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Return of Organization Exempt From Income Tax

2011

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)Open to Public
Inspection

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

A For the 2011 calendar year, or tax year beginning , 2011, and ending

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C ADVANCING NATIVE MISSIONS PO BOX 5303 CHARLOTTESVILLE, VA 22905		D Employer Identification Number 75-2402759
			E Telephone number 540-456-7111
			G Gross receipts \$ 7,935,045.
	F Name and address of principal officer SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list (see instructions)
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: WWW.ADNAMIS.ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of Formation 1990	M State of legal domicile VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities	TO SEEK OUT, EVALUATE, AND SUPPORT NATIVE MISSIONS GROUPS WHO HAVE A CLEAR AND DEFINED EVANGELICAL STATEMENT OF FAITH, WHO ARE OPEN AND TRANSPARENT IN THEIR FINANCES, AND WHO ARE WORKING AMONG UNREACHED PEOPLE GROUPS.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	55
	6 Total number of volunteers (estimate if necessary)	6	30
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,108.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	108.
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	8,171,787.	7,811,486.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,004.	5,924.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	133,628.	32,356.
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,310,419.	7,849,766.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,685,392.	5,229,074.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,260,539.	1,529,826.
Expenses	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 181,637.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	953,275.	1,105,029.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,899,206.	7,863,929.
	19 Revenue less expenses. Subtract line 18 from line 12	411,213.	-14,163.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,449,589.	2,640,758.
	22 Net assets or fund balances. Subtract line 21 from line 20	61,499.	260,496.
		2,388,090.	2,380,262.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	DAVID F. THACKER Type or print name and title	CFO			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	GREGORY J. COOLEY, CPA	GREGORY J. COOLEY, CPA			P00288183
	Firm's name ▶ COOLEY AND ASSOCIATES PLC				
	Firm's address ▶ PO BOX 7967 CHARLOTTESVILLE, VA 22906-7967	Firm's EIN ▶ 31-1813080 Phone no (434) 975-2663			

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

☒ Yes ☐ No

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

TEEA0113L 08/18/11

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

1 Briefly describe the organization's mission:

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

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

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

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

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

4 Describe the 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 others, the total expenses, and revenue, if any, for each program service reported

4a (Code: ☐) (Expenses \$ 6,753,508. including grants of \$ 5,229,074.) (Revenue \$)
FUNDS ARE PROVIDED TO SEEK OUT, EVALUATE, AND SUPPORT NATIVE MISSIONS GROUPS WITH A
CLEAR AND DEFINED EVANGELICAL STATEMENT OF FAITH WHO ARE WORKING AMONG UNREACHED
PEOPLE GROUPS. WE SHARE INFORMATION ABOUT THESE NATIVE MISSIONS WITH EVANGELICAL
CHURCHES AND INDIVIDUALS IN NORTH AMERICA AND OTHER REGIONS OF THE WORLD WHO ARE
WILLING TO PRAY AND GIVE FOR THE ADVANCEMENT OF GOD'S KINGDOM THROUGH THESE
MINISTRIES. VISITING NATIVE MISSION LEADERS WORK WITH ANM TO DECLARE GOD'S WORD TO
THE CHURCHES OF NORTH AMERICA AND OTHER REGIONS AND INSPIRE THEM TO BE ACTIVELY
INVOLVED IN MISSIONS AT HOME AND ABROAD.

4b (Code: ☐) (Expenses \$ including grants of \$) (Revenue \$)4c (Code: ☐) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

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

4e Total program service expenses ▶ 6,753,508.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II		X
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		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	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		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		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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	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 (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

BAA

Form 990 (2011)

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 17	
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 55	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to file. (see instructions)	2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a X	
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If 'Yes,' enter the name of the foreign country. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?	9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) nonexempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b	

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

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

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. 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.	15	
1b Enter the number of voting members included in line 1a, above, who are independent	14	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9	X

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☒ Upon request

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W 2/1099-MISC)	(E) Reportable compensation from related organizations (W 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD BRAUN DIRECTOR	0	X						0.	0.	0.
(2) CARL A. GORDON SENIOR VP	40	X		X				2,271.	0.	9,967.
(3) BENJAMIN M. BARREDO, JR PRESIDENT	40	X		X				36,985.	0.	32,001.
(4) WILLIAM A. JAMES DIRECTOR	0	X						0.	0.	0.
(5) PHILIP ZODHIATES CHAIRMAN	0	X		X				0.	0.	0.
(6) DR. WES HOWARD DIRECTOR	0	X						0.	0.	0.
(7) SUZANNE THOMAS DIRECTOR	0	X						0.	0.	0.
(8) RONALD TILLET DIRECTOR	0	X						0.	0.	0.
(9) DAVID CLAWSON DIRECTOR	0	X						0.	0.	0.
(10) ARLIN D. MARTIN TREASURER	0	X		X				0.	0.	0.
(11) DR. DONALD RICHARDSON DIRECTOR	0	X						0.	0.	0.
(12) DAVID RILEY DIRECTOR	0	X						0.	0.	0.
(13) CHARLES DEEDS DIRECTOR	0	X						0.	0.	0.
(14) JOHN ELDER DIRECTOR	0	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) KATHY HASSELL DIRECTOR	0	X						0.	0.	0.
(16) CLAY STERRETT DIRECTOR	0	X						0.	0.	0.
(17) TERRY MCKINLEY DIRECTOR	0	X						0.	0.	0.
(18) RICHARD PRINS SENIOR VP	40			X				1,150.	0.	11,548.
(19) OLIVER L. ASHER, III EXEC VP & CEO	40			X				46,480.	0.	30,270.
(20) DANIEL REICHARD VICE PRESIDENT	40			X				5,166.	0.	27,405.
(21) DAVID F. THACKER CFO	32			X				42,248.	0.	3,231.
(22) DANNY MCALLISTER VICE PRESIDENT	40			X				42,350.	0.	11,548.
(23) NORRIS LEWIS SECRETARY	0			X				0.	0.	0.
(24) REV. C. GORDON SHIRA CHAPLAIN	40			X				2,210.	0.	0.
(25) VICTOR MORRIS EXEC VP	40			X				22,490.	0.	13,300.
1b Sub-total								178,860.	0.	125,970.
c Total from continuation sheets to Part VII, Section A								135,152.	0.	52,250.
d Total (add lines 1b and 1c)								314,012.	0.	178,220.

