Form 990
Department of the Treasur

PUBLIC DISCLOSURE COPY

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)

► Internal Revenue Service

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



A	or the	$ ho$ 2012 calendar year, or tax year beginning $ ho ext{CT} 1 , 2012 $ and $ ho$	ending S	EP 30, 2013				
B	Check if applicable	C Name of organization D Employer identification number						
, 	Addres							
	change	AS OUR OWN, NFP		20-4725399				
	change	e Doing Business As						
	return Termir		Room/suite	E Telephone number				
	_ated Ameno _return)-980-5352			
	_lreturn ∏Applic			G Gross receipts \$	2,157,400.			
	tiòn pendir			H(a) Is this a group re	eturn Yes X No			
		SAME AS C ABOVE		for affiliates? H(b) Are all affiliates inc				
		empt status: $X 501(c)(3) = 501(c)() \ (insert no.) \ 4947(a)(1) \ (a)(1) \ (b)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)$	or 527	.,	list. (see instructions)			
		te: ► WWW.ASOUROWN.ORG		H(c) Group exemption				
		organization: X Corporation Trust Association Other	I Year		State of legal domicile: IL			
		Summary						
		Briefly describe the organization's mission or most significant activities: TO St	UPPORT	THE RESCUE	OF			
Activities & Governance	-	CHILDREN & PLACE THEM INTO A LIFELONG FAN	MILY.					
rna	2	Check this box 🕨 📖 if the organization discontinued its operations or dispos	sed of more	e than 25% of its net as	sets.			
ove				3	8			
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			7			
es S		Total number of individuals employed in calendar year 2012 (Part V, line 2a)			5			
viti	6	Total number of volunteers (estimate if necessary)			20			
Acti		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.			
				Prior Year	Current Year			
е	8	Contributions and grants (Part VIII, line 1h)		1,191,998.	2,150,830.			
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.			
Rev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		56.	602.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	2,201.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,192,054.	2,153,633.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		371,467.	524,333.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0. 268,850.	0. 375,027.			
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		200,050.	<u> </u>			
en en	16a	Protessional fundraising fees (Part IX, column (A), line 11e)	76	0.	0.			
Ă				232,581.	312,082.			
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		872,898.	1,211,442.			
		Revenue less expenses. Subtract line 18 from line 12		319,156.	942,191.			
- Se				ginning of Current Year	End of Year			
et Assets or ad Balances	20	Total assets (Part X, line 16)		580,033.	1,537,555.			
Ass	21	Total liabilities (Part X, line 26)		2,529.	17,860.			
Net Unc		Net assets or fund balances. Subtract line 21 from line 20		577,504.	1,519,695.			
Pa		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.

Τ

Sign Here	Signature of officer LEILA DURCHHOLZ, TREASI Type or print name and title	Date						
Paid	Print/Type preparer's name BRANDON W. VAHL	Preparer's signature		Check PTIN if self-employed P01699001				
Preparer	Firm's name SOSTROW REISIN BE	RK & ABRAMS, LTD.	Firm's	EIN 36-2938874				
Use Only	Firm's address 455 N. CITYFRONT	PLAZA DRIVE, SUITE	1500					
	CHICAGO, IL 60611-5313 Phone no. 312-670-7444							
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)							
232001 12-1	IN S2001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012)							

	AS OUR OWN, NFP 20-4725399	Pa
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	<u></u>
1	Briefly describe the organization's mission: AS OUR OWN EXISTS TO SUPPORT THE RESCUE OF CHILDREN FROM A LIFE OF	
	CERTAIN ENSLAVEMENT AND PLACE THEM INTO A LIFELONG FAMILY WHERE THE	v
	ARE CARED FOR AS ADOPTED DAUGHTERS. WE STRIVE TO BUILD STRONG	<u> </u>
	COMMUNITIES WHERE PREDATORS CANNOT PREY ON THE INNOCENT ANY LONGER.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	X
	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?	X
	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 expense	3.
	Section 501(c)(3) and 501(c)(4) organizations 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 \$ 180,756. including grants of \$ 109,514.) (Revenue \$) (Revenue \$)	
	AS OUR OWN RESCUES CHILDREN IN INDIA FROM LIVES OF SLAVE LABOR, SUC	υ
	ORGANIZED BEGGING AND THE SEX TRADE. WITH A UNIQUE PRESENCE IN THE	<u>n</u> .
	RED-LIGHT DISTRICT, AS OUR OWN WORKS TO PREVENT SECOND-GENERATION S	EX
	SLAVERY. DESPITE THE DIFFICULT AND DANGEROUS CONDITIONS, AS OUR OWN	
	STANDING IN THE GAP, USHERING IN POTENTIAL FOR HOPE AND A NEW WAY O	
	LIFE.	
4b	(Code:) (Expenses \$ 409,567. including grants of \$ 267,083.) (Revenue \$	
-10	AFTERCARE:	
	THE RESCUED CHILDREN ARE WELCOMED INTO THE AS OUR OWN FAMILY WHERE	TH
	RECEIVE LOVING, LIFELONG AFTERCARE INCLUDING NURTURE, EDUCATION, AN	
	GUIDANCE. EXCELLENCE IS SOUGHT IN EVERY ASPECT: THE BEST ENGLISH	
	EDUCATION FOR EACH CHILD; AMPLE OPPORTUNITIES TO DEVELOP GIFTS AND	
	TALENTS THROUGH ART, MUSIC, AND SPORTS; AND ADVANCED TRAINING AND	
	UNIVERSITY EDUCATION OPPORTUNITIES. THESE GIRLS ARE FAMILY, ADOPTED	A
	OUR OWN FOR LIFE. THEY ARE SUPPORTED AND LOVED IN EVERY PHASE OF LI	FE
	SCHOOLING, CAREER, MARRIAGE AND FAMILY, AND BEYOND.	
4c	(Code:) (Expenses \$ 290,221. including grants of \$ 147,736.) (Revenue \$ PREVENTION:	
	TO PREVENT ONGOING PATTERNS AND CYCLES OF EXPLOITATION AND ENSLAVEM	
	AS OUR OWN WORKS WITH LOCAL CHRISTIAN LEADERS, TRAINS PASTORS AT IT	
	HOPE COLLEGE, AND WORKS IN BROKEN COMMUNITIES THROUGH ITS LIGHTHOUS	
	CHURCH NETWORK, TO BRING TRANSFORMATION AND STRENGTH THROUGH THE LO	
	OF JESUS CHRIST.	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 880,544.	000
32002	Form	90
2-10-	¹² 2	
90	318 311101 04054.000 2012.05060 AS OUR OWN, NFP 040	54
~ 0	270 277707 040240000 Z0770000 Z0 COV OMM' NLL 040	ノモ

