VIS104	08/02/2010 4	03 PM
Form	990	•

Form Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047	
2009	
Open to Public Inspection	
	-

For the 2009	calendar year, or tax year beginning, and ending			
_ Check if applical			D Emplo	yer identification number
Address change	use IRS C/O KENNETH D. WHITTEN			
Name change	print or Doing Business As		02-	0506104
י ב ר	type. Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Teleph	one number
Initial return	See 400 BEDFORD ST		603	-627-6960
Termination	Specific Instruc- City or town, state or country, and ZIP + 4		G Gross recei	pts \$ 268,435
Amended return	tions MANCHESTER NH 03101			
-	E Name and address of annexed officer		H(a) is this :	a group return for
Application pend			affiliate	
			H(b) Are all	affiliates Ty. Thu
			include	
Tax-exempt	status X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527		- """,	attach a list. (see instructions)
Website:	VIMISSIONS@AOL.COM			
		1		exemption number
Type of organiz		L_Year of formation	.999	M State of legal domicile NH
1	Summary			
	y describe the organization's mission or most significant activities			
3 5	SE SCHEDULE O			
2 Chec 2 Chec 3 Num 4 Num 5 Tota 6 Tota				-
	<u> </u>			
2 Cheo	k this box F 📄 if the organization discontinued its operations or disposed of more that	an 25% of its net asset	s.	
3 Num	ber of voting members of the governing body (Part VI, line 1a)		3	5
4 Num	ber of independent voting members of the governing body (Part VI, line 1b)	•• •	4	5
5 Tota	number of employees (Part V, line 2a)	• •	5	2
C Tota				
	number of volunteers (Estimate It APCessary)		6	
1	gross unrelated business revenue from Part VIII, column (C), line 12		7a	
	Inrelated business taxable income from Form 890-T, line 34		7b	0
	$\left \begin{array}{c} \left \end{array}\right \right \right \\ \left \begin{array}{c} \left \begin{array}{c} \left \end{array}\right \right \\ \left \begin{array}{c} \left \end{array}\right \right \\ \left \begin{array}{c} \left \end{array}\right \\ \left \begin{array}{c} \left \end{array}\right \\ \left \begin{array}{c} \left \end{array}\right \\ \left \end{array}\right \\ \left \begin{array}{c} \left \end{array}\right \\ \left \begin{array}{c} \left \end{array}\right \\ \left \end{array}\right \\ \left \end{array}\right \\ \left \left \left \right \\ \left \end{array}\right \\ \left \left \left \left \right \right \\ \left \left \right \\ \left \left \right \\ \left \left \left \right \\ \left \left \right \\ \left \left \right \\ \left \left \left \right \\ \left \left \right \\ \left \left \left \right \\ \left \left \left \right \\ \left \left \left \left \left \left \right \right \\ \left $	Prior Ye		Current Year
8 Cont		33	5,569	268,424
9 Prog	ram service revenue Part Y世 - me 29) 丁			
10 Inve	tment income (Part VIII, column (A), Jines 3, 4, and 7d)		17	11
² 11 Othe	r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
12 Tota	revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	33	5,586	268,435
13 Gran	ts and similar amounts paid (Part IX, column (A), lines 1-3)			
	fits paid to or for members (Part IX, column (A), line 4)			
AE Cala	nes, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3	3,393	14,813
5	essional fundraising fees (Part IX, column (A), line 11e)	·	-/	
		• • • •		
		21	3,057	<u>`</u>
	r expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			244,917
	expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		6,450	259,730
	nue less expenses Subtract line 18 from line 12		0,864	8,705
ICES		Beginning of Cu		End of Year
ब 20 Tota	assets (Part X, line 16)		5,178	9,360
20 Tota 21 Tota 22 Net	liabilities (Part X, line 26)		0,798	16,275
료 22 Net:	assets or fund balances_Subtract line 21 from line 20	1	5,620	-6,915
Part II	Signature Block			
	Under penalties of perjury, I declare that I have examined this return, including accompanying sche	dules and statements and	to the best o	f my knowledge
	and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on a	all information of which pre	eparer has any	/ knowledge
ign	NAL ALITE		MC	1/10
-	- fur f a Do Value -		- 01	0μ
ere	Signature of officer'		Date	
		ESIDENT/DI	RECIUR	
	Type or print name and title			
	Preparer's OM L	ate Check	: If	Preparer's identifying number (see instructions)
aid		8/02/10 self- emplo	ved 🕨 🔀	P00734739
reparer's	LAWRENCE B MARTIN DLLC	_,,,,, ontpio		02-0521709
se Only			EIN P	
-	· · · · · · · · · · · · · · · · · · ·		Phone	CA2 COF 1111
			no 🕨	603-625-1111
	scuss this return with the preparer shown above? (see instructions)		· · · ·	X Yes No
o r Privacy A ^{AA}	t and Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2009)
				KXX X
				~ \\ · · /

orm 990 (2009				104	Page 2
Part III	Statement of Program S escribe the organization's mission		<u>[S</u>		
	CHEDULE O	•			
	······································		•	•••	
•	•••••			• •	•
		·	•		
2 Did the o	rganization undertake any signific	cant program services during the	e year which were not listed on		
•	Form 990 or 990-EZ?				Yes X No
	describe these new services on S				
	rganization cease conducting, or	make significant changes in hor	w it conducts, any program		
services	• • • •		•		Yes X No
	describe these changes on Schei the exempt purpose achievemer		three lorgest prearem convince	hu avrances	
	501(c)(3) and 501(c)(4) organizati				
	ns to others, the total expenses, a			ount of grants and	
			grann controp roportoo.		
4a (Code:) (Expenses \$	254,400 including g	rants of \$) (Revenue \$)
IN THE	E YEAR 2009, VIS	ION INTERNATION		r out	
NUMERO	OUS MINISTRY TEAD	MS TO DIFFERENT	FOREIGN COUNTRY	IES.	
	WERE ABLE TO SUC			5,	
	INE, FINANCES, CI		•	.	
	OSPEL OF JESUS CI			S	
	ON TRIPS. MANY P	••	THE LORD JESUS		
CHRIST	T AS THEIR PERSO	NAL SAVIOR.	· ·		
•	· ·		· ·		•
•		••			• •
• •	• •••		· ·	• •	
4b (Code:) (Expenses \$	including g	rants of \$) (Revenue \$.)
				•• • •• •	
					•
				•	
•					
•			•		
•	• • • •		• ••	•••••••	••
•			••		
	• ••	· · ·	• • • •		•
4c (Code:) (Expenses \$	including g	rants of \$) (Revenue \$)
	••••				
				· ·· ·····	
				·· · ·	
•					
•	···· · ··· ··				·· · ·
Ad Other en	naram services (Deceribe in Ceb	edule ())			
	ogram services. (Describe in Sch	edule O)) (Payanu	e \$)
(Expense	ogram services. (Describe in Sch es \$ 201 ogram service expenses ►	edule O) including grants of \$ 254,601) (Revenu	e \$)

