs expenditures per region); 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.

Schedule F, Part I, Line 2: Periodic On-Site inspections are made by officers, board members, or volunteers.

Part II, Column (d):

Region: Austria

(d) Purpose of Grant: To assist with projects sponsored and operated by

lay people who are passionate about supporting the mission of the Seventh

Day Adventist Church.

Region: Poland

(d) Purpose of Grant: To assist with projects sponsored and operated by

lay people who are passionate about supporting the mission of the Seventh

Day Adventist Church.

Region: Canada

(d) Purpose of Grant: To assist with projects sponsored and operated by
lay people who are passionate about supporting the mission of the Seventh
Day Adventist Church.

Region: Canada

(d) Purpose of Grant: To assist with projects sponsored and operated by

lay people who are passionate about supporting the mission of the Seventh

Day Adventist Church.

Region: Tanzania

(d) Purpose of Grant: To assist with projects sponsored and operated by

lay people who are passionate about supporting the mission of the Seventh

Schedule F (Form 990) 2011

| Supplemental Information   Competition   C | Schedule F (Form 990) 2011 ASI Mission's, Inc.         | 52-1302275 Page <b>5</b>                    |
|--|--|---|
| Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); 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.  Day Adventist Church.  Region: Portugal  (d) Purpose of Grant: To assist with projects sponsored and operated by lay people who are passionate about supporting the mission of the Seventh  |  |   |
| amounts of investments vs. expenditures per region); 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.  Day Adventist Church.  Region: Portugal  (d) Purpose of Grant: To assist with projects sponsored and operated by lay people who are passionate about supporting the mission of the Seventh   |  | t I, line 3, column (f) (accounting method; |
| (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.  Day Adventist Church.  Region: Portugal  (d) Purpose of Grant: To assist with projects sponsored and operated by lay people who are passionate about supporting the mission of the Seventh  | ·  |   |
| Region: Portugal  (d) Purpose of Grant: To assist with projects sponsored and operated by  lay people who are passionate about supporting the mission of the Seventh   |  |   |
| Region: Portugal  (d) Purpose of Grant: To assist with projects sponsored and operated by  lay people who are passionate about supporting the mission of the Seventh   |  |   |
| (d) Purpose of Grant: To assist with projects sponsored and operated by lay people who are passionate about supporting the mission of the Seventh  | Day Adventist Church.                                  |   |
| (d) Purpose of Grant: To assist with projects sponsored and operated by lay people who are passionate about supporting the mission of the Seventh  |  |   |
| (d) Purpose of Grant: To assist with projects sponsored and operated by lay people who are passionate about supporting the mission of the Seventh  |  |   |
| (d) Purpose of Grant: To assist with projects sponsored and operated by lay people who are passionate about supporting the mission of the Seventh  |  |   |
| lay people who are passionate about supporting the mission of the Seventh  | Region: Portugal                                       | <del> </del>                                |
| lay people who are passionate about supporting the mission of the Seventh  | (d) Durnage of Grants Mo aggist with projects spongers | d and operated by                           |
|  | (d) Purpose of Grant: 10 assist with projects sponsore | d and operaced by                           |
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| Day Adventist Church.  | Tay people who are pubblohace about supporting the mis | Bion of the beventin                        |
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68 Schedule I (Form 990) (2011) **2** sponsored and operated by **Employer identification number** 52-1302275 lo assist with projects Open to Public OMB No 1545-0047 2011 Inspection (h) Purpose of grant lay people who are or assistance passionate about X Yes 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 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States O.FMV Grants and Other Assistance to Organizations, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. See Part IV for Column (h) descriptions (d) Amount of 3,315,817 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section 3 Enter total number of other organizations listed in the line 1 table
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. if applicable ASI Mission's, Inc. General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization See attached spreadsheet or government Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part Part

ASI Mission's, Inc. Schedule I (Form 990) (2011)

