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## Form 990

**BCA** 

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black

OMB No. 1545-0047 2010

Open to Public

lung benefit trust or private foundation) Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements.

A	For th	e 2010	alendar year, or tax year beginning , 2010, and e	ending	, 20									
	heck if		C Name of organization Slavic International Ministri	D Employer ic										
	ddress (		Doing Business As	4	2399503									
Η×	lame cha	ange	Number and street (or P O box if mail is not delivered to street address) Room/Suite	E Telephone n										
H	nitial retu		P O Box 825		-592-8013									
H	erminate		City or town, state or country, and ZIP + 4	G Gross receipts	\$ 144512.									
H	mended		Woodstock GA 30188		<del></del> _									
	pplication		F Name and address of principal officer Anastasiya Radchuk	H(a) Is this a										
	ending			for affilia										
				H(b) Are all affill If "No", atta										
		empt sta	tus 501(c)(3) X 501(c)(23) ∢ (insert no.) 4947(a)(1) or 527	(see instru										
	/ebsit			H(C) Group exe	<del></del>									
_		rganization	X Corporation Trust Association Other ► L Year of fo	rmation	M State of legal domicile									
	art i		imary											
			escribe the organization's mission or most significant activities:		<del></del>									
ø	Providing social help and rehabiliation to homeless families a													
JUE		<u>chil</u>	dren thru conferences, teaching, television	on progra	ms									
Activities & Governance														
Š.	2	Check to	is box   If the organization discontinued its operations or disposed of more that	n 25% of its net	assets.									
Ğ	3	Number	of voting members of the governing body (Part VI, line 1a)		3									
οσ v	4	Number	of independent voting members of the governing body (Part VI, line 1b)		4									
itie			mber of individuals employed in calendar-year 2010 (Part V, line 2a)		5									
⋛	6	Total nu	mber of volunteers (estimate if necessary)		6									
¥	7a	Total un	related business revenue from Part VIII column (C), line 12		7a									
			violated business toyable income from Ehm 000 T line 24		7b									
	- 5	ivet unit	APR V & 2011	Prior Year	Current Year									
		C4-b.		16031										
Revenue	1		tions and grants (Part VIII, line 1h)	10031	.0. 144512									
ē	1		service revenue (Part VIII, line 2g)											
æ			ent income (Part VIII, column (A), lines 3, 4, and 7d)											
	l		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)											
	12	Total re	venue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16031										
	13	Grants a	ınd sımılar amounts paid (Part IX, column (A), lines 1-3)	4958	9. 51260									
	14	Benefits	paid to or for members (Part IX, column (A), line 4)											
S	15	Salaries	, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4666	32295									
Expenses	16a	<b>Profess</b>	onal fundraising fees (Part IX, column (A), line 11e)											
8	b	Total fu	ndraising expenses, (Part IX, column (D), line 25)▶		and the state of t									
<u>,</u> 🗓	17	Other e	openses (Part IX, column (A), lines 11a-11d, 11f-24f)	6534	8. 61233									
Expens			penses Add lines 13-17 (must equal Part IX, column (A), line 25)	16160	144788									
위 *			e less expenses Subtract line 18 from line 12	-129	94276									
ji			B B	eginning of Cur										
Net Assets or Fund Balances	20	Total as	sets (Part X, line 16)	<del>rear</del> 1093										
Ssel	21		bilities (Part X, line 26)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
g ę	22		ets or fund balances. Subtract line 21 from line 20	1093	8237									
2 11					0237									
<b>,</b> —			nature Block	<del></del>										
Unde	er penalti	ies of perju	ry, I declare that I have examined this return, including accompanying schedules and statements, and to the bes ect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has	at of my knowledge										
	Jener, it	13 1140, 0011	Richard Bedard of prepare (office state office) is accessed on all state of which prepare that		72070011									
			Wellell -		3/30/2011									
Sig	-		Signature of officer	Dat	te									
He	re		Anastasiya Radchuk President											
_			Type or print name and title											
Pai	d	Prir	t /Type preparer's name Preparer's signature Date	Check										
Pre	рагег			/2011 self-er	nployed P00529962									
	Only		s name ▶ Cherokee Tax & Accounting In	Firm's EIN										
	~,		n's address ▶ 9910 Highway 92 Suite 220	Phone no.										
		' "'	WOODSTOCK GA 30188-		28-7026									
Mar	, the II	RS disci	iss this return with the preparer shown above? (See instructions)	1	X Yes No									
					Form <b>990</b> (201									
ror	rape	TWORK N	eduction Act Notice, see the separate instructions.		rom <b>330</b> (20)									

omi	990 (2010) Slavic International 1	Ministri		58-2399503	B Page <b>2</b>
Par	t III Statement of Program Service Accom	plishments			
_	Check if Schedule O contains a response to any	question in this Part III .	<u> </u>		📗
1	Briefly describe the organization's mission: Support Overseas Charities				
2	Did the organization undertake any significant program	services during the year which	were not listed on		
	the prior Form 990 or 990-EZ?			🛮 ነ	∕es 🏻 No
	If "Yes," describe these new services on Schedule O.			_	
3	Did the organization cease conducting, or make significe If "Yes," describe these changes on Schedule O	ant changes in how it conduct	s, any program servi	ces? \ \	∕es ⊠ No
4	Describe the exempt purpose achievements for each of		=	•	
	Section 501(c)(3) and 501(c)(4) organizations and section			unt of grants and	
	allocations to others, the total expenses, and revenue, i	i any, for each program service	e reported.		
4a	(Code: ) (Expenses \$ 47736	. including grants of \$	)	(Revenue \$	
	Providing social help and re				nd
	children, m conferences, tea	ching, televisi	on program	s	
			<del></del>		
		<del></del>			
4b	(Code: ) (Expenses \$	including grants of \$	)	(Revenue \$	
		<del></del>			· · · · · · · · · · · · · · · · · · ·
					<del></del>
		<del></del>			
		<del></del>		<del></del> -	
				· · · · · · · · · · · · · · · · · · ·	
4c	(Code: ) (Expenses \$	including grants of \$	)	(Revenue \$	
		<del></del>		<u>.</u>	
		· · · · · · · · · · · · · · · · · · ·	<del> </del>		
4d	Other program services. (Describe in Schedule O.)				
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants	of \$	)(Revenue \$	)	