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- 128	Checklist of Required Schedules					Vee	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			1		Yes	No
•	complete Schedule A				1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	•	• •	•	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	•	•		-		
•	candidates for public office? If "Yes," complete Schedule C, Part I				3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	•			•		_ <u></u>
	Schedule C, Part II				4		x
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			•••			<u> </u>
•	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III				5		ł
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	•		•			<u> </u>
•	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"						
	complete Schedule D, Part I				6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•	••••				
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II				7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	•	•	•			<u> </u>
v	complete Schedule D, Part III				8		x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part		• •	•••	0		
5	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"						
	complete Schedule D, Part IV				•		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or		·	••	9		
10	quasi-endowments? If "Yes," complete Schedule D, Part V				40		x
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	•		•	10		A
	VII, VII, IX, or X as applicable					x	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		•		11		
•	Schedule D, Part VI.						
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more						
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.						
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more						
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII						
	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets						
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX						
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.						
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses						
•	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.						
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete						
	Schedule D, Parts XI, XII, and XIII.				12	1	X
124	Was the organization included in consolidated, independent audited financial statements for the tax year?	1	Yes	No			
124	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	12A	169	X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	لمعنا			13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	•		•••	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	• •	• •	• ••	174		
-	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I				14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		•	• • •			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II				15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		••	•	13		
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III				16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		••	•••	-10		
.,	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I				47		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		••	•	17	<u> </u>	^
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II				40	1	x
19			•••	••	18	<u> </u>	
13	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				40		x
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		••	•••	<u>19</u> 20	<u> </u>	X
					<u> </u>	1	

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20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

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	rt IV Checklist of Required Schedules (continued)	<u></u> .		<u> </u>	<u> </u>
21	Did the emeridation report more than \$5,000 of grants and other excitations to governments and emeridations			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations				x
22	In the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		21		^
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the				
~~	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				1
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J		23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				1
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines				
	24b through 24d and complete Schedule K. If "No," go to line 25		24a	_	X
р	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
	to defease any tax-exempt bonds?		24c		Ļ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d	L	<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction				
	with a disqualified person dunng the year? If "Yes," complete Schedule L, Part I		25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a				
	pnor 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		25b		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		26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,				
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?				
	If "Yes," complete Schedule L, Part III		27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,				
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	•			
	Schedule L, Part IV		28Ъ		X
с	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a				
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,				
	Part IV		28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	•	29	x	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	•		1	
	conservation contributions? If "Yes," complete Schedule M		30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	•		<u> </u>	<u> </u>
	Part I		31	[x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	• • •			<u> </u>
	Schedule N, Part II		32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		-	<u> </u>	<u> </u>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	••			<u> </u>
••	III, IV, and V, line 1		34		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	• • • • •			
35					x
20	Schedule R, Part V, line 2		35	<u> </u>	^
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related				
<u> </u>	organization? If "Yes," complete Schedule R, Part V, line 2		36	<u> </u>	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,				
<i>a</i> -	Part VI		37	 	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		1	-	1
	19? Note. All Form 990 filers are required to complete Schedule O.	· · · · · · · · · · · · · · · · · · ·	38		

Form 990 (2009)

· VIS104/08/02/2010/4/03 PM

Form	990 (2009) VISION INTERNATIONAL MISSIONS 02-0506	5104	. .			F	age 5
\$ Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance						
						Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	ł	1		1.5	\tilde{G}	法称
	U S. Information Returns. Enter -0- if not applicable	1a	0		1.	1	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	<u> </u>	*	19	*
C	Did the organization comply with backup withholding rules for reportable payments to vendors and report	table				26 .1	١٢.
	gaming (gambling) winnings to prize winners?	1			1c		<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					1.1	40 C
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	2		. e	13-1	21.5
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	?			2b	X	L
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see					ner -	
	instructions)					÷.	1. A
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered l	у			, ,		
	this return?				<u>3a</u>		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O				<u>3</u> b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other aut	honty					
	over, a financial account in a foreign country (such as a bank account, securities account, or other finan	cial					
	account)?				4a		X
b	If "Yes," enter the name of the foreign country:				- , ·	:	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ba	nk				۰. ۱۰	1
	and Financial Accounts				1-42		
5a	Was the organization a party to a prohibited tax shelter transaction at any time dunng 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	n? .			5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard	ling					
	Prohibited Tax Shelter Transaction?				5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the						1
	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?				6Ь		
7	Organizations that may receive deductible contributions under section 170(c).				WAR	(Seal	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ods			÷. •	160	1.1
	and services provided to the payor?				7a		
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
	required to file Form 8282?				7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			1.50		19 A
0	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a per-	sonal			• ••		1
	benefit contract?				7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	?			7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C a	s					
	required?				7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			-	6	1. 1. A. 1.	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				5 X. 41		1
	organization, have excess business holdings at any time during the year?				8		
9	Sponsoring organizations maintaining donor advised funds.		•				
а	Did the organization make any taxable distributions under section 4966?				9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?			••	9b		
10	Section 501(c)(7) organizations. Enter:			•••	1.0		
а	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					Sel or
11	Section 501(c)(12) organizations. Enter:		-				
а	Gross income from members or shareholders	11a				- 42 - 1	1.00
b	Gross income from other sources (Do not net amounts due or paid to other sources against		Ì		14		
	amounts due or received from them)	116			1		1.19
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	<u> </u>	*		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	126			24		

Part VI

Form 990 (2009) VISION INTERNATIONAL MISSIONS

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.

02-0506104

<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body <u>1a 5</u>			
Ь	Enter the number of voting members that are independent 1b 5			
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		Х
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		х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authonty to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
	tion B. Policies (This Section B requests information about policies not required by the Internal venue Code.)	1	·	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10Ъ		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	nse to conflicts?	12b	x	

	С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"
		describe in Schedule O how this is done
1	3	Does the organization have a written whistleblower policy?
1	4	Does the organization have a written document retention and destruction policy?