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

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

	Yes	No
3		X

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

4		X
---	--	---

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

5		X
---	--	---

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization		0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a 9,811.				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 7,801,675.				
	g Noncash contributions included in lns 1a-1f	\$ 907,806.				
	h Total. Add lines 1a-1f		7,811,486.			
PROGRAM SERVICE REVENUE	Business Code					
	2 a _____					
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		7,176.			7,176.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)		-1,252.			-1,252.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a 74,507.				
	b Less: cost of goods sold	b 43,075.				
	c Net income or (loss) from sales of inventory		31,432.	30,324.	1,108.	
Miscellaneous Revenue		Business Code				
11 a MISC NON-INVENTORY SALES		924.			924.	
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d		924.				
12 Total revenue. See instructions		7,849,766.	30,324.	1,108.	6,848.	

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 response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	481,104.	481,104.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	254,576.	254,576.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	4,493,394.	4,493,394.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	492,232.	257,081.	183,974.	51,177.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	696,426.	395,721.	243,111.	57,594.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	266,509.	177,431.	57,586.	31,492.
10 Payroll taxes	74,659.	41,850.	26,540.	6,269.
11 Fees for services (non-employees).				
a Management				
b Legal	4,725.		4,725.	
c Accounting	29,576.		29,576.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	35,747.	5,050.	30,697.	
12 Advertising and promotion	2,437.			2,437.
13 Office expenses	91,180.	34,063.	51,167.	5,950.
14 Information technology	31,441.		31,441.	
15 Royalties				
16 Occupancy	14,029.	5,503.	6,791.	1,735.
17 Travel	510,647.	450,147.	60,500.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	72,202.	22,560.	27,082.	22,560.
20 Interest	427.		427.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	43,123.		43,123.	
23 Insurance	28,852.	16,172.	10,257.	2,423.
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 O.)				
a OTHER MINISTRY SUPPORT	93,883.	93,883.		
b PRINTING AND PUBLICATIONS	53,635.	13,529.	40,106.	
c POSTAGE AND SHIPPING	44,629.	10,703.	33,926.	
d MEALS AND ENTERTAINMENT	13,776.	741.	13,035.	
e All other expenses	34,720.		34,720.	
25 Total functional expenses. Add lines 1 through 24e	7,863,929.	6,753,508.	928,784.	181,637.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	5,824.	1	
	2 Savings and temporary cash investments	1,162,544.	2	1,181,607.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	8,778.	4	7,682.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	28,510.	5	38,887.
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net	62,147.	7	61,472.
	8 Inventories for sale or use	172,290.	8	133,927.
	9 Prepaid expenses and deferred charges	18,336.	9	6,122.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 1,573,361.		
	b Less: accumulated depreciation	10b 373,103.	988,048.	10c 1,200,258.
	11 Investments — publicly traded securities	3,112.	11	6,282.
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	4,521.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,449,589.	16	2,640,758.	
LIABILITIES	17 Accounts payable and accrued expenses	36,209.	17	19,109.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	216,183.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	25,290.	25	25,204.
	26 Total liabilities. Add lines 17 through 25	61,499.	26	260,496.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	1,276,485.	27	1,269,709.
	28 Temporarily restricted net assets	1,111,605.	28	1,110,553.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,388,090.	33	2,380,262.
	34 Total liabilities and net assets/fund balances	2,449,589.	34	2,640,758.

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Form 990 (2011)

Part XI Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12) ..	1	7,849,766.
2	Total expenses (must equal Part IX, column (A), line 25) ..	2	7,863,929.
3	Revenue less expenses. Subtract line 2 from line 1	3	-14,163.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,388,090.
5	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	5	6,335.
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	2,380,262.

Part XII 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

ADVANCING NATIVE MISSIONS

Employer identification number

75-2402759

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

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

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

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

h Provide the following information about the supported organization(s)

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

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

Schedule A (Form 990 or 990-EZ) 2011

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	6,324,576.	6,641,285.	7,354,834.	8,171,787.	7,807,490.	36,299,972.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	6,324,576.	6,641,285.	7,354,834.	8,171,787.	7,807,490.	36,299,972.
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)						206,775.
6 Public support. Subtract line 5 from line 4						36,093,197.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	6,324,576.	6,641,285.	7,354,834.	8,171,787.	7,807,490.	36,299,972.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	44,209.	13,873.	8,576.	6,181.	7,176.	80,015.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				680.	1,108.	1,788.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) SEE PART IV	6,982.	-1,042.	31,954.	183,578.	66,021.	287,493.
11 Total support. Add lines 7 through 10						36,669,268.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	98.43 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	98.53 %
16a 33-1/3% support test— 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33-1/3% support test— 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test— 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test— 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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Schedule A (Form 990 or 990-EZ) 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.)

