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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)

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2009 calendar year, or tax year beginning and ending

Вс	heck if	Please C Name of organization	D Employer identific	ation number		
a		use IRS				
	Addres	point or Church Planting International, Inc.				
	Name change	Doing Business As		193819		
<u>_</u>	Initial	See Number and street (or P 0 box if mail is not delivered to street address) Room/suite	E Telephone number			
<u>_</u>	Termin	Instruct PO BOX 838	770-5	335-7008		
Ļ	Ameno	City or town, state or country, and ZIP + 4	G Gross receipts \$	92636.		
	Application pending	Gainesville, GA 50505	H(a) Is this a group ret			
	ponum	F Name and address of principal officer: Rev DI George Rucchillison	1	Yes X No		
		PO Box 836, Gainesville, GA 30503	H(b) Are all affiliates incli			
		empt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527	1	ist. (see instructions)		
		e: N/A	H(c) Group exemption			
		<u> </u>	of formation 1990 M	State of legal domicile GA		
-8	rtl	Summary Briefly describe the organization's mission or most significant activities: Organizati	on for the S	Support of		
Activities & Governance		Foreign Missions.	on for the t	Jupport or		
rua	2	Check this box If the organization discontinued its operations or disposed of more	than 25% of its net ass	sets.		
ove	3	Number of voting members of the governing body (Part VI, line 1a)	3	6		
2	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	$\frac{4}{1}$		
es	5	Total number of employees (Part V, line 2a)	5	1		
viti	6	Total number of volunteers (estimate if necessary)	6	12		
Acti	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.		
_	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.		
			Prior Year	Current Year		
e		Contributions and grants (Part VIII, line 1h)	99297.	92636.		
en.		Program service revenue (Part VIII, line 2g)				
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	00007	02626		
		Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	99297. 74019.	92636.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	74019.	64512.		
		Benefits paid to or for members (Part IX, column (A), line 4)	17965.	18795.		
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	17903.	10793.		
en		Professional fundraising fees (Pertity Follumn (A), line 11e)				
Ä	47	Total fundraising expenses (Part X column (D) line 25)	3182.	4696.		
	17	Other expenses (Part IX, column (A), lines 12 1d, 11f-24f) Total expenses Addinates 12-12 (must equal part IX, column (A), line 25)	95166.	88003.		
	19	Revenue less expenses Subtract line 18 from ine 12	4131.	4633.		
es or	13		ginning of Current Year	End of Year		
ets	20	Total assets Part Oncine EN, UT	13932.	18059.		
ASS d Ba	21	Total liabilities (Part X, line 26)	1265.	759.		
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	12667.	17300.		
Pε	rt II	Signature Block				
		Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and complete Declaration of preparer (other than officer) is based on all Information of which preparer has any knowledge	and to the best of my knowledge	e and belief, it is true, correct,		
			1 64			
Sign	1	(x) George J. Authin Su	1 May 4, 5	20-10		
Her	е	Signature of officer	Date ' '			
		Rev Dr George Hurchinson, Director				
_		Type or print name and title Prenarer's Date Ch	eck if Preparer	's identifying number		
Paid		Triebaler's	f- see inst	ructions)		
Prep	arer's	signature 02/25/10 em	pployed ► L EIN ►			
Use	Only	yours if bosepin w Cwik, CFA, FC self-employed). 3502 Nancy Place	CIIV			
		address, and zip+4 Galinesville, GA 30506	Phone no ► 77	702973272		
May	the IF	RS discuss this return with the preparer shown above? (see instructions)	T HOHE HO P 7 7	Yes No		
	01 02-0		tructions.	Form 990 (2009).		

