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# SCANNED AUG 12 2010

Form **990** 

Department of the Treasury

Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047
2009
Open to Public
Inspection

Α		2009 calendar year, or tax year beginning , 2009, and	d ending		, 20
	Check if applicable	Please C Name of organization, number and street, city, town, state, and ZIP con	e D Employer id	dentification	number
	Address cl	use IRS label or		-239950	
Н	Name cha	one or			<del></del>
Н		type.			010
Н	Initial retur	longital		<u> 592-8</u>	013
$\sqcup$	Terminated	Specific POBox 825	G Gross receipts	\$	
П	Amended i	1.		group return	
	Application				Yes X No
Ц	pending	107 Deer Valle Woodstock GA 30188			
			H(b) Are all aff	iliates included? tach a list	
<u> </u>	ax-exe	npt status: X 501(c)( 0 3) ◀ (insert no.)   4947(a)(1) or   527	(see instri		∐ Yes ∐ No
J	<b>Nebsite</b>	: <b>)</b>	H(c) Group exe	emption number	<b>•</b>
K	orm of org	anization X Corporation Trust Association Other	f formation	M State of leg	al domicile
	art l	Summary			
-	_				
		nefly describe the organization's mission or most significant activities.		<del></del>	<del></del>
_		Providing social help and rehabiliationto hor			and
Governance		children thru conferences, teaching, televis	ion progra	ams	
펼	-				
ē	2 0	Check this box   if the organization discontinued its operations or disposed of more	than 25% of its not	accate	
ó	1		ulail 2070 Of 165 ffc.	1 1	
<u>ح</u>	1	GA A.	,1	3	
S	4   1	lumber of independent voting members of the governing body (Part VI, line 1b) 🖁 🚧 👩 .		4	
ij	5 7	otal number of employees (Part V, line 2a)		5	
Activities &	6 7	otal number of employees (Part V, line 2a)  otal number of volunteers (estimate if necessary)		6	
ĕ		otal gross unrelated business revenue from Part VIII, column (C), line 12		7a	
		<u> </u>	• • • • • •	<del></del>	
	D	let unrelated business taxable income from Form 990-T, line 34	<u> </u>	7b	
			Prior Year		ırrent Year
•	8 (	Contributions and grants (Part VIII, line 1h)	25778	38.	160310.
Revenue	9 F	Program service revenue (Part VIII, line 2g)			
Š		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			
8		· · · · · · · · · · · · · · · · · · ·			<del></del>
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	12 1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25778		160310.
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5783	35.	49589.
	14 F	Benefits paid to or for members (Part IX, column (A), line 4)			
	1	Salaries, other compensation, employee benefits (Part X, column (A) lines 5-10)	3229	35	46667.
ê			<u> </u>	<del>′~- </del>	40007.
Su.		Professional fundraising fees (Part IX, column (A)-line 11e)		ł	
Expenses	ь	otal fundraising expenses, (Part IX, column (D), line 25) ▶			
ũ	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 41f-24f) 1	17079	94.	65348.
		otal expenses - Add lines 13-17 (must equal Part X, column (A), line 25)	26092	24.	161604.
			-313		-1294.
	19 1	Revenue less expenses Subtract line 18 from line 12			
5 g		ATSC IRS #7384	Beginning of Ye		nd of Year
Net Assets or Fund Balances	20 7	otal assets (Part X, line 16)	1223	34.	10939.
Ass	21 7	otal liabilities (Part X, line 26)			
Net /	22 1	let assets or fund balances. Subtract line 21 from line 20	1223	34	10939.
_	art II	Signature Block			
	art u		<del> </del>		
		Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and stateme	nts, 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 w	hich preparer has any kno	wledge	
Si	nn	N Bacococ 1	104	4/15/20	10
	_	Cinchus 64 offices			
He	re	Signature of officer	Da	te	
		Anastasiya Radchuk Presiden	<u>t</u>		
		Type or print name and title			
		Preparer's Date	Check if		entifying number
Pai	id		self- —	P0052	
Pre	parer's		<del></del>	<del></del>	
	e Only	Firms name (or yours of self-employed).  Cherokee Tax & Accounting In	EIN 1		85146
_		address, and ZIP+4 9910 Highw WOODSTOCK GA 30188-	Phone no I	<u>&gt; 77</u> 0-9	28-7026
Ma	v the IR	S discuss this return with the preparer shown above? (See instructions)		. X	Yes No