Part III Grants and Other

Page 2

52-1302275

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-<br>cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|--------------------------|--------------------------|---------------------------------------|---|--|
|   |                          |                          |                                       |   |  |
|   |                          |                          |                                       |   |  |
|   |                          |                          |                                       |   |  |
|   |                          |                          |                                       |   |  |
|   |                          |                          |                                       |   |  |
| Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. | de the information       | required in Part I,      | line 2, and any other                 | additional information.                               |  |
| Schedule I, Part I, Line 2: The gra   | grantees an              | are required to          |                                       | report progress to                                    |  |
| the Board prior to receiving the full   | ull amount               |                          | of their grants, which the            | which the   |  |
| board reviews prior to releasing the  | fu]]                     | amount of                | grant funds.                          | s. Periodic,  |  |
| on-site inspections are made to en  | ensure comp              | compliance.              |                                       |   |  |
|   |                          |                          |                                       |   |  |
| Part II, line 1, Column (h):  |                          |                          |                                       |   |  |
| Name of Organization or Government:   | See                      | attached spreadsheet     | eadsheet                              |   |  |
| (h) Purpose of Grant or Assistance:   | : To assist              | with                     | projects sp                           | sponsored   |  |
| and operated by lay people who are  | passionate               | about                    | supporting the                        | the   |  |
|   | ļ<br>!                   | 31                       |                                       |   | Schedule I (Form 990) (2011)           |

| Schedule I  | (Form | 990)      | 2011 | ASI                   | Miss | sion's | , Ind | <b>.</b> |          |                 |             | 52-1302275   | Page 2 |
|-------------|-------|-----------|------|-----------------------|------|--------|-------|----------|----------|-----------------|-------------|--------------|--------|
| Part IV     | Su    | ople      | ment | ASI<br>al Information | on   |        |       |          |          |                 |             |              |        |
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### SCHEDULE O (Form 990 or 990-EZ)

### 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.

2011
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ASI Mission's, Inc.

 $\begin{array}{c} \textbf{Employer identification number} \\ 52 - 1302275 \end{array}$ 

| Form 990, Part I, Line 1, Description of Organization Mission:  |
|---|
| organizations that support the mission of the Church.   |
| Form 990, Part VI, Section A, line 2: Garwin McNeilus, Director, is the   |
| father of Denzil McNeilus, Vice President and Director.   |
| Ellsworth McKee, Director, is the father of Russell "Rusty" McKee,  |
| Director.   |
| Form 990, Part VI, Section B, line 11: Form 990 was made available to the Board Members prior to filing and comments were requested.  |
| Form 990, Part VI, Section B, Line 12c: 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, Section B, Line 15: Compensation is commensurate with the pay scale policies of the General Conference of Seventh-Day Adventists.  |
| Form 990, Part VI, Section C, Line 19: The Organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request.  |
| Form 990, Part XI, line 5, Changes in Net Assets:  Prior period adjustments:  189,350.  |

Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

## 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.

2011 Open to Public Inspection

OMB No 1545-0047

Employer identification number 52-1302275

ASI Mission's, Inc.

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

| (e) (f) End-of-year assets Direct controlling entity |  |   |   |
|--|--|---|---|
| (e<br>End-of-ye                                      |  |   |   |
| (d)<br>Total income                                  |  |   |   |
| (c) Legal domicile (state or foreign country)        |  |   | - |
| (b) Primary activity                                 |  | - |   |
| (a) Name, address, and EIN of disregarded entity     |  |   |   |

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.) Part II

| (a)   | (q)                        | (c)                      | Ð           | (e)                | (£)                | (B)        | 625      |
|---|----------------------------|--------------------------|-------------|--------------------|--------------------|------------|----------|
| Name, address, and EIN                                      | Primary activity           | Legal domicile (state or | Exempt Code | Public charity     | Direct controlling | controlled | Z(U)(13) |
| of related organization                                     |                            | foreign country)         | section     | status (if section | entity             | entity?    | U        |
|   |                            |                          |             | 501(c)(3))         |                    | Yes        | No       |
| General Conference of SDA (ASI Division) -                  | To promote Seventh-Day     |                          |             |                    |                    |            |          |
| 52-0643036, 12501 Old Columbia Pike, Silver Adventist Chris | Adventist Christian        |                          |             |                    |                    |            |          |
| Spring, MD 20904  | values.                    |                          | 501(c)(3)   | 2                  |                    |            | ×        |
| Larry Sharley Institute for Evangelism -                    | To operate a Lay           |                          |             |                    |                    |            |          |
| 20-2447490, 231 Lake Griffin Road, Lady                     | Evangelism training school |                          |             |                    |                    |            |          |
| Lake, FL 32159  | for the SDA Church.        |                          | 501(c)(3)   | 2                  |                    |            | ×        |
| One Day Church Project - 27-3286425                         | ro help build Seventh-Day  |                          |             |                    |                    |            |          |
| 12501 Old Columbia Pike                                     | Adventist Churches around  |                          |             |                    |                    |            |          |
| Silver Spring, MD 20904                                     | the world.                 |                          | 501(c)(3)   |                    |                    |            | ×        |
|   |                            |                          |             |                    |                    |            |          |
|   |                            |                          |             |                    |                    |            |          |
|   |                            |                          |             |                    |                    |            |          |

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

132161 01-23-12 LHA

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Schedule R (Form 990) 2011

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Schedule R (Form 990) 2011 ASI Mission's, Inc.