## 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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	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, or have a section 501(h) election in	<b>-</b> →		
•	effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments			
•	or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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	İ		
	Schedule D, Part I	6	1	Х
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	1	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,"	1		
	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	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			-
	VII, VIII, IX, or X as applicable			;
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part Vi	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more		ļ	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			_
	reported in Part X, line 169 If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			3.7
	Schedule D, Parts XI, XII, and XIII	12a		X
þ	Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," and if	Ì Ì		• •
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
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		
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I and IV	14b	х	
4 =	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140		
15	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	-13		<b></b>
10	to individuals located outside the United States? If "Yes," complete Schedule F, Part III and IV	16	Х	
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 (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<del></del>		<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?			<del>                                     </del>
13	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers to		_	<del> </del> -
J	operate one or more hospitals must attach audited financial statements (see instructions)	20b		]
	operate one of more more made additional management (and mode mode addition)		000	(0040)

Par	Checklist of Required Schedules (continued)			
24	Did the appropriation report more than \$5,000 of greats and other assets as a second and assets as a		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		v	
22	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			v
	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		<u> X</u>
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			v
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X_
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
ď	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			٠,,
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	l		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			l
	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,	Ì		]
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?		1	
	If "Yes," complete Schedule L, Part III	27		<u> X</u>
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):	الأست.	,	,
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		Ì	
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	}	}	}
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	L	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	[	X
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	1	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	ļ	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		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			T
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning	35	•	X
	of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		T	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	(	ļ	ļ
	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		<del> </del>	1
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	\ <del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>		† <del></del>
55	19? Note. All Form 990 filers are required to complete Schedule O	. 38	х	}
	10: HOLE. All I WITH DOD INGTO AID TOQUITOD TO COMPLETE OF THE		orm 990	1 (201)

Check if Schedule O Contains a response to any question in this Part V.    Yes	No No
1a Enter the number reported m Box 3 of Form 1096. Enter -0- if not applicable 1b 0 0 b Enter the number of Forms W-2G included in line it. Enter -0- if not applicable 1b 0 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Let ret the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a    Statements, filed for the calendar year ending with or within the year covered by this return 2a    Statements, filed for the calendar year ending with or within the year covered by this return 2a    Statements, filed for the calendar year, and the organization file all required federal employment tax returns? 2b    Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return, (see instructions).  Did the organization have unrelated business gross income of \$1,000 or more during the sent instructions).  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, secunities account, or other financial account)? 4a    If "Yes," enter the name of the foreign country: ▶ See the instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial accounts.  Sa Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?    5a    Did any taxable party notify the organization file form 8896-7?    5b    Did any taxable party notify the organization file form 8896-7?    5c    6a    Dos the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual	NO
be 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 (gambling) winnings to prize winners?  1c   It   It   It   It   It   It   It   I	
bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners?  2 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.  2 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions).  3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?  4 a Hany 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 accountity?  5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 a Was the organization approach to the organization file form 8886-17  5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 b Did any taxable party notify the organization file form 8886-17  6 a Does the organization have namely gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the error to tax deductible?  6 b If "Yes," did the organization include with every solicitation an express statement that such contribut	
gaming (gambing) winnings to prize winners?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  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?  3a 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 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 If "Yes," enter the name of the foreign country:  5b Was the organization for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization solid the organization file Form 8886-T?  5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible?  6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7b Did the organizations that may receive deductible contributions under section 170(c).  7c If the organization section apparent in excess of \$75	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 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? 3a b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0. 3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0. 3b If "Yes," has the da Form 990-T for this year? If "No," provide an explanation in Schedule 0. 3b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country:  See the instructions for filing requirements for Form TD F 90-221, Report of Foreign Bank and Financial account)? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Dos the organization party to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 6b If "Yes," did the organization include with every solicitation and express statement that such contributions or grifts were not tax deductible? 7c If If "Yes," did the organization neceiv	Χ̈́
Statements, filed for the calendar year ending with or within the year covered by this return.	
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4a At any time during the calendar year, did the organization have an interest in, or a signature or other authonty over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X
a financial account in a foreign country (such as a bank account, secunties account, or other financial account)? . 4a  b if "Yes," enter the name of the foreign country: ▶  See the instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	Į
<u> </u>	
11 Section 501(c)(12) organizations. Enter:	,
A4	
a Gross income from members or shareholders	
b Gross income from other sources (Do not net amounts due or paid to other sources	I
against amounts due or received from them.)	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?	
Note. See the instructions for additional information the organization must report on Schedule O.	
b Enter the amount of reserves the organization is required to maintain by the states in which	1
the organization is licensed to issue qualified health plans	,
c Enter the amount of reserves on hand	
14a Did the organization receive any payments for indoor tanning services during the tax year?	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule Q	