Form 990 (2				OWN,
Part IV	Checklist (of Requir	red Sc	hedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		x
F	during the tax year? If "Yes," complete Schedule C, Part II	4		<u></u>
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		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	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
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 and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	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, 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	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		х	
40	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Δ	
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
214	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		x
Ь		24a 24b		
b c	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ũ	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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		28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	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	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 conservation			37
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?	•		v
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	20		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	55		
01	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, 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	35b		
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	36		Х
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	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	(2012)

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Pa	Statements Regarding Other IRS Filings and Tax Compliance Check 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 9					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0					
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
	(gambling) winnings to prize winners?	1c				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a 5					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
b	b If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>					
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		
	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 as charitable contributions?	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).	_		v		
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		
		7b				
С		-		x		
ام	to file Form 8282?	7c				
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		x		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			- 23		
g h	If the organization received a contribution of qualified intellectual property, did the organization life rorm 6039 as required $r_{\rm cont}$	7g 7h				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	/11				
•	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:					
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					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders					
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note. See the instructions for additional information the organization must report on Schedule O.					
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					
С	Enter the amount of reserves on hand 13c					
	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		(0040)		

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Form **990** (2012)

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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	· · · · · · · · · · · · · · · · · · ·
 Uneck it Schedule U contains a response to any 	allestion in this Part VI

<u>Sec</u>	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8	3		
	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 0.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	ip with	any other	1		
	officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customarily performed by or under th					
	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 governing documents since the prior Form 9			4		х
5	Did the organization become aware during the year of a significant diversion of the organization's as			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 a			–		
74	more members of the governing body?			7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			14		
D	persons other than the governing body?			7b		x
•	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			10		
8		-	-	0.0	х	
a h	The governing body?			8a 8b	X	
b	Each committee with authority to act on behalf of the governing body?				- 22	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached	at the			x
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		- O- d-)	9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code.)		N/	<u> </u>
					Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	v	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	dy befo	ore filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				v	
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			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	in Schedule O how this was done			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	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by ii	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?)				
а	The organization's CEO, Executive Director, or top management official			15a	Х	L
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 arrange	ment v	vith 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	ate its	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	on's			
	exempt status with respect to such arrangements?			16b		
<u>Sec</u>	tion 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 990-7	T (Sect	tion 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflict	of interest policy, ar	nd finar	ncial	
	statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books a	ind rec	ords of the organization	ation: 🕨	•	
	BECCA MCPHETRIDGE - (800)-980-5352					
	PO BOX 101282, CHICAGO, IL 60610					
12-10-	12			Form	990	(2012)
	le la					

• 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.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week					1/		from	from related	other
	(list any	irecto						the	organizations	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	ruste	l trus		/ee	npen		(00-2/1033-10100)		and related
	below	dual t	utiona	_	mploy	st col	5			organizations
	(list any hours for related organizations below line)	Indivi	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			0
(1) RALPH BORDE	50.00									
CHIEF EXECUTIVE OFFICER		X		Х				75,000.	0.	0.
(2) REV. STEVE MASON	2.00									
VICE PRESIDENT		X		Х				0.	0.	0.
(3) LEILA DURCHHOLZ	2.00									
TREASURER		X		Х				0.	0.	0.
(4) SUSANNE MAZUR	1.00									
SECRETARY		X		Х				0.	0.	0.
(5) AMANDA JONES	1.00									
DIRECTOR		X						0.	0.	0.
(6) REV. CURTIS JONES	1.00									
DIRECTOR		X						0.	0.	0.
(7) LEIGH KOHLER	1.00									
DIRECTOR		X						0.	0.	0.
(8) JEFF OSTERMANN	1.00									
DIRECTOR		Х						0.	0.	0.
232007 12-10-12						7				Form 990 (2012)

