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PREVIOUSLY FLAD

Return of Organization Exempt From Income Tax

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

	Internal Re	evenue Serv	asury Ace	► The org	anization may i	have to use a	copy of this retur	n to satisfy	state	reporting req	uirem	ents.		BENEVIOR
•	A Fort	ne 2010 ca	lendar yea	ar, or tax year be	Inning 06	/01/10	, and ending	05/31	/11					
'	B Check I	applicable:	C Name	of organization			<u>-</u>			· · · · ·	D	Empl	oyer identi	fication number
	Address	change			Center fo	or Europ	ean Church	Planti	ing		4			
	Name d	hange		Business As							1	20-	<u>-1549</u>	<u> 550 </u>
	Initial re	tum	ì	r and street (or P.C). box if mail is no	t delivered to s	treet address)			Room/suite	Ε	-	hone numbe	
	Termina			Box 14502							╄	919	9 <u>-943</u> -	-0524
				town, state or coun	try, and ZIP + 4	270 6					ł		_	
İ		ed return	Durl		-1160	NÇ 2	7709				G	<u> </u>	elpla \$	289,303
	Applicat	ion pending		and address of prin 1 Jackson	•					H(a) is this a	group (elum for	affiliates?	Yes X No
				ruce Str						H(b) Are all	affilia:	les Incli	ıded?	Yes No
				hgate		ПК	EH48 25	7.		, ,			list. (see i nsi	
	1 Tax-ex	cempt statu:			1(c) () <	(insert no.)	4847(a)(1) or		_					
•				ecp.eu	-\	4 (1 10.1.(4)(1) 0.			H(c) Group	exem	otlon nu	ımber 🕨	
	K Form of	organization:	72-5	poration Trust	Association	Other -		<u> </u>	L Ye	er of formation:				egal domicite: NC
			mmary					•						
	1	Briefly de	scribe the	e organization's i	nission or mos	t significant a	ctivities:							
2012	gy]	To p	romote	e the Gosp	el of Jes	us Chri	st and est	ablish						
8 2	[a	chur	ches i	in Europea	n countri	.es								
8	, E													
NON NON	8 2	Check this	s box ▶	if the organiz	ation discontin	ued its opera	tions or disposed	of more tha	ın 25%	6 of its net as	sets.			
Ž	ಪ 3			nembers of the g								3	4	
	8 4	Number o	f Indepen	ident voting men	nbers of the go	verning body	(Part VI, line 1b)					4	4	
9 2012 FNVFLOPE	蹇 5	Total num	ber of inc	ilividuals employ	ed in calendar :	year 20 10 (P	art V, line 2a)					5	9	
말 (₹ 6			lunteers (estima								6		
	🚡 🗎 7a	Total unre	elated bus	siness revenue fi	om Part VIII, c	olu mn (C) , III	16.12					7a		
2	b	Net unrela	ated busir	ness taxable inco	me from Form	990-T, line 3	#CEIVED					7b		0
خ سنا د	3 _					1 !		101	<u> </u>	Prior Yo		707	Cur	rent Year
2	ည် 8			grants (Part VIII,		··[충[··씨)V: 1::3::20î2	č.`	.	31	4,	<u> 191</u>		289,289
201	9	Program s	service re	venue (Part VIII,	, line 2g)			<u> </u> \	. -					
 	ق 10 2	Investmer	it income	(Part VIII, colun	nn (A), lines 3,	4, and (7d)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	 =	. _			6		14
	1						nd (14): N. U.			21		150		000 202
ۍ							olumn (A), line 12)			31	5, 2	24/		289,303
	13						s)		. ├-		7 .	315		11,378
		_		for members (Pa	,		163 11 6 46		. [-	26	$\frac{1}{6}, \frac{1}{4}$			220 040
0 7	8 10	Salanes, C	omer com	ipensauon, empi	oyee benenis (Part IX, colui	mn (A), lines 5–10	"	·		0,2	241	_	238,048
)등 I ''U''	Total fund	rai iuriuia raisina sv	nsing lees (Part.	A, Column (A),	1100 110)		170			7.60000			
61	<u>й</u> ",	Other eve	raising ex	art IX, column (A	, column (D), iii _linee 44e 44	10 20)	40,.	± /	. 🏁	<u> </u>	5,2	261	**/	45,220
	140						A), line 25)		• ⊢		$\frac{3}{2}, 8$			294,646
ī				nses. Subtract li		-	-y, mie 20)		. ├-		$\frac{2}{7}$,			-5,343
2	5 Ø	I KOYONGO P	goo Gyboi	11868. Gubilaci II	ne to nom me	12		********	Ч	Beginning of Cu			End	l of Year
Z-4	関 20	Total asse	ts (Part X	(, line 16)						4	7,0	31		41,836
%)O				X, line 26)							1,0			1,199
			or fund l	balances. Subtra				• • • • • • • • • • • • • • • • • • • •		4	5, 9	80		40,637
	Part II	🕺 Sig	nature	Block										
							mpanying schedules				fmyk	nowled	ge and belle	f, it is
₩ -	true, corre	ect, and com	plete. Dec	laration of prepare	(other than office	or) is based on	all Information of whi	ich preparer i	has any	knowledge.				
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Œ.	1.1	PrintType	preparer's	name		Preparer s al	gulature			Date		Check	L III PTO	
	ald	Steven	L. Fost	er, CPA			SIN S						ployed PO1	
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SEANAGO GAN	ise Only			32 Oran										
<u> </u>		Firm's add			lle, NC		<u>-2914</u>	 		1	Phone	no.		81-3161
				n with the prepa			uctions)							Yes No
JO F	ŏĭ Labeu	work Red	uction Ac	ct Notice, see th	e separate ins	tructions.				<u> </u>			Fo	orm 990 (2010)