	990 (2009) Church Planting International, Inc. 59-349	13819	Page 2
Pa	t III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission: Organization for the Support of Foreign Missions		
			
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
3	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:)(Expenses \$ Including grants of \$ 16015.)(Revenue \$ Support of the Reformed Presbyterian Church of Ugnada, Africa)
			.
4b	(Code:) (Expenses \$ Including grants of \$ 12035.) (Revenue \$ Support of the Jaime Vieira Ministry)
	-		
4c	(Code:) (Expenses \$ including grants of \$ 13900.) (Revenue \$		
	Support of the George P Hutchinson Ministry		
4d	Other program services. (Describe in Schedule O.)		
_	(Expenses \$ including grants of \$ 22562.) (Revenue \$)		
<u>4e</u>	Total program service expenses ►\$ 64512.	Form 99	30 (2009)

Form	990 (2009) Church Planting International, Inc. 59-3493	819	Р	age 3
Pai	t 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	ļ
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			l
	public office? If "Yes," complete Schedule C, Part I	3	ļ	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			l
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_5_	ļ	ļ
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	<u> </u>	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		ł	l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8	<u> </u>	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		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	<u> </u>	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			
•	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 separate, independent audited financial statements for the tax year? If "Yes," complete	ŀ		۱
	Schedule D, Parts XI, XII, and XIII.	12	ļ	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional X		ļ	ļ <u></u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 -	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		l	
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	<u> </u>	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	X	ļ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	l	1	1

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18

19 20

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

1c and 8a? If "Yes," complete Schedule G, Part II

	· ·		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 United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a	ļ!	Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		ļ	
	Schedule L, Part I	25b	igsquare	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27	X	
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	Ļl	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			_
	Note. All Form 990 filers are required to complete Schedule O.	38	$ldsymbol{ldsymbol{ldsymbol{eta}}}$	Х
		Form	990 (2	2009)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		1	
	(gambling) winnings to prize winners?	1c		ļ
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts			۱
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		ļ
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
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	1		
	were not tax deductible?	6b	ļ.,	ļ
7	Organizations that may receive deductible contributions under section 170(c).	1	•	1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	_		
	provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
_	to file Form 8282?	7c	<u> </u>	X
	If "Yes," indicate the number of Forms 8282 filed during the year	-		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	_		Х
	benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
8	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
0	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings		ĺ	1
0	at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 49662	00	ĺ	
	Did the organization make any taxable distributions under section 4966?	9a	 	
_	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	 	
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 Cross receipts included as Form 990. Part VIII, line 12 for public use of club facilities.	1		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	1		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	1		
D				

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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

amounts due or received from them.)

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

Sec	tion A. Governing Body and Management	_	_				
			1		Y	es	No
1a	Enter the number of voting members of the governing body	1 <u>a</u>	<u>. </u>	6			
þ	Enter the number of voting members that are independent	1 <u>t</u>	<u> </u>	4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ilp wi	h any other	İ		_	
	officer, director, trustee, or key employee?			ئــا	2 2	•	
3	Did the organization delegate control over management duties customarily performed by or under the	he dır	ect supervision				
	of officers, directors or trustees, or key employees to a management company or other person?	_		_	3	-+	X X X
4	Did the organization make any significant changes to its organizational documents since the prior Fo		190 was filed?		4	-	- X
5	Did the organization become aware during the year of a material diversion of the organization's asse	ets?			5	-	-
6	Does the organization have members or stockholders?		5 Al	<u> </u>	6		
7a		embe	ers or the	١,	_		Х
	governing body?		-2	<u> </u>	a b	-	$\frac{x}{x}$
_	Are any decisions of the governing body subject to approval by members, stockholders, or other pe Did the organization contemporaneously document the meetings held or written actions undertaken			⊢ ′	<u> </u>	-	
8		i dun	ing the year				
_	by the following The governing body?			8	a 3	7	
a b	Each committee with authority to act on behalf of the governing body?			8		+	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ache	d at the			\dashv	
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	acric	J at the		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Rever	ue Code)				
	tion by a divisor (min decembra brogbooks minormation asset pointies not required by the montain	10101			Y	es	No
10a	Does the organization have local chapters, branches, or affiliates?			10			X
	If "Yes," does the organization have written policies and procedures governing the activities of such	n cha	oters, affiliates,				
	and branches to ensure their operations are consistent with those of the organization?			10	ъ		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before t	filing	the form?	1	1 2	C	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			1:	2a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that co	ould g	ive rise				
	to conflicts?			12	2b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	f "Yes	," descnbe				
	ın Schedule O how this is done			1:	2c		
13	Does the organization have a written whistleblower policy?				3	_	X
14	Does the organization have a written document retention and destruction policy?				4		X
15	Did the process for determining compensation of the following persons include a review and approve	val by	Independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?					
а	The organization's CEO, Executive Director, or top management official			1		+	$\frac{X}{X}$
b	Other officers or key employees of the organization			15	5b		<u>X</u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	emen	t with a				v
	taxable entity during the year?			10	Sa		<u>X</u>
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva						
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	ganıza	ation's		,	1	
800	exempt status with respect to such arrangements? tion C. Disclosure				<u> </u>		
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed None						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (50	1(c)(3)e only) ava	ilable for			
	public inspection. Indicate how you make these available. Check all that apply.	, (50	ricijoja omyj ava	navie ivi			
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	confli	ct of interest poli	cv and	financi	al	
	statements available to the public	JOHN	or or interest poli	cy, and	iai iui	ui	
20	State the name, physical address, and telephone number of the person who possesses the books a	and re	ecords of the ora	anization	•		
	Rev George Hutchinson - 770-535-7008		Journal of the olg	ai ii Latii Vi	-		
	PO Box 836, Gainesville, GA 30503						
				Г.	vm QC	0 /2	000