14	Does 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?		
а	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers or 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," has the organization adopted a written policy or procedure requiring the organization to evaluate		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		ł
	the organization's exempt status with respect to such arrangements?	16b	

the organization's exempt status with respect to such arrangements? Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed N

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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. VISION INTERNATIONAL 400 BEDFORD ST

MANCHESTER DAA

603-627-6960

NH 03101

Form 990 (2009)

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Form 990 (2009) VISION IN	TERNATIC	NA	L]	MI	SS	ION	IS	02-050	6104	Page 7
Part VII Compensation	of Officers, D	ire	ctor	s, 1	rus	stee	s, K	(ey Employees, High	est Compensated	
Employees, and	l Independen	t C	onti	ract	ors	;				
Section A. Officers, Directors,	Trustees, Key I	Emp	loye	es, a	nd	High	est C	Compensated Employees		
1a Complete this table for all persons						ensa	ation	for the calendar year endin	g with or within the	
organization's tax year. Use Schedule	e J-2 if additional	spac	æ is	neec	led					
 List all of the organization's cur 	rent officers, dire	ector	s, tru	istee	s (w	hethe	er ind	dividuals or organizations), i	regardless of amount	
of compensation Enter -0- in columns	s (D), (E), and (F)) if n	o cor	nper	Isati	on w	as pa	aid		
 List all of the organization's cur 	rent key employe	ees.	See	ınstr	uctio	ons fo	or de	finition of "key employee "		
 List the organization's five current 	ent highest comp	ensa	ated	emp	loye	es (o	ther	than an officer, director, tru	stee, or key employee)	
who received reportable compensation	n (Box 5 of Form	W-2	2 and	l/or E	Sox 7	7 of F	orm	1099-MISC) of more than \$	5100,000 from the	
organization and any related organization	ations									
 List all of the organization's for 	mer officers, key	emp	loye	es, a	nd h	ighe	st co	mpensated employees who	received more than	
\$100,000 of reportable compensation	n from the organia	zatio	n an	d ang	/ rel	ated	orga	nizations		
 List all of the organization's for 	mer directors or	trus	stees	s tha	t rec	eiveo	d, in f	the capacity as a former dire	ector or trustee of	
the organization, more than \$10,000	of reportable com	pens	satio	n fro	m th	e org	anız	ation and any related organ	izations.	
List persons in the following order: inc	lividual trustees o	or dır	ecto	rs; in	stitu	tiona	l trus	stees, officers; key employe	es; highest	
compensated employees; and former	such persons.									
Check this box if the organization	did not compens	ate	any o	сипте	nt o	fficer	, dıre	ctor, or trustee.		
(A)	(B)			(0	>)			(D)	(E)	(F)
Name and Title	Average hours per	Pos	rtion (hat aj		Reportable	Reportable	Estimated
	week	or d	Inst	Officer	Key	ΒĘ	Former	compensation from	compensation from related	amount of other
		Individual trustee or director	Institutional trustee	ğ	Key employee	loye	ner	the organization	organizations	compensation
		ça t	na		ploy	88		(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		uste	Ę		66	npe				and related
		ŏ	stee			Highest compensated employee				organizations
						ä				
REV KENNETH WHITI	EN									
PRES/DIRECTOR	35.00	Х		X				8,250	0	4,209
LAURA MORGAN										
VP/DIRECTOR	3.00	Х		X				0	0	0
LOUISE DEMERS										i
SECRETARY/DIRECTOR	_15.00	X		X				0	0	0
DONALD HEBERT		-								
DIRECTOR	2.00	X	ĺ					0	0	0
CHRISTINE CHAKAS										
DIRECTOR	2.00	x		ļ				0	0	0
DR. JEFF TOLSTAD										
DIRECTOR	2.00	x						0	0	0
ROBERTO DE JESUS	VELASQUE	Z								· · · · · · · · · · · · · · · · · · ·
DIRECTOR	2.00	x						0	0	0
PAUL KAMINSKI								· · · · · · · · · · · · · · · · · · ·		
DIRECTOR	2.00	x						0	0	0
NICK METES								······································		
DIRECTOR	2.00	x						0	0	0
DEBORAH C. WHITTE						1				
TEASURER	2.00			x				0	0	0
				<u> </u>		1	<u> </u>		0	<u>-</u>
• • • •										
			<u> </u>		-			· · · · · · · · · · · · · · · · · · ·		,
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0 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 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person ection B. Independent Contractors		(A)	(B)				C)			(D)	(E)	(F)
b Total b Total mumber of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0 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 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? 5 is complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.			hours per		r	_				compensation from the organization	compensation from related organizations	amount of other compensation from the organization and related
b Total b Total → 8,250 4,2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization → 0 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 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 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person ection B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.				_								
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ection B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.		Did the organization list any for employee on line 1a? If "Yes," For any individual listed on lin the organization and related on ndividual Did any person listed on line 1	ormer officer, dir " complete Scheo e 1a, is the sum organizations gre 1a receive or acc	ector o dule J of rep ater th	or tru for s ortation \$	uch ble ca 5150, ensat	indiv ompo ,000'	idual ensat ? If "Y tom a	ion a 'es," any u	and other compensation from complete Schedule J for sur unrelated organization for		<u>3</u>
compensation from the organization.	ecti	on B. Independent Contract	tors								¢100.000 of	
Name and business address Compensation		compensation from the organi	ization.									(C)
		Name an	nd búsíness address							Descripti	on of services	Compensation
								_				

Form 990 (2009)

Form 990 (2009) VISION INTERNATIONAL MISSIONS

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02-0506104

______Page **9**

гa		III Staten	lent of Reve	nue					·-··	
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ងដ	1a	Federated carr	paigns	1a						
Contributions, gifts, grants and other similar amounts	ь	Membership du		1b						
<u>B</u> E	c	Fundraising ev		1c	-	14,323				
ifts Ir a	- с	Related organi		1d						
ni B B B B B B B B B B B B B B B B B B B	u	-								
Sig	θ	Government grants (-	10						
휰뉅	f	All other contribution								
문히		and similar amounts	not included above	_1f		254,101				
蒏립	g	Noncash contribution	ns included in lines 1a-1	lf 🕄	5	132,776				
Οœ	h	Total, Add line	s 1a-1f			▶	268,424			
Program Service Revenue						Busn. Code				
é	2a									
۶ ۳	b		•							
8	C	•	••	•						
Ž	ď	• • •	•					<u> </u>		
S L					• •					
Jrar	9				•••	}ł				
ğ		• •	am service reven	ue						
<u> </u>		Total. Add line				► ►				
	3	Investment inc	ome (including d	ividend	s, interes	t, and				
		other similar an	nounts) .				11			11
	4	Income from in	vestment of tax-	exempt	bond pro	oceeds 🕨				
	5	Royalties .				►				
			(ı) Real		(II) F	Personal				
	6a	Gross Rents								
	ь	Less. rental exps								
	c	Rental inc. or (loss)								
		Net rental inco	me or (loss)							
		Gross amount from	(i) Securities	,	. (11)	Other				
		sales of assets		`	(0)	Quiei				
		other than inventory								
	b	Less. cost or other								
		basis & sales exps.								
	С	Gain or (loss)			<u> </u>					
	d	Net gain or (los	ss) .	• _		►				
	8a	Gross income fro	om fundraising ever	nts						
enu		(not including \$								
9V6		of contributions r	eported on line 1c).							
r R		See Part IV, line		а						
Other Reve	ь	Less: direct ex	•• •	b						
ō	[(loss) from fundr		events	>				
			om gaming activities							
	Ja	See Part IV, line								
			•	a						
		Less: direct ex	•	ьſ	•••				·	
			(loss) from gami	ng activ	vities	>				
	10a		inventory, less							
	ŀ	returns and all		a						
	Ь	Less: cost of g	oods sold	b						
	_ c	Net income or	(loss) from sales	of inve	entory	►				
			ellaneous Revenue			Busn. Code				
	11a								· · -	
	ь	• •	••••		••					······
	c	• ••	•	•••	••• •		·			
	1.	· ·			• •					
	d	All other reven								
		Total. Add line	• •			🍢	0.00 400			
	12	<u>i otal Revenu</u>	e. See instruction	n <u>s</u> .			268,435	0	0	11

Form 990 (2009) VISION INTERNATIONAL MISSIONS

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Part IX Statement of Functional Expenses

02-0506104

	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part Vill.	(A) Total expenses	(B) Program service expenses	(C) Management and	(D) Fundraising
<u>70</u> 1	Grants and other assistance to governments and		expenses	general expenses	expenses
'	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
2	the U S See Part IV, line 22				
3	Grants and other assistance to governments,				
3	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	8,250	8,250		
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,600	1,600		<u> </u>
8	Pension plan contributions (include section 401(k)				· · · · · · · · · · · · · · · · · · ·
-	and section 403(b) employer contributions)				
9	Other employee benefits	4,209	4,209		
0	Payroll taxes	754	754		
11	Fees for services (non-employees)			·····	
a					
b					
c	Accounting	1,321	1,321		
d	· · · –				
9	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		460	460		··· · · · · · · · · · · · · · · · · ·
12	Advertising and promotion				
13	Office expenses	3,748	3,748		
14	Information technology		<i></i>		
15	Royalties				
16	Оссирапсу	3,820	3,820		
17	Travel	1,626	1,626		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	985	985		
20	Interest	2,531	2,531		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	201	201		
23	Insurance				····
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
a		132,076	132,076		
b	TRIP EXPENSES	63,247	63,247		······
c	HAITI CLINIC	12,675	12,675		· · · · · · · · · · · · · · · · · · ·
d		11,501	11,501		
9	GOLF TOURNAMENT EXPS	5,129			5,12
f	All other expenses	5,597	5,597		
25	Total functional expenses. Add lines 1 through 24f	259,730	254,601		5,12
:6	Joint costs. Check here ► if following				
	SOP 98-2. Complete this line only if the				
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Form 990 (2009)

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_		(2009) VISION INTERNATIONAL MI	SSIONS	02-	0506104		Page 11
	art)			-	(A) Beginning of year		(B) End of year
	1	Cash—non-interest beanng			4,573	1	9,031
	2	Savings and temporary cash investments	•	-	4,575	2	
	3	Pledges and grants receivable, net		·		3	
	4	Accounts receivable, net		• -	75	4	
	5	Receivables from current and former officers, directors, tru	intoon kov	· -		4	
	1	employees, and highest compensated employees. Complete	•				
		Schedule L	ste Fait II UI			5	
		Receivables from other disgualified persons (as defined ur	dos oction	-		- 3	
	6						
		4958(f)(1)) and persons described in section 4958(c)(3)(B)). Complete	-			
2	-	Part II of Schedule L	•	· -		6	
Assets	7	Notes and loans receivable, net		· · · ·		7	
As	8	Inventories for sale or use		·		8	······
-	9	Prepaid expenses and deferred charges	r i			9	
	10a			10 000			
	Ι.	other basis. Complete Part VI of Schedule D	10a	10,880	530		329
	b	• • • •	10b	10,551	530		329
	11	Investments—publicly traded secunties		· –		11	
	12	Investments-other secunties See Part IV, line 11		· -		12	
	13	Investments—program-related. See Part IV, line 11	•	· -		13	
	14	Intangible assets		ŀ		14	
	15	Other assets. See Part IV, line 11		· -	E 170	15	0.200
—	16	Total assets. Add lines 1 through 15 (must equal line 34)	•	·	5,178	16	9,360
	17	Accounts payable and accrued expenses	•	· ·		17	
	18	Grants payable		· ··		18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities	· · · · <u>-</u> ·	· · -		20	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of S				21	· · · · · · · · · · · · · · · · · · ·
I	22	Payables to current and former officers, directors, trustees	•				
ab		employees, highest compensated employees, and disqual	ified	-			
		persons Complete Part II of Schedule L	•			22	
	23	Secured mortgages and notes payable to unrelated third p		· ·		_23	
	24	Unsecured notes and loans payable to unrelated third part	ies .	·	00 700	24	16 085
	25	Other liabilities Complete Part X of Schedule D		·	20,798	25	16,275
	26	Total liabilities. Add lines 17 through 25			20,798	_26	16,275
Sec.		Organizations that follow SFAS 117, check here	and				
n n		complete lines 27 through 29, and lines 33 and 34.		-			
ala	27	Unrestricted net assets	••	. -		27	
Fund Balances	28	Temporanly restricted net assets		Ļ		_28	
ŭ	29	Permanently restricted net assets		Ļ		29	
Ľ		Organizations that do not follow SFAS 117, check here	₽▶ 🗶				
δ		and complete lines 30 through 34.		-			
	30	Capital stock or trust pnncipal, or current funds		F		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment for	•	-		31	
Š	32	Retained earnings, endowment, accumulated income, or o	other funds		-15,620		-6,915
let	33	Total net assets or fund balances		·	-15,620		-6,915
_	34	Total liabilities and net assets/fund balances			5,178	34	9,360

Form 990 (2009)

Form 990 (2009) VISION INTERNATIONAL MISSIONS

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02-0506104

			Yes	No
1	Accounting method used to prepare the Form 990: Cash 🔀 Accrual Other			573
	If the organization changed its method of accounting from a pnor year or checked "Other," explain in	~~ *	a state	
	Schedule O.		1. A.	ALL AND
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in	- c	2 .X	747 - 1 1
	Schedule O.	10	101	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		, ", ", , , 'y	2.4
	issued on a consolidated basis, separate basis, or both			- ,
	Separate basis Consolidated basis Both consolidated and separate basis	، در		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		
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.	Зb		

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Form 990 (2009)