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		an Church Planting 20-1	<u> </u>	Page 2
	tatement of Program Servi		D	
	neck if Schedule O contain the the organization's mission	s a response to any question in this	-2aπ III	
To promo		Jesus Christ and estab ntries	lish	
prior Form 9	nization undertake any significant p 90 or 990-EZ? cribe these new services on Sched	program services during the year which were no	t listed on the	Yes X No
		e significant changes in how it conducts, any pr	ogram	Yes X No
4 Describe the) reach of the organization's three largest progra on 4947(a)(1) trusts are required to report the a		
		for each program service reported		
		European countries and	11,378)(Revenue \$ preach)
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
4c (Code) (Expenses \$	including grants of \$) (Revenue \$	
	nm services (Describe in Schedule		Povonuo \$	<u> </u>
(Expenses :	am service expenses	ding grants of \$) (237, 544	Revenue \$	
AA	Joi vida axpailada P	2011033		Form 990 (2010

Part IV			
		Demiliand Cahad	
-all IV	CHECKISLII	Required Sched	11162

•			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_	Χ	
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		İ	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		1	
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	_6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	}		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		İ	
	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	- 1	i	
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	_		
	complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-			3.7
	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	1	ŀ	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		.,	
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	446		v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	44.		v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	444		Χ
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	-	^_
f	· · · · · · · · · · · · · · · · · · ·	445		Χ
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Λ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		Χ
	Schedule D, Parts XI, XII, and XIII	124		
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	125		Χ
12	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b 13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a	X	Λ
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	144	^	
U	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		Χ
15	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, Parts II and IV	15		Χ
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, Parts III and IV	16		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	-10		- 11
.,	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Χ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Χ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
202	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note . Some			
~	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

	tit to Checkist of Required Schedules (Continued)		—,		
				Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	İ		-	.,
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	i–	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			v	
	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		Ì		
	organization's current and former officers, directors, trustees, key employees, and highest compensated				v
	employees? If "Yes," complete Schedule J	-	23		X
24a		İ			İ
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		240		Х
	through 24d and complete Schedule K. If "No," go to line 25	<u> </u>	24a		$\overline{}$
b	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		24.		l
	to defease any tax-exempt bonds?	<u> </u>	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	 -	24d		
25a	· // · · · / · · · · · · · · · · · · ·				v
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	⊢	25a		<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				l
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		256		v
••	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	İ	<u> </u>		v
	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?	}	27		v
20	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,		1		ĺ
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		20-		X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	-	28a		$\stackrel{\wedge}{\vdash}$
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 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)				ł
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<u> </u>	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<u> </u>	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M	<u> </u>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,				<u> </u>
	Part I	_	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		Ì		
	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	L	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	<u> </u>	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	<u> </u>	35		X
а	Did the organization receive any payment from or engage in any transaction with a		j		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,				
	Part V, line 2	s X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				١,,
	related organization? If "Yes," complete Schedule R, Part V, line 2	ļ_	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	j			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,				١,,
	Part VI	-	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and				1,,
	19? Note. All Form 990 filers are required to complete Schedule O		38	000	X
			Form	990	(2010)