Section A. Public Support

Calendar year (or fiscal yr beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lns 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33-1/3% support tests— 2011. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐

b 33-1/3% support tests— 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

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

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545 0047

2011

Open to Public Inspection

Name of the organization

Employer identification number

ADVANCING NATIVE MISSIONS

75-2402759

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements.	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

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

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

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

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

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

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

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations

(ii) related organizations

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		185,959.		185,959.
b Buildings		736,382.	121,259.	615,123.
c Leasehold improvements				
d Equipment		145,047.	91,003.	54,044.
e Other		505,973.	160,841.	345,132.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,200,258.

BAA

Schedule D (Form 990) 2011

Part VII Investments – Other Securities. See Form 990, Part X, line 12. N/A

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

Part VIII Investments – Program Related. See Form 990, Part X, line 13. N/A

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

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)	

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED INTEREST	83.
(3) ACCRUED VACATION	24,435.
(4) PAYROLL TAXES PAYABLE	686.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	25,204.

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

SEE PART XIV

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	7,849,766.
2	Total expenses (Form 990, Part IX, column (A), line 25)	7,863,929.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-14,163.
4	Net unrealized gains (losses) on investments	-1,665.
5	Donated services and use of facilities	8,000.
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	
9	Total adjustments (net). Add lines 4 through 8	6,335.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-7,828.

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

1	Total revenue, gains, and other support per audited financial statements	1	7,896,901.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-1,665.
b	Donated services and use of facilities	2b	48,800.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	47,135.
3	Subtract line 2e from line 1	3	7,849,766.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,849,766.

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

1	Total expenses and losses per audited financial statements	1	7,904,729.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	40,800.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	40,800.
3	Subtract line 2e from line 1	3	7,863,929.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,863,929.

Part XIV Supplemental Information

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

PART X- FIN 48 FOOTNOTE

ON JANUARY 1, 2009, ANM ADOPTED FASB ASC TOPIC 740 OF THE CODIFICATION (ASC 740).

ANM HAS ANALYZED THE TAX POSITIONS TAKEN IN ITS FILINGS WITH THE INTERNAL REVENUE

SERVICE AND BELIEVES THAT ITS INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON

EXAMINATION. ANM DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A

MATERIAL ADVERSE AFFECT ON ITS FINANCIAL CONDITION, RESULTS OF OPERATIONS OR CASH

FLOWS. ACCORDINGLY, ANM HAS NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS FOR

INTEREST AND PENALTIES FOR UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2011.

Part XIV Supplemental Information (continued)**PART X - FIN 48 FOOTNOTE (CONTINUED)**

THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER,

THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. ANM BELIEVES IT IS

NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2008.

Part XIV Supplemental Information *(continued)*

Schedule F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

ADVANCING NATIVE MISSIONS

Employer identification number

75-2402759

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

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
PART V
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIB			PROGRAM SERVICE	HUMANITARIAN RELIEF, ORPHANAGES, CHURCHES	74,715.
(3) EAST ASIA/PACIFIC		1	PROGRAM SERVICES	HUMANITARIAN RELIEF, ORPHANAGES, CHURCHES	1,600,830.
(5) EUROPE		1	PROGRAM SERVICES	HUMANITARIAN RELIEF, ORPHANAGES, CHURCHES	817,990.
(7) MIDDLE EAST/N. AFRICA		1	PROGRAM SERVICES	HUMANITARIAN RELIEF, ORPHANAGES, CHURCHES	259,948.
(9) SOUTH AMERICA			PROGRAM SERVICES	HUMANITARIAN RELIEF, ORPHANAGES, CHURCHES	56,086.
(11) SOUTH ASIA		1	PROGRAM SERVICES	HUMANITARIAN RELIEF, ORPHANAGES, CHURCHES	1,126,355.
(13) SUB-SAHARAN AFRICA			PROGRAM SERVICES	HUMANITARIAN RELIEF, ORPHANAGES, CHURCHES	392,978.
(15) RUSSIA/NIS			PROGRAM SERVICES	HUMANITARIAN RELIEF, ORPHANAGES, CHURCHES	155,382.
(17) NORTH AMERICA			PROGRAM SERVICES	HUMANITARIAN RELIEF	9,110.
3a Sub-total		4			4,493,394.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	4			4,493,394.

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

Schedule F (Form 990) 2011

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' toForm 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. ☐

Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENTRAL AMERICA	OP SUPPRT	13,601.	WIRE			
(2)			CENTRAL AMERICA	OP SUPPRT	44,600.	CHECK			
(3)			EAST ASIA	OP SUPPRT	10,350.	WIRE			
(4)			EAST ASIA	OP SUPPRT	10,600.	WIRE			
(5)			EAST ASIA	OP SUPPRT	114,313.	WIRE	3,410.	MED SUPPL ETC.	FMV
(6)			EAST ASIA	OP SUPPRT	11,700.	WIRE			
(7)			EAST ASIA	OP SUPPRT	13,227.	WIRE	6,945.	MED SUPPLIES	FMV
(8)			EAST ASIA	OP SUPPRT	13,550.	WIRE			
(9)			EAST ASIA	OP SUPPRT	14,845.	WIRE			
(10)			EAST ASIA	OP SUPPRT	1,806.	CHECK	4,172.	MED SUPPLE ETC	FMV
(11)			EAST ASIA	OP SUPPRT	18,862.	WIRE	2,148.	MED SUPPLIES	FMV
(12)			EAST ASIA	OP SUPPRT	19,697.	WIRE	166,941.	MED SUPPLIES	FMV
(13)			EAST ASIA	OP SUPPRT	21,518.	WIRE			
(14)			EAST ASIA	OP SUPPRT	220.	WIRE	24,312.	MED SUPPLIES	FMV
(15)			EAST ASIA	OP SUPPRT	24,609.	CHECK	114,338.	MED SUPPL ETC	FMV
(16)			EAST ASIA	OP SUPPRT	24,851.	WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 03 Enter total number of other organizations or entities 74