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SCHEDULE A	Pub	lic Charity Status	and	Publi	c Su	סממ	rt		OMB No 1	545-0047
(Form 990 or 990-EZ)		e if the organization is a section 4947(a)(1) nonexemp	on 501(c)(3) organi	zation o	• •			20	
Department of the Treasury	► Atta	ach to Form 990 or Form 990-E		See separ		ructions	.			o Public Citon
Internal Revenue Service Name of the organization		NATIONAL MISSION					Emple	-	ntification numb	
	C/O KENNETH 1								6104	
		Status (All organizations			this pa	art.) Se	e ins	tructio	ns.	
· · · · ·	•	it is (For lines 1 through 11, che		,						
)(ciation of churches described in s	section 1	70(b)(1)(/	A)(i).					
	nbed in section 170(b)(1)(A									
		e organization described in section	• •							
4 A medical rese city, and state	earch organization operated	in conjunction with a hospital des	scribed in	section 1	70(b)(1)	(A)(iii).	Enter th	ie hospi	tal's name,	
	n operated for the benefit of ((1)(A)(iv). (Complete Part I	a college or university owned or I.)	operated	by a gove	ernmenta	al unit de	scribed	in		
6 🗌 A federal, stat	e, or local government or gov	vernmental unit described in sec	tion 170(b)(1)(A)(v	').					
•	n that normally receives a su ection 170(b)(1)(A)(vi). (Co	ubstantial part of its support from mplete Part II)	a govern	mental ur	nt or fron	n the gei	neral pu	blic		
		0(b)(1)(A)(vi). (Complete Part II.	.)							
9 🕱 An organizatio	on that normally receives: (1)	more than 33 1/3 % of its suppo	rt from co	ntribution	s, memb	ership fe	ees, and	d gross		
receipts from	activities related to its exemp	t functions-subject to certain ex	ceptions,	, and (2) r	io more t	han 33	1/3 % o	f its		
support from g	ross investment income and	I unrelated business taxable inco	me (less	section 5	11 tax) fr	om busi	nesses			
acquired by th	e organization after June 30,	, 1975. See section 509(a)(2). (Complete	Part III.)						
10 An organizatio	on organized and operated ex	clusively to test for public safety	. See sec	tion 509(a)(4).					
11 🔄 An organizatio	on organized and operated ex	cclusively for the benefit of, to pe	rform the	functions	of, or to	сатту оц	t the			
purposes of o	ne or more publicly supported	d organizations described in sec	tion 509(a	i)(1) or se	ction 509	9(a)(2) S	See sec	tion		
509(a)(3). Che		e type of supporting organizatior			s 11e thr	ough 11	h			
a 🔤 Type		c Type III–Functiona			d		e III-Ot	her		
L		nization is not controlled directly								
•	•	nd other than one or more public	dy suppor	ted organ	zations	describe	d in se	tion		
	ection 509(a)(2).									
		mination from the IRS that it is a	Type I, Ty	pe II, or	ype III s	upportun	g			
A	check this box			 	•		•		•••	. L
J	•	on accepted any gift or contributi	on from a	ny of the						
following pers		strole either clane or teacther up		a daaamba					Г	Yes No
		ntrols, either alone or together wi	un person:	sdescribe	a in (ii)					Tes NO
	elow, the governing body of member of a person describe	••••••	•		• •		·	•	11g(i)	
(*)	ontrolled entity of a person de	•••	•	•	-		••	•	. <u>11g(ii)</u> 11g(iil)	
•••	blowing information about the	·· ·· ·	•				-	• ••	··· [119(m)]	
(I) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the c	organization	(v) Drd v	ou notify	M	s the	(vli) Amor	unt of
organization	(··) = ··	(described on lines 1-9	1	sted in your	the organ	nization in	organizat	ion in col.	suppo	
		above or IRC section (see instructions))	governing	document?		of your port?		zed in the S ?		
		(see man actions))	Yes	No	Yes	No	Yes	No		
			1							
				<u> </u>						
Total										

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

	dule A (Form 990 or 990-EZ) 2009 VIS	GION INTER				-050610 70(b)(1)(A)(Page 2
<u> </u>	(Complete only if you che						•••,	
Sec	tion A. Public Support			0.011_011.7				
	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ")				(-)			(1) 10(2)
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4	1.						
	tion B. Total Support			•				
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							<u> </u>
9	Net income from unrelated business activities, whether or not the business is regularly carned on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10		1	L	1	<u>ا با المحمد المحمد</u>	-	
12 13	Gross receipts from related activities, etc. (First five years. If the Form 990 is for the		nonond third four	h or 68h tou un		· · ·	12	
13	organization, check this box and stop here	-	secona, unita, ioun	n, or man tax year a	as a section 501(c)	(3)		
Sec	tion C. Computation of Public Su		ade					
14	Public support percentage for 2009 (line 6,			(ft)			14	%
15	Public support percentage for 2008 Sche	••	•	·/// .	•		15	%
16a	33 1/3 % support test—2009. If the organ			3. and line 14 is 33	1/3 % or more, che			
•	and stop here. The organization qualifies a			,				▶□
b	33 1/3 % support test-2008. If the organ		•	or 16a. and line 15	is 33 1/3 % or more	e. check this	•••	
	box and stop here. The organization qualit			-		,		▶
17a				•	or 16b, and line 14	is 10% or	••••	
	more, and if the organization meets the "fa	cts-and-circumstan	ces" test, check thi	s box and stop he	re. Explain in Part l	V how the		
	organization meets the "facts-and-circumst							▶
b	10%-facts-and-circumstances test-200	8. If the organizatio	n did not check a b	iox on line 13, 16a,	16b, or 17a, and lu	ne 15 is 10% o	r	·· –
	more, and if the organization meets the "fa	cts-and-circumstan	ces" test, check th	s box and stop he	re. Explain in Part l'	V how the		
	organization meets the "facts-and-circumst	ances" test The or	ganization qualifies	as a publicly supp	orted organization			▶ [

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

►

Schedule A (Form 990 or 990-EZ) 2009 VISION INTERNATIONAL MISSIONS

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support

200							
Cal	endar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	417,888	403,404	359,083	335,569	268,424	1,784,368
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	417,888	403,404	359,083	335,569	268,424	1,784,368
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ь	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.)						1,784,368
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	417,888	403,404	359,083	335,569	268,424	1,784,368
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	27	24	17	27	11	106
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b	27	24	17	27	11	106
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on					0	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	417,915	403,428	359,100	335,596	268,435	1,784,474
14	First five years. If the Form 990 is for the organization, check this box and stop here		econd, third, fourth	n, or fifth tax year as	s a section 501(c)(:	3)	▶□
Sec	tion C. Computation of Public Su	pport Percenta	ge				
15	Public support percentage for 2009 (line 8,	column (f) divided by	y line 13, column (f))		15	99.99%
16	Public support percentage from 2008 Sche			<u> </u>		16	100.00%
Sec	tion D. Computation of Investmen	nt Income Perce	entage				
17	Investment income percentage for 2009 (lin		•	olumn (f))		17	%
18	Investment income percentage from 2008					. 18	%_
19a	33 1/3 % support tests—2009. If the organ 17 is not more than 33 1/3 %, check this bo						► X
b	33 1/3 % support tests—2008. If the organ						• 🖻
	line 18 is not more than 33 1/3 %, check th						
20	Private foundation. If the organization did						••••

Schedule A (Form 990 or 990-EZ) 2009

02-	050	610)4

Page 3

DAA

Parî₩	n 990 or 990-EZ) 2009 VISION INTERNATIONAL MISSIONS 02-0506104 Page 4 Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;
	Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
	· · · · · · · · · · · · · · · · · · ·
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VIS104 08/02/201	10 4 03 PM
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Department of the Treasury