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Pa	'Chook' of School of Contours a response to any question in this Part V			\Box
	'Check' if Schedule O contains a response to any question in this Part V		V T	
12	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	- 1		
·	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
2.4	Statements, filed for the calendar year ending with or within the year covered by this return 2a 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		-11	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Ì	Χ
b	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	<u> </u>	$\overline{}$	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		1	ı
	account)?	4a		Χ
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	1		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ĺ	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	$\neg \neg$	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		Χ
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		-	
	required to file Form 8282?	7с		
d	if "Yes," indicate the number of Forms 8282 filed during the year 7d			ĺ
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	\longrightarrow	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	\longrightarrow	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			ĺ
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	- 1	İ	ĺ
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	1		ĺ
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	\longrightarrow	
0	Section 501(c)(7) organizations. Enter	1		
a	Initiation fees and capital contributions included on Part VIII, line 12	1		
b 14	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section F04(a)(41) propriettions Forter			
11	Section 501(c)(12) organizations. Enter	1		
a	Gross income from members or shareholders Cross income from other sources (Po not not emplified due or not to other sources)	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources			ĺ
122	against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	f	i
l2a b	i i	120		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O	150		
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			ĺ
С	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
DAA		Form	990	(2010)

Form 990 (2010) Center for European Church Planting 20-1549550

	Left VI: Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	ow, ar		age o
•	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes			
	O. See instructions			
	Check if Schedule O contains a response to any question in this Part VI			
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4	-		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			v
_	any other officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		v
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3_		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6 7a	Does the organization have members or stockholders?	-		
1 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	''		-21
Ü	the year by the following			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	00		
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Χ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue		e)	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
	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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11a		X
b	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	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		<u>X</u>
14	Does the organization have a written document retention and destruction policy?	14		X
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?			
а	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>
þ	, , ,	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a				
	with a taxable entity during the year?	16a		<u>X</u>
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			
<u></u>	organization's exempt status with respect to such arrangements?	_ 16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires on argentization to make the Forms 1023 (or 1024 if applicable), 900, and 900 T (501(a)/3)s only) available.			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available			
	for public inspection. Indicate how you make these available. Check all that apply			
10	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,			
20	and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization Fig. 8yfrett PO Box 14502			
Dι		3-66	9-8	411
<u>ب</u> ر				

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Form 990 (2010) Center for European Church Planting 20-1549550

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

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 org (A)	(B)	1			C)		J-J-11	(D)	(E)	(F)
Name and Title	Average hours per	Position (check all that apply)						Reportable compensation	Reportable compensation from	Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	The compensation compensation compensation compensation from from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) Tom Jackson	40.00	1,,		,,				61 500		
President (2) Charles Kinney	40.00	X		Х	_	\vdash		61,500	0	(
Board member	2.00			Х				ol	0	
(3) Cabin Kim	2.00	 	 	Λ.				<u> </u>		
Board member	2.00	İ		X		1		ol	0	
(4) E. Lee Nelson										
Board member	2.00			Х				0	0	(
(5)	-									-
(6)										
(7)		-								
(8)										
(9)							_			-
(10)										
(11)			_				·			
(12)										
(13)										
(14)		-				$\vdash \vdash$	_			
(15)			-						<u> </u>	
(16)										
DAA	1	<u> </u>	<u> </u>	L						Form 990 (2010

Form 990 (2010) Center for European Church Planting Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (A) (C) (D) (F) Reportable Reportable Name and Title Average Position (check all that apply) Estimated compensation from hours per compensation amount of Individual trustee or director Officer Institutional trustee Key employee Highest compensated employee related week from other (describe the organizations compensation (W-2/1099-MISC) hours for organization from the (W-2/1099-MISC) organization related and related organizations organizations in Schedule 0) (17)(18)(19)(20)(21)(22)(23)(24)(25)(26)(27)(28)61,500 1b Sub-total ▶ Total from continuation sheets to Part VII, Section A .500 Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0 Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated 3 employee on line 1a? If "Yes," complete Schedule J for such individual 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 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (C) Compensation (B) (A)
Name and business address Description of services Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0 Form **990** (2010) DAA