Form 990 (2010) Slavic International Ministri 58-2399503 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI.......... Section A. Governing Body and Management Yes No **b** Enter the number of voting members included in 1a, above, who are independent 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? ..... Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  $\overline{\mathbf{x}}$ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?... 4 Did the organization become aware during the year of a significant diversion of the organization's assets?... 5 5 Does the organization have members or stockholders? .. .... 6 6 7a Does the organization have members, stockholders, or other persons who may elect one of more members X of the governing body? . .. . ..... 7a . . . .. ... b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? ....... Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? Х b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached Х at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O...... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 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, affiliates, and branches to ensure their operations are consistent with those of the organization? 11a Has the organization provided a copy of this Form 990 to all members of it's governing body before filing the form? . . . . . . b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give . .. . nse to conflicts? 12b . . . .. .. c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X 13 Does the organization have a written whistleblower policy? ..... 13 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? If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement ... ... with a taxable entity during the year? .. . ..... .. ... . ... ... ... ... 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 List the states with which a copy of this Form 990 is required to be filed > 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. Another's website Upon request Own website

Form	990	(2010)

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organization: ▶Anastasiya Rad 107 Deer V Woodstock GA 30189 770-592-8013

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest

State the name, physical address, and telephone number of the person who possesses the books and records of the

policy, and financial statements available to the public.

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

Check if Schedule O contains a response to any question in this Part VII

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.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless
  of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

  List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees; and former such persons

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

(A)	(B) (C) Average Position (check all the							(D)	(E)	(F)
Name and Title	hours per							Reportable compensation	Reportable compensation	Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from	from related	other
	(describe	ect	utio	ଅ	当	est	БĒ	the	organizations	compensation
	hours for related	악함	na		ğ	е СОП		organization	(W-2/1099-MISC)	from the
	organiza-	uste	trus	\	8	pe		(W-2/1099-MISC)		organization
	tions in Sch (O)	Õ	tee			ารล				and related
						ed				organizations
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President	10		<u> </u>	X	<u> </u>	X		30000.	0	0
(2)Rostislav Radc Sec/Treas	5			l					0	0
(3)Carol Farris	3	<u> </u>		├-	X	<del> </del>	<u> </u>	0	<u> </u>	0
Vice Pres	2			X	ĺ			О	o	0
(4)Eva Franta		-		<u> </u>		_		ļ		
Bd of Dir	2			х			}	0	0	0
(5)Dana Morey	<del></del>			<u> </u>			-			
Chairman	2			Х				О	0	0
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(10)	1									
(11)										<u> </u>
(12)		-	<u> </u>	+	-	├	-			
(12)	1					1				
(13)										
(14)	<u> </u>	-	$\vdash$	$\vdash$	$\vdash$		-			
46)	<del> </del> -	<u> </u>	<u> </u>	_		<u> </u>	_			
(15)	+									
(16)	1									
		<u> </u>	<u> </u>	1000	L			<u> </u>	<u> </u>	For 900 (0040)
BCA			1	JS990	557					Form <b>990</b> (2010)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees(continued)											
(A) (B) (C)							(D)	(E)	(F)		
Name and title		$\overline{}$			all (		<del>`                                    </del>	1	Reportable	Estimated	
•	hours per	Individual trustee or director	ins	읓	ē	Highest compensated employee	Former	compensation	compensation	amount of	
•	week	dire	Institutional trustee	Officer	Key employee	P e	₹	from	from related	other	
i	(describe hours for	ctal	ğ	ļ `	힏	yee c	٦	the	organizations	compensation	Л
	related	7 🔁	alt		oye	<u></u>		organization	(W-2/1099-MISC)	from the	
	organiza-	ste	TUS!	1	Õ	en	l	(W-2/1099-MISC)		organization	ı
	tions in Sch O)		ee			sat				and related	
						<u>e</u>		 <del> </del>	<u> </u>	organization	<u>s</u>
(17)	<u>n</u>										
(18)											
(19)						<u>-</u>				<del>                                     </del>	
(20)	<u> </u>			-		-	<u> </u>			<del> </del>	
(21)				-	_	_				-	
				<u> </u>	_	<u> </u>				-	
(22)											
(23)							i				
(24)											
(25)					-	1					
(26)				$\dagger$	-	-				<del> </del>	
				<u> </u>		↓			ļ		
(27)	}										
(28)											
1b Sub-total	<u> </u>				<b>-</b>	٠.	▶	30000.	0	0	
c Total from continuation sheets to Part	/II. Sectio	nA.					<b>&gt;</b>	0	0	0	
d Total (add lines 1b and 1c)			·				•	30000.	0	0	
2 Total number of individuals (including but i	not limited	to tho	se list		_				00,000 in reportable	compensation	
from the organization ▶											
											No
3 Did the organization list any former officer				-	-	oyee, d		•			
employee on line 1a? If "Yes," complete S										. [_3	X
4 For any individual listed on line 1a, is the				-				•		f '	
the organization and related organizations individual	greater th	ian \$1	50,000	)? If 	"Ye	s," cor	nple	ete Schedule J for su	ch	. 4	<b>X</b>
5 Did any person listed on line 1a receive or services rendered to the organization? If "										5	X
Section B. Independent Contractors	163, 6011	piete c	Jonea	uic c	, 101	Sucii	pers				<del></del> -
Complete this table for your five highest complete this table for your five highest complete this table.	ompensate	ed inde	pend	ent o	cont	ractors	tha	it received more than	1 \$100,000 of		
compensation from the organization.	· _		·								
(A)	o oddrood							(B)	2004000	(C)	
Name and busines	s address						t	Description of	Services	Compensation	
							-				
					_		-				
2 Total number of independent contractors (		but no	l limite	ed to	tho	se list	ed a	bove) who received	more than	* / 2	<u>,,,</u>
\$100,000 in compensation from the organ	zation >										