932006 02-04-10

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's current 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.

Rev Dr George P Hutchinson President Rev Steven T Bradford Vice President Robert E Spooner Secretary Rev James G Romaine Director Frank C Wilson Director Rev Donald T Williams From the organization (W-2/1099-MISC) from the organization (W-2/1099-MISC) from the organization (W-2/1099-MISC) from related organizations (W-2/1099-MISC) other compensation from the organization and related organizations O. 0. 2400. 0. 0. 0. 0. 0. 0	(A) Name and Title	(B) Average		(C) Position					(D) Reportable	(E) Reportable	(F) Estimated
President 8.00 0. 0. 2400. Rev Steven T Bradford 0. 0. 0. 0. Vice President 0. 0. 0. 0. Robert E Spooner 0. 0. 0. 0. Secretary 0. 0. 0. 0. Rev James G Romaine 0. 0. 0. 0. Frank C Wilson 0. 0. 0. 0. Director 0. 0. 0. 0. Rev Donald T Williams 0. 0. 0. 0. Linda L Hutchinson 0. 0. 0. 0.		,	1						the organization	organizations	compensation from the organization and related
Rev Steven T Bradford Vice President Robert E Spooner Secretary Secretary Rev James G Romaine Director Frank C Wilson Director Director Rev Donald T Williams Director Linda L Hutchinson 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.									0	0	2400
Vice President0.0.Robert E Spooner0.0.Secretary0.0.Rev James G Romaine0.0.Director0.0.Prank C Wilson0.0.Director0.0.Rev Donald T Williams0.0.Director0.0.Linda L Hutchinson0.0.		8.00			_	_	┢		U •	0.	2400.
Robert E Spooner Secretary Rev James G Romaine Director Frank C Wilson Director Rev Donald T Williams Director Linda L Hutchinson 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.									0.	0.	0.
Rev James G Romaine Director											·
Director Frank C Wilson Director Rev Donald T Williams Director Linda L Hutchinson 0. 0. 0. 0. 0. 0. 0. 0. 0.				ļ			ļ		0.	0.	0.
Director Rev Donald T Williams Director Linda L Hutchinson 0. 0. 0. 0. 0. 0. 0.									0.	0.	0.
Rev Donald T Williams Director Linda L Hutchinson 0. 0. 0.										_	•
Director Linda L Hutchinson 0. 0. 0.			<u> </u>			<u> </u>	 	<u> </u>	0.	0.	0.
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Bookkeeper 8.00 13000. 0. 2400.	Linda L Hutchinson				Г						
	Bookkeeper	8.00					<u> </u>		13000.	0.	2400.
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	-										
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Form 990 (2009