		(2010) Center for		opea	n Churc	n Planting	20-1549550		Page 9
Part	٧	III Statement of Reve	enue		······································	/A\	/B\	(0)	(0)
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts t	1a	Federated campaigns	1a			_	10101100		5,2,5,6,6,5,7
E I		Membership dues	1b						
Contributions, gifts, grants and other similar amounts		Fundraising events	1c						
gift;		Related organizations	1d						
S. imi		Government grants (contributions)	1e						
tior er s		All other contributions, gifts, grants,							
호취		and similar amounts not included above	1f		289,289				
ig g	g	Noncash contributions included in lines 1a-	-1f	\$					
	h	Total. Add lines 1a-1f				289,289			
Program Service Revenue					Busn. Code				
) j	2a								
8	b						···		
Š	С								
Sel	d					,			
Ea	е						<u>.</u>		
rog		All other program service reve	nue					. <u>-</u>	<u></u>
-		Total. Add lines 2a-2f			•				1
3	3	Investment income (including	dıvıden	ids, intere	est,				
	_	and other similar amounts)			. •	14			14
4		Income from investment of tax	-exem	pt bond p	oroceeds ►		· · · ·		
5	5	Royalties			P				1
١,		(i) Real		(11)	Personal				
ŀ		Gross Rents							
		Less rental exps							
		Rental inc or (loss)]	<u> </u>					-
		Gross amount from (i) Securities	<u> </u>		Other				
		sales of assets		\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	, other				
		other than inventory Less cost or other							
		basis & sales exps		}					
	c	Gain or (loss)							
		Net gain or (loss)		<u> </u>	—				
l a		Gross income from fundraising eve	ents [
Other Revenue		(not including \$							
Š		of contributions reported on line 1c)		ļ				
يّ		See Part IV, line 18	a						
ţ	b	Less direct expenses	ь	-	-				
0	С	Net income or (loss) from fund	fraising	events	•				
1		Gross income from gaming activities							
		See Part IV, line 19	a						
	b	Less direct expenses	b [
	С	Net income or (loss) from gam	ning ac	tivities	>				
10		Gross sales of inventory, less							
		returns and allowances	а						
		Less cost of goods sold	b∫						
<u> </u>	С	Net income or (loss) from sale		ventory	•				
\vdash		Miscellaneous Revenue			Busn. Code				
11							<u> </u>		
•	b								
	C								·
		All other revenue							
		Total. Add lines 11a-11d			<u> </u>	200 200			
	۷	Total revenue. See instruction	15		>	289,303	0	0	14

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	All other organizations must		re not required to complete		
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV. line 22	11,378	11,378		
_	· · · · · · · · · · · · · · · · · · ·	11,370	11,570		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	61,500	55,350	_	6,150
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	173,517	138,813	17,352	17,352
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,031	2,425	303	303
	· ·	3,031	2,423		
11	Fees for services (non-employees)				
a	Management			-	
b	Legal	7 260		7 260	
С	Accounting	7,368		7,368	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				<u> </u>
12	Advertising and promotion				<u>.</u>
13	Office expenses	6,540	3,099	1,196	2,2 <u>45</u>
14	Information technology	358	119	119	120
15	Royalties				
16	Occupancy	"			
17	Travel				
18	Payments of travel or entertainment expenses		· · · · · ·		·
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
		5		5	
20	Interest	<u> </u>	-	J	
21	Payments to affiliates	2 422	2 422		
22	Depreciation, depletion, and amortization	3,423	3,423		
23	Insurance				
24	Other expenses Itemize expenses not covered	[
	above (List miscellaneous expenses in line 24f If	,			
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O)				
а	Mission expenses	22,937	22,937		
b	Merchant fees	2,258		2,258	
С	Automated giving fees	920		920	
d	Bank service charges	541		541	
e	Payroll service fee	522		522	
f	All other expenses	348		348	
	Total functional expenses. Add lines 1 through 24f	294,646	237,544	30,932	26,170
25		234,040	231,344	<u> </u>	20,110
20	Joint costs. Check here ► if following SOP 98-2 (ASC 958-720) Complete this line			İ	
	only if the organization reported in column				
	(B) joint costs from a combined educational			-	
DAA	campaign and fundraising solicitation				Form 990 (2010)