Form	990	(2010) Slavic International Min	istri		58-2399	9503 Page <b>9</b>
Par	t VII	Statement of Revenue				1 232 4
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e f	Federated campaigns				
Con	h	roctuded in lines 1a-1f  Total. Add lines 1a-1f	144512.			
	┼¨	Business Code	144512.	•		ı
9	2a	business code ,		l <sup>-</sup> - I		
Program Service Revenue	ь					
Sun	c					
eve	d					
5.5	e					
ш	f	All other program service revenue				
	g	Total. Add lines 2a-2f ▶		1		
	3	Investment income (including dividends, interest, and				
	4	other similar amounts)				
	5	Income from investment of tax-exempt bond proceeds  Royaltres				
	້	(i) Real (ii) Personal				<u>.                                    </u>
	6a	Gross Rents.				4
	b	Less rental				
	С	Regial income				•
	d					1
	7a	Gross amount from sales of assets (i) Securities (ii) Other				1
	Ь	other than inventory				1
		expenses .				· ·
	ı	Gain or (loss)			-	
		Net gain or (loss)				
Other Revenue	оа	Gross income from fundraising events (not including \$ of contributions reported on line 1c)				Į,
æ		See Part IV, line 18 a				
her	b	Less direct expenses . b				1
δ	С	Net income or (loss) from fundraising events	-	1	-	1
	9a	Gross income from gaming				
		activities See Part IV, line 19 a				
		Less: direct expenses b	,	~		
		Net income or (loss) from garning activities . ▶				
	10a	Gross sales of inventory, less				
		returns and allowances a				
		Less: cost of goods sold b  Net income or (loss) from sales of inventory▶	- '1	1		1
1	-				- <u> </u>	ļ. <u>.</u> .
}	11a		1	- · - · I	-	I
	b		-	<del></del>		
	C				<del></del>	
	_	All other revenue			<del></del>	
		Total. Add lines 11a-11d				<u> </u>
i		Total revenue.	1	<del></del>		<u> </u>
		See instructions	144512.			
BCA			JS990 <b>\$\$</b> 9	<del></del> L		Form <b>990</b> (2010)

### Part IX Statement of Functional Expenses

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

	All other organizations must complete col	umn (A) but are not red	juired to complete col-	umns (B), (C) and (D).	
	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
<del>-</del> -	bb, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and	51260.	51260.		
_	organizations in the U.S. See Part IV, line 21	31260.	51260.		,
2	Grants and other assistance to individuals in	ľ	i		
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,		l a		i
	organizations, and individuals outside the		ì		
	U.S. See Part IV, lines 15 and 16				1
4	Benefits paid to or for members				E
5	Compensation of current officers, directors,	20000		20000	
_	trustees, and key employees	30000.		30000.	
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 salanes and wages				
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)			<del></del>	
9	Other employee benefits		<del></del>	3335	
10	Payroll taxes	2295.		2295.	
11	Fees for services (non-employees).				
а	Management				
b	Legal				
С	Accounting	175.		175.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 1	<del>7</del>		<del>, </del>	
f	Investment management fees			<b> </b>	
g	Other				
12	Advertising and promotion	2648.		2648.	
13	Office expenses	566.		566.	
14	Information technology				
15	Royalties				
16	Occupancy	6422.		6422.	
17	Travel				
18	Payments of travel or entertainment expenses			]	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	28237.	28237.		
20	Interest			ļ ļ	
21	Payments to affiliates			<u> </u>	
22	Depreciation, depletion, and amortization	3235.		3235.	
23	Insurance			<u> </u>	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column	l .			
	(A) amount, list line 24f expenses on Schedule O)	<del></del>		т	
а	Reg Fee	30.		30.	
þ	Outside Services	13800.	13800.	<b> </b>	
C	Bank Charges	421.		421.	
d	Supplies	5699.	5699.		
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	144788.	98996.	45792.	
26	Joint costs. Check here ▶ ☐ If following				
	SOP 98-2 (ASC 958-720) Complete this line only if		1		
	the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation			<u> </u>	
BC	<u> </u>	US990\$10			Form 990 (2010)

Part	X	Balance Sheet			
			(A)		(B)
			Beginning of year		End of year
Ţ	1	Cash - non-interest-bearing	252.	1	150.
[	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		* *	Andrew Control of the
İ		employees, and highest compensated employees. Complete Part II of Sch. L		5	
Ì	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B) and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	-	] 6 ]	
g	7	Notes and loans receivable, net		7	
Assets	8	Inventones for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
1	10a	Land, buildings, and equipment: cost or other	* * * *	ليتا	<del></del>
- 1		basis. Complete Part VI of Schedule D 10a 18691.	» »		
1	b	Less: accumulated depreciation 10b 10604.	8087.	10c	8087.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV. line 11		12	
-	13	Investments - program-related. See Part IV, line 11		13	
i	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2600.	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	10939.	16	8237.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies		Payables to current and former officers, directors, trustees, key	7	\ <u></u>	· · · · · · · · · · · · · · · · · · ·
Liabilities	22	employees, highest compensated employees, and disqualified		'', ~	* * * * *
ia				22	
-		persons. Complete Part II of Schedule L		23	
1	23	Secured mortgages and notes payable to unrelated third parties		24	
}	24	Unsecured notes and loans payable to unrelated third parties			
Ī	25	Other liabilities. Complete Part X of Schedule D		25	<del></del>
	_26_	Total liabilities. Add lines 17 through 25		26	L
1		Organizations that follow SFAS 117, check here▶			
Ses		complete lines 27 through 29, and lines 33 and 34.		1	l
aŭ	27	Unrestricted net assets		27	
Ba	28	Temporanly restricted net assets		28	ļ
밑	29	Permanently restricted net assets		29	L
4		Organizations that do not follow SFAS 117, check here ▶ 🏻 🔀		,	7.7
Net Assets or Fund Balanc		and complete lines 30 through 34.		۲ ۲	T
ets	30	Capital stock or trust principal, or current funds		30	<del> </del>
Ass	31	Paid-ın or capıtal surplus, or land, building, or equipment fund		31	<del> </del>
et e	32	Retained earnings, endowment, accumulated income, or other funds	10939		8237.
Z	33	Total net assets or fund balances	10939		8237.
_ ]	34	Total liabilities and net assets/fund balances	10939	. 34	8237

Form **990** (2010)

.. . ...