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per	box	not c , unle	Pos heck ss pe	erson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensatio			(F) stimate nount (
		week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee a	Officer p		Highest compensated stat/x employee	Former	from the organization (W-2/1099-MISC)	from relate organizatior (W-2/1099-MI	าร	fr org an	other pensa rom the anizati d relate anizatio	e ion ed
	1b Sub-total 75,000. c Total from continuation sheets to Part VII, Section A 0.						0.			0.				
d	Total (add lines 1b and 1c)								75,000.		0.			0.
2	Total number of individuals (including but n	ot limited to th	iose	liste	ed al	bove	e) wł	no re	eceived more than \$100),000 of reportat	ole			0
	compensation from the organization												Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s								highest compensated e			3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportab	le co	ompe	ensa	atior	n and	d oth	her compensation from	the organization	'			x
5	Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	/ unr				з	4		
Sec	rendered to the organization? If "Yes," corr tion B. Independent Contractors	plete Schedul	e J f	or sı	ıch	pers	son .					5		Х
1	Complete this table for your five highest co	-									npens	ation	from	
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) Name and business address NONE Description of services						С)		 n					
	Name and business address NONE Description of services Compensation													
2	Total number of independent contractors (i \$100,000 of compensation from the organi	e e	ot li	mite	d to		se lis)	sted	above) who received m	nore than				

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Pa	rt VI	Statement of Rever	nue					
		Check if Schedule O cont	ains a response	to any question	in this Part VIII	(P)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
t t	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
¶a, G		Fundraising events						
a git		Related organizations						
ini,		e Government grants (contribut						
ric S	f	All other contributions, gifts, gran						
ibu		similar amounts not included abo	ve 1f 2,	150,830.				
dat	g	Noncash contributions included in lines	1a-1f: \$					
<u>a 0</u>	h	Total. Add lines 1a-1f		►	2,150,830.			
				Business Code				
ice	2 a	۱						
le c	b	·						
n S (en	с							
Be	d	1						
Program Service Revenue	e							
-		All other program service reve						
-	<u> </u>	Total. Add lines 2a-2f Investment income (including						
	3	other similar amounts)			602.			602.
	4	Income from investment of ta						
	5	Royalties		•				
	Ū		(i) Real	(ii) Personal				
	6 a	Gross rents	()	(.,				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		🕨				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses			_			
	С	Gain or (loss)						
		I Net gain or (loss)		····· •				
Other Revenue	8 a	Gross income from fundraising including \$						
leve		contributions reported on line						
er F		Part IV, line 18						
f	b	Less: direct expenses	b					
Ŭ		Net income or (loss) from fund	-	<u> </u>				
	9 a	Gross income from gaming ac						
		Part IV, line 19			-			
		Less: direct expenses						
		Net income or (loss) from gam		····· >				
	iu a	Gross sales of inventory, less		5,968.				
	Ь	and allowances			-			
		Net income or (loss) from sale			2,201.	2,201.		
	<u> </u>	Miscellaneous Revenu		Business Code		272010		
	11 a							
	b	-						
	c							
		All other revenue						
	е	• Total. Add lines 11a-11d		►				
	12	Total revenue. See instructions.		►	2,153,633.	2,201.	0.	
23200 12-10-	9 12							Form 990 (2012)

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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). Check if Schedule O contains a response to any question in this Part IX (A) (B) (C) Do not include amounts reported on lines 6b, Total expenses Program service expenses Management an general expenses

	Check if Schedule O contains a respon			(0)	
	not include amounts reported on lines 6b, 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				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	524,333.	524,333.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	182,470.	109,482.	9,124.	63,864.
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	159,138.	95,484.	59,197.	4,457.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	6,284.	3,770.	1,257.	1,257.
10	Payroll taxes	27,135.	16,281.	5,427.	5,427.
11	Fees for services (non-employees):				
а	Management				
b	Legal	8,558.	1,408.	2,163.	4,987.
С	Accounting	27,960.	4,600.	7,067.	16,293.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	50 020	10 040	14 050	22 020
	column (A) amount, list line 11g expenses on Sch 0.)	59,039.	10,249.	14,858.	33,932.
12	Advertising and promotion	37,021.	14,885.	11 017	22,136.
13	Office expenses	36,076.	6,912.	11,817.	17,347.
14	Information technology				
15	Royalties	270		105	105
16	Occupancy	370.	60 700	185.	185.
17	Travel	79,389.	68,782.	4,243.	6,364.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0 725		0 725	
19	Conferences, conventions, and meetings	8,735.		8,735.	
20	Interest				
21	Payments to affiliates	6 540	1 615	720.	1 1 7 7
22	Depreciation, depletion, and amortization	6,542. 1,924.	4,645. 577.	1,347.	1,177.
23	Insurance	1,924.	577•	1,547.	
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)				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	COMMUNICATIONS EXPENSE	12,742.	6,506.		6,236.
b	STATIONARY & PRINTING	11,357.	4,543.	2,271.	4,543.
с	WEBSITE FEES	9,279.	6,496.	927.	1,856.
d	DUES AND SUBSCRIPTIONS	4,170.		2,085.	2,085.
е	All other expenses	8,920.	1,591.	399.	6,930.
25	Total functional expenses. Add lines 1 through 24e	1,211,442.	880,544.	131,822.	199,076.
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 I if following SOP 98-2 (ASC 958-720)				
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Net Assets or Fund Balances

11

Total liabilities and net assets/fund balances

Investments - publicly traded securities

Investments - other securities. See Part IV, line 11

Investments - program-related. See Part IV, line 11 Intangible assets

Other assets. See Part IV, line 11

Accounts payable and accrued expenses

Grants payable

Deferred revenue Tax-exempt bond liabilities

Escrow or custodial account liability. Complete Part IV of Schedule D

Loans and other payables to current and former officers, directors, trustees,

key employees, highest compensated employees, and disgualified persons. Complete Part II of Schedule L

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

parties, and other liabilities not included on lines 17-24). Complete Part X of

Organizations that follow SFAS 117 (ASC 958), check here **X** and

Unrestricted net assets

Temporarily restricted net assets

Organizations that do not follow SFAS 117 (ASC 958), check here

Capital stock or trust principal, or current funds

Paid in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Permanently restricted net assets

Other liabilities (including federal income tax, payables to related third

Total liabilities. Add lines 17 through 25

complete lines 27 through 29, and lines 33 and 34.

and complete lines 30 through 34.