Form	990 (2009) 5	Slavic Inter	national Ministries Inc	58-2399503	Page 2
Par	t III State	ment of Program S	ervice Accomplishments		
1		be the organization's mis			_
	Support	Overseas C	harities		
				<del></del>	
2	Did the organ	uzation undertake any si	gnificant program services during the year which we	ero not listed on	
2		n 990 or 990-EZ?			No No
	· ·	ribe these new services		les	ki uo
3			g, or make significant changes in how it conducts a	ny program services? Yes	⊠ No
•		ribe these changes on S		ny program sorvices	<u></u>
4		-	ements for each of the organization's three largest p	program services by expenses.	
			nizations and section 4947(a)(1) trusts are required		
			es, and revenue, if any, for each program service re	· ·	
4a	(Code:	) (Expenses \$	110254. including grants of \$	) (Revenue \$	)
		<del> </del>	<del></del>		
			elp and rehabiliation to		
	childre	en, conferen	ces, teaching, television	programs	
					<del></del>
			<del></del>		
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
			<del></del>		
			<del></del>		<del></del>
		<del></del>			
		<del></del>			
				<del></del>	
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
	<del></del>				
		······································			· · · · · · · · · · · · · · · · · · ·
		<del></del>			<del></del>
4d		m services. (Describe in			
	(Expenses \$	<del></del>		Revenue \$ )	
<u>4e</u>	Total progra	m service expenses 🕨	110254		
				Form 9	90 (2009)

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		_	
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
	Part II	4		X_
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		X
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; 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 term, permanent, or quasi-endowments?  If "Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	I		
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	'		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain a separate, independent audited financial statement for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12		X
12A	Was the organization included in a consolidated, independent audited financial statement for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ا مد ا		37
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	- <del>-</del>	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,	445		Х
15	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		
13	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	-13		
, 0	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX,	_ <del></del>		
••	column (A), line 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	<del></del>		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Fr	rm 990	(3000)

rai	Checkist of Required Schedules (continued)			
•	District the second of the sec		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		.,	
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			v
22	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 employee's? If "Yes," complete Schedule J			Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	-	
240	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to question 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defease 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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
ь	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			
	990EZ? 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, highly compensated employee, or			<u></u>
	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 a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties, directly or indirectly			
	(see Schedule L, Part IV instructions for definitions of "direct" and "indirect" and applicable filing thresholds,			
	conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family			
	member) was an officer, director, trustee, or 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 contributions? If "Yes," complete Schedule M	30	_	<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32	_	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			v
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			v
	Schedule R, Part V, line 2	35	ļ	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	_		v
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_		v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
<u>38</u>	Did the organization complete Schedule O and provide explanations for Part VI, lines 11 and 19?	38	rm 990	
				していいづり

Pa	Statements Regarding Other IRS Filings and Tax Compliance								
۸.	Establis aumbor and dis Bau 2 of Form 4000 Annual Common and Tourism 1. 6		Yes	No					
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of								
L	U.S. Information Returns. Enter -0- if not applicable								
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable								
C	gaming (gambling) winnings to prize winners?								
23	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		X_					
20	Statements, filed for the calendar year ending with or within the year covered by this return 2a								
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	. <u></u> .	_ !	-					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	•							
•	this return?	3a	<sub>\</sub>	X					
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,								
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х					
ь	If "Yes," enter the name of the foreign country.								
_	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank								
	and Financial Accounts.								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	X					
	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 question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding								
	Prohibited Tax Shelter Transaction?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	organization solicit any contributions that were not tax deductible?	6a	}	X					
b	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).	1	_						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1 ]	1						
	and services provided to the payor?	7a							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	.	- 1						
	required to file Form 8282?	7c							
d	If "Yes," indicate the number of Forms 8282 filed during the year								
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal								
	benefit contract?	7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	1						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting								
	organizations Did the supporting organization, or a donor advised fund maintained by a sponsoring organization,	i _ 1		v					
_	have excess business holdings at any time during the year?	8	I	Х					
9	Sponsoring organizations maintaining donor advised funds.		1	v					
a	Did the organization make any taxable distributions under section 4966?	9a		<u>X</u>					
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		^					
10	Section 501(c)(7) organizations. Enter:	ı							
a	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  [10b]								
11	1 1								
a	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources								
	against amounts due or received from them.)	اعدا	1	•					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b		- 000	(2000)					