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Average Post Post		990 (2009) Church P.									59-34	1938	819	Р	age 8
1b Total 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE (A) (B) (C)	Par	(A)	(B) Average hours per	(C) Position (check all that apply)						(D) Reportable compensation from	(E) Reportable compensation from related	n I	Estimate n amount other		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Yes No			week	Indiwdual trustee or dire	easna jeuoamasuj	Officer	Кеу етріоуве	Highest compensated employee	Former	organization (W-2/1099-MISC)	_		fro orga and	om th anızat I relat	e ion ed
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Yes No															
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Yes No															
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Yes No															
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Yes No															
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Yes No							_								
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE (A) (B) (C)		Total number of individuals (including but r	not limited to th	nose	liste	ed al	oove	► e) wh	no re	1	.			48	00
Inne 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C)												r		Yes	No
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE (A) (B) (C)	3				, key	y em	ploy	yee,	or h	nighest compensated er	mployee on		3		Х
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE (A) (B) (C)	4		-		-					·	the organization		4	, ., .	X
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C)	5	Did any person listed on line 1a receive or	accrue comper	nsati	on f						rices rendered to				,
the organization. NONE (A) (B) (C)	Sec		ule J for such j	pers	<u>on</u>							!	5		Α.
(A) (B) (C)	1		mpensated inc	depe	nde	nt c	ontr	acto	ors t	hat received more than	\$100,000 of com	pensa	ation fi	rom	
		(A)	address								services	C			n
											_				·
														<u>. </u>	

Form **990** (2009)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization

Part IX Statement of Functional Expenses

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

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	15375.	15375.	#	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	26295.	26295.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	22842.	22842.		
4	Benefits paid to or for members		ľ		
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	13000.	<u></u>	13000.	<u> </u>
7	Other salaries and wages			-	- -
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4800.		4800.	_
9	Other employee benefits	005		005	
10	Payroll taxes	995.		995.	
11	Fees for services (non-employees):	2545.		2515	
a	Management	63.		2545.	
b	Legal	03.		03.	
C	Accounting				
d	Lobbying				
e f	Professional fundraising services See Part IV, line 17 Investment management fees				
9	Other				
12	Advertising and promotion				
3	Office expenses			<u>-</u> .	
4	Information technology				
15	Royalties				
6	Occupancy				
17	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		· _		
19	Conferences, conventions, and meetings				
20	Interest Payments to office to		-		
?1 ?2	Payments to affiliates Depreciation, depletion, and amortization	=:=::			
23	Insurance				
24	Other expenses ltemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Bulk Mail	971.		971.	
b	Bad Checks	505.		505.	
C	Office Expense	215.		215.	
đ	Bank Charges	201.		201.	
е	Wire Transfer Fees	196.		196.	-
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	88003.	64512.	23491.	
26	Joint costs. Check here if following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined			İ	
	educational campaign and fundraising solicitation				

932010 02-04-10

Form 990 (2009)

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Total liabilities and net assets/fund balances

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2009)

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3ь

Act and OMB Circular A-133?

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

2009

Open to Public Inspection

Name of the organization

Church Planting International, Inc.

Employer identification number 59-3493819

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	t.) See inst	tructions.				
The organ	ization is not a	private foundation l	because it is: (For lines 1	l through '	11, check	only one b	ox.)					
1 🔲	A church, cor	nvention of churches	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).				
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🗀	A hospital or	a cooperative hospi	tal service organization o	described	ın section	170(b)(1)	(A)(iii).					
4 🔲	A medical res	search organization of	operated in conjunction	with a hos	pital desci	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter t	the hospital's	s name	∍,
	city, and stat	e:				_						
5 🗀	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	erated by	a governi	mental uni	t describ	ed in		-
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🔲	A federal, sta	te, or local governm	ent or governmental unit	described	d ın sectio	n 170(b)(1)(A)(v).					
7 🗀	An organizati	on that normally rec	eives a substantial part o	of its supp	ort from a	governme	ental unit o	or from the	general	public descr	ıbed ın	1
	-	b)(1)(A)(vi). (Comple		, ,		_				•		
8 🗀	•		ection 170(b)(1)(A)(vi). ((Complete	Part II)							
9 X	•		eives: (1) more than 33 1	•	•	rom contri	butions. m	nembershi	o fees. ar	nd aross rec	eipts fr	rom
• —	•	•	nctions - subject to certa						•	-	•	
		•	axable income (less sect	•	-	•				-		
		509(a)(2). (Complete	•		· ,			, s. g.			.,	
10 🔲			perated exclusively to tes	st for publ	ıc safetv. S	See sectio	n 509(a)(4	1).				
11 🗔	•		perated exclusively for th	•	•			•	v out the	nurnoses of	fone o	r
	•		ations described in section						•			•
			organization and comple				.,. 000 000	,	- ,(- ,: -)			
	a Type I		¬ '		e III - Func		enrated		ď	Type III - O	ther	
e 🗌			t the organization is not	• •		•	-	r more disc	nualified i			
•			han one or more publicly									ı
f		-	ten determination from t		_				5(a)(1) OI	Section 305	(a)(Z).	
•	_			ine ino ine	21 11 15 a 1 y	pe i, Type	ii, or Type	5 111				
_	• • •	rganization, check th		al# ar a	ontribution	from onv	of the fall		20007			Ь
g	_		rganization accepted an irectly controls, either al							[Yes	N.
				one or tog	ether with	persons u	iescribed i	in (ii) and (iii) below,	[I	165	No
	_		upported organization?							11g(i)	\rightarrow	
	•	•	n described in (i) above?		-0					11g(ii)		
		•	person described in (i) o	• •						11g(iii)		
h	Provide the id	blowing information	about the supported org	ganization	(S).							
			(iii) Type of	L				(vi) to	the I			
	of supported	(ii) EIN	l		organization sted in your	organizat		(vi) Is organizatio	on in col	(vii) Am		
orga	anization		(described on lines 1-9		document?	(i) of your		(i) organiz U S	ed in the	supp	ort	
			above of IRC section		1							
D - 6			(see instructions))	Yes	No	Yes	No	Yes	No			
Refor					ļ <u></u>				l <u></u>]			
	<u>yterian</u>		CHURCH		Х	X			Х			
	Vieira				İ							
Minis	4	98-1899564	MISSIONARY_		Х	X		X				
	orge P			•								
		14-1322503	MISSIONARY		X	X		X				
Other			AID									
Proje	cts		ORGANIZATION		X	Х		<u> </u>	Х			
								L	<u> </u>			_
Total												