BAA

Schedule F (Form 990) 2011

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) MINISTRIES DEVELOPMENT	EUROPE	5	93,488.	WIRE	14,681.	MED SUPPL, EQUIPMENT	FMV
(2) MINISTRIES DEVELOPMENT	SOUTH AMERICA	1	86.	WIRE			
(3) MINISTRIES DEVELOPMENT	CENTRAL AMERICA	1	12,090.	CHECK			
(4) MINISTRIES DEVELOPMENT	EAST ASIA/PACIFIC	18	362,211.	CHECK/WIRE	60.	MED SUPPL ETC.	FMV
(5) MINISTRIES DEVELOPMENT	MIDDLE EAST/N AFRICA	4	178,322.	WIRE			
(6) MINISTRIES DEVELOPMENT	RUSSIA	1	5,410.	WIRE			
(7) MINISTRIES DEVELOPMENT	SOUTH ASIA SUB-SAHARAN AFRICA	16	367,183.	CHECK/WIRE	100.	MED SUPPL ETC	FMV
(8) MINISTRIES DEVELOPMENT		10	175,000.	WIRE	12,145.	MED SUPPL ETC	FMV
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2011

Part IV Foreign Forms

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

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; 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 (see instructions).

PART I, LINE 2 - GRANTMAKERS EXPLANATION FOR MONITORING USE OF FUNDS OUTSIDE US

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

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EAST ASIA	OP SUPPRT	27,324.	WIRE	47,317.	MED SUPPLIES	FMV
				OP				MED SUPPL	
			EAST ASIA	SUPPRT OP	33,205.	WIRE	109,579.	ETC	FMV
			EAST ASIA	SUPPRT OP	38,346.	WIRE			
			EAST ASIA	SUPPRT OP	5,000.	WIRE			
			EAST ASIA	SUPPRT OP	5,550.	WIRE			
			EAST ASIA	SUPPRT OP	5,775.	WIRE			
			EAST ASIA	SUPPRT OP	6,700.	WIRE			
			EAST ASIA	SUPPRT OP	67,053.	CHECK			
			EAST ASIA	SUPPRT	6,910.	WIRE		MED	
			EAST ASIA	OP SUPPRT	7,070.	WIRE	607.	SUPPL ETC	FMV
			EAST ASIA	OP SUPPRT	75,100.	CHECK			
			EAST ASIA	OP SUPPRT	7,600.	WIRE			
			EAST ASIA	OP SUPPRT	7,622.	WIRE			
			EAST ASIA	OP SUPPRT	7,907.	WIRE			
			EAST ASIA	OP SUPPRT	8,830.	WIRE			
			EAST ASIA	OP SUPPRT	92,262.	WIRE			
			EUROPE	OP SUPPRT	12,432.	WIRE			
			EUROPE	OP SUPPRT	34,700.	WIRE			

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EUROPE	OP SUPPRT	6,011.	WIRE			
			EUROPE	OP SUPPRT	642,439.	WIRE			
			EUROPE	OP SUPPRT	7,500.	WIRE			
				OP				MED SUPPL	
			MIDDLE EAST	SUPPRT OP	3,373.	WIRE	70,603.	ETC	FMV
			MIDDLE EAST	SUPPRT OP	5,000.	WIRE			
			NORTH AMERICA	SUPPRT OP	9,110.	WIRE			
			RUSSIA	SUPPRT OP	120,667.	WIRE			
			RUSSIA	SUPPRT OP	25,485.	WIRE			
			SOUTH AMERICA	SUPPRT OP	17,275.	WIRE			
			SOUTH AMERICA	SUPPRT OP	38,726.	WIRE			
			SOUTH ASIA	SUPPRT OP	16,918.	WIRE			
			SOUTH ASIA	SUPPRT OP	18,091.	WIRE			
			SOUTH ASIA	SUPPRT OP	25,000.	WIRE			
			SOUTH ASIA	SUPPRT OP	56,879.	WIRE			
			SOUTH ASIA	SUPPRT OP	6,000.	WIRE			
			SOUTH ASIA	SUPPRT OP	6,000.	WIRE			
			SOUTH ASIA	SUPPRT OP	8,190.	WIRE			
			SOUTH ASIA	SUPPRT OP	8,500.	WIRE			