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. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body 1ь Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .. . . 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a material diversion of the organization's assets? 5 5 Does the organization have members or stockholders? . . . . 6 7a Does the organization have members, stockholders, or other persons who may elect one of more members of the governing body? ... .... .. .. . .... 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following? Х a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Χ 10a Does the organization have local chapters, branches, or affiliates? ...... 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, Χ 10b 11 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations Х must describe in Schedule O the process, if any, the organization uses to review the Form 990 11 X 12a Does the organization have a written conflict of interest policy? If "No", go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .... . ... ...... 12b . . . . . . c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c Х 13 Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: a The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? ...... Describe the process in Schedule O. (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Х with a taxable entity during the year? b If "Yes." has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed  $\triangleright$ 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website | Another's website | Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes it governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶Anastasiya Rad 107 Deer V Woodstock GA 30189 770-592-8013

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- 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'scurrent key employees. 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.

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week		ত Institutional trustee	Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estmated amount of other compensation from the organization and related organizations
Anastasiya Rad										
President	10			X		X		30000.	0	0
Rostislav Radc								_	_	
Sec/Treas	5				X	<u> </u>		0	0	0
Carol Farris				L			١.		_	_
Vice Pres	2			X_				0	0	0
Eva Franta						ļ ,			_	_
Bd of Dir	2			X				0	0	0
Dana Morey								_	_	_
Chairman	2			X	_	<u> </u>		0	0	0
				_	Ĺ	<u> </u>	<u> </u>			
				┼	-	<del> </del>	<del> </del>			
	ı	1 1	1	1	I	1	i	I	l I	

Rev 1

re	Section A. Officers, Directors,	irustees,	Key Er	mpioy	ees,	anc	High	est 9	Compensated Empl	oyees (continued)	
	(A) Name and title	(B) Average	(C) Position (check all that apply		ply)	( <b>D</b> ) Reportable	(E) Reportable	(F) Estimated			
		hours per	요ㅋ	5	0	ᇫ	QΙ	Ţ	compensation	compensation	amount of
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from	from related	other
		1	ecte	utio	4		e st	₫	the	organizations	compensation
			~ =	nal		ğ	မည္သ		organization	(W-2/1099-MISC)	1
			ıste	trus		ee	) pe		(W-2/1099-MISC)		organization
		1	ď	tee			nsa				and related
							ed				organizations
_											
_								_			
					-			_			
		<del> </del>									<del></del>
_		<del> </del>	:				-	_			
_											
		1									
		-									
_						-					
		<u> </u>	-					-			
						_					
_		<del> </del>					-				
_					L						
		-									
							_				
<u></u>	Tatal	<u> </u>	<u> </u>	l	<u> </u>	l	<u> </u>	<u> </u>	30000.	0	0
_	Total	not limited	to thes	o liste	d ah	· · · ·	) who	rece	·	<del></del>	
	from the organization						, 1110				
											Yes No
3	Did the organization list anyformer officer							_			1
_	employee on line 1a? If "Yes," complete S										3   X
4	For any individual listed on line 1a, is the										
	the organization and related organizations individual	greater in								n .	4     X
5	Did any person listed on line 1a receive or						 unrel:		organization for		141 12
•	services rendered to the organization? If "					-			-		5   X
Sec	ction B. Independent Contractors								·	· · · · · · · · · · · · · · · · · · ·	
1	Complete this table for your five highest compensation from the organization.	ompensate	d indep	pende	nt co	ontra	actors	that	received more than	\$100,000 of	
	(A)		_				·	<u> </u>	(B)		(C)
	Name and busine	ss address							Description of	services	Compensation
_								-	<del></del>		
								-			<del></del>
								-			
								$\vdash$			
2	Total number of independent contractors	including b	ut not	limited	to t	hos	e listed	ab	ove) who received m	ore than	<del> </del>