Total assets. Add lines 1 through 15 (must equal line 34) .

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Schedule D

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Assets

<u>1990 (</u> rt X	2012) AS OUR OWN, NE Balance Sheet	₹P			20-	4725399 Page 11
	Check if Schedule O contains a response to an	v question ir	this Part X			
		<u>, daoranan</u>		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			511,116.	1	1,089,500.
2	Savings and temporary cash investments			41,225.	2	400,640.
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net				4	
5	Loans and other receivables from current and f	rs, directors,				
	trustees, key employees, and highest compens	ated employ	vees. Complete			
	Part II of Schedule L				5	
6	Loans and other receivables from other disqual	•	·			
	section 4958(f)(1)), persons described in section					
	employers and sponsoring organizations of sec		· · ·			
_	employees' beneficiary organizations (see instr)				6	
7	Notes and loans receivable, net			2 0 0 0	7	0 701
8	Inventories for sale or use		3,960.	8	2,781.	
9	Prepaid expenses and deferred charges				9	7,876.
10a			E1 470			
	basis. Complete Part VI of Schedule D		51,478.	22 722		26 750
b	Less: accumulated depreciation	10b	14,720.	23,732.	10c	36,758.

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580,033.

2,529.

2,529.

382,542.

194,962.

577,504.

580,033.

1,53<u>7,</u>555.

17,860.

17,860.

1,006,754.

512,941.

1,537,555. Form **990** (2012)

1,519,695.

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4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		57	<u>7,5</u>	04.
5						
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	1	.,51	9,6	<u>95.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual X Other SEE SCH O					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis	З,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	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.					
3a	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	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	<u></u>	<u></u>	3b		
				Гания	000	(0010)

Form	AS OUR OWN, NFP	20	-4725399				
Ра	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	2,153				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,211				
3	Revenue less expenses. Subtract line 2 from line 1	3	942				

l revenue (must equal Part VIII, column (A), line 12)	1	2,153,633.
l expenses (must equal Part IX, column (A), line 25)	2	1,211,442.
enue less expenses. Subtract line 2 from line 1	3	942,191.
assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	577,504.
unrealized gains (losses) on investments	5	
ated services and use of facilities	6	
stment expenses	7	
period adjustments	8	
		0

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Form **990** (2012)

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(Form 990 or 990-EZ)

Department of the Treasury

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-F7 See separate instructions

Internal Reve	ternal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.						Inspection					
Name of	the organizati	on						E	mployer	identifica	tion nu	mber
			OWN, NFP						2	0 - 472	5399)
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part	.) See inst	ructions.				
The organ	nization is not a	a private foundation	because it is: (For lines [·]	1 through	11, check	only one b	ox.)					
1 🗔	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3	A hospital or	a cooperative hospi	tal service organization	described	in section	170(b)(1)	A)(iii).					
4	A medical res	search organization of	operated in conjunction	with a hos	spital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospita	al's nam	ne,
	city, and state:											
5	An organizati	on operated for the	benefit of a college or u	niversity o	wned or op	perated by	a governi	mental uni	t descrik	bed in		
_	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🔛	A federal, sta	te, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(1)(A)(v).					
7 X	An organizati	on that normally rec	eives a substantial part	of its supp	port from a	governme	ental unit c	or from the	general	public des	cribed	in
	section 170(b)(1)(A)(vi). (Comple	te Part II.)									
8 🛄	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 📖	An organizati	on that normally rec	eives: (1) more than 33 [·]	1/3% of its	s support f	rom contri	butions, m	nembershi	p fees, a	and gross r	eceipts	from
	activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ions, and (2	2) no more	than 33 1	/3% of its	suppor	t from gros	s invest	tment
	income and ι	Inrelated business ta	axable income (less sec	tion 511 ta	ax) from bu	sinesses a	acquired b	y the orga	nization	after June	30, 197	75.
	See section	509(a)(2). (Complete	e Part III.)									
10	•	•	perated exclusively to te	•								
11 📖	An organizati	on organized and op	perated exclusively for the	ne benefit	of, to perfo	orm the fur	nctions of,	or to carr	y out the	e purposes	of one	or
	more publicly	supported organiza	ations described in secti	on 509(a)(1) or section	on 509(a)(2	2). See sec	tion 509(a)(3). Ch	eck the bo	x that	
		· · · · · · · · · · · · · · · · · · ·	organization and compl		•							
	a 📖 Type I	b 📖 Ту	/pe II c	ype III - Fu	nctionally i	integrated	c	і 📖 Тур	e III - No	n-functiona	ally inte	grated
e 📖	By checking	this box, I certify tha	t the organization is not	controllec	d directly o	r indirectly	by one o	r more dis	qualified	persons o	ther tha	an
	foundation m	anagers and other t	han one or more publicly	y supporte	ed organiza	ations desc	cribed in s	ection 509	9(a)(1) or	section 50)9(a)(2).	
f	-		ten determination from		-							
			nis box									. 🗆
g			organization accepted ar									<u> </u>
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons c	lescribed	in (ii) and (iii) below	/,	Yes	No
	the governing body of the supported organization?											
	(ii) A family member of a person described in (i) above?											
	(iii) A 35% d	controlled entity of a	person described in (i)	or (ii) abov	e?					11g(ii	i)	
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
			i			() 511		(4)	the			
• •	e of supported	(ii) EIN	(iii) Type of organization		organization sted in your			(vi) Is organizatio	on in col.	(vii) Amou		netary
organization (described on lines 1-9 in col. (i) liste above or IRC section governing do							(i) organiz	nized in the support I.S.?				
			(see instructions))		-	Yes				{		
				Yes	No	res	No	Yes	No			