932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

and the same and a sam	
b 33 1/3% support test - 2008. 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 - 2009. 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	ightharpoons
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	
more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Evoluin in Part IV how the	

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

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

Schedule A (Form 990 or 990-EZ) 2009

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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 Open to Public Inspection

Name of the organization

Employer identification number Church Planting International, Inc. 59-3493819 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 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 a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements 2b Total acreage restricted by conservation easements 2c 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 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year -Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes l No violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 Yes and section 170(h)(4)(B)(ii)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, 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

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

the following amounts required to be reported under SFAS 116 relating to these items:

Schedule D (Form 990) 2009

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Schedule D (Form 990) 2009

_	dule D (Form 990) 2009 Church Planting Internation					3819 Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audite	ed Financ	cial Sta	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		92636.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	_	88003.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		4633.
4	Net unrealized gains (losses) on investments			4		_
5	Donated services and use of facilities			5		
6	Investment expenses			6		
7	Prior period adjustments			7		
8	Other (Describe in Part XIV.)			8		
9	Total adjustments (net). Add lines 4 through 8			9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			10		4633.
Pa	t XII Reconciliation of Revenue per Audited Financial Stateme	nts Wi	th Rever	ue per	Return	
1	Total revenue, gains, and other support per audited financial statements				1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1				
а	Net unrealized gains on investments	2a			-	
b	Donated services and use of facilities	2b			_	
C	Recoveries of prior year grants	2c			⊣	
d	Other (Describe in Part XIV.)	2d				
е	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1				3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			\dashv \parallel	
b	Other (Describe in Part XIV.)	4b			$ \mid$ \mid	
C	Add lines 4a and 4b				4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	onto M	ith Evne		5 Deturn	
	t XIII Reconciliation of Expenses per Audited Financial Statem	ents w	iiii Expe	nses p		
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:	10-1			} }	
а	Donated services and use of facilities	2a			\dashv \mid	
D	Prior year adjustments	2b			\dashv \mid	
c	Other losses	2c			\dashv \mid	
d	Other (Describe in Part XIV.) Add lines 2a through 2d	2d			— ₂₂	
_	Subtract line 2e from line 1				2e 3	
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				3 	
•	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
a h	Other (Describe in Part XIV.)	4b				
^	Add lines 4a and 4b	_ 1 0			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5	
	t XIV Supplemental Information		<u></u>			
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	Il lines 1:	and 4: Pa	rt IV line	s 1h and 2h· P	art V line 4: Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp					
24,	service of the action, miss as and to, and the action, miss as and issues of the	3,010 1,110	part to pro-	riac arry	accinonal imor	
						