\$100,000 in compensation from the organization ▶

US990\$\$8

Part	VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>'</b> 0	1a	Federated campaigns . 1a					
ants Ints	ь	Membership dues 1b					
စ္တဋ	С	Fundraising events 1c					
Contributions, gifts, grants and other similar amounts	d	Related organizations 1d					
	e	Government grants					
	f	All other contributions, gifts, grants, and similar amounts not included above	160310.				
첫달	g	included in lines 1a-1f\$	i				
	h	Total. Add lines 1a-1f	▶	160310.			
e	Ì		Business Code				
Program Service Revenue	2a						
å	Ь						
8	ì						
ě							
S	e -						
Jrar	f	All other program service revenue					<del> </del>
õ	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends	_				
	[ ]	other similar amounts)	]				
	4	Income from investment of tax-exempt bond proceeds		<del></del>			<del> </del> -
	ļ	·					
	5	Royalties					<u> </u>
	١_	(i) Real	(II) Personal				
	6a	Gross Rents					
	Ь	expenses · · · · · · Rental income		•			
	С	or (loss) · · · · · · ·				1	1
	ď	Conne amount from	▶			<u> </u>	<u> </u>
	7a	Gross amount from sales of assets (i) Securities	(II) Other				
		other than inventory					
	b	Less cost or other basis and sales	1	 			
	ļ	expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)	▶				
	8a	Gross income from fundraising events		·			
ē		(not including \$					
Other Revenue		of contributions reported on line 1c)					
ş	ļ	See Part IV, line 18 a					
ē	ь	Less: direct expenses b					
ð	С	Net income or (loss) from fundraising ev	rents ▶				
		Gross income from gaming					·
		activities See Part IV, line 19a					
	ь	Less: direct expenses b					
	C	Net income or (loss) from gaming activity	201				
	1	Gross sales of inventory, less				<u> </u>	<u> </u>
	lua	returns and allowancesa		i			
	b	Less: cost of goods sold b				· ·	1
	<u> </u>	Net income or (loss) from sales of inven				_	
	<u> </u>	Miscellaneous Revenue	Business Code			ļ <u>-</u>	Į.
	11a						<u> </u>
	b						<u> </u>
	С						
	d	All other revenue	L				<u></u>
	e	Total. Add lines 11a-11d	<del> &gt;</del>				
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5	, 6d, 7d, 8c,				
	]	9c, 10c, and 11e		160310.	'		
					5. 4		Fa 000 (2000)

Form 990 (2009) Slavic International Ministries Inc

58-2399503

Page 9

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete c				
	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	b, 9b, and 10b of Part VIII.	+	expenses	general expenses	expenses
1	Grants and other assistance to governments and	40500	40500		
_	organizations in the U.S. See Part IV, line 21	49589.	49589.		
2	Grants and other assistance to individuals in		1		
	the U.S See Part IV, line 22				
3	Grants and other assistance to governments,		l		
	organizations, and individuals outside the		;		
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	41000.		41000.	
6	Compensation not included above, to disqualified			}	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	5667.		5667.	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	175.		175.	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17		1		
f	Investment management fees				
g	Other				
12	Advertising and promotion	1923.	1923.		
13	Office expenses	320.		320.	
14	Information technology				
15	Royalties				
16	Occupancy	6177.	6177.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	22099.	22099.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4118.		4118.	
23	Insurance				
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	Reg Fee	30.		30.	
b	Outside Services	25000.	25000.		
С	Bank Charges	40.		40.	
d	Supplies	5466.	5466.		<del> </del>
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	161604.	110254.	51350.	
25 26	Joint Costs. Check here ▶ if following	101004.	110204.	31330.	
20	SOP 98-2 Complete this line only if the org.				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
BCA		his recoved	US990\$10 Rev 1		Form <b>990</b> (2009)
	L συργειωτιστικουτικού στυγ, 2003 στυν σιδα Ταλ σγοιστιο, ΙΤΟ ΑΝ ΠΩ	1 1 1 1 COC 1 CU			1 01111 000 (2000)