Name of the organization

Internal Revenue Service

SCHEDULE D (Form 990)

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

Attach to Form	990. Þ	See separate	instructions.
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OMB No 1545-0047
2009
Open to Public
Inspection

Employer Identification number

Υ.	SION INTERNATIONAL MISSIONS				
C,	O KENNETH D. WHITTEN		02-0506104		
Pa	rt I Organizations Maintaining Donor Advised Fun the organization answered "Yes" to Form 990, F		counts.	Complete if	
		(a) Donor advised funds	(b)	Funds and other accounts	
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (dunng year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the	he assets held in donor advised			
	funds are the organization's property, subject to the organization's exclusion	sive legal control?		Yes No	
6	Did the organization inform all grantees, donors, and donor advisors in w	nting that grant funds can be		• • •	
	used only for chantable purposes and not for the benefit of the donor or o	lonor advisor, or for any other			
	purpose conferring impermissible private benefit?			Yes No	
Pa	rt II Conservation Easements. Complete if the orga	nization answered "Yes" to Form	n 990, Pa	art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check a	II that apply).			
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically im	portant land	area	
	Protection of natural habitat	Preservation of certified historic s	structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation	ation contribution in the form of a conserva	ation		
	easement on the last day of the tax year.				
				Held at the End of the Tax Yea	
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements	• •	2b	<u> </u>	
с	Number of conservation easements on a certified historic structure include	ded in (a)	2c		
d	Number of conservation easements included in (c) acquired after 8/17/06	•••••••••••••••••••••••••••••••••••••••	2d		
3	Number of conservation easements modified, transferred, released, extir	• • •	n during		
	the taxable year >		•		
4	Number of states where property subject to conservation easement is loo	cated ►			
5	Does the organization have a written policy regarding the penodic monitor				
	violations, and enforcement of the conservation easements it holds?			Yes No	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcin	ing conservation easements during the year	r .		
	▶ · · · · · · · ·				
7	Amount of expenses incurred in monitoring, inspecting, and enforcing co	nservation easements during the year			
	▶\$				
8	Does each conservation easement reported on line 2(d) above satisfy the	e 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 easement	nts in its revenue and expense statement,	and		
	balance sheet, and include, if applicable, the text of the footnote to the or	rganization's financial statements that desc	cribes		
	the organization's accounting for conservation easements.				
Pa	rt III Organizations Maintaining Collections of Art, I		imilar As	ssets.	
	Complete if the organization answered "Yes" to	Form 990, Part IV, line 8.			
1a	If the organization elected, as permitted under SFAS 116, not to report in	i 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 pi	ublic service	9,	
	provide, in Part XIV, the text of the footnote to its financial statements that	at describes these items.			
b	If the organization elected, as permitted under SFAS 116, to report in its	revenue statement and balance sheet wor	ks of art,		
	historical treasures, or other similar assets held for public exhibition, edu	cation, 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 o	ther similar assets for financial gain, provid	de the		
	following amounts required to be reported under SFAS 116 relating to the	•			
а	Revenues included in Form 990, Part VIII, line 1		►	\$	
b	Assets included in Form 990, Part X		• • • • •	\$ \$	
	· · · ·				

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Scheo	ule D (Form 990) 2009 VISION INT	ERNATIONAL	MISSIONS	02-05	06104	Page 2
Pa	Citil Organizations Maintaining C	Collections of Art,	Historical Treasu	ures, or Other S	imilar Assets (C	ontinued)
3	Using the organization's acquisition, accession, collection items (check all that apply):	and other records, che	ck any of the following	that are a significant	use of its	
a		d 🗌 Loar	n or exchange program	IS		
b	Scholarty research	e Othe				
c	Preservation for future generations		···			
4	Provide a description of the organization's collect Part XIV.	tions and explain how i	they further the organiz	ation's exempt purpo	ose in	
	During the year, did the organization solicit or re assets to be sold to raise funds rather than to be	e maintained as part of	the organization's colle	ction?		Yes No
Pa	Escrow and Custodial Arran			tion answered "	Yes" to Form 990), Part
1a	Is the organization an agent, trustee, custodian	or other intermediary fo	r contributions or other	assets not		
	included on Form 990, Part X?					Yes No
ь	If "Yes," explain the arrangement in Part XIV and	d complete the following	table.		•	
						Amount
с	Beginning balance				1c	
	Additions during the year	•	••	•	1d	
	Distributions during the year	• • •	•		. <u>1e</u>	
÷	Ending balance	•	•		16 1f	·······
29	Did the organization include an amount on Form		•• • ••	•	<u>L_11 </u>	
	If "Yes," explain the arrangement in Part XIV.	1 990, Fait A, line 21?	• •			. 🗋 Yes 🔝 No
	Endowment Funds. Complet	to if organization of	neworod "Voe" to	Form 000 Port		
B I, a	Endowment Funds. Complet	γ		T	· · · · · · · · · · · · · · · · · · ·	
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years back
	Beginning of year balance					
	Contributions					
C	Net investment earnings, gains,			•		
	and losses					
d	Grants or scholarships	· · · · · · · · · · · · · · · · · · ·				
0	Other expenditures for facilities				•	
	and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the year er	nd balance held as:				
а	Board designated or quasi-endowment >	%				
b	Permanent endowment					
C	Term endowment					
3a	Are there endowment funds not in the possession	on of the organization th	at are held and admini	stered for the		
	organization by	2				Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations			•	• •• •	3a(ii)
b	If "Yes" to 3a(ii), are the related organizations lis	sted as required on Sch	 edule R?	• •	• •	3b
4	Describe in Part XIV the intended uses of the or		•	•	• • •	
Pa	rt VI Investments—Land, Buildin			Part X line 10		
	Description of investment	(a) Cost or other basis			cumulated	(d) Book value
		(investment)	basis (other		reciation	(d) Dook Value
10	Land	·				<u></u>
	Land					
	• • • • •					
	Leasehold improvements					<u> </u>
	Equipment	·				
	Other	l				
Total	Add lines 1a through 1e. (Column (d) must equi	ai ⊢orm 990, Part X, co	umn (B), line 10(c))			

Schedule D (Form 990) 2009

		02-0506104	Page 3
	1		·
	(b) Book value		
(including name of security)		Cost or end-of-year	market value
vatives			
equity interests			
			· · · · · · · · · · · · · · · · · · ·
	-		
n (b) must equal Form 990, Part X, col. (B) line 12)	•		
			· · · · ·
		(c) Method of	aluation
		Cost or end-of-year	
		······································	
		· · · · ·	
		· · · ·	
(h) must equal Form 900, Part X, col. (B) line 13)	•		;
	L		
			(b) Book value
			(D) DOOK Value
· · · · · · · · · · · · · · · · · · ·			
· · · · · · · · · · · · · · · · · · ·			···· · · ·
			· · · · · · · · · · · · · · · · · · ·
	· · · · ·		
	(b) Amount		
T CARDS PAYABLE	10,743		
	Investments—Other Securities. See Form 99 (a) Description of security or category (including name of security) vatives equily interests	Investments—Other Securities. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) values values including name of security) values including name of security (b) Book value (including name of security) values including name of security (b) must equal Form 990, Part X, col. (B) line 12) Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. See Form 990, Part X, line 15. (a) Description	Investments—Other Securities. See Form 990, Part X, line 12. (c) Description of security or category (including name of security or category (including name of security) (b) Book value (c) Method of A Cost or end-of-year Action of a cost or