Separate basis Consolidated basis Both consolidated and separate basis

the Single Audit Act and OMB Circular A-133? .....

As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

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** (2010)

3b

X

3a

# SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

## **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.

OMB No. 1545-0047

2010

Open to Public

Inspection

Name of the organization **Employer identification number** Slavic International Ministries Inc 58-2399503 Part I 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.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, . 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described insection 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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.) 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. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. Seesection 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). Seesection 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III - Functionally integrated b | Type II e | 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes No (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(i) (ii) A family member of a person described in (i) above? 11g(ii) .. (iii) A 35% controlled entity of a person described in (i) or (ii) above? ........ 11g(iii) Provide the following information about the supported organization(s). (vi) Is the (vii) Amount of (iii) Type of organization (i) Name of supported (ii) EIN (V) Did you (iv) Is the organ-(described on lines 1-9 organization in support organization ization in col notify the above or IRC section (i) listed in your organization in col. (i) (see instructions)) governing col (i) of your organized document? support? in the U.S.? Yes Yes Yes No (A) (B) (C) (D) (E) 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

2010

Open to Public Inspection

Schedule D (Form 990) 2010

	of the organization		Employer identification number
	avic International Ministrie		58-2399503
Pa	Organizations Maintaining Donor Ad		r Funds or Accounts.
	Complete if the organization answered "Yes" to	<del>,</del>	(h) Funda and other associate
1	Total number at end of year	(a) Donor advised funds	(b) Funds and other accounts
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		<del></del>
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisor	s in writing that the assets held in done	or advised funds
	are the organization's property, subject to the organization	<del>_</del>	
6	Did the organization inform all grantees, donors, and dor for chantable purposes and not for the benefit of the don	nor advisors in writing that grant funds	may be used only
	impermissible private benefit?		X Yes No
Pa	rt II Conservation Easements. Complete if	the organization answered "Yes" to F	orm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organ	nization (check all that apply).	
	Preservation of land for public use (e.g., recreation of	or education) Prese	ervation of an historically important land area
	Protection of natural habitat	Prese	ervation of certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a d	qualified conservation contribution in th	e form of a conservation easement on the
	last day of the tax year.		
			Held at the End of the Tax Y
а	Total number of conservation easements		. 2a
þ	Total acreage restricted by conservation easements .		2b
С	Number of conservation easements on a certified histori	, ,	2c
d	Number of conservation easements included in (c) acqu	·	1 1
_	structure listed in the National Register		<u>[2d]</u>
3	Number of conservation easements modified, transferre	d, released, extinguished, or terminate	d by the organization during
	the tax year	n opposition located in	
4 5	Number of states where property subject to conservation Does the organization have a written policy regarding the		lling of violations
3	and enforcement of the conservation easements it holds	· · · · · · · · · · · · · · · · · · ·	n. sa.
6	Staff and volunteer hours devoted to monitoring, inspect		
7	Amount of expenses incurred in monitoring, inspecting,	-	
8	Does each conservation easement reported on line 2(d)	_	
-	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conse		expense statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organ		•
	conservation easements		•
Pa	rt III Organizations Maintaining Collectio	ns of Art, Historical Treasure	s, or Other Similar Assets.
	Complete if the organization answered "Yes" to		
1 a	If the organization elected, as permitted under SFAS 11	6, not to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition	on, education, or research in furtheran	ce of public service, provide, in Part XIV, the
	text of the footnote to its financial statements that descri	ibes these items.	
ŀ	If the organization elected, as permitted under SFAS 11	6, to report in its revenue statement ar	nd balance sheet works of art, historical trea-
	sures, or other similar assets held for public exhibition, e	education, or research in furtherance o	f 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, historic	al treasures, or other similar assets for	financial gain, provide the following amounts
	required to be reported under SFAS 116 relating to thes	e items	
á	Revenues included in Form 990, Part VIII, line 1		▶ \$
1	Assets included in Form 990, Part X		<b>.</b> \$