Pa	rt X	Balance Sheet		233330	J Fage II
			(A) Beginning of year	E	(B) nd of year
	1	Cash - non-interest-bearing	1249.	1	252.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key	1	•	
		employees, and highest compensated employees. Complete Part II of Sch. L		5	
	6	Receivables from other disqualified persons (as defined under section	i		
	1	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	1		
		Part II of Schedule L		6	
छ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ĕ	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
	ĺ	basis Complete Part VI of Schedule D 10a 18691.			
	Ь	Less: accumulated depreciation 10b 10604.	8385.	10c	8087.
	11	Investments - publicly traded securities	<del> </del>	11	
	12	Investments - other securities See Part IV, line 11		12	<del></del>
	13	Investments - program-related. See Part IV, line 11	<del></del>	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2600.	15	2600.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	12234.	16	10939.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	<del></del>	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	<del></del>	21	
tles	22	Payables to current and former officers, directors, trustees, key	<u> </u>		
Liabilities		employees, highest compensated employees, and disqualified	• •		
E	1	persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	<u> </u>	23	
	24	Unsecured notes and loans payable to unrelated third parties	i	24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26		<del></del>	26	<del></del>
	1 20	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here ▶ and	<u> </u>	20	
		complete lines 27 through 29, and lines 33 and 34.	4 1 1		
Ses	27	Unrestricted net assets	i -	27	
<u>a</u>	28	Temporarily restricted net assets		28	
Ba	29		<del></del>	29	
5	29	Permanently restricted net assets  Organizations that do not follow SFAS 117, check here		29	
Ę		- · · · · · · · · · · · · · · · · · · ·			
20	20	and complete lines 30 through 34.	1	20	
set	30	Capital stock or trust principal, or current funds	<del></del>	30	<del></del>
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	10020
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	12234.	32	10939.
_	33	Total net assets or fund balances	12234.	33	10939.
	34	Total liabilities and net assets/fund balances	12234.	34	10939.

Form **990** (2009)

Form 9	990 (2009) Slavic International Ministries Inc 58-239	9503	Pag	je 12
Par	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990:   Cash Accrual Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b	[	X
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?	. 2c		X
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements of the year were			
	issued on a consolidated basis, separate basis, or both:	2d	l	
	separate basis consolidated basis both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			i
	the Single Audit Act and OMB Circular A-133?	3a	<u> </u>	X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

Form **990** (2009)

### SCHEDULE A (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) organizations or a section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number Slavic International Ministries Inc 58-2399503 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described insection 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described insection 170(b)(1)(A)(III). 3 A medical research organization operated in conjunction with a hospital described isection 170(b)(1)(A)(iii) Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described insection 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. Sessection 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety, Sesection 509(a)(4) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). Sesection 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h b | Type II c | Type III - Functionally integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting f organization, check this box ...... . . . . . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?..... 11g(ii) (ii) A family member of a person described in (i) above? . .. .. ...... ..... ... ... ... 11g(iii) Provide the following information about the supported organization(s). (vii) Amount of (i) Name of supported (ii) EIN (iii) Type of organization (V) Did you (vi) Is the (iv) Is the organorganization (described on lines 1-9 organization in support ization in col notify the above or IRC section (i) listed in your organization in col (i) (see instructions)) governing organized col (i) of your support? in the US.? Yes No Yes No Yes

Total

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public

Name of the organization **Employer identification number** Slavic International Ministries Inc 58-2399503 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year .... .... Aggregate contributions to (during year) Aggregate grants from (during year) . . . . . . Aggregate value at end of year . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) .... d Number of conservation easements included in (c) acquired after 8/17/06 ..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, reporting of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 . . (ii) Assets included in Form 990, Part X ...... 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: 

