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# Form **990-EZ**

2008

Department of the Treasury Internal Revenue Service

Short Form
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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the
year may use this form

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

Open to Public Inspection

OMB No 1545-1150

Α	For the 2008 calendar year, or tax year beginning 9/01 , 2008, and ending 8/31	, 2009		
B		Employer identification number		
	Address change   Please   RUSSIAN CENTER FOR CHURCH MULTIPLICATION 3	31-1507601		
	· · · · · · · · · · · · · · · · · · ·	Telephone number		
	Instal column   Installation   DITT HTTL CA 20007 F007	78-405-2170		
	Termination   Specific	70 403 2170		
		oup Exemption		
: 44		mber		
· -	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).  G Accounting metho Other (specify) ►	d. X Cash Accrual		
		the organization is <b>not</b>		
ı	\ \ \ \ \ \ \ \ \ \ \ \ \	Schedule B (Form 990,		
<u> J</u>	Organization type (check only one) — X 501(c) (3) ◀ (Insert no ) 4947(a)(1) or 527 990-EZ, or 990-PF	·		
K	Check ►if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normalized from the control of the organization and its gross receipts are normalized from the control of the organization and its gross receipts are normalized from the organization and its gross receipts are normalized from the organization and its gross receipts are normalized from the organization and its gross receipts are normalized from the organization and its gross receipts are normalized from the organization and its gross receipts are normalized from the organization and its gross receipts are normalized from the organization and its gross receipts are normalized from the organization and its gross receipts are normalized from the organization and its gross receipts are normalized from the organization and its gross receipts are normalized from the organization and the organization are not organized from the organization and the organizatio			
	\$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return	n		
L	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ	<b>►</b> \$ 129,165.		
Pa	irt   Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instru			
تستيا	1 Contributions, gifts, grants, and similar amounts received	1 129,165.		
	2 Program service revenue including government fees and contracts	2		
	3 Membership dues and assessments.	3		
	4 Investment income	4		
	5a Gross amount from sale of assets other than inventory 5a			
	b Less cost or other basis and sales expenses  5b			
R	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) (att sch)	5 c		
R E V E	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here			
Ė	a Gross revenue (not including \$ of contributions	1		
U	·	1		
E	l ' ' <del>                                  </del>			
		6-1		
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
	7a Gross sales of inventory, less returns and allowances     7a       b Less cost of goods sold     7b			
		7.		
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).	7c		
	8 Other revenue (describe ►)	8		
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9 129,165.		
	10 Grants and similar amounts paid (attach schedule)	10 63,300.		
Ε	11 Benefits paid to or for members	11		
E X P	12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance	12 20,000.		
Ë	13 Professional fees and other payments to independent contractors APR 2 1 2010	13 1,155.		
S	14 Occupancy, rent, utilities, and maintenance	14		
É	15 Printing, publications, postage, and shipping 16 Other eventure (describe SEE STATEMENT 2	15		
	16 Other expenses (describe ► SEE STATEMENT 2	16 35,597.		
	17 Total expenses (add lines 10 through 16)	17 120,052.		
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 9,113.		
N S E S T E	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	19 10,931.		
ŤĚ	figure reported on prior year's return)  20 Other changes in net assets or fund balances (attach explanation)	20		
Ś	21 Net assets or fund balances at end of year Combine lines 18 through 20	21 20,044.		
D	······································			
١٢٥	Art II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 inste (See the instructions for Part II)  (A) Beginning of year			
22	,			
23	<u> </u>	23		
24	\ <del></del>	24		
25		. 25 20,044.		
26	<del></del>			
27		. 26 0. . 27 20,044.		
_	A For Privacy Act and Panenyork Poduction Act Notice, see the instructions for Form 900	Earm 990-F7 (2009)		