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

Pai	t III Organiz (continued	ations Maintaining	Collections of Art	, Historical Treasu	res, or Other Simil	ar Assets	
3		's acquisition, accession,	and other records, chec	k any of the following th	at are a significant use o	of its collection ite	ms
	(check ail that apply)	,	, , , , , , , , , , , , , , , , , , , ,	,			
а	Public exhibition			d Loan or exchang	e programs		
b	Scholarly research	1		e Other			
C	Preservation for fu			- LJ			
4	<b>□</b>	of the organization's colle	ctions and explain how t	they further the organiza	tion's exempt pumose in	Part XIV.	
5		e organization solicit or re					
		an to be maintained as p					No
Pai		and Custodial Arra					
		an amount on Form 99					-,
1a		agent, trustee, custodian		r contributions or other a	ssets not included		
	on Form 990, Part X?					. Tyes	No
b		rangement in Part XIV ai					
_	ii voo, onpiani aro an	iangomonium artimo a		g		Amount	
_	Beginning balance				1c	7.11.00111	
		ear,			<del> </del>		
	Distributions during the				1 <del>. 1</del>		
	Ending balance	sycai			1f		
	-	clude an amount on For			· · · · · · · · · · · · · · · · · · ·	Yes	X No
	•	rangement in Part XIV.	11 990, Fait A, IIIIe 21:		• • • • • • • • • • • • • • • • • • • •	[] les	140
_		nent Funds. Compl	lote if the erganization of	navored "Ves" to Form	000 Part IV lice 10		
ı a	Lildowi	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years	- back
10	Paginning of year	(a) Cullelli year	(b) Filor year	(C) IWO YEARS DACK	(u) Tillee years back	(e) Tour years	Dack
ıa	Beginning of year				_ ` ***		^
	balance	<del></del>					1
-	Contributions					**	
С	Net investment earn-				* *		
_	ings, gains, and losses				,		
	Grants or scholarships			<del></del>	*,	*	
е	Other expenditures				,	A. S. A. S. S.	
	for facilities and				, "	47,	
	programs .				***		
f	Administrative						
	expenses				,	*	
g	End of year balance					<u> </u>	
2		percentage of the year e					
а	Board designated or q	uasi-endowment 🕨	0.00 %				
b	Permanent endowmer	nt ▶ <u>0.00</u>	%				
С	Term endowment ▶	0.00 %					
3a	Are there endowment	funds not in the possess	ion of the organization th	nat are held and adminis	tered for the organization	n by: Ye	s No
	(i) unrelated organiza	ations				3a(i)	
	(ii) related organization	ons				3a(ii)	-[
b	If "Yes" to 3a(ii), are th	ne related organizations l	isted as required on Sch	nedule R?		3b	
4	Describe in Part XIV ti	he intended uses of the o	organization's endowmer	nt funds.		<u> </u>	
Pa		uildings, and Equi					
	Description of		(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Book va	alue
	= :	-	basis (investment)	basis (other)	Depreciation	''	
						<del> </del>	
12	l and						
	Land		<u> </u>				
þ	Buildings						
b b	Buildings Leasehold improveme						
b d	Buildings Leasehold improveme Equipment						
b c d	Buildings Leasehold improveme Equipment Other						

			399503 Page 4
	Reconciliation of Change in Net Assets from Form 990 to Audited Financia	<del></del>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	144,512.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	144,788.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	(276.)
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 9	10	(276.)
	Reconciliation of Revenue per Audited Financial Statements With Revenue	e pe	<del></del>
1	Total revenue, gains, and other support per audited financial statements	٠٠٠ إ	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments		•
þ	Donated services and use of facilities		•
С	Recoveries of prior year grants		}
d	Other (Describe in Part XIV.)		<del>-</del> 1
e	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 line1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV )		
_C	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c (This must equal Form 990, Part I, line 12)		5 Deturn
		es	1
1 2	Total expenses and losses per audited financial statements	•••	<del></del>
	1 1		
a	<del> </del>		
b	Prior year adjustments         2b           Other losses         2c		
C			
d e	Other (Describe in Part XIV.)		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line1:	••	
٠,	Investment expenses not included on Form 990, Part VIII, line 7b4a		
a b	20 (D. 1) D. (MA)		
	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	• • • • •	5
	rt XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines	es 1	b and 2b: Part V line 4:
	X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provi		
			,
		_	

#### SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

**Statement of Activities Outside the United States** 

General Information on Activities Outside the United States. Complete if the organization

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 2010

Open to Public Inspection

Name of the organization

Slavic International Ministries Inc

answered "Yes" to Form 990, Part IV, line 14b.

**Employer identification number** 58-2399503

1	For grantmakers. Does the organizary grantees' eligibility for the grants or a			_		. X Yes No
2	For grantmakers. Describe in Part \	/ the organization	n's procedures f	or monitoring the use of	grant funds outside the L	Inited States.
3	Activities per Region. (The following  (a) Region	Part I, line 3 tab (b) Number of offices in the region			(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	Ukraine		1	Ministry		30,450.
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)					<del> </del>	
(11)						
(12)						
	<del></del>					<del></del>
(13)						
(14)						
(15)						
(16)			<del> </del>			· · · · · · · · · · · · · · · · · · ·
(17)			1			20 450
	Sub-total  Total from continuation sheets	<u> </u>	<del>                                     </del>		,	30,450.
J	to Part I				LLE MALL	
С	Totals (add lines 3a and 3b)		1			30,450.

Foreign Partnerships. (see instructions for Form 8865) . ....

.. . . . . .

for Form 5713) .

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes." the organization may be required to file Form 5713, International Boycott Report (see instructions

Schedule F (Form 990) 2010

X No

..... Yes

ž Schedule I (Form 990) (2010) OMB No 1545-0047 Employer identification number 58-2399503 (h) Purpose of grant Open to Public Inspection or assistance Ministry Ministry Ministry Ministry Yes X Complete if the organization answered "Yes" to 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 Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II (d) Amount of cash (e) Amount of non-cash (f) Method of valuation (book, FMV, appraisal, Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States other) Grants and Other Assistance to Organizations, Grants and Other Assistance to Governments and Organizations in the United States. assistance ▶ Attach to Form 990. : Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 9,640. 11,500. 9,000 6,350 grant General Information on Grants and Assistance Enter total number of section 501(c)(3) and government organizations For Paperwork Reduction Act Notice, see the Instructions for Form 990. ıf applıcable (c) IRC section Slavic International Ministries Inc can be duplicated if additional space is needed (p) EIN used to award the grants or assistance? Enter total number of other organizations organization or government CA Christian 1 (a) Name and address of (3) Fathers House 95821-TV Co Name of the organization Department of the Treasury Internal Revenue Service SCHEDULEI (1) IMPACT (2)Terra (Form 990) O Bo (4)Kiev Ukrain Ukrain Ukrain Part Part II 6 (12) 9 9 <u>6</u>  $\epsilon$ 