Pa		ions Maintaining (	Collections of Art,	Historical Treasure	s, or Other Similar A	Assets
3	(continued) Using the organization's	accession and other re-	cords, check any of the	following that are a signif	icant use of its collection	stome (check all that
	apply).	accession and other re-	colds, check ally of the	ionowing that are a signif	icant use of its collection	items (check all that
а	Public exhibition			d Loan or exchange	ne programs	
b	Scholarly research			e Other	o programo	
С	Preservation for futur	re generations			<del> </del>	
4	Provide a description of t		ctions and explain how the	hey further the organizati	on's exempt purpose in F	Part XIV
5	During the year, did the o					
	to raise funds rather than					Yes No
Pa		crow and Custodia on amount on Form 990	nl Arrangements. , Part X, line 21.	Complete if organization	on answered "Yes" to Fo	rm 990, Part IV, line 9,
1a	Is the organization an ag		or other intermediary for	contributions or other as	sets not included	
	on Form 990, Part X?					∐ Yes ∐ No
b	If "Yes," explain the arrar	ngement in Part XIV and	d complete the following	table		
	_					Amount
	Beginning balance				1c	
	Additions during the year				1d	
	Distributions during the y				1e	<del></del>
	Ending balance  Did the organization inclu-				<u>[1f]</u>	TIVes VINE
	If "Yes," explain the arran		1990, Part A, line 217	• • • • • • • • •	• • •	. Yes 🛚 No
	rt V Endowme		ete if organization answ	ered "Yes" to Form 990,	Part IV line 10	<del></del>
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year	(-)	(2)	,	(a) moo youro badii	(o) roar your back
	balance			**		
b	Contributions					
С	Investment earnings			1		
	or losses			•		
d	Grants or scholarships	-				
e	Other expenditures					
	for facilities and					
	programs					
f	Administrative			1		
	expenses			 		
g	End of year balance					
2	Provide the estimated pe					
	Board designated or qua-		<u>0.00</u> %			
	Permanent endowment					
		0.00 %				
3a	Are there endowment fur				ered for the organization t	•
	• •					.   3a(i)
	(ii) related organizations					3a(ii)
_	If "Yes" to 3a(ii), are the r				• • • • • •	3b
4 Par	Describe in Part XIV the int VI Investment		gs, and Equipment		Part V. Iraa 40	
га	Description of inv	Т	(a) Cost or other	t. See Form 990, F (b) Cost or other		(d) Pook value
			basis (investment)	basis (other)	(c) Depreciation	(d) Book value
	Land	· · · · · · · · · · · · · · · · · · ·				
	Buildings	F				
	Leasehold improvements	F	10 601		10 604	0.007
	_ : '	· ···· ····· · ····	18,691.	-	10,604.	8,087.
		· · · · · · · · · · · · · · · · · · ·	000 Dady at 12	) line 40/=\ \		0 007
otal	. Add lines 1a-1e. (Columi	i (u) snoula equal Fom	1 990, Part X, column (B	), iirie 10(c) )	<u>}</u>	8,087.

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 Slavic Internation		<del></del>
	Form 990, Part X, line 12	r <del></del>
(a) Description of security or category	(b) Book value	(c) Method of valuation:
(including name of security)		Cost or end-of-year market value
Financial derivatives and other financial products  Closely-held equity interests		
-		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12.)	5 000 D 4 V 1	
	Form 990, Part X, line 1	
(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
		Cost of end-of-year market value
	-	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.) ▶		
Part IX Other Assets. See Form 990, Part X, line 15.		
(a) Description	on	(b) Book value
<del></del>	<del></del>	
	<del></del>	
	<del></del>	
Table (Oakser (b) should eval Free 2000 Death and (D) less 45.)	<del></del>	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) .  Part X Other Liabilities. See Form 990, Part X, line		· · · · · · · · · · · •
1. (a) Description of Liability	(b) Amount	
Federal Income Taxes	(D) THIOGH	•
		•
		•
		_
	_	
		-
		-
		-
		: - -
Total. Column (b) should equal Form 990, Part X, col. (B) line 25.) ▶		
2. FIN 48 Foot note. In Part XIV, provide the text of the footnote to the	e organization's financia	I statements that reports the organization's
liability for uncertain tax positions under FIN 48.	<u> </u>	, one are againment