Form	)7601 Page <b>2</b>					
Par	t III Statement of Program Se	rvice Accomplishments	(See the instructi	ons.)		Expenses
Desc desc	s the organization's primary exempt purpose? <u>SE</u> ribe what was achieved in carrying out the ribe the services provided, the number of ram title	and 4947	uired for 501(c)(3) (4) organizations and (a)(1) trusts, optional thers)			
						, , , , , , , , , , , , , , , , , , , ,
			0.0			
20		nis amount includes foreign gr			28a	96,011.
29						
		1				
	(Grants \$ ) If the		ants, check here	▶ [	29a	
30						
					]	
	(Grants \$ ) If the	30-				
31	Other program services (attach schedule	nis amount includes foreign gr	ants, check here	<b>&gt;</b>	30 a	
٠.		nis amount includes foreign gr	ants, check here	▶ □	31 a	
	Total program service expenses (add II	nes 28a through 31a)			32	96,011.
Par	t IV   List of Officers, Directors					
	(a) Name and address	(b) Title and average hours per week devoted to position	not paid, enter -0)	(d) Contributions employee benefit pla deferred compens	ins and	
	EPH_ROTONDO	DIRECTOR	0.		0.	0.
	RIVERSIDE BLVD., #31-C YYORK, NY 10069	1.00				
	CASE	DIRECTOR	0.		0.	0.
	9 RIVERVIEW DRIVE	2.00	0.		0.	0.
	UTH, GA 30155					
	CONWAY	DIRECTOR	0.		0.	0.
	2 W FONTAINEVLEAU DRIVE	1.00				
	AVILLE, GA 30360	DIDUGUE		<del></del>		
	IDELL SALINE 5 ANSLEY WAY	DIRECTOR	0.		0.	0.
	JANEE, GA 30024	1.00				
	ER SAUTOV	DIRECTOR	20,000.		0.	0.
	9 RIVERVIEW DRIVE	6.00				- '
DUL	UTH, GA 30097					
	S MINEAU	DIRECTOR	0.		0.	0.
	MT VERNON ST	1.00				
NO.	READING, MA 01864					
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		]				
	<u>.</u>					
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		1				

	The state of the statement requirement in deneral matraction v.)		Yes	No					
22	Did the agreement on a great or any activity and account of the the IDC2 ICW of the last of the IDC2 ICW.			110					
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity								
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes								
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T								
;	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35 a		Х					
1	of 'Yes,' has it filed a tax return on Form 990-T for this year?	35b							
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х					
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.									
1	Did the organization file Form 1120-POL for this year?	37b		X					
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		Х					
l	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A								
39	501(c)(7) organizations Enter								
;	a Initiation fees and capital contributions included on line 9								
ı	o Gross receipts, included on line 9, for public use of club facilities.  39b  N/A								
40	a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under								
	section 4911 ► 0.; section 4912 ► 0., section 4955 ► 0.								
1	o 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?  If 'Yes,' complete Schedule L, Part I	40b		Х					
,	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958								
,	d Enter amount of tax on line 40c reimbursed by the organization								
•	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х					
41	List the states with which a copy of this return is filed ► GA								
	Telephone no ► 678-4  Located at ► 9500 MEDLOCK BRIDGE RD, DULUTH, GA  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a rinancial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country			No X					
1	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts c At any time during the calendar year, did the organization maintain an office outside of the U S ?  If 'Yes,' enter the name of the foreign country	42c		X					
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		<b>-</b>	N/A N/A					
		<u></u>	Yes	No					
44	of Form 990-EZ	44		<u>X</u>					
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		Х					
BAA		rm 99	)-EZ	(2008)					