Part	X Balançe Sheet				
			(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing		35,737	1	18,518
2	Savings and temporary cash investments		5,634	2	<u> </u>
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net			4	
5	Receivables from current and former officers, directors, truste	es, key			
ĺ	employees, and highest compensated employees. Complete	Part II of			
	Schedule L	L		5	
6	Receivables from other disqualified persons (as defined unde	r section			
1	4958(f)(1)), persons described in section 4958(c)(3)(B), and c				
ľ	employers and sponsoring organizations of section 501(c)(9)	voluntary			
_ω	employees' beneficiary organizations (see instructions)		6		
Assets 8 8	Notes and loans receivable, net			7	
8 8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges			9	
10a	Land, buildings, and equipment cost or				
	other basis Complete Part VI of Schedule D 10a				
, b	Less accumulated depreciation 10t	45,195	5 , 660	10c	3,242
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	
14	Intangible assets			14	
15	Other assets See Part IV, line 11			15	
16	Total assets. Add lines 1 through 15 (must equal line 34)		47,031	16	41,836
17	Accounts payable and accrued expenses		1,051	17	1,199
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
S 21	Escrow or custodial account liability Complete Part IV of School	edule D		21	
Liabilities 22	Payables to current and former officers, directors, trustees, ke	ey			
<u>iā</u>	employees, highest compensated employees, and disqualified	d persons			
ובֿי	Complete Part II of Schedule L	<u>L</u>		22	
23	Secured mortgages and notes payable to unrelated third parti	es		23	
24	Unsecured notes and loans payable to unrelated third parties			24	
25	Other liabilities Complete Part X of Schedule D	Ĺ		25	
26	Total liabilities. Add lines 17 through 25		1,051	26	1,199
es	Organizations that follow SFAS 117, check here ▶ 🗓 and	complete			
일	lines 27 through 29, and lines 33 and 34.				
<u>eg</u> 27	Unrestricted net assets		45 , 980	27	40,637
MŽ 28	Temporarily restricted net assets	<u>L</u>		28	
29	Permanently restricted net assets	L		29	
리	Organizations that do not follow SFAS 117, check here ▶	and			
Net Assets or Fund Balances 22 28 29 30 31 32 33 34	complete lines 30 through 34.				8
<u>ي</u> 30	Capital stock or trust principal, or current funds			30	
31 Se	Paid-in or capital surplus, or land, building, or equipment fund			31	
8 32	Retained earnings, endowment, accumulated income, or othe	r funds		32	
a 33	Total net assets or fund balances		45,980	33	40,637
Z 34	Total liabilities and net assets/fund balances		47,031	34	41,836

Form **990** (2010)

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orn	1990 (2010) Center for European Church Planting 20-1549550			Pa	ge 12		
	art XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	28	39,	<u> 303</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	94,	<u>646</u>		
3	Revenue less expenses Subtract line 2 from line 1	3		-5,	<u>343</u>		
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))						
5	Other changes in net assets or fund balances (explain in Schedule O)	5					
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,						
	column (B))	6		40,	<u>637</u>		
Pa	art XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		1				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in						
	Schedule O						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were						
	issued on a separate basis, consolidated basis, or both						
	Separate basis Consolidated basis Both consolidated and separate basis						
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in						
	the Single Audit Act and OMB Circular A-133?		_3a				
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		3b				
			Form	990	(2010)		

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SCHEDULE A (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.

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

Department of the Treasury Internal Revenue Service Name of the organization

Center for European Church Planting

Employer identification number 20-1549550

			CCITCCT TOT T	Jul Opcali Citul Cit	LLand	- 1114			20	1 7 1			
Pa	ırt İ	Reas	on for Public Charity	Status (All organizations	s must o	complet	e this	part)	See in	struct	tions.	_	
The	orga	nization is not	a private foundation because	se it is (For lines 1 through 11, o	check only	y one box	:)			-			- -
1		A church, co	nvention of churches, or ass	sociation of churches described	ın sectior	170(b)(1	I)(A)(i).						
2	П	A school des	scribed in section 170(b)(1)((A)(ii). (Attach Schedule E)		, , , ,							
3	П			ice organization described in se	ction 170	(b)(1)(A)(iii).						
4	Ħ	·	• •	ed in conjunction with a hospital			•)/1\/A\/ii	ii) Ente	r the ho	ospital's nam	e	
	ш	city, and stat	•	a in conjunction with a noophar	decombed	555616		,, ,,, ,,,,,	,		oopital o ham	٠,	
5	\Box	•		of a college or university owned	or operat	ed by a d	overnme	antal und	t descri	had in			
•		-	·	•	or operat	eu by a g	Overning	riitai uiii	t descri	bed III			
^	\Box		(b)(1)(A)(iv). (Complete Part	, and the second		011. 1/41/ 6							
6	\vdash			governmental unit described in s									
7	Ш	•	•	substantial part of its support from	om a gove	ernmenta	l unit or	from the	genera	il public	;		
			section 170(b)(1)(A)(vi). (C	·									
8		A community	trust described in section	170(b)(1)(A)(vi). (Complete Part	II)								
9	X	An organizat	ion that normally receives (1) more than 33 1/3% of its sup	port from	contributi	ons, me	mbershi	p fees,	and gro	oss		
		receipts from	n activities related to its exer	npt functions—subject to certair	n exceptio	ns, and (2	2) no mo	re than	33 1/3%	6 of its			
		support from	gross investment income a	nd unrelated business taxable ir	ncome (le:	ss section	1 511 tax	c) from b	usiness	ses			
		acquired by t	he organization after June 3	30, 1975 See section 509(a)(2).	. (Comple	te Part III)						
10		An organizat	ion organized and operated	exclusively to test for public safe	ety See s	ection 50	09(a)(4).						
11		An organizati	ion organized and operated	exclusively for the benefit of, to	perform tl	ne functio	ns of, o	to carry	out the	•			
		purposes of	one or more publicly support	ted organizations described in s	ection 509	9(a)(1) or	section	509(a)(2	?) See	section	1		
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h												
	a 🔲 Type I b 🔲 Type II c 🔲 Type III–Functionally integrated d 🗍 Type III–Other												
е													
	other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1)												
	or section 509(a)(2)												
f	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting												
	organization, check this box												
~	Since August 17, 2006, has the organization accepted any gift or contribution from any of the												
g	following persons?												
	(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No												
					with perso) 113 GESCI	ibed iii (ii) ailu			110(1)	_	110
		, ,	w, the governing body of the								11g(i)		
			member of a person descri	``							11g(ii		
4.		` '	• •	described in (i) or (ii) above?							11g(ii	<u> </u>	L
<u>n</u>				the supported organization(s)	Ταν				T				
(1)		e of supported anization	(II) EIN	(iii) Type of organization (described on lines 1–9	1	organization sted in your		ou notify	(vi) l organizat		1	nount of port	
	0.9			above or IRC section	1 ''	document?	col (i)	of your	(I) organi	zed in the		Port	
				(see instructions))	<u> </u>			port?	US				
					Yes	No	Yes	No	Yes	No			
(A)													
				-									
(B)				1									
							l				<u> </u>		
(C)													
(D)							ļ						
							[
(E)		· · · · · · · · · · · · · · · · · · ·			1								
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			1	1	1	Ī	1	ı	1		1		