LOAN PATABLE - OTHER		5,211		
MEDICAL PAYABLE		321		
ACCRUED ACCOUNTING FEES				
			, * *	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	•	16,275	*	

2. FIN 48 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.

•

	dule D (Form 990) 2009 VISION INTERNATIONAL MISSION	NS	02-0506104	Page 4
,≸Pa	rtXI Reconciliation of Change in Net Assets from Form 990	to Audited Fina	ancial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		. 3	
4	Net unrealized gains (losses) on investments	•	. 4	
5	Donated services and use of facilities		5	
6	Investment expenses	·	6	
7	Prior period adjustments		. 7	
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net) Add lines 4 through 8			
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and	0		
	rt XII鍵 Reconciliation of Revenue per Audited Financial Staten			
1	Total revenue, gains, and other support per audited financial statements			· · · · · · · · · · · · · · · · · · ·
2	- · · ·	•		
_	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a L	Net unrealized gains on investments Donated services and use of facilities	2a		
b		2b		
c	Recovenes of prior year grants	2c		
d	Other (Describe in Part XIV.)	2d		
9	Add lines 2a through 2d		<u>2</u> e	
3	Subtract line 2e from line 1	1 (. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	<u>4a</u>		
ь	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)			
<u>E Pa</u>	rt XIII Reconciliation of Expenses per Audited Financial State	ements With Ex	penses per Returr	<u> </u>
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIV.)	2d		
e	Add lines 2a through 2d		2 e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1. A. A.	
а	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)			
йРа	rt XIV Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, li	ines 1a and 4; Part I	V, lines 1b	
and 2	b; Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, li	nes 2d and 4b. Also	complete	
	art to provide any additional information.			
				
				
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Schedule D (Form 990) 2009

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Schedule D (Form 990) 2009 VISION INTERNATIONAL MISSIONS	02-0506104	Page 5
PartXIV Supplemental Information (continued)		

Schedule D (Form 990) 2009

VIS104	08/02/2010 4	03 PM
10104	00/02/2010 4	

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N	oncas	h Co	ntrib	utions
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OMB No 1545-0047 2009

►	Complete If the organizations answered	"Yes"	on I	Form
	990, Part IV, lines 29 or 30,			

Attach to Form 990.

Open To Public Inspection Employer Identification number 02-0506104

Department of the Treasury Internal Revenue Service

SCHEDULE M (Form 990)

VISION INTERNATIONAL MISSIONS Name of the organization C/O KENNETH

 d di	u1	10		I TAT	201	COL:	9
D		WE	IITI	EN			

Pa	Types of Property						
		(a)	(b)	(c)	(d)		
		Check if	Number of Contributions	Revenues reported on	Method of determinin	9	
		applicable		Form 990, Part VIII, line 1g	revenues		
1	Art—Works of art						
2	Art—Historical treasures				· · · · · · · · · · · · · · · · · · ·		
3	Art—Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Secunties—Publicly traded						
0	SecuntiesClosely held stock						
11	Secunties—Partnership, LLC,						
	or trust interests						
12	Securities—Miscellaneous						
3	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			105.000			
20	Drugs and medical supplies	<u> </u>	6	127,926		<u> </u>	
21	Taxidermy			. <u> </u>			
22	Historical artifacts						<u> </u>
23	Scientific specimens						
24	Archeological artifacts		3	4 950		<u> </u>	
25	Other ► (/		4,850			
26	Other ► (·}			· · · · · · · · · · · · · · · · · · ·		
27 28	Other ► (·					
	Number of Forms 8283 received by	the emerize	L	l			
29	which the organization completed F	-			20		
	which the organization completed F	0111 0203, F	alt IV, Dosiee Acknowled	gement	29	Ye	s No
30a	Dunng the year, did the organization	n receive hv	contribution any property	reported in Part L lines 1-2	28 that		
JVU	it must hold for at least three years	-					
	used for exempt purposes for the el			, and which is not required i		30a	X
b	If "Yes," describe the arrangement i		penou?	• •• •		JUA	
31	Does the organization have a gift ad		licy that requires the rev	iew of any non-standard			الكور ال
~ 1	contributions?	service he		on or any non-stanuaru		31	X
32a		 urd narties o	related omanizations to	solicit process or sell page	 rach		
-La	contributions?	ma paraca U	inclated organizations to	sonor, process, or sen none	Cash	32a	x
b	If "Yes," describe in Part II.		••	•		34d	A
33	If the organization did not report rev	enues in col	umn (c) for a type of pror	perty for which column (a) is	checked		
	describe in Part II.						

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

Schedule M (Form 990) 2009

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SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific qu	RNATIONAL MISSIONS Employer identification number			
tanie er ale erganizatern	ISION INTERNATIONAL MISSIONS /O KENNETH D. WHITTEN				

TO PROPAGATE THE GOSPEL OF JESUS CHRIST; TO EXAMINE CANDIDATES AND APPOINT MISSIONARIES, TO ENDORSE MISSIONARY PROGRAMS ACCORDING TO STANDARDS SET FORTH IN THE NEW TESTAMENT, TO ESTABLISH CHURCHES, CHURCH SCHOOLS & MISSION SOCIETIES IN FOREIGN COUNTRIES.

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS IN THE YEAR 2009, VISION INTERNATIONAL MISSIONS SENT OUT NUMEROUS MINISTRY TEAMS TO DIFFERENT FOREIGN COUNTRIES. TEAMS WERE ABLE TO SUCCESSFULLY CARRY BIBLES, TRACTS, MEDICINE, FINANCES, CLOTHES & OTHER NEEDED ITEMS WITH A THE GOSPEL OF JESUS CHRIST WAS PREACHED DURING THESE MISSION TRIPS. MANY PEOPLE RECEIVED THE LORD JESUS CHRIST AS THEIR PERSONAL SAVIOR.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 A COPY OF THE COMPLETED FORM 990 IS PROVIDED TO AND REVIEWED BY ALL OFFICERS AND DIRECTORS PRIOR TO THE FILING OF FORM 990.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION ALL GOVERNING DOCUMENTS ARE AVAILABLE FOR PUBLIC INSECTION AT THE ORGANIZATION'S OFFICE IN MANCHESTER NH.