Total

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

13 2012.05060 AS OUR OWN, NFP OMB No. 1545-0047

Open to Public

l

Schedule A (Form 990 or 990-EZ) 2012 AS OUR OWN, NFP

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) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 249,494. 556,248. 905,628. 1191998. 2150830. 5054198. include any "unusual grants.") 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 249,494. 556,248. 905,628. 1191998. 2150830. 5054198. 4 Total. Add lines 1 through 3 The portion of total contributions 5 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) 147,997. 4906201. Public support. Subtract line 5 from line 4. 6 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 905,628. 1191998. 5054198. 249,494 556,248. 2150830. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 76. 602. 901. 104. 63 56. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 719. 719 assets (Explain in Part IV.) 5055818 11 Total support. Add lines 7 through 10 5.968. 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 97.04 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 % 94.89 15 Public support percentage from 2011 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and ► X stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support		•	•	•	•	
Calendar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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.)						
14 First five years. If the Form 990 is for	the organization':	s first, second, thi	rd, fourth, or fifth t	tax vear as a secti	on 501(c)(3) organi	zation.
check this box and stop here	•					·
Section C. Computation of Publ						
15 Public support percentage for 2012 (I			column (f))		15	%
16 Public support percentage from 2011					16	%
Section D. Computation of Inve	stment Incom	e Percentage	•			
17 Investment income percentage for 20	12 (line 10c, colur	nn (f) divided by li	ine 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2012. If the					33 1/3%, and line	17 is not
more than 33 1/3%, check this box a	nd stop here. The	organization qua	lifies as a publicly	supported organia	zation	>
b 33 1/3% support tests - 2011. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t	this box and see in	structions)
232023 12-04-12				Sc	hedule A (Form 99	0 or 990-EZ) 2012
			15			

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2012.05060 AS OUR OWN, NFP

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

Nam	of the organization AS OUR OWN, NFP			Er	nployer identification number 20-4725399
Pa		ed Funds o	or Other Similar Fund	ds or Acco	
	organization answered "Yes" to Form 990, Part IV, li				
			onor advised funds	(b) Fu	unds 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		he assets held in donor adv	/ised funds	
-	are the organization's property, subject to the organization'	-			Yes No
6	Did the organization inform all grantees, donors, and donor				
	for charitable purposes and not for the benefit of the donor		• •		
	impermissible private benefit?			•	Yes No
Pa	t II Conservation Easements. Complete if the o				
1	Purpose(s) of conservation easements held by the organization	ation (check all	that apply).		
	Preservation of land for public use (e.g., recreation or	•	Preservation of an I	nistorically im	portant land area
	Protection of natural habitat	,	Preservation of a ce		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qua	lified conserva	ation contribution in the for	m of a consei	vation easement on the last
	day of the tax year.				
					Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b					
с	Number of conservation easements on a certified historic s	tructure incluc	ded in (a)	2c	
d	Number of conservation easements included in (c) acquired				
	listed in the National Register				
3	Number of conservation easements modified, transferred, r				on during the tax
	year 🕨				
4	Number of states where property subject to conservation e	asement is loc	cated >		
5	Does the organization have a written policy regarding the p	eriodic monito	ring, inspection, handling c	of	
	violations, and enforcement of the conservation easements	it holds?			
6	Staff and volunteer hours devoted to monitoring, inspecting	g, and enforcir	ng conservation easements	during the ye	ear 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	d enforcing co	nservation easements duri	ng the year 🕨	▶\$
8	Does each conservation easement reported on line 2(d) abo	ove satisfy the	requirements of section 17	70(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?				Yes II No
9	In Part XIII, describe how the organization reports conserva	tion easement	ts in its revenue and expen	se statement	, and balance sheet, and
	include, if applicable, the text of the footnote to the organiz	ation's financi	al statements that describe	es the organiz	ation's accounting for
_	conservation easements.				
Pa	t III Organizations Maintaining Collections	of Art, Hist	orical Treasures, or	Other Sim	ilar Assets.
	Complete if the organization answered "Yes" to Forr	n 990, Part IV,	line 8.		
1a	If the organization elected, as permitted under SFAS 116 (A	ASC 958), not 1	to report in its revenue stat	ement and ba	alance sheet works of art,
	historical treasures, or other similar assets held for public e	xhibition, educ	cation, or research in furthe	rance of pub	lic service, provide, in Part XIII,
	the text of the footnote to its financial statements that desc	ribes these ite	ems.		
b	If the organization elected, as permitted under SFAS 116 (A	ASC 958), to re	eport in its revenue stateme	ent and balan	ce sheet works of art, historical
	treasures, or other similar assets held for public exhibition,	education, or I	research in furtherance of p	oublic 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 tr	reasures, or ot	her similar assets for financ	cial gain, prov	ride
	the following amounts required to be reported under SFAS	-			
а	Revenues included in Form 990, Part VIII, line 1			►	\$
b	Assets included in Form 990, Part X			►	\$
	For Paperwork Reduction Act Notice, see the Instructio	ns for Form 9	90.		Schedule D (Form 990) 2012
23205 12-10-	2		20		

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20 2012.05060 AS OUR OWN, NFP