•								
Form 990-EZ (2008) RUSSIAN CENTER FOR	CHURCH MULTIPL	ICATION	31-1507	501	Ρ	age 4		
Part VI Section 501(c)(3) organization and complete the tables for line	<b>s only.</b> All section ! es 50 and 51.	501(c)(3) organız	ations must answer que SEE ST.			9		
46 Did the organization engage in direct or indirect for public office? If 'Yes,' complete Schedule'	ct political campaign ac C, Part I	ctivities on behalf of o	or in opposition to candidate	s 46	Yes	No X		
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II								
48 Is the organization operating a school as desc	` `	. , , , , , ,	•	48		X		
49a Did the organization make any transfers to an	•	related organization	?	49 a		X		
<b>b</b> If 'Yes,' was the related organization(s) a sect	tion 527 organization?			49b				
50 Complete this table for the five highest comperceived more than \$100,000 of compensation	ensated employees (oth n from the organization	er than officers, directly like there is none, ent	ctors, trustees and key emplo er 'None '	oyees) wh	no ead	;h		
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex accour other all	nt and	s		
NONE								
				<del></del>				
		,						
Total number of other employees paid over \$100,000 ►								
51 Complete this table for the five highest competer from the organization. If there is none, enter the state of the state		ntractors who each re	eceived more than \$100,000	of comp	ensati	on		
(a) Name and address of each independent conti	ractor paid more than \$100,000		(b) Type of service	(c) Comp	ensabo	n		
NONE								

Total number of other independent contractors receiving over \$100,000 Under penalties true, correct, an of periury I declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is complete. Declaration of which preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Type or print name and title Preparer's Identifying Number (See instructions) Date 4-14-10 Check if self-employed Preparer's signature **Paid** LOIS S LAZENTA P00295161 Pre-Firm's name (or yours if self employed), address, and ZIP + 4 MERSEREAU & LAZENBY, LTC, CPAS parer's Use 3469 LAWRENCEVILLE-SUWANEE RD., SUITE B ► 58-2115374 EIN Only (770) 614-6800SUWANEE, GA 30024 Phone no ►X Yes No May the IRS discuss this return with the preparer shown above? See instructions Form **990-EZ** (2008)

BAA

# SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

OMB No 1545-0047

Name o	Name of the organization Employer identification number											
RUSSIAN CENTER FOR CHURCH MULTIPLICATION 31-1507601												
Part	Reason for Pu	blic Charity Statu	s (All organizations	must d	comple	te this	part.)	(see i	nstruct	ions)		
The o	organization is not a pri	vate foundation becau	ise it is (Please check o	nly <b>one</b>	organiz	ation)						
1	A church, conventi	on of churches or ass	ociation of churches desi	cribed in	section	170(b)	(1)(A)(i)					
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3	A hospital or cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii)</b> . (Attach Schedule H)											
4	A medical research	organization operate	ed in conjunction with a h	ospital	describe	d in sec	tion 17	0(b)(1)(A	<b>()(</b> (i). En	ter the hos	pital's	6
	name, city, and sta	ite.	·	•								
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(bX1)(AXiv). (Complete Part II)											
6 7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part !!)											
8			170(b)(1)(A)(vi). (Comple	te Part I	1)							
9	from activities rela	ted to its exempt func	(1) more than 33-1/3 % of tions — subject to certain ess taxable income (less complete Part III.)	n except	ions, an	id (2) no	more t	han 33-	1/3 % of	its support	from	aross
10	An organization or	ganized and operated	exclusively to test for pu	ublic safe	ety. See	section	1 509(a)	( <b>4</b> ). (se	e instruc	tions)		
11	more publicly supp	orted organizations of	exclusively for the bene described in section 509( zation and complete lines	a)(1) or	section	509(a)(2	ictions ( 2). See	of, or ca section	rry out th <b>509(a)(3</b>	ne purpose: ). Check th	s of or ne box	ne or that
	a Type I	<b>b</b> Type II	c Type II	I – Fund	ctionally	integrat	ted		d 🗌	Type III-	Other	
е	By checking this be	ox, I certify that the or anagers and other tha	rganization is not control n one or more publicly si	led direc	ctly or in	directly	by one	or more ed in se	disquali ction 509	ified perso (a)(1) or se	ns oth ection	ner
f	If the organization check this box	received a written de	termination from the IRS	that is a	a Type I	, Type II	or Typ	e III sup	porting (	organızatıoı	٦,	
g	Since August 17, 2	2006, has the organiza	ation accepted any gift o	r contrib	oution fr	om any	of the f	ollowing	persons	;? 	· ·	
	(I) a person who below, the go	directly or indirectly overning body of the s	controls, either alone or upported organization?	together	with pe	ersons d	escribe	d ın (ıı) ;	and (III)	11g (i)	Yes	No
	(II) a family men	ber of a person desc	cribed in (i) above?							11g (II)		
	(iii) a 35% contro	lled entity of a persor	n described in (i) or (ii) a	bove?						11g (III)		
h	Provide the followi	ng information about	the organizations the org	anızatıo	n suppo	rts.						
	(i) Name of Supported Organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	Is the tion in col d in your erning ment?	(v) Did you notify (vi) is the old the organization in organization in col			(vii) Amoun	t of Sup	port	
				Yes	No	Yes	No	Yes	No			
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Total	<u> </u>				<u> </u>							