Rev 1

	dule D (Form 990) 2009 Slavic International Ministries Inc	58	<u>-23995</u>	503	Page 4
Par	t XI , Reconciliation of Change in Net Assets from Form 990 to Financial St	atement	S		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		<u>3</u> 10.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		604.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	(1,	294.)
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		_
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV)		8		
9	Total adjustments (net) Add lines 4-8		9		
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9		10	<u>(1,</u>	294.)
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Rev				
1	Total revenue, gains, and other support per audited financial statements		. 1		<del> </del>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		,		
а	Net unrealized gains on investments 2a				
b	Donated services and use of facilities				
C	Recoveries of prior year grants	_			
d	Other (Describe in Part XIV)		<del></del>		
e			. 2e		
3			. 3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIV)				
С	Add lines 4a and 4b		4c		_
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)				
Pai	t XIII Reconciliation of Expenses per Audited Financial Statements With Ex		<u>per Retui</u>	<u>rn</u>	_
1	Total expenses and losses per audited financial statements	• • • • •	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities		_		
b	Prior year adjustments				
С	Losses reported on Form 990, Part IX, line 25				
ď	Other (Describe in Part XIV)		<b> </b> _		
9	Add lines 2a through 2d				
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part IX, line 25, but not on line1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Cute (Describe III Fat Air)		<del> </del> .		
-	Add lines 4a and 4b		. 4c	<del></del> _	**
5	Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18.)		.  5		-
	T XIV Supplemental Information			<del></del>	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa				9 4;
Part.	X: Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provi	de any ad	ditional into	mation	
		_			
			<del></del>		
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### **№** OMB No 1545-0047 (h) Purpose of grant Schedule I (Form 990) 2009 Employer identification number Open to Public Inspection or assistance Ministry Ministry Yes 58-2399503 X Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more non-cash assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria (g) Description of (d) Amount of cash (e) Amount of non-cash (f) Method of valuation (book, FMV, appraisal, ► Complete if the organization answered "Yes," of Form 990, Part IV, lines 21 or 22. other) Governments, and Individuals in the United States Grants and Other Assistance to Organizations, assistance than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ Attach to Form 990. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 9,806. 6,370 grant For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of section 501(c)(3) and government organizations ıf applicable General Information on Grants and Assistance (c) IRC section Slavic International Ministries Inc used to award the grants or assistance? ....... (b) EIN Enter total number of other organizations Griffin Tacoma organization or government 1 (a) Name and address of Television Name of the organization ВĄ MA Department of the Treasury Internal Revenue Service SCHEDULEI (Form 990) ВО 3 Part II Partl 200 CNL AOG O

Rev 1

### Form 4562

Department of the Treasury Internal Revenue Service

# **Depreciation and Amortization**

(Including Information on Listed Property)

See separate instructions. Attach to your tax return.

OMB No. 1545-0172 2009

Attachment Sequence No 67

Name(s) shown on return Business or activity to which this form relates Identifying number Slavic International MinistrieForm 990 58-2399503 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount. See the instructions for a higher limit for certain businesses 250,000. 1 2 Total cost of section 179 property placed in service (see instructions) . . . 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) .... 800,000 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- If married 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property. Enter the amount from line 29 . . . . . 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 ▶ 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) ..... 14 15 Property subject to section 168(f)(1) election . . . 15 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property) (See instructions) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2009 ........... 3,354. 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depr. (d) Recovery (e) (g) Depreciation (a) Classification of property ess/investment use year placed in (f) Method Convention period deduction service only - see instructions) 19a 3-year property b 5-year property 7-year property d 10-year property 15-year property 20-year property 25 yrs 25-year property S/L Residential rental 27 5 yrs. MM S/L property 27 5 yrs MM S/L Nonresidential real MM 39 yrs S/L ММ property Section C-Assets Placed In Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L 40-year 40 yrs. MM S/L Part IV Summary (See instructions) Listed property. Enter amount from line 28 ..... 21 764. 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21

For assets shown above and placed in service during the current year, enter the

Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions ...

4,118.