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)   | (q)  | (c)   | (p)                            | (e)  | (   |                               |  | (£)                                     |  | 9                                    | S   |
|---|--|---|--------------------------------|--|---|-------------------------------|--|---|--|--------------------------------------|---|
| Name, address, and EIN<br>of related organization   | Primary activity                                   | Legal<br>domicile<br>(state or<br>foreign<br>country) | Direct controlling<br>entity   | Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | int income<br>inrelated,<br>m tax under<br>512-514) | Share of total<br>income      | Share of end-of-year a                         | Disproportion- ate allocations?  Yes No | Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | General or F<br>managing<br>partner? | General or Percentage<br>managing ownership<br>partner? |
|   |  |   |                                |  |   |                               |  |   |  |                                      |   |
|   |  |   |                                |  |   |                               |  |   |  |                                      |   |
|   |  |   |                                |  |   |                               |  |   |  |                                      |   |
|   | ,  |   |                                |  |   |                               |  |   |  |                                      |   |
| 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.) | janizations Taxable as<br>poration or trust during | s a Corpo   | ration or Trust (Corear.)      | mplete if the  | e organizatio                                       | on answered "Yes"             | to Form 990, Par                               | t IV, line 34                           | because it had or  | ie or more                           | related   |
| (a) Name, address, and EIN of related organization  | <u> 2</u> -  |   | <b>(b)</b><br>Primary activity |  | (c) Legal domicile (state or foreign country)       | (d) Direct controlling entity | (e) Type of entity (C corp. S corp., or trust) | (f)<br>Share of total<br>income         | (g) total Share of end-of-year assets                            |                                      | (h)<br>Percentage<br>ownership                          |
|   |  |   |                                |  |   |                               |  |   |  |                                      |   |
|   |  |   |                                |  |   | 1                             |  |   | _  |                                      |   |
|   |  |   |                                |  |   |                               |  |   |  |                                      |   |
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|   |  |   |                                |  |   |                               |  |   |  |                                      |   |
| 132162 01-23-12   |  |   |                                | 35   |   |                               |  |   | Schedule   | R (Form                              | Schedule R (Form 990) 2011                              |

Page 3

# Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

| <b>Note.</b> Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  |                            |                            |  | _              | Yes No   | ٥      |
|---|----------------------------|----------------------------|--|----------------|----------|--------|
| 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? | ns with one or more re     | lated organizations listed | in Parts II-IV?  |                |          |        |
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity  |                            |                            |  | 1a             | _        | ×      |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)  |                            |                            |  | 1b             | ×        |        |
| c Gift, grant, or capital contribution from related organization(s)   |                            |                            |  | <del>ر</del>   | _        | ×      |
|   |                            |                            |  | 10             |          | ×      |
|   |                            |                            |  | 1e             | _        | ×      |
|   |                            |                            | ł  |                |          |        |
| f Sale of assets to related organization(s)   |                            |                            |  | <b>=</b>       | -        | ×      |
| g Purchase of assets from related organization(s)   |                            |                            |  | 19             |          | ×      |
|   |                            |                            |  | 1h             |          | ×      |
| i Lease of facilities, equipment, or other assets to related organization(s)  |                            |                            |  | Ŧ              | _        | ×      |
|   |                            |                            |  |                |          |        |
| j Lease of facilities, equipment, or other assets from related organization(s)  |                            |                            |  | ÷              |          | ×      |
| k Performance of services or membership or fundraising solicitations for related organization(s)  | anization(s)               |                            |  | 녹              |          | ×      |
| I Performance of services or membership or fundraising solicitations by related organization(s)   | anization(s)               |                            |  | =              |          | ×      |
| m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   | tion(s)                    |                            |  | £              | $\dashv$ | ×      |
| n Sharing of paid employees with related organization(s)  |                            |                            | l.   | =              | ×        |        |
| Reimbilissement paid to related organization(s) for expenses  |                            |                            |  | <b>-</b>       |          | ×      |
|   |                            |                            | <u> </u>   | 1              | ŀ        | ×      |
| <ul> <li>P Heimbursement paid by related organization(s) for expenses</li> </ul>  |                            |                            | <b></b>  |                | -        | 4      |
| Other transfer of cash or property to related organization(s)     Other transfer of cash or property from related organization(s)                     |                            |                            |  | ₽ <del> </del> |          | ××     |
| If the answer to any of the above is "Yes," see the instructions for infor  | who must complete the      | is line, including covered | mation on who must complete this line, including covered relationships and transaction thresholds. |                |          |        |
| (a) Name of other organization  | (b) Transaction type (a-r) | (c)<br>Amount involved     | (d) Method of determining amount involved  |                |          |        |
|   |                            |                            |  | ,              | '        | ,      |
| (1) General Conference of SDA (ASI Division)  | Z                          | 44,333.                    | 333. Prorated; Value SDA provides  | des            | ASI      | $_{H}$ |
| (2) Larry Sharley Institute for Evangelism  | В                          | 807,888.Actual             | Actual amount transferred  |                |          | 1      |
| (3) One Day Church Project  | В                          | 1,275,557.                 | 557. Actual amount transferred   |                |          | 1      |
| (4)   |                            |                            |  |                |          |        |
| (5)   |                            |                            |  |                |          |        |
| . (9)   |                            |                            |  |                |          |        |
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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.