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Pa	t III Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	easures, o	or Othe	r Simila	ar Asse	ts(contin	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the	following that	t are a sig	nificant ι	use of its	collectio	n items	5
	(check all that apply):										
а	Public exhibition	c			hange progra						
b	Scholarly research	e		Other							
с	5										
4	Provide a description of the organization's co							se in Par	t XIII.		
5	During the year, did the organization solicit of				-				7		1
	to be sold to raise funds rather than to be m								Yes		No
Pai	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered "	Yes" to F	orm 990,	Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1 a	Is the organization an agent, trustee, custod								7		
	on Form 990, Part X?							······ L	∐ Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:							
									Amount		
	Beginning balance										
	Additions during the year										
-	Distributions during the year										
f	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.										
	t V Endowment Funds. Complete i							<u></u>		L	1
		(a) Current year		Prior year	(c) Two years			ears back	(a) Four	vears	hack
1a	Beginning of year balance	(a) Ourient year		nor year			uj 11100 y	ouro buon		youron	Juon
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
Ũ	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the cur	rent vear end balanc	ce (line 1	a. column (a	a)) held as:						
	Board designated or quasi-endowment		%	9, 0010.1111 (0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	Permanent endowment	%									
	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and 2c show										
3a	Are there endowment funds not in the posse		ation tha	at are held a	nd administer	red for the	e organiz	ation			
	by:	0					U]	Yes	No
	(i) unrelated organizations										
	(ii) related organizations										
b	If "Yes" to 3a(ii), are the related organization										
4	Describe in Part XIII the intended uses of the										
Pa	t VI Land, Buildings, and Equipm	nent. See Form 990), Part X,	, line 10.							
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Acc	cumulate	d	(d) Bool	k value)
	-	basis (investr	ment)	basis	(other)		reciation				
1a	Land										
	Buildings										
	Leasehold improvements				7,551.					7,55	
d	Equipment				4,013.		1,22			2,79	
	Other				9,914.		13,49	99.		5,41	
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line 1	0(c).)					5,75	
								Schodule		OOOI O	2012

Schedule D (Form 990) 2012

232052 12-10-12

Schedule D	(Form 990) 20

Part VII Investments - Other Securities. See	e Form <u>9</u> 90, Part X, lir	ne 12.	
(a) Description of security or category (including name of security)	(b) Book value		aluation: 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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Se			
(a) Description of investment type	(b) Book value	(c) Method of va	aluation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line			
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
Part X Other Liabilities. See Form 990, Part X, li	ine 25.		
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the tex			
liability for uncertain tax positions under FIN 48 (ASC 7	40). Check here if the	e text ot the footnote has l	been provided in Part XIII

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ...

Schedule D (Form 990) 2012

232053 12-10-12

Schedule D (Form 990) 2012 AS OUR OWN, NFP	20-4	725399 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue		
1 Total revenue, gains, and other support per audited financial statements	1	2,157,400.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments2a		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIII.) 2d 3,	767.	
e Add lines 2a through 2d	2e	3,767.
3 Subtract line 2e from line 1	3	2,153,633.
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		
b Other (Describe in Part XIII.)		0
c Add lines 4a and 4b		$\frac{0.}{2.152.622}$
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expense		2,153,633.
		1,215,209.
1 Total expenses and losses per audited financial statements	1	1,213,209.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities b Prior vear adjustments 2		
	767.	
e Add lines 2a through 2d	2e	3,767.
3 Subtract line 2e from line 1	3	1,211,442.
 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 XIII.)		
c Add lines 4a and 4b	4c	Ο.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		1,211,442.
Part XIII 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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in		
PART X, LINE 2: AS OUR OWN, NFP IS EXEMPT FROM FEDERAL II	NCOME TA	X
UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (TH	E CODE)	AND HAS
BEEN DETERMINED TO BE AN ORGANIZATION THAT IS NOT A PRIVE	ATE FOUN	DATION
UNDER SECTION 509(A) OF THE CODE. ACORDINGLY, NO PROVIS	ION FOR	INCOME OR
EXCISE TAX HAS BEEN MADE IN THE ACCOMPANYING CONSOLIDATE	D FINANC	IAL
STATEMENTS. THE ORGANIATION'S FORMS 990, RETURN OF ORGAN	NIZATION	EXEMPT
FROM INCOME TAX, FOR THE YEARS ENDED 2010, 2011, 2012 AND		
TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFT	ER THEY	WERE

Schedule D (Form 990) 2012

232054 12-10-12

FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

Schedule D (Form 990) 2012

SCHEDULE	F
(Form 990)	

Department of the Treasury

Statement of Activities Outside the United States

Complete if the organization answered "Yes" to Form 990, Part IV line 14b 15 or 16

Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

Internal Revenue Service		•				Inspection
Name of the organization					Employer iden	tification number
AS OUR OWN, N	IFP				20-47253	99
		Activities Ou	tside the United States. Comple	te if the orgar		
	, Part IV, line 14b.					
			ds to substantiate the amount of its gra the selection criteria used to award the			Yes 🗌 No
the grantees engine	inty for the grants of	assistance, and	the selection chiena used to award the	grants or ass		
2 For grantmakers.	Describe in Part V the	e organization's	procedures for monitoring the use of its	s grants and c	ther assistance o	utside the
United States.						
3 Activities per Regio (a) Region	(b) Number of	(c) Number of	an be duplicated if additional space is r (d) Activities conducted in region		vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (e.g., fundraising, program	• •	gram service,	expenditures
	in the region	independent	services, investments, grants to		e specific type	for and investments
		in region	recipients located in the region)	of servi	ce(s) in region	in region
			GRANTS TO RECIPIENTS			
SOUTH ASIA	C	0	LOCATED IN THE REGION			524,333.
						_
3 a Sub-total	C	0				524,333.
b Total from continua	ition					
sheets to Part I		0				0.
c Totals (add lines 3a and 3b)	a r	0				524,333.
anu 00)	····· I "	I V				