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

Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 RUSSIAN CENTER FOR CHURCH MULTIPLICATION 31-1507601 Page 2 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.) Section A. Public Support Calendar year (or fiscal year beginning in) ► (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 224,522 183,175 165,493 130,392 129,165 832,747. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 0. The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to 0. the public without charge 224,522. 183,175 Total. Add lines 1-3 165,493. 130,392 129,165 832, 747. 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) 145,076. Public support. Subtract line 5 from line 4 687,671. Section B. Total Support Calendar year (or fiscal year beginning in) ► (b) 2005 (a) 2004 (c) 2006 (d) 2007 (e) 2008 (f) Total 224,522 183,175 165,493 130,392 129,165 832,747. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form 296 838 1,701 124 2,959. similar sources Net income form unrelated business activities, whether or not the business is regularly carried on 0. 10 Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV.) 0. 11 Total support. Add lines 7 835,706. through 10 12 0. 12 Gross receipts from related activities, etc. (see instructions) 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 82.3% 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 14 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f 15 90.5% 16a 33-1/3 support test — 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box b 33-1/3 support test - 2007. 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 - 2008. 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 - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10%

18 P BAA

or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the

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

organization meets the 'facts and circumstances' test. The organization qualifies as a publicly supported organization

### RUSSIAN CENTER FOR CHURCH MULTIPLICATION Schedule A (Form 990 or 990 EZ) 2008 31-1507601 Page 3 Part If | 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 Calendar year (or fiscal yr beginning in) ► (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total, Add lines 1-5 7a Amounts included on lines 1, 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11 and 12 for the year or \$5,000 c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2004 **(b)** 2005 (d) 2007 (e) 2008 (f) Total (c) 2006 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents. royalties and income form 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 inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) % 17 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18

ia 35-113 support tests - 2008. It the organization did not check the box-on line 14, and line 15 is more than 33-1/3%, and line 17 is not	_
more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	L
b 33-1/3 support tests - 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18	

us not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A	(Form 990 or	990-EZ) 2008	RUSSIAN	CENTER	FOR	CHURCH	MULTIE	PLICATION	31-1507601	Page <b>4</b>
Part IV	Suppleme	ntal Inform	ation. Comp	lete this i	part to	provide	the expl	anation requ	iired by Part II, ation. (see instr	ine 10;
	Part II, line	17a or 17	b; or Part III	, line 12.	Provid	le any ot	her addi	tional inform	iation. (see instr	uctions)
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2008	FEDERAL STATEMENTS
	RUSSIAN CENTER FOR CHURCH MULTIPLICATION

PAGE 1

31-1507601

STATEMENT 1 FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNTS PAID

DONEE'S NAME: DONEE'S ADDRESS: CENTER FOR EVANGELISM ZELENAY PROSPECT, DOM 42

MOSCOW RUSSIA111396,

CASH AMOUNT GIVEN:

\$ 53,000.

DONEE'S NAME: DONEE'S ADDRESS:

NOVOGIREYEVO CHURCH ZELENAY PROSPECT, DOM 42 MOSCOW RUSSIA111396,

CASH AMOUNT GIVEN:

\$ 9,000.