BCA

US990I\$1

#### Form **4562**

**Depreciation and Amortization** (Including Information on Listed Property)

OMB No. 1545-0172

	riment of the			► See se	eparate instructions.	► Attach to ye	our tax return	) <b>.</b>	Sequence No. 67
Nan	ne(s) sho	wn on return			Business or a	activity to which th	is form relate:	s	Identifying number
Sl	avic	Intern	<u>at</u> ion	al Minis	trieForm 990	)			58-2399503
Pa	irt l	Election To	Expense	Certain Proper	ty Under Section 179				<u> </u>
		Note: If you	have any	listed property,	complete Part V before	you complete Pa	rt 1.		
1	Maximun	n amount (Se	e instructio	ns)				1	500,000.
2	Total cos	t of section 1	79 property	y placed in servi	ce (see instructions)			2	
3	Threshold	d cost of sect	ion 179 pro	operty before red	duction in limitation (see	e instructions)		3	2,000,000.
4	Reduction	n in limitation	. Subtract	line 3 from line :	2 If zero or less, enter	-0		4	
5	Dollar lım	itation for tax	year. Sub	stract line 4 from	line 1 If zero or less,	enter -0 If marrie	ed		
	filing sep	arately, see ıı	nstructions				<u></u>	5	500,000.
_6		(a) Descript	tion of prop	erty	(b) Cost (bus	siness use only)	(c) Elec	cted cost	
	<u></u>								
7	Listed pro	operty. Enter	the amou	nt from line 29			7	3,061.	Taranta Maria
8	Total elec	cted cost of s	ection 179	property Add a	amounts in column (c),	lines 6 and 7		8	
9	Tentative	deduction. I	Enter the <b>s</b>	maller of line 5	or line 8			9	3,061.
10	Carryove	r of disallowe	d deductio	n from line 13 of	your 2009 Form 4562			10	)
11	Business	income limita	ation. Ente	er the smaller of	business income (not l	ess than zero) or	line 5 (see ins	tructions) 11	
12	Section 1	79 expense	deduction.	Add lines 9 and	l 10, but do not enter m	ore than line 11	· · · · · · · ·		
13	Carryove	r of disallowe	d deduction	n to 2011. Add	lines 9 and 10, less line	3 12▶ 1	3	3,061.	<u> </u>
-		t use Part II o	r Part III b	elow for listed pr	operty. Instead, use P	art V.			
Pa	rt li	Special Dep	preciation	Allowance and	Other Depreciation (I	Oo not include list	ed property.)	(See instruction	ons.)
14	Special d	lepreciation a	llowance for	or qualified prop	erty (other than listed p	roperty) placed in	service		
	during the	e tax year (se	e instruction	ons)				<u>14</u>	<u> </u>
15	Property	subject to se	ction 168(f	)(1) election				15	<u> </u>
_		preciation (in			<u> </u>		<u></u>	16	<u> </u>
Pa	irt III	MACRS De	preciation	(Do not include	listed property ) (See ı	nstructions)			<del></del>
					Section	Α			T
17	MACRS	deductions fo	r assets pl	aced in service	in tax years beginning t	pefore 2010		. 17	2,013.
18	If you are	e electing to g	roup any a	issets placed in	service during the tax y	ear ear			
	into one	or more gene	ral asset a	ccounts, check I	nere	<u> </u>		<b>▶</b>	
_		Sect	ion B-Ass		ervice During 2010 Ta	x Year Using the	General Der	preciation Sy	stem
(	a) Classif	ication of pro	perty	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year	property							
b	5-year	property		* .		<u> </u>	<u></u>		
c	7-year	property							
d	10-yea	r property						<u> </u>	
е	15-yea	r property	<del></del>			<u> </u>			<u> </u>
f	20-yea	r property		* *				L	<u> </u>
g	25-yea	r property		· · · · · · · · · · · · · · · · · · ·		25 yrs.		S/L	
h	Reside	ntial rental				27.5 yrs.	MM	S/L	
	propert	ty				27.5 yrs.	MM	S/L	
i	Nonres	idential real				39 yrs	MM	S/L	
	propert	ty					MM	S/L	
		Section	on C-Asse	ts Placed in Se	rvice During 2010 Tax	Year Using the	Alternative D	epreciation S	System
20a	Class I	ıfe						S/L	
b	12-yea	r				12 yrs.		S/L	
C		r				40 yrs	MM	S/L	
Pa	irt IV	Summary (	See instru	ctions)					
21	Listed	property. En	ter amount	from line 28				21	1,222.

portion of the basis attributable to section 263A costs. For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2010)

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...

Part V Li

Listed Property (Include automobiles, certain other vehicles, 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, completeonly 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