Part III Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SOUTH ASIA	SUPPRT OP	9,828.	WIRE			
			SOUTH ASIA	SUPPRT OP	133,464.	WIRE	43,228.	SUPPLIES	FMV
			SOUTH ASIA	SUPPRT OP	15,017.	WIRE			
			SOUTH ASIA	SUPPRT OP	17,611.	WIRE			
			SOUTH ASIA	SUPPRT OP	19,527.	WIRE			
			SOUTH ASIA	SUPPRT OP	20,167.	WIRE			
			SOUTH ASIA	SUPPRT OP	45,082.	WIRE			
			SOUTH ASIA	SUPPRT OP	50,679.	CHECK			
			SOUTH ASIA	SUPPRT OP	51,560.	WIRE			
			SOUTH ASIA	SUPPRT OP	5,400.	WIRE			
			SOUTH ASIA	SUPPRT OP	6,000.	WIRE			
			SOUTH ASIA	SUPPRT OP	6,100.	CHECK			
			SOUTH ASIA	SUPPRT OP	62,286.	WIRE			
			SOUTH ASIA	SUPPRT OP	7,665.	WIRE			
			SOUTH ASIA	SUPPRT OP	7,870.	WIRE			
			SOUTH ASIA SUB-SAH	SUPPRT OP	79,197.	WIRE			
			AFRICA SUB-SAH	SUPPRT OP	25,430.	WIRE			
			AFRICA SUB-SAH	SUPPRT OP	20,330.	WIRE			
			AFRICA SUB-SAH	SUPPRT OP	26,800.	WIRE			

(Schedule F (Form 990), Part II; line 1)

[illegible]

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

ADVANCING NATIVE MISSIONS

Employer identification number

75-2402759

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) <u>AM-UKRAINIAN EV FELLOW</u> <u>1526 14TH ST</u> <u>FRANKLINTON, LA 70438</u>	72-1334958	501 (C) (3)	57,380.	0.			OPERATING EXPENSES
(2) <u>ANGEL HOUSE</u> <u>2600 SAULINO CT</u> <u>DEARBORN, MI 48120</u>	72-1538930	501 (C) (3)	7,655.	0.			OPERATING EXPENSES
(3) <u>CHINA HARVEST</u> <u>PO BOX 12249</u> <u>WICHITA, KS 67277</u>	54-1852027	501 (C) (3)	45,198.	0.			OPERATING EXPENSES
(4) <u>CORNERSTONE MINISTRIES INT'L</u> <u>2660 W. WOODLAND DR STE 105</u> <u>ANAHEIM, CA 92801</u>	91-1550156	501 (C) (3)	5,300.	0.			OPERATING EXPENSES
(5) <u>DALIT FREEDOM NETWORK</u> <u>631 PENNSYLVANIA AVE SE</u> <u>WASHINGTON, DC 20003</u>	41-2075995	501 (C) (3)	6,730.	0.			OPERATING EXPENSES
(6) <u>DCU INTERNATIONAL</u> <u>4366 AUBURN BLVD STE 3</u> <u>SACRAMENTO, CA 95481</u>	20-8125876	501 (C) (3)	42,850.	0.			OPERATING EXPENSES
(7) <u>ELAM MINISTRIES</u> <u>5755 NORTHPOINT PKWY</u> <u>ALPHARETTA, GA 30022</u>	58-2134253	501 (C) (3)	89,400.	0.			OPERATING EXPENSES
(8) <u>CLEANING FOR THE WORLD</u> <u>7539 STAGE ROAD</u> <u>CONCORD, VA 24538</u>	54-1930105	501 (C) (3)	12,926.	9,368.	FMV	VARIOUS ITEMS	OPERATING EXPENSES

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 MINISTRY DEVELOPMENT	7	159,601.	94,975. FMV		MED SUPPL ETC.
2					
3					
4					
5					
6					
7					

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

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

THE ORGANIZATION REQUIRES DETAILED REPORTING FROM EACH INDIVIDUAL RECEIVING FUNDS,
INCLUDING RECEIPTS AND FINANCIAL REPORTS.

Continuation Sheet for Schedule I (Form 990)

2011.

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 1 of 1

Name of the organization		Employer identification number					
ADVANCING NATIVE MISSIONS		75-2402759					
Part III Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOBAL OPP FOR CHRIST PO BOX 4446 CHARLOTTESVILLE, VA 22905	54-1815340	501 (C) (3)	18,102.				OPERATING EXPENSES
HOPE AND HELP INTERNATIONAL PO BOX 23232 CHATTANOOGA, TN 37422	20-2177883	501 (C) (3)	6,500.				OPERATING EXPENSES
HOPE OF LIFE INTERNATIONAL 85 WHIPPLE ST PROVIDENCE, RI 02908	26-2061324	501 (C) (3)	5,312.				OPERATING EXPENSES
JOHN BROYLES TRUST 2839 BABE RUTH DR SAN JOSE, CA 95132	38-6807192		7,600.				OPERATING EXPENSES
OPERATION MOBILIZATION PO BOX 444 TYRONE, GA 30290	22-2513811	501 (C) (3)	5,300.				OPERATING EXPENSES
PLAINFIELD CHRISTIAN CHURCH 800 DAN JONES RD PLAINFIELD, IN 46168	35-6027502	501 (C) (3)	40,000.				OPERATING EXPENSES
PRESBYTERIAN MISSIONS INT'L 12330 CONWAY RD ST LOUIS, MO 63141	43-1475062	501 (C) (3)	56,746.				OPERATING EXPENSES
SALT VENTURES NFP 335 E GENEVA RD CAROL STREAM, IL 60188	20-8991904	501 (C) (3)	20,000.				OPERATING EXPENSES
SOUTH ASIAN FRIENDSHIP CENTER 6353 N TALMAN AVE CHICAGO, IL 60659	36-4177822	501 (C) (3)	6,500.				OPERATING EXPENSES
TCM INTERNATIONAL INST PO BOX 24560 INDIANAPOLIS, IN 46224	35-1117811	501 (C) (3)	38,237.				OPERATING EXPENSES