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

Schedule F (Form 990) 2012

232071 12-10-12



Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. 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)
		SOUTH ASIA	RESCUE/AFTERCARE/PREV	524,333.	WIRE TRANSFER	0.		
2 Enter total number of	recipient organizatio	ns listed above that are	recognized as charities by the	foreign country	, recognized as tax-e	xempt by		
	he grantee or couns	el has provided a sectio	n 501(c)(3) equivalency letter					3

20-4725399

Page 2

AS OUR OWN, NFP 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)

27

Page 3

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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	X No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form</i> 5471, <i>Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form</i> 5471)	Yes	X 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	X 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	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)</i>	Yes	X No

Schedule F (Form 990) 2012

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

SCHEDULE F, PART I, LINE 2:

Part V

ALL GRANT RECIPIENTS ARE REQUIRED TO COMPLETE A PRE-GRANT INQUIRY AND

SUBMIT EVIDENCE OF THE ENTITY'S QUALIFIED CHARITABLE STATUS IN THE

FOREIGN COUNTRY PRIOR TO RECEIVING A GRANT FROM 'AS OUR OWN'. QUALIFIED

GRANT RECIPIENTS THEN EXECUTE A WRITTEN GRANT AGREEMENT THAT GENERALLY

OUTLINES THE TYPES OF QUALIFIED CHARITABLE AND RELIGIOUS PROJECTS THAT

WILL BE CONDUCTED AND PLACES ADDITIONAL RESTRICTIONS AND REPORTING

REQUIREMENTS TO ENSURE THAT THE FOREIGN ENTITY'S USE OF GRANTED FUNDS

COMPLIES WITH IRC SEC 501(C)(3).

(Form 990 or 990-EZ)

Department of the Treasury	
Internal Revenue Service	

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047
2012
Open To Public

Name of the organization AS OUR	OWN, NFP				Employer ide	ntification number 399
Part I Fundraising Activities required to complete this part	Complete if the organization answert.	ered "Y	'es" to	o Form 990, Part IV, li	ne 17. Form 990-EZ	filers are not
 Indicate whether the organization rai a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, F b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the 	e X Solicita f Solicita g Special or oral agreement with any individua Part VII) or entity in connection with p lividuals or entities (fundraisers) purs	tion of tion of fundra l (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees or	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
MISSION ADVANCEMENT	CONSULTING ON MAJOR DONOR	Yes	No			
PROFESSIONALS - 4100 WEST	RELATIONSHIPS AND ANNUAL &		X	820,000.	39,125.	780,875.
Total 3 List all states in which the organization	on is registered or licensed to collisit			820,000.	39,125.	780,875.
or licensing.		CONTIN		s of has been notified	nt is exempt norm	gistration
LHA Paperwork Reduction Act Notice, SEE PART IV	see the Instructions for Form 990 FOR CONTINUATIONS	or 990)-EZ.		Schedule G (Forr	n 990 or 990-EZ) 2012

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FC	IL	of fundraising event contributions and gro	-			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
Revenue			(event type)	(event type)	(total number)	col. (c))
Rev	1	Gross receipts				
	2	Less: Contributions				
	-					
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
ses						
pen	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	1 5 5				()
Pa	Int	Net income summary. Combine line 3, column	<u>n (d), and line 10</u> answered "Yes" to Form	990. Part IV. line 19. or n	eported more than	
		\$15,000 on Form 990-EZ, line 6a.		, , ,	•	
ē			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo	(, , , , , , , , , , , , , , , , , , ,	col. (a) through col. (c))
Be	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	Yes %	Yes %	
	6	Volunteer labor	No No	└── No	No No	
	7	Direct expense summary. Add lines 2 through	ז 5 in column (d)		►	()
	8	Net gaming income summary. Combine line 1	, column d, and line 7			
		ter the state(s) in which the organization opera	· · -	-+-+0		
		the organization licensed to operate gaming ac No," explain:				Yes No
N						
		ere any of the organization's gaming licenses re			/ear?	Yes No
b) If "	Yes," explain:				
	_					
2320		1-07-13			Schedule G (Fo	rm 990 or 990-EZ) 2012
	0					

Sch	nedule G (Form 990 or 990-EZ) 2012 AS OUR OWN, NFP	20-472	5399	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		Yes	
13	Indicate the percentage of gaming activity operated in:			
â	a The organization's facility	13a		%
	• An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	S:		
	Name			
	Address 🕨			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
k	o If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amou of gaming revenue retained by the third party ▶\$	nt		
c	$rac{1}{2}$ If "Yes," enter name and address of the third party:			
	Name			
	Address 🕨			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	└── No
k	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the		
Pa	organization's own exempt activities during the tax year s supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, column lines 0, 0h, 10h, 15h, 15h, 16h, and 17h, as applicable. Also complete this part to provide any additional information.			
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional infor	mation (see	Instru	suons).
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRA	ISERS:		
(I) NAME OF FUNDRAISER: MISSION ADVANCEMENT PROFESSIONALS			
(1) ADDRESS OF FUNDRAISER:			
41	00 WEST ELDORADO PARKWAY, SUITE 100-304, MCKINNEY, TX 7507	70		
(1	I) ACTIVITY: CONSULTING ON MAJOR DONOR RELATIONSHIPS AND AN	NUAL 8	È CA	PITAL
2320	83 01-07-13 Schedule G	6 (Form 990	or 990	-EZ) 2012

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service Name of the organization 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.