Part V

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

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, completenly

24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

(a) Type of property (list vehicles first) 25 Special deprec and used more	evidence to support the (b) Date placed in	(c) Busn.	7		<u>en :</u>	X Yes	No	24b lf	162, 1	s uie ev	ineuce ,	written?	X Yes	<u> </u>
Type of property (list vehicles first)  25 Special deprec and used more	Date placed in					101		1	1				, ,	
and used more	service	use percentag	Oth	(d) lost or er basis		(husn /investment   Recov		(f) Recovery period			(h) Depreciation deduction		(i) Elected section 179 cost	
	ation allowance for q												٠	
ac Decembers	than 50% in a qualific	ed busines	s use (see	instructi	ons) .	•				. 25				
26 Property used r	more than 50% in a qi	ualified bus	iness use											
Computers	omputers 06/01/2009100.0				0.	3,820.		5 200D		DBHY 76		764	.T	
		0.0	%								_			
		0.0	%											
27 Property used !	50% or less in a qualit	fied busine	ss use:								•			
		0.0	0%			-		S/L-					_	
		0.0	%				-		S/L-				_	
		0.0	%						S/L-				_	
28 Add amounts ir	column (h), lines 25	through 27	. Enter he	ere and o	n line 2	1, page	1		•	28		764	<del>-</del>	
29 Add amounts ir	column (ı), line 26. l	Enter here	and on lin	e 7, page	1						-	29		
				B-Inform							· · · · ·			
Complete this secti	on for vehicles used b	ov a sole pr	oprietor, p	artner, o	r other '	more th	an 5% o	 wner." or i	elated i	person	If you p	rovided		
	ployees, first answer								-				ehicles	
	<u> </u>	1	(a			(b)	1"	(c)	(d			e)	(f)	<del></del>
30 Total business/	investment miles drive	en durina	Vehic	· I	-	ncle 2	1	hicle 3 Vehicle 4		·	Vehicle 5		Vehicle 6	
	t include commuting	<u> </u>					1			0.0 1	- 1011	1010 0	V CHILLIE U	
• ,	g miles driven during	, , , , , , , , , , , , , , , , , , ,					<b>.</b>							
	sonal (noncommuting	- 1								-				
•		<i>'</i>								,				
	en during the year. A	1											-	
lines 30 through							ļ							
•	e available for person		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No.	Yes	- No
use during off-	•	ai l	162	NO	162	NO	162	NO	res	_NO	res	No	res	No
•	e used primarily by a					<del> </del>								
		2												
	owner or related personal						-					$\vdash$		
_	cle available for perso					i						1		
use?	Santian C (	·····	for Emple	18/16	o Decid	da Vahi		llaa bu Th	ala Eas			<u> </u>		
Answer these gues	Section C-C tions to determine if y ersons (see instruction	ou meet ar	excepto	n to comp	o Provi elting S	Section E	cies for 3 for veh	use by in	eir Emi	pioyees oloyees	where n	ot more	than 5%	
	n a written policy state								_			}	Yes	No
by your employ	ees?													
	n a written policy state							_			-	1		
	tions for vehicles use													
<del>-</del>	use of vehicles by en	•	•								• • • • • • • • • • • • • • • • • • • •	·		
	more than five vehicl	_	_	s, obtain	informa	tion fron	n your er	mployees	about th	e use				
of the vehicles,	and retain the inform	ation receiv	ved?											
41 Do you meet th	e requirements conce	eming quali	fied autor	nobile de	monstra	ation use	e? (See i	instruction	s.)	• •				
	nswer to 37, 38, 39, 4	0, or 41 is	"Yes," do	not comp	lete Se	ction B f	or the co	overed veh	icles					
Part VI An	nortization													
	(a)	(	(b)		(c)		:	(d)		(e)		(		
Descript	ion of costs	Date an	4		Amor	mortizable		Code		Amortization period or		Amortization for		
	b		egins			amount				percentag			s year	
42 Amortization of	costs that begins dur	ing your 20	09 tax ye	ar (see in	structio	ns):								
														_
43 Amortization of	costs that began before	ore your 20	09 tax yea	ar					·····	I	43			
	ounts in column (f). S				to renor	t .					44			