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

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 Center for European Church Planting 20-1549550

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008(d) 2009 (e) 2010 (f) Total Amounts from line 4 Gross income from interest, dividends. payments received on securities loans. rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2009 Schedule A, Part II, line 14 15 16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2009. 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 10%-facts-and-circumstances test-2010. 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 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 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) 2010 Center for European Church Planting 20-1549550

Page 3

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

Sec	tion A. Public Support	rquality under	the tests listed	below, picase	complete i ai	(11)	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Giffs, grants, contributions, and membership fees received (Do not include any "unusual grants")	146,514	275,196	366, 104	314,791	289,289	1,391,894
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		118,393	25,323			143,716
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	146,514	393,589	391,427	314,791	289,289	1,535,610
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	8,025	6,920	17,050	12,700	13,800	58,495
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		113,393	20,323			133,716
С	Add lines 7a and 7b	8,025	120,313	37,373	12,700	13,800	192,211
8	Public support (Subtract line 7c from line 6)	3,323	130,010	1			1,343,399
	tion B. Total Support				· · · ·		
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	146,514	393,589	391,427	314,791	289,289	1,535,610
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		33	22	6	14	75
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b		33	22	6	14	.75
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,		1	į			
	and 12)	146,514	393,622	391,449	314,797	289,303	1,535,685
14	First five years. If the Form 990 is for the	-	second, third, four	rth, or fifth tax year	as a section 501(c)(3)	
500	organization, check this box and stop here tion C. Computation of Public St		200	_			
	Public support percentage for 2010 (line 8			· (f)		15	87.48%
15 16	Public support percentage for 2010 (line of Public support percentage from 2009 Scho		-	1 (1))		16	86.37%
	tion D. Computation of Investme						86.3770
17	Investment income percentage for 2010 (I			column (f))		17	%
18	Investment income percentage from 2009					18	%
19a	33 1/3% support tests—2010. If the organ 17 is not more than 33 1/3%, check this be	nization did not che	ck the box on line				▶ [X
b	33 1/3% support tests—2009. If the organ line 18 is not more than 33 1/3%, check the	nization did not che	ck a box on line 14	or line 19a, and li	ne 16 is more than	33 1/3%, and	▶ □

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Schedule A (Form 990 or 990-EZ) 2010 Center for European Church Planting 20-1549550

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions).