DONEE'S NAME: CASH AMOUNT GIVEN: DOROGOBUZH

\$ 1,300.

STATEMENT 2 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

EDUCATION
MISCELLANEOUS
OFFICE EXPENSES
TRAVEL

\$ 5,742. 1,755. 2,886.

TOTAL \$ 25,214. 35,597.

STATEMENT 3 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

FACILITATE THE INDIGENOUS EVANGELIZATION OF RUSSIA THROUGH CHURCH PLANTING

### STATEMENT 4 FORM 990-EZ, PART III, LINE 28 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

IN ORDER TO FACILITATE THE INDIGENOUS EVANGELIZATION OF RUSSIA THROUGH THE PLANTING OF MULTIPLYING CHURCHES, WE OVERSEE THE GROWTH AND DEVELOPMENT OF 13 CHURCHES IN 11 RUSSIAN CITIES. IN ADDITION WE PRODUCE TRAINING MATERIALS AND INTERNET EDUCATION TO THE RUSSIAN PUBLIC. FINALLY WE PROVIDE REGULAR MENTORING TO YOUNG PASTORS AND CONDUCT TRAINING CONFERENCES FOR PASTORS AND LAYMEN ON A SEMI-ANNUAL BASIS.

2008

## **FEDERAL STATEMENTS**

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RUSSIAN CENTER FOR CHURCH MULTIPLICATION

31-1507601

STATEMENT 5 FORM 990-EZ, PART VI REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

NO



Form **8868** (Rev April 2009) Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

Department of the Internal Revenue	Treasury Service										
·		Automatic 3-Mont	h Extension, compl	ete only Part I and	check this box			► X			
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	Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).										
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A corporation	required to f	ıle Form 990-T an	d requesting an aut	omatic 6-month exte	nsion – check th	is box and c	omplete Part	l only ►			
All other corp		uding 1120-C filer	s), partnerships, RE	MICS, and trusts m	ust use Form 700	4 to request	an extension	of time to file			
returns noted the additiona Form 990-T	l below (6 mo I (not automa Instead, vou r	nths for a corpora tic) 3-month exter nust submit the fu	electronically file Fortion required to file ission or (2) you file isly completed and so re-file for Charities	Form 990-T) Howe Forms 990-BL, 6069 Igned page 2 (Part	ver, you cannot fil . or 8870. group i	le Form 8868 returns, or a	electronically composite or	y if (1) you want consolidated			
	Name of Exempt	Organization					Employer (dentif	ication number			
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File by the due date for	Number, street a	and room or suite number	er If a P O box, see instru	ctions							
filing your return See	9500 MED	LOCK BRIDGE	ROAD								
instructions	City, town or pos	t office, state, and ZIP o	ode For a foreign address	, see instructions							
;	DULUTH,	GA 30097-59	87								
Check type o	f return to be	filed (file a separ	ate application for e	ach return)							
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Form 990			<b>—</b>	ction 401(a) or 408(a	a) trust)	Form 522					
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Telephone	No. ► 678-	-405-2170		FAX No ►							
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2 If this ta	ax year is for	less than 12 mont	ths, check reason	Initial return	Final retur	n [C	hange in acco	ounting period			
		for Form 990-BL, 9 s See instructions	990-PF, 990-T, 4720 s	, or 6069, enter the	tentative tax, les	s any	3a \$	0.			
<b>b</b> If this a made I	pplication is t nclude any pi	for Form 990-PF o rior year overpayn	r 990-T, enter any r rent allowed as a cr	efundable credits ar edit	nd estimated tax p	payments	3b\$	0.			
deposit	e <b>Due.</b> Subtra with FTD cou structions	ct line 3b from lin ipon or, if required	e 3a Include your p f, by using EFTPS (	ayment with this for Electronic Federal T	m, or, if required, ax Payment Syst	em)	3c \$	0.			
Caution. If yo		o make an electro	onic fund withdrawal	with this Form 8868	3, see Form 8453	-EO and For	m 8879-EO fo	or			

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 4-2009)