TEEA4001L 08/25/11

Schedule I Cont (Form 990) 2011

SCHEDULE L
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Transactions With Interested Persons**

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

OMB No 1545-0047

2011**Open to Public
Inspection**

Name of the organization

ADVANCING NATIVE MISSIONS

Employer identification number

75-2402759

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

► \$

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

► \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1) OLIVER ASHER, III		X		200.		X		X	X	
(2) AUTOMOBILE LEASE PMTS DUE										
(3) OLIVER ASHER, III		X	28,000.	28,070.		X		X	X	
(4) PERSONAL LOAN										
(5) OLIVER ASHER, III		X		617.		X		X		X
(6) CREDIT CARD ADVANCE										
(7) NORRIS LEWIS		X	10,000.	10,000.		X		X		X
(8) PERSONAL LOAN										
(9)										
(10)										
Total				► \$ 38,887.						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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

Schedule L (Form 990 or 990-EZ) 2011

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) AMY MCALLISTER	REL/OFFICER	22,504.	EMPLOYMENT COMP		X
(2) MARIA BARREDO	REL/OFFICER	25,762.	EMPLOYMENT COMP		X
(3) CECILIA TEMPLE	REL/OFFICER	35,065.	EMPLOYMENT COMP		X
(4) KATIE B MCALLISTER	REL/OFFICER	18,720.	EMPLOYMENT COMP		X
(5) BRENDA THACKER	REL/OFFICER	10,780.	EMPLOYMENT COMP		X
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2011

**Open To Public
Inspection**

Name of the organization

ADVANCING NATIVE MISSIONS

Employer identification number

75-2402759

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art				
2 Art – Historical treasures				
3 Art – Fractional interests				
4 Books and publications	X		16,290.	THRIFT SHOP
5 Clothing and household goods	X		73,512.	THRIFT SHOP
6 Cars and other vehicles	X	1	18,014.	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities – Publicly traded	X	6	42,204.	FMV
10 Securities – Closely held stock				
11 Securities – Partnership, LLC, or trust interests				
12 Securities – Miscellaneous				
13 Qualified conservation contribution – Historic structures				
14 Qualified conservation contribution – Other				
15 Real estate – Residential				
16 Real estate – Commercial				
17 Real estate – Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	50	590,646.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (SEE PART II _____)				
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

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

29

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

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

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

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

b If 'Yes,' describe in Part II

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

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2011

Part III **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

ADVANCING NATIVE MISSIONS

Employer identification number

75-2402759

990 PART VI, SECTION A, LINE 1A

THE TOTAL TOTAL NUMBER OF VOTING MEMBERS OF THE GOVERNING BODY IN PART VI SECTION A
LINE 1A DOES NOT AGREE WITH THE TOTAL NUMBER OF DIRECTORS LISTED IN PART VII SEC. A
COLUMN (A). THIS DISCREPANCY IS BECAUSE PART VI INSTRUCTIONS REQUIRE LISTING MEMBERS
OF THE GOVERNING BODY "AS OF THE END OF THE ORGANIZATION'S TAX YEAR" (990
INSTRUCTIONS, P. 19), WHILE PART VII INSTRUCTIONS STATE THAT "A DIRECTOR OR TRUSTEE
THAT SERVED AT ANY TIME DURING THE ORGANIZATION'S TAX YEAR IS DEEMED A CURRENT
DIRECTOR OR TRUSTEE" (990 INSTRUCTIONS PP. 24 AND 27).

990 PART VII, SECTION A

SEE NOTE ON 990 PART VI, SECTION A, LINE 1A (ABOVE).

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

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

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

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

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

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

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

2011

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

CLIENT 3350

ADVANCING NATIVE MISSIONS

75-2402759

FORM 990, PART XI, LINE 5
OTHER CHANGES IN NET ASSETS OR FUND BALANCESDONATED SERVICES AND USE OF FACILITIES
NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS

	\$	8,000.
		-1,665.
TOTAL	\$	<u>6,335.</u>

Depreciation and Amortization
(Including Information on Listed Property)

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

Name(s) shown on return

Advancing Native Missions

Identifying number

75-2402759

Business or activity to which this form relates

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

1	Maximum amount (see instructions)	1	500,000.00
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000.00
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12	13	

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	26,276.88

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

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	4,545.97
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶		

Section B-Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

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

Section C-Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	12,299.72
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations--see instructions	22	43,122.57
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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

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

24a Do you have evidence to support the business/investment use claimed?					24b If "Yes," is the evidence written?				
Yes No					Yes No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25		
26 Property used more than 50% in a qualified business use									
1999 Camry	5/24/02	100.00%	11,618.00	11,618.00	5.0	S/L MO			
See Schedule		%	100,326.32	100,326.32			12,299.72		
27 Property used 50% or less in a qualified business use:									
		%				S/L-			
		%				S/L-			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	12,299.72	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29		

Section B-Information on Use of Vehicles

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

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

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

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

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

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Part V: Depreciation of Automobiles and Other Listed Property