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

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Form 4562			Depreciation and Amortization (Including Information on Listed Property)									
Department of the Treasury Internal Revenue Service				2009 Attachment Sequence No 67								
(99)	· · · · · · · · · · · · · · · · · · ·	See separa INTERNATIO	te instructions.	<u></u>	Attach							
		INTERNATIO		ONS				ying nu ∙050€				
Business or activity to which this								0.500				
INDIRECT DEPH		ON										
	-	se Certain Prope ny listed propert	-			complete Pa	rt I.					
1 Maximum amount. See	e the instructi	ons for a higher limit	for certain business	ses		·		1	250,000			
2 Total cost of section 1		•	•					2				
3 Threshold cost of sect	• •	•	•	structions).			3	800,000			
	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If married filing separately, see instructions 5											
5 Dollar limitation for tax ye	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Elected cost											
	(-) +			(2)		(0) =						
7 Listed property. Enter	the amount fr	rom line 29				7						
8 Total elected cost of s	ection 179 pro	operty Add amounts	in column (c), lines	6 and 7	•			8	8			
9 Tentative deduction E	inter the smal	ller of line 5 or line 8						9				
10 Carryover of disallowe		-	••	•				10				
11 Business income limita			•		•	ee instructions)	•	11				
12 Section 179 expense (than line f	11		••••	12				
13 Carryover of disallower Note: Do not use Part II or F						13		1				
		on Allowance ar		ciation	(Do not	include listed	proper	tv)(S	ee instr)			
14 Special depreciation a												
dunng the tax year (se			··· · ··· ··· ··· ··· · · · · · · · ·			-		14				
15 Property subject to se				•			• •	15				
16 Other depreciation (in	luding ACRS	5)				•	·	16	43			
Part III MACRS	Depreciati	on (Do not inclu			ee instru	ctions.)						
<u></u>			Section									
17 MACRS deductions fo							r	17	27			
18 If you are electing to grou		aced in service during th Assets Placed in Se										
(a) Classification of pro				preciation (d) Recovery (e) Convention (f) Me					(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			·		27.5 yrs.	MM MM	<u> </u>					
property					39 yrs.	MM			- <u> </u>			
	ection C—A	ssets Placed in Serv	vice During 2009 T	ax Year	Using the A							
20a Class life			_		g		S/L	· · · ·				
b 12-year		1			12 yrs		S/L					
c 40-year					40 yrs	ММ	S/L					
	y (See ins	tructions.)										
21 Listed property Enter	amount from	line 28						21	131			
22 Total. Add amounts fr						Enter here						
and on the appropriate		•	•		structions	r		22	201			
23 For assets shown abo	-	-	e current year, ente	er the								
portion of the basis at						_23			<u> </u>			
For Paperwork Reduction	ACT NOTICO, S	see separate instruc	uons.						Form 4562 (2009)			

DAA

V		10 4 03 PM INTERNAT	IONAL MI	SSIONS	5		02-0	5061	04							- 0
	art V	Listed Prope property used Note: For any ve 24b, columns (a)	d for entertail	nment, re	creatio	n, or a lard mi	amusei leage rat	ment.) te or dedi	uctina le:			-		•	s, and	Page 2
			-Depreciation a							for limit	ts for pas	senger	automot	oles.)		
24a	Do you ha	ve evidence to suppo	rt the business/inve	stment use cla	aimed?	X	Yes	No	24b	lf "Yes,'	' is the ev	/idence	written?		X Yes	No
(list	(a) of property vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cost or bas	basis (business/investment use only)			(f) Recover репоd		(g) Method/ Convention		(h) Depreciation deduction		(i) Elected section 179 cost		
25		depreciation allowa	•		• •			ig the								
		and used more that	•			e instru	ctions)	-			2	5				1
26 C	OMPUT	used more than 50	0% in a quaimed	Dusiness us	6.	<u> </u>				1						
			100.00%		81	3		409	5.	0 20	ODBH	Y		131		
04/09/08 100.00% 819 409 5.0 200DBHY 131													_			
			%													
27	Property	used 50% or less	in a qualified bus	iness use:		•			·							
			%				.			S/I	L					1
															\$	
			%	<u> </u>						S/I				1 2 1		
28 29		ounts in column (h),	-				1, page	1	•		2	8		131		
25	Add and	ounts in column (i),	ine 20. Enter ne		tion B		tion on		/ohielee		<u> </u>			29		
Com	plete this s	section for vehicles	used by a sole r							elated n	erson lf		vided ve	hicles		
		s, first answer the qu										, ou pro				
30	Total bus	siness/investment i	miles driven		(a)	(b)	(0	;)	(d)		e)	(f)
	during th	ie year (do not incl	lude		Vehi	de 1	Veh	icle 2	Vehicle 3 Vehicle		de 4	e 4 Vehicle 5		Vehicle 6		
	commuti	ng miles)														
31	Total cor	mmuting miles drive	en during the yea	r												
32		er personal (nonco	•,	driven .							 					
33		es driven during th	e year. Add													
34		through 32 vehicle available fo	 		Vea	Na	Vee	No	Vee		- Noo	Na				
34		ng off-duty hours?	or personal		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	<u>No</u>
35		vehicle used prima	 anilvbva	•	-											
•••		in 5% owner or rela														
36		er vehicle available	•	?												-
			Section C-Qu	estions for	Employe	ors Who	o Provid	e Vehicl	es for U	se by T	heir Emj	loyees	6			
Answ	ver these o	questions to detern	nine (f you meet a	in exception	to compl	eting Se	ection B	for vehic	les used	by emp	loyees w	ho are	not			
more		owners or related p										_				·
37		naintain a written p	olicy statement t	hat prohibits	all perso	nal use	of vehic	les, inclu	ding con	muting,	by				Yes	No
20	• •	ployees?									•		•	•		
38		naintain a written p es? See the instrue									our					
39		reat all use of vehic				nicers,	unectors	5, 01 1 /6 (whers			•	•		
40	•	provide more than f	• • •	•		inform	ation from	m vour er	mplovee:	s about	the		·	•		
		e vehicles, and ret						,								
41	Do you r	neet the requireme	ents concerning q	ualified auto	mobile de	emonstr	ation use	e? (See i	nstructio	ns.)				••		
	Note: If	your answer to 37,	38, 39, 40, or 41	is "Yes," do	not com	olete Se	ection B (for the co	vered ve	hides						
Pa	art VI	Amortization	·													
		(a) Description of costs		(b) Date amo begu	rtization			(c) ortizable nount		(d Co sect	de	(e) Amortiz penoc percen	ation I or	Amortiza	(f) tion for th	is year
42	Amortiza	tion of costs that b	eains during you	r 2009 tay w	ear lees i		0116)									
	/ 51101 1120		ogino during you	2003 lak y	כמי נשבר ו		viiaj									
43	Amortiza	ation of costs that b	egan before you	2009 tax ye	ear	-	· · · ·				I		43			
44	Total. A	dd amounts in colu	mn (f). See the ir	structions fo	or where	o repor	t	·					44			

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