						

Schedule F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

Inspection

Employer identification number

Church P	lanting	Interna	tional,	Inc.	59-349381	9
Part I Ge	neral Info	rmation on A	ctivities Ou	tside the United States. Comp	lete if the organization answered "	Yes"
		t IV, line 14b.		 		
_		_		ds to substantiate the amount of the g		
grantees' e	eligibility for th	ne grants or assis	stance, and the	selection criteria used to award the gr	ants or assistance?	Yes No
2 For grantr	nakers. Desc	ribe in Part IV th	e organization's	procedures for monitoring the use of	grant funds outside the United Sta	tes.
3 Activities p	er Region. (U	lse Schedule F-1	(Form 990) if ac	dditional space is needed.)		
(a) Reg		(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
		offices	employees or	(by type) (i e , fundraising,	is a program service,	expenditures
		in the region	agents in	program services, grants to	describe specific type	for region
			region	recipients located in the region)	of service(s) in region	
						[
					The support of churchs	
Africa		٥	0	Program services	for local activities and child care	43463
ALLICA		 		Flogram Services	enrid care	43462.
						•
						
					}	
Totals	•	اما	0			43462.
	y Act and Pa	perwork Reduc		, see the Instructions for Form 990.	Schedule F (I	Form 990) 2009

(i) Method of valuation (book, FMV, appraisal, other) Page 2 Book Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any (h) Description of non-cash assistance (g) Amount of non-cash assistance o 59-3493819 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by cash disbursement ersonal cash (f) Manner of 43462 disbursement of cash grant (e) Amount recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Church Planting International, Inc. Church activities and the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (d) Purpose of grant child care Use Schedule F-1 (Form 990) if additional space is needed. (c) Region Enter total number of other organizations or entitles Africa (b) IRS code section and EIN (if applicable) Schedule F (Form 990) 2009 (a) Name of organization Part # N က

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Schedule F (Form 990) 2009

Schedule F (Form 990) 2009 Church Planting International, Inc. 59–3493819

Part III Grants and Other Assistance to Individuals Outside the United States. Complete If the organization answered "Yes" to Form 990, Part IV, line 16. 59-3493819 Church Planting International, Inc.

Page 3

Use Schedule F-1 (Form 990) if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					
(g) Description of non-cash assistance					
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance					

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Schedule F (Form 990) 2009

Schedule F (Forr	n 990)	2009	Chu:	rch Pl	Lant	ting Inte	rnat	ional, 1	Inc.		59-34	193819	Page 4
Part IV Su													
Cor	nplete	this part t	o prov	vide the inf	ormat	ion required in P	art I, line	2, and any add	itional info	ormation.			
Schedule	F,	Part	I,	Line	2:	Personal	dis	sbursemer	nt of	funds	with	receip	ts
to vario	us (churcl	hs.										
	•				_								
Schedule	F,	Part	Ι,_	Line	3:	Records	and	receipts	mai	ntaine	d of		
disburse	men	ts											
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Grants and Other Assistance to Organizations, SCHEDULE 1

OMB No 1545-0047

(1001)			Government	Governments, and Individuals in the United States	in the United Sta	tes		N _	. 600Z
Department of the Treasury Internal Revenue Service		Сотр	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	n answered "Yes" on Fo ► Attach to Form 990.	' on Form 990, Pa m 990.	rt IV, line 21 or 22.		Open	Open to Public Inspection
Name of the organization	e organization Church Planting General Information on Grants and Assistance	anting In	International	, Inc.				Employer identification number 59–3493819	lentification number 59-3493819
1 Does the organic criteria used to	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	to substantiate the	amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or assi	stance, and the select	tion	2 ×
2 Describe in Part	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990. Part IV, line 21, for any	ocedures for monit	coring the use of grant	funds in the Unite e United States, C	d States.	anization answered "Y	es" to Form 990, Part	IV, line 21, for any	
recipient t	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	\$5,000. Check this	box if no one recipier	nt received more th	าลก \$5,000. Use P≀	art IV and Schedule I-1	(Form 990) if addition	al space is needed	
1 (a) Name and a	1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	of grant ince
Dr Jaime T Vieria Ministry 3428 Madison Ave, Unit 3	a Ministry , Unit 3	15-1908438		12035	c	,io		Ministry support	,
-									
2 Enter total numb 3 Enter total numb	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	and government or s	ganizations						0.
۔ ا	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ction Act Notice,	see the Instructions	for Form 990.				Schedule I (Form 990) 2009	rm 990) 2009