|  | ₹<br>8       | Percentage   | ·                    |      |   |   |   | <br>         |   | , |      |          |      |       |       |  |       |          |   | <br>Schedule R (Form 990) 2011 |
|--|--------------|--|----------------------|------|---|---|---|--------------|---|---|------|----------|------|-------|-------|--|-------|----------|---|--------------------------------|
| Ì  | 9            | anaging  | NO<br>Se             | <br> | ١ |   |   | <br>         |   |   | <br> | -        | <br> | -     | <br>  |  | <br>  | <u> </u> |   | <br>- F                        |
|  | €            | Dispropor- Code V-UBI General or Percentage tonate amount in box 20 managing ownership | (Form 1065)          |      |   |   |   | _            | • |   |      |          | ,    |       | <br>  |  | <br>_ |          |   | Schedule R                     |
|  | E            | propor-<br>onate   | 8<br>8               |      |   |   |   |              |   |   |      | 1        |      | -     |       |  |       |          |   | ]                              |
| F  |              | <u>용                                    </u>   | ۶                    | <br> |   | _ |   | <del>-</del> |   |   |      | -        | <br> | <br>+ | <br>  |  | <br>  |          | _ | <br>1                          |
|  | (6)          | Share of end-of-year   | assets               |      |   |   |   |              |   |   |      |          |      |       |       |  |       |          |   |                                |
|  | £            | Share of total   | Іпсоте               |      |   |   |   |              |   |   |      |          |      |       |       |  |       |          |   |                                |
| ŀ  |              | 9 partners sec<br>501(c)(3)<br>ones  | ž                    | <br> |   |   |   |              |   |   | <br> |          | <br> |       | <br>_ |  |       |          |   |                                |
| ا<br>ا   | چ<br>—       | 501(   | †) <del>/</del> es   | <br> |   |   |   |              |   | - |      | $\dashv$ | <br> | <br>+ | <br>  |  | <br>  | -        |   | <br>-                          |
| estment partnersnip  | <del>D</del> | (related, unrelated, 501(c)(3)   | under section 512-51 |      |   |   |   |              |   |   |      |          |      |       |       |  |       |          |   |                                |
| sion for certain inve  |              | Legal domicile<br>(state or foreign  |                      |      |   |   |   |              |   |   |      |          |      |       |       |  |       |          |   |                                |
| ructions regarding exciu   | <b>(</b> 2)  | Primary activity   |                      |      |   |   | i |              |   |   |      |          |      |       |       |  |       |          |   |                                |
| that was not a related organization. See instructions regarding exclusion for certain investment partnerships. | (e)          | Name, address, and EIN of entity   |                      |      |   |   |   |              |   |   |      |          |      |       |       |  |       |          |   |                                |

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| Schedule R (Form 990 | 0) 2011 ASI Mission's, Inc.   | 52-1302275 Page 5     |
|----------------------|---|-----------------------|
| Part VII Supple      | 0) 2011 ASI Mission's, Inc.<br>emental Information                                    |                       |
| Carrain Outble       | strierical fillorinación  | D (and instructions)  |
| Complet              | te this part to provide additional information for responses to questions on Schedule | n (see instructions). |
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