Employer identification number 20-4725399

FORM 990, PART VI, SECTION A, LINE 2:

REV. CURTIS JONES & AMANDA JONES - FAMILY RELATIONSHIP

AS OUR OWN, NFP

FORM 990, PART VI, SECTION B, LINE 11:

DRAFT COPY OF FORM 990 IS SENT TO ALL DIRECTORS FOR INPUT. Α A FINAL COPY

THE RETURN IS PROVIDED TO ALL DIRECTORS PRIOR TO FILING. OF

FORM 990, PART VI, SECTION B, LINE 12C:

EACH INDIVIDUAL IS REQUIRED TO DISCLOSE CONFLICTS TO THE BOARD AND RECUSE

HIM OR HERSELF FROM THE MEETING TO ENABLE THE BOARD TO INDEPENDENTLY

DISCUSS (1) WHETHER A CONFLICT EXISTS AND (2) WHETHER THE PROPOSED ACTION

IS IN THE BEST INTEREST OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD REVIEWS CEO COMPENSATION ANNUALLY AND DOCUMENTS ITS DECISION.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 1, OTHER ACCOUNTING METHOD:

MODIFIED CASH BASIS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13 33

Schedule O (Form 990 or 990-EZ) (2012)

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(Form 990) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2012 Open to Public Inspection

Name of the organization

AS OUR OWN, NFP

Employer identification number 20-4725399

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ASPIRE INTERNATIONAL, LLC - 46-2891990	4				
PO BOX 101282					
CHICAGO, IL 60610	GRANTMAKING	INDIANA	807.	1,807.	AS OUR OWN
	-				

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Exempt Code	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?					
				501(c)(3))		Yes	No						
							<u> </u>						

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

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

(a)	(b)	(c)	(d)		(e)		(f)	(g)	(h)	(i)		(j)	(1	k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related	nant income unrelated, om tax under 5 512-514)	ind	e of total come	end-	are of of-year sets	ate allocations		Code V-UE amount in b 20 of Scheo	oox ⁿ Iule	General or managing partner?	owne	enta ersh
		country)		sections	5512-514)					Yes	No	K-1 (Form 10)65) Y	<u>/es No</u>		
				_												
	_															
	_															
	_															
													_			
	_															
IV Identification of Related	Organizations Taxable	as a Corn	oration or Trust (C	`omplete if t	he organizat	ion ansi	worod "Vos	s" to For	m 000 D	I art IV	ling 3/	hecause it h	ad one	or mo	ro rola	
organizations treated as a	corporation or trust dur	ing the tax	year.)		ne organizat	1011 2113		5 10101	111 3 3 0, 1 2	art rv,	11110-04	Decause It ha				ne
(a)			(b)	(c)	(d)		(e)		(f))		(g)		(h)	(i)
Name, address, an	d EIN	Prim		Legal domicile	Direct cont		Type of	entity	Share c	of total		Share of	Perc	entage	Sec 512(1 cont	tio: b)(1
of related organiza	ation			(state or foreign	entity	y	(C corp, S or tru	S corp,	inco	come end-or		end-of-year assets	own	ership	conti ent	rolle tity'
				country)			Ortic	151)				233613			Yes	
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																Γ
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Part V	Transactions With Related Organizati	ons (Complete if the organization a	nswered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)	

							
	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transaction		-				<u> </u>
	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity						<u> </u>
b	Gift, grant, or capital contribution to related organization(s)				1b		
	Gift, grant, or capital contribution from related organization(s)						<u> </u>
d	Loans or loan guarantees to or for related organization(s)				1d		
е	Loans or loan guarantees by related organization(s)				1e		<u> </u>
f	Dividends from related organization(s)				1f		
	Sale of assets to related organization(s)						<u> </u>
9 h	Purchase of assats from related organization(s)				1h		<u> </u>
	Purchase of assets from related organization(s)				11		<u> </u>
	Exchange of assets with related organization(s)				1j		<u> </u>
1	Lease of facilities, equipment, or other assets to related organization(s)				, 'J		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		
1	Performance of services or membership or fundraising solicitations for related orga	anization(s)			11		
m	Performance of services or membership or fundraising solicitations by related orga						
	Sharing of facilities, equipment, mailing lists, or other assets with related organizat						
	Sharing of paid employees with related organization(s)						
Ū					10		
р	Reimbursement paid to related organization(s) for expenses				1p		
q	Reimbursement paid by related organization(s) for expenses				1q		
r	Other transfer of cash or property to related organization(s)				1r		
s	Other transfer of cash or property from related organization(s)				1s		
	If the answer to any of the above is "Yes," see the instructions for information on v				1.0	1	
_	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved		
(1)							
(2)							
<u> </u>							
<u>(3)</u>							
(4)							
(5)							
(5)							

(6)

Schedule R (Form 990) 2012 AS OUR OWN, NFP

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are a partners 501(c) orgs) all s sec.)(3) .?	(f) Share of total	(g) Share of end-of-year	Dispr tion alloca	h) ropor- nate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partn	al or F ging Ier?	(k) Percentage ownership	
		country)	under section 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes	NO		
											\square			
											\square			
												\square		
				\vdash							\vdash			
				$\left \right $					-		\vdash			

Schedule R (Form 990) 2012

Part VII	Supplemental Information	

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

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