Page 2 Schedule I (Form 990) 2009 (f) Description of non-cash assistance 59-3493819 (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance Church Planting International, Inc. (c) Amount of cash grant 27 (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 932102 02-02-10 Part III

SCHEDULE L

(Form 990 or 990-EZ)

Name of the organization

Transactions With Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b. Open To

Department of the Treasury Internal Revenue Service

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

2009
Open To Public Inspection

Employer identification number

Chu	rch Pl	anti:	ng Inte	ernatio	nal,	Inc.		5	9-34	9381	.9	
Part I Excess Benefit	Transacti	ons (se	ction 501(c)	3) and sectio	n 501(c)(4)	organizatio	ns only)					
Complete if the organ	nization ansv	vered "Y	es" on Form	990, Part IV,	line 25a oi	25b, or For	m 990-E	Z, Part	V, line 40	b.		_
1 (a) Name of disc	runlifical never				/L\ [Janariatian .	of transcr	otion			(c) Corr	ected?
(a) Name of disc	quaimed pers	on		(b) Description of transaction							Yes	No
						_,				_		
											<u> </u>	
											ļ	_
												
2 Enter the amount of tax imposection 49583 Enter the amount of tax, if an		•			•	s during the	year un	der	> \$			
3 Enter the amount of tax, if an	y, on line 2,	above, n	embursed b	y the organiza	ation				•		-,	
Part II Loans to and/or	From Int	ereste	d Person	S.								
Complete if the organ					line 26 or	Form 990-F	7 Part \	/ line 38	la			
(a) Name of interested	(b) Loan t		-	nal principal		ance due) în	(f) App	proved	(g) W	ritten
person and purpose	the organization			inal principal mount	(a) ban	u1100 000	default?		comm	ard or uttee?	agree	
			,				Yes No		Yes No		Yes	No
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Total		****	• • •	<u> </u>			<u> </u>		<u> </u>		<u> </u>	
Part III Grants or Assis		_	-									
Complete if the organ		vered "Y										
(a) Name of interested p	person		(b) Relat	ionship between	een interes ganization		and			ount an assistar	d type o	f
Rev Dr George P H	ntahin	conh	rania		<u> </u>		+0 D	r Ca	sh c			ione
Rev DI George P n	ucciiiii	SOIIO.	ryaniza	acion c	Oncr	Duces	CO D	I Ca	isii C	Onci	IDuc	TOHS
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Part IV Business Transa	actions In	volvin	g Interest	ed Person	IS.							
Complete if the organ						8b. or 28c.						
(a) Name of interested p				np between in		(c) Amo	ount of	(d)	Descript	ion of		ring of
.,		nd the organiz		transa			transacti		reven	ation's lues?		
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LHA For Privacy Act and Paper Instructions for Form 990		tion Act	Notice, see	the			•	Schedul	e L (For	m 990 c	or 990-E	Z) 2009

See Schedule O for Schedule L Continuations

SCHEDULE O (Form 990)-

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 59-3493819 Church Planting International, Form 990, Part III, Line 4d, Other Program Services: Support of Team Travel & Ministry including grants of \$ 9015. Revenue \$ 0. Expenses \$ 0. Support of Workers Children Fund - Uganda, Africa including grants of \$ 515. Revenue \$ 0. Expenses \$ 0. Support of Uganda Child Aid, Africa Revenue \$ 0. including grants of \$ 6312. Expenses \$ 0. Other Projects Revenue \$ 0. including grants of \$ 6720. Expenses \$ 0. Form 990, Part VI, Section B, line 11: Form 990 provided to Annual Board of Director's Meeting. Sch L, Part III, Grants or Assistance Benefitting Interested Persons: (a) Name of Person: Rev Dr George P Hutchinson Relationship Between Interested Person and Organization: Organization contributes to Dr Hutchinson's Ministry. (c) Type of Assistance: Cash contributions of 13900. Dr Hutchinson has donated 9850 to CPI this yr