Asset	(a) Property Description	(b) Date In Service	(c) Bus Pct	(d) Tax Cost	(e) Tax - Basis for Depr	(f) Tax Period	(g) Tax-Meth Conv	(h) Tax Depr Deduction	(i) Tax Sec 179 Exp
<u>Property Used More than 50%</u>									
169	2001 Ford Van Windstar	3/19/04	100 00	10,612.70	10,612 70	5 0	S/L-MO	0.00	0 00
171	2002 Chevy Express Van	4/12/04	100 00	15,129 50	15,129 50	5 0	S/L-MO	0 00	0 00
209	2000 Ford Windstar	4/04/08	100.00	4,310 00	4,310 00	5 0	S/L-MO	862 00	0 00
210	2003 Ford Escape	7/08/08	100 00	6,620 00	6,620 00	5 0	S/L-MO	1,324 00	0 00
211	2005 Toyota Camry	3/24/08	100 00	13,052 00	13,052 00	5 0	S/L-MO	1,775 00	0 00
215	1999 Honda Odyssey	9/20/10	100 00	5,363 60	5,363 60	5 0	S/L-MO	1,072 72	0 00
230	2011 Toyota Camry	1/03/11	100 00	18,014 00	18,014 00	5 0	S/L-MO	3,060 00	0.00
231	2010 Toyota Sienna	4/05/11	100.00	21,494 52	21,494.52	5 0	S/L-MO	3,060 00	0 00
212	2000 GMC Yukon XL	11/06/08	100 00	5,730 00	5,730 00	5.0	S/L-MO	1,146 00	0.00
				<u>100,326 32</u>	<u>100,326 32</u>			<u>12,299.72</u>	<u>0.00</u>

Part V - Section B Information Regarding Use of Vehicles

Asset	Property Description	Business Miles	Commute Miles	Personal Miles	Total Miles	Personal Use	Use by > 5% Owner	Another Veh Use
215	1999 Honda Odyssey	0	0	0	0			
230	2011 Toyota Camry	0	0	0	0			
231	2010 Toyota Sienna	0	0	0	0			
212	2000 GMC Yukon XL	0	0	0	0	N	N	N

Form 4562 Worksheet

All Business Activities

Part II - Special Depreciation Allowance and Other Depreciation

Asset	(a) Property Description	(b) Date In Service	(c) Tax Basis	(d) Prior Depreciation	(e) Tax Method	(f) Tax Period	(g) Tax Depr Deduction
<u>ACRS and/or Other Depreciation</u>							
126	10X12 Wood Siding Storage Buildi	9/03/99	1,248.78	943.50	S/L	15.0	83.25
181	Furniture	10/25/05	1,752.52	1,293.53	S/L	7.0	250.36
182	Blinds, wallhangings	10/04/05	1,674.67	1,256.01	S/L	7.0	239.24
183	Wallhangings, chairs	10/04/05	384.41	288.33	S/L	7.0	54.92
184	Office Furnishings	10/21/05	614.49	453.53	S/L	7.0	87.78
185	Sofa, Desk, Bookcases	10/28/05	2,484.92	1,834.11	S/L	7.0	354.99
186	Wallhangings, etc	11/17/05	1,270.87	922.88	S/L	7.0	181.55
187	New Office Building	11/15/05	547,143.13	72,484.77	S/L	39.0	14,029.31
188	Fire System	2/14/06	2,739.58	2,693.94	S/L	5.0	45.64
189	Telephone Sys/Upgrade	3/29/06	5,581.94	3,787.74	S/L	7.0	797.42
190	Conference Room Screen	3/08/06	2,040.00	1,972.00	S/L	5.0	68.00
191	Folding Machine	2/28/06	4,600.00	4,446.67	S/L	5.0	153.33
192	Signs	10/18/06	2,060.00	1,716.67	S/L	5.0	343.33
193	Computer	11/01/06	1,423.80	1,186.50	S/L	5.0	237.30
194	OFFICES IN WHSE	3/01/06	10,013.16	1,240.96	S/L	39.0	256.75
195	Computer	11/02/06	1,423.80	1,186.50	S/L	5.0	237.30
196	Dell Computer	6/22/06	1,140.30	1,026.27	S/L	5.0	114.03
197	Dell Computer I6400	5/19/06	723.45	663.16	S/L	5.0	60.29
198	Dell Computer	8/31/06	1,086.74	941.85	S/L	5.0	144.89
199	Dell E521	11/06/06	778.00	648.33	S/L	5.0	129.67
200	Server and Licenses	9/11/06	4,544.25	3,938.35	S/L	5.0	605.90
201	1999 International Truck	9/25/07	14,573.24	9,472.61	S/L	5.0	2,914.65
202	2 Dell Quad Core Xeon Processors	3/20/07	4,972.58	3,729.45	S/L	5.0	994.52
203	Server-APC Smart-UPS XL	3/22/07	2,007.23	1,505.43	S/L	5.0	401.45
205	Multimedia Projector	8/13/07	1,818.00	1,242.30	S/L	5.0	363.60
206	Sever File for Assets/Ins Records	11/09/07	1,766.99	1,119.10	S/L	5.0	353.40
207	Sealing Machine	3/12/08	1,600.00	647.62	S/L	7.0	228.57
208	Sonic Firewall	9/08/08	2,998.19	2,331.93	S/L	3.0	666.26
213	Parking Lot Lights	10/19/09	2,689.75	209.21	S/L	15.0	179.32
214	Porch Ceiling	1/15/10	1,933.33	49.57	S/L	39.0	49.57
216	Boat (donated)	4/15/10	1,500.00	112.50	S/L	10.0	150.00
217	Boat trailer (donated)	4/15/10	500.00	37.50	S/L	10.0	50.00
218	Boat Motor	4/21/10	4,240.00	282.67	S/L	10.0	424.00
220	Portable Sound System	1/17/11	3,464.84	0.00	S/L	5.0	635.22
221	Apple Laptop Computer	4/12/11	2,607.15	0.00	S/L	5.0	391.07
			<u>641,400.11</u>				<u>26,276.88</u>

Part III - MACRS Depreciation

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

Part V: Depreciation of Automobiles and Other Listed Property

Asset	(a) Property Description	(b) Date In Service	(c) Bus Pct	(d) Tax Cost	(e) Tax - Basis for Depr	(f) Tax Period	(g) Tax-Meth Conv	(h) Tax Depr Deduction	(i) Tax Sec 179 Exp
<u>Property Used More than 50%</u>									
157	1999 Camry	5/24/02	100.00	11,618.00	11,618.00	5.0	S/L-MO	0.00	0.00
169	2001 Ford Van Windstar	3/19/04	100.00	10,612.70	10,612.70	5.0	S/L-MO	0.00	0.00
171	2002 Chevy Express Van	4/12/04	100.00	15,129.50	15,129.50	5.0	S/L-MO	0.00	0.00
209	2000 Ford Windstar	4/04/08	100.00	4,310.00	4,310.00	5.0	S/L-MO	862.00	0.00
210	2003 Ford Escape	7/08/08	100.00	6,620.00	6,620.00	5.0	S/L-MO	1,324.00	0.00
211	2005 Toyota Camry	3/24/08	100.00	13,052.00	13,052.00	5.0	S/L-MO	1,775.00	0.00
215	1999 Honda Odyssey	9/20/10	100.00	5,363.60	5,363.60	5.0	S/L-MO	1,072.72	0.00
230	2011 Toyota Camry	1/03/11	100.00	18,014.00	18,014.00	5.0	S/L-MO	3,060.00	0.00

Form 4562 Worksheet

FYE: 12/31/2011

All Business Activities

(Continued..)

Asset	(a) Property Description	(b) Date In Service	(c) Bus Pct	(d) Tax Cost	(e) Tax - Basis for Depr	(f) Tax Period	(g) Tax-Meth Conv	(h) Tax Depr Deduction	(i) Tax Sec 179 Exp
231	2010 Toyota Sienna	4/05/11	100.00	21,494.52	21,494.52	5.0	S/L-MO	3,060.00	0.00
212	2000 GMC Yukon XL	11/06/08	100.00	5,730.00	5,730.00	5.0	S/L-MO	1,146.00	0.00
				<u>111,944.32</u>	<u>111,944.32</u>			<u>12,299.72</u>	<u>0.00</u>

Part V - Section B Information Regarding Use of Vehicles

Asset	Property Description	Business Miles	Commute Miles	Personal Miles	Total Miles	Personal Use	Use by > 5% Owner	Another Veh Use
157	1999 Camry	0	0	0	0			
169	2001 Ford Van Windstar	0	0	0	0			
171	2002 Chevy Express Van	0	0	0	0			
209	2000 Ford Windstar	0	0	0	0			
210	2003 Ford Escape	0	0	0	0			
211	2005 Toyota Camry	0	0	0	0			
215	1999 Honda Odyssey	0	0	0	0			
230	2011 Toyota Camry	0	0	0	0			
231	2010 Toyota Sienna	0	0	0	0			
212	2000 GMC Yukon XL	0	0	0	0	N	N	N

2011

Name of the Organization

ADVANCING NATIVE MISSIONS

Employer Identification number

75-2402759

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

[illegible]

2011

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT 3350

ADVANCING NATIVE MISSIONS

75-2402759

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2011	2010	2009	2008	2007
OTHER INCOME	66,021.	183,578.	31,954.	-1,042.	6,982.
TOTAL	<u>\$ 66,021.</u>	<u>\$ 183,578.</u>	<u>\$ 31,954.</u>	<u>\$ -1,042.</u>	<u>\$ 6,982.</u>

2011

SCHEDULE M, PART II - SUPPLEMENTAL INFORMATION PAGE 3

CLIENT 3350

ADVANCING NATIVE MISSIONS

75-2402759

SCH M, PART I, LINES 25-28
OTHER NON-CASH CONTRIBUTIONS

DESCRIPTION	APPL?	NUMBER OF CONTR.	REVENUE ON FORM 990, PART VIII	METHOD OF DETER. REV.
CONSTR MATERIAL	X	19	\$ 15,711.	FMV
FURN & EQUIP	X	65	79,626.	THRIFT SHOP
MISC - OTHER	X	8	2,073.	THRIFT SHOP
PERSONAL CARE	X	21	8,890.	FMV
SCHOOL SUPPLIES	X	14	12,365.	FMV
SUPPLIES- OTHER	X	43	9,832.	FMV
TOYS	X	11	34,643.	THRIFT SHOP

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

OMB No 1545-1709

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

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

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension— check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns***Enter filer's identifying number, see instructions**

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	ADVANCING NATIVE MISSIONS	<input checked="" type="checkbox"/> 75-2402759
	Number, street, and room or suite number. If a P.O. box, see instructions	Social security number (SSN)
	PO BOX 5303	<input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	CHARLOTTESVILLE, VA 22905	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

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

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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 12, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ☒ calendar year 20 11 or
- ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

OMB No. 1545-1709

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

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

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☒ **X***All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	ADVANCING NATIVE MISSIONS	<input checked="" type="checkbox"/> 75-2402759
	Number, street, and room or suite number. If a P.O. box, see instructions	Social security number (SSN)
	PO BOX 5303	<input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	CHARLOTTESVILLE, VA 22905	

Enter the Return code for the return that this application is for (file a separate application for each return)

07

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

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

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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 11/15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 20 11 or
► ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	16.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	16.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.