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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

lam	e of the organization		Employe	r identification number
	enter for European Church Planting			549550
Pa	Organizations Maintaining Donor Advised Fundamental organization answered "Yes" to Form 990, Part	nds or Other Similar Funds or A IV, line 6	Account	s. Complete if the
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year		-	
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that	t the assets held in donor advised		
	funds are the organization's property, subject to the organization's excl	usive legal control?		Yes No
6	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 dono	or advisor, or for any other purpose		
	conferring impermissible private benefit?			Yes No
Pa	art II Conservation Easements. Complete if the organic	anization answered "Yes" to For	m 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check	all that apply)		
	Preservation of land for public use (e g , recreation or education)	Preservation of an historically im	portant lar	nd area
	Protection of natural habitat	Preservation of a certified historic	c structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conser	rvation contribution in the form of a conse	ervation	
	easement on the last day of the tax year			
				Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		_2b_	
С	Number of conservation easements on a certified historic structure incl	uded in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/9	06, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organiza	tion during	the
	tax year ▶			
4	Number of states where property subject to conservation easement is l	ocated ▶		
5	Does the organization have a written policy regarding the periodic moni	itoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	ing conservation easements during the y	ear	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing of	conservation easements during the year		
	> \$			
8	Does each conservation easement reported on line 2(d) above satisfy t	the requirements of section 170(h)(4)(B)		☐ Yes ☐ No
•	(i) and section 170(h)(4)(B)(ii)?	anta in the residence and avenues atotomo	nt and	1es 140
9	In Part XIV, describe how the organization reports conservation easem balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements			he
p-	art II Organizations Maintaining Collections of Art,	Historical Treasures or Other	Similar	
	Complete if the organization answered "Yes" to		Jiiiiai	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), n			neet
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of	
	public service, provide, in Part XIV, the text of the footnote to its financial	al statements that describes these items		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to	report in its revenue statement and bala	ance sheet	
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance 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		ovide the	
	following amounts required to be reported under SFAS 116 (ASC 958)	relating to these items		
	Revenues included in Form 990, Part VIII, line 1		•	\$
	Assets included in Form 990, Part X		<u> </u>	\$
or i	Paperwork Reduction Act Notice, see the Instructions for Form 990.			Schedule D (Form 990) 2010

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Sche	<u>dule D (Form 990) 2010 Center for</u>	<u> European C</u>	<u>hurch Plan</u>	<u>iting 20-15</u>	<u>49550</u>	Page 2
Pa	it III' , Organizations Maintaining	Collections of Art,	Historical Trea	sures, or Other	Similar Assets	s (continued)
З	Using the organization's acquisition, accession collection items (check all that apply)	n, and other records, che	eck any of the follow	ing that are a significa	ant use of its	
а	Public exhibition	d Loan	or exchange progra	ms		
b	Scholarly research	e Other	•			
С	Preservation for future generations					
4	Provide a description of the organization's colle	ections and explain how	they further the orga	anization's exempt pu	rpose in Part	
	XIV	•			•	
5	During the year, did the organization solicit or rassets to be sold to raise funds rather than to be	•	·			Yes No
Pa	art IV Escrow and Custodial Arrai				"Ves" to Form	
	line 9, or reported an amoun			ation answered	163 101 01111	330,1 art 1v,
12				ther essets not		
Id	Is the organization an agent, trustee, custodiar	or other intermediary to	or contributions or ot	iner assets not		□ v □ No
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the followin	g table			
						Amount
	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on Fore	m 990, Part X, line 21?				Yes No
b	If "Yes," explain the arrangement in Part XIV					
Pa	rt V Endowment Funds. Comple	te if organization a	inswered "Yes"	to Form 990, Pa	rt IV, line 10	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance					
	Contributions			T		
	Net investment earnings, gains, and					
Ū	losses					
ч	Grants or scholarships			-		
	Other expenditures for facilities and		.			
e	·					
	programs			 		
	Administrative expenses					
	End of year balance			<u> </u>		<u> </u>
2	Provide the estimated percentage of the year e					
	Board designated or quasi-endowment ▶	%				
	Permanent endowment ► %					
С	Term endowment ▶ %					
3a	Are there endowment funds not in the possess	ion of the organization ti	hat are held and adr	ministered for the		
	organization by					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" to 3a(II), are the related organizations I	isted as required on Sch	nedule R?			3b
4	Describe in Part XIV the intended uses of the d	organization's endowmei	nt funds			
Pa	rt VI Land, Buildings, and Equip	ment. See Form 99	90, Part X, line	10.		-
	Description of investment	(a) Cost or other basis	(b) Cost or other		umulated	(d) Book value
		(investment)	(other)	depre	eciation	
1a	Land					
	Buildings	 				· · · · · · · · · · · · · · · · · · ·
	Leasehold improvements		 			
	Equipment	 	_			
	' '		10	,437	45,195	3,242
	Other Add lines 1a through 1e (Column (d) must equ	ual Form 900 Bart V or			70,130	3 242
utal	. Add intes la unough le (Column (d) Must eq	uai ruiiii 330, Part X, CC	numin (D), line TU(C))	▶	3,444