_	Sec	tion A-Depreciati	on and Oth	er Inform	ation (Ca			instruc	tions for li	mits for	passen	ger auto	mobiles)		
24a		vidence to support					X Yes	No				vidence v		X Yes	No
	(a) ype of property st vehicles first)	(b) Date placed in service	(c) Busn investmer use percentag	nt C	(d) ost or er basis		(e) asis for sn./inve use on	stment	(f) Recover period	y Meti	j) hod/ ention	Deprè	h) ciation iction	section	i) cted on 179 ost
25	Special deprecia	ation allowance for	qualified list	ed proper	ty placed	n serv	ice durir	ig the ta	х уеаг	<del></del>					Ç,
		than 50% in a quali									. 25				
26		nore than 50% in a													
Cc	mputers	06/01/200	9100.0	%	3,820		3,	820.	5	2001	DBHY	1	,222		
Cc	mputers	01/15/201	0100.0	%	3,061				5	2001	DBHY			3,0	061.
			0.0	%											
27	Property used 5	0% or less in a qua	lified busine	ess use											
_			0.0	%						S/L-				į. s	
			0.0	%						S/L-					
			0.0	%						S/L-					1
28	Add amounts in	column (h), lines 2	5 through 2	7. Enter h	ere and o	n line :	21, page	1.			28	1	,222		
29	Add amounts in	column (ı), line 26.	Enter here	and on lir	ne 7, page	1.							29	3,	061.
				Section	B-Inform	ation	on Use	of Vehi	cles			-			
Cor	mplete this section	on for vehicles used	d by a sole p	roprietor,	partner, o	r other	"more t	han 5%	owner," o	r related	d persor	n. If you	provided	d	
ver	nicles to your emp	oloyees, first answe	er the questi	ons in Se	ction C to	see if	you mee	t an exc	ception to	complet	ting this	section	for those	e vehicle	s.
				(a	)		(b)		(c)	(0	<del>)</del>	(	e)	(f	<del></del>
30	Total business/i	nvestment miles dr	iven during	Vehic	cle 1	Veh	icle 2	Vel	hicle 3	Veh	cle 4	Veh	icle 5	Vehi	cle 6
	the year (do no	t include commutin	g miles)												
31	Total commuting	g miles driven durir	ng the year												
32	Total other pers	onal (noncommutir	ng)												
	miles driven .											ĺ			
33	Total miles drive	en during the year	Add												
	lines 30 through								ŀ						
34	Was the vehicle	available for perso	onal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-d	uty hours? .													
35	Was the vehicle	used primarily by	а												
	more than 5% o	wner or related per	rson?							İ					ı
36	Is another vehic	le available for per	sonal												
	use? .						1	<u> </u>				<u> </u>			
Ans	swer these quest	Section ( ions to determine r ersons (see instruc	C-Questions f you meet a tions).	for Emp	loyers Woon to com	no Pro pleting	Section	hicles to B for v	for Use b ehicles us	y Their ed by e	Employee mployee	es whoai	re not m	ore than	5%
		a written policy st												Yes	No
	by your employe	ees?									•				
38		a written policy st									our em	ployees	?		
	See the instruct	ions for vehicles us	sed by corpo	orate office	ers, direct	ors, or	1% or m	nore ow	ners						Ì
39	Do you treat all	use of vehicles by	employees	as person	al use?										
40	Do you provide	more than five veh	icles to your	employe	es, obtain	inform	ation fro	m your	employee	s about	the use	•			
	of the vehicles,	and retain the infor	mation rece	ived?	•										ļ
41	Do you meet the	e requirements con	ceming qua	lified auto	mobile de	monst	ration us	se? (See	e instructi	ons.) .					
	Note: If your ar	nswer to 37, 38, 39	, 40, or 41 is	s "Yes," do	not com	olete S	ection E	for the	covered	vehicles				120	23
Р	art VI Am	ortization								-					
		(a)	T	(b)			(c)		(d)	)	(e)			(f)	
	Description	on of costs	1	mortizatio	n		mortizable		Cod		Amortiza penod	tion	Amo	Amortization for	
	•		be	egins	Ì	am	ount	i	sect	ion	percenta		th	is year	
42	Amortization of	costs that begins of	luring your 2	2010 tax y	ear (see ii	struct	ions):								
			<del></del>	<i></i> -	7		,								-
					1 -										
43	Amortization of	costs that began b	efore your 2	010 tax y	ear							43			
		ounts in column (f).				to rep	ort					44			
														4562	(2010)

US

# Worksheet for States Not Conforming to Bonus Depreciation or Increased Section 179 Deduction

2010

	•	
Na	me:	EIN:
	For accuracy, you MUST use depreciation worksheets for all depreciable assets.	
	Positive amounts are state additions. Negative amounts are state subtractions.	
	i ositivo amounto ato otate additions. Negative amounto are state subtractions.	
A1	Depreciation adjustment. Federal depreciation minus state depreciation	<del></del>
<b>A2</b>	Section 179 adjustment. Federal section 179 minus state section 179	
Α	Total depreciation adjustment	<del> </del>
В	Sales adjustment. State sale minus Federal sale. Installment sale	
	adjustments are included in full in the year of sale	
С	Total state adjustment	
	Chatan Adding Book All and Book and the control of	
	States Adding Back All or a Percentage of the 30% or 50% Special Depreciation	
1	Special depreciation deducted on the 2001 tax return from Form 4562	
2	Special depreciation deducted on the 2002 tax return from Form 4562	
3	Special depreciation deducted on the 2003 tax return from Form 4562	
4	Special depreciation deducted on the 2004 tax return from Form 4562	
5	Special depreciation deducted on the 2005 tax return from Form 4562	
6	Special depreciation deducted on the 2006 tax return from Form 4562	
7	Special depreciation deducted on the 2007 tax return from Form 4562	
8	Special depreciation deducted on the 2008 tax return from Form 4562	
9	Special depreciation deducted on the 2009 tax return from Form 4562	
10	Special depreciation deducted on the 2010 tax return from Form 4562	
	States Adding Back All or a Percentage of the \$100,000+ Section 179 Deduction	
- 1	Section 179 election on the 2003 tax return	
2	Section 179 election on the 2003 tax return Section 179 election on the 2004 tax return	<del>-</del>
3	Section 179 election on the 2004 tax return	
4	Section 179 election on the 2006 tax return	<del></del>
5	Section 179 election on the 2007 tax return	
6	Section 179 election on the 2007 tax return	
7	Section 179 election on the 2009 tax return	<del></del>
Ŕ	Section 179 election on the 2009 tax return	3 061