(1) (2) (3) (4) (5) (6) (7)(8) (9) (10)Total. (Column (b) must equal Form 990, Part X, col (B) line 25) \blacktriangleright

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

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Sche	dule D (Form 990) 2010 Center for European Church Pl	ant	ing 20-154955	0	Page 4
	it XI Reconciliation of Change in Net Assets from Form 990 to				<u> </u>
1	Total revenue (Form 990, Part VIII, column (A), line 12)		-	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	
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_	
Pa	rt XII Reconciliation of Revenue per Audited Financial Stateme	nts V	Vith Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements			11	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a			
ь	Donated services and use of facilities	_2b			
С	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	1	1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i i			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
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	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents	With Expenses per F	Retur	<u>'n</u>
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		ı		
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1		1	3_	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
C	Add lines 4a and 4b			4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
Pa	rt XIV Supplemental Information				

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

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Schedule D (Form 990) 2010 Center for European Church Planting 20-1549550

Part XIV Supplemental Information (continued)

Page 5

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Planting

Center for European Church

Employer identification number 20-1549550

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غ وَ	General Information on Grants and Assistance	Assistance	300 30	the care of the ca	Section of the second		1		
15 E	Does the organization maintain records to substantiate the amount of the grants of assistance, and the organization's practice or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ie amount of the grant ace? atoring the use of g	ants of ass grant funds	in the United States	eligibility for the grafft	s or assistance, an	<u>.</u>	☐ Yes []	% ⊠
ு ஈ ஜ	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 recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ■	wernments and scipient that received is needed	d Organi ceived m	zations in the Ur ore than \$5,000.	nited States. Com Check this box if	plete if the org no one recipie	ganization ansvent received mo	vered "Yes" to ore than \$5,000. Part I	
N ((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	:
									P3 \
									PKRVII
									ousey
ן מ	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	organizations							
2	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	or Form 990.						Schedule I (Form 990) (2010)	2010)

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Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990. Part IV. line 22	o Individuals in the U	Inited States. Comp	lete if the organization	on answered "Yes" to Form	m 990. Part IV. line 22.
	Part III can be duplicated if additional space is needed	tional space is neede	þ	•		
٣	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, (f) Description of non-cash assistance FMV, appraisal, other)
1 Missi	1 Missionary support	4	7,656			•
2 Donations	ions	೯	2,766			•
3 Tuition	uo	,1	926			
•						
2						
ဖ						
,						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	nplete this part to pro	vide the information	required in Part I, li	ne 2, and any other additic	onal information.

Page 2

Schedule I (Form 990) (2010) Center for European Church Planting 20-1549550

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

• Attach to Form 990 or 990-EZ.

2010
Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Center for European Church Planting

No review was or will be conducted.

Employer identification number 20-1549550

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

PREVIOUSLY FILED 20-1549550 **Federal Statements Taxable Interest on Investments** Description Unrelated Exclusion Postal Acquired after US
Business Code Code Code 6/30/75 Obs (\$ or %) Amount Savings 14 Total

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20-1549550

Federal Statements

Schedule A, Part III, Line 7b - Excess Gross Receipts

Donor Name	 Total	 Excess
Mission trips	\$ 	\$
2008	25,323	20,323
2007	 118,393	 113,393
Total	\$ 143,716	\$ 133,716

Name(s) shown on return

Department of the Treasury

PREVIOUSLY FICED Depreciation and Amortization

(Including Information on Listed Property)

See separate instructions.

Attach to your tax return

ldentifying number 20-1549550 Center for European Church Planting Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 500,000 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2 2,000,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 Listed property Enter the amount from line 29 7 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Part II 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) Property subject to section 168(f)(1) election 15 3,423 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property) (See instructions) 17 MACRS deductions for assets placed in service in tax years beginning before 2010 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here 🕨 Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (business/investment use (f) Method (g) Depreciation deduction (a) Classification of property placed in (e) Convention period service only-see instructions) 19a 3-year property b 5-year property 7-year property d 10-year property e 15-year property 20-year property S/L g 25-year property 25 yrs S/L h Residential rental 27 5 yrs MM property 27 5 yrs MM S/L MM Nonresidential real S/L 39 yrs property MM S/L Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs S/L S/L c 40-year 40 yrs MM Summary (See instructions.) Part IV 21 Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 3.423 and on the appropriate lines of your return. Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs