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Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2012

Open to Public Inspection

A	For th	ne 2012	calendar	year, or tax y	ear begin	ning			, 2012,	and e	nding			, 20	_
В	Check if applicable	lo.	C Nam	e of organizat	on Slav	ic I	nterna	tional	Minis	tri	D Employ	yer iden	tification	number	_
1 1	Address			Business As									39950		
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н	Terminat		1	town or post of	-	and ZIP	code		J		G Gross	\$		201286	
Н	Amended			odstock							- Tecepis		oup return		
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Se G	4	Number	r of indepe	endent voting	members o	f the gov	erning body	(Part VI, line	1b)			4			
Ě	5	Total nu	umber of i	ndıvıduals em	ployed in ca	alendar y	ear 2012 (Pa	art V, line 2a)				5			
ŧ	6	Total nu	umber of v	olunteers (est	imate if ne	cessary)		•				6			
⋖	7a	Total un	related b	usiness reven	ue from Pa	rt VIII, co	lumn (C), lın	e 12				78	a		
i	b	Net unre	elated bus	siness taxable	income fro	m Form 9	990-T, line 3	4	•			. 71)		
				<u> </u>				-			Prior Ye	ear	Cu	rrent Year	
ره ا	8	Contribi	utions and	d grants (Part '	VIII, line 1h)								201286	·
12	9	Progran	n service	revenue (Part	VIII, line 2g	j)				7					
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For Paperwork Reduction Act Notice, see the separate instructions. ВСА

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_	n 990(2012) Slavic International Ministri	38-2395	Page 2
Pa.	Statement of Program Service Accomplishments		П
4	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		
	Support Overseas Charrers		
2	Did the organization undertake any significant program services during the year which were not li	sted on	
	the prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	ram services?	Yes X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allowed the section 501(c)(3).		
	and revenue, if any, for each program service reported	-	
4a	(Code) (Expenses \$ 149569. including grants of \$) (Revenue \$	
	Providing social help and rehabiliation to homel	less families	and
	children, conferences, teaching, television proc		
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4b	(Code) (Expenses \$ including grants of \$) (Revenue \$	
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4c	(Code) (Expenses \$ including grants of \$) (Revenue \$	
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		<u>. </u>	
		·	
			
4d	Other program services (Describe in Schedule O)		
-	(Expenses \$ including grants of \$)(Revenue	\$)
4e	Total program service expenses ▶ 149569.		
BCA			Form 990 (2012)

Form 990 (2012) Slavic International Ministri 58-2399503 Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) 2 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ candidates for public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in Χ 4 effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, 5 5 or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete X Schedule D. Part I. Did the organization receive or hold a conservation easement, including easements to preserve open space, Χ 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ 8 complete Schedule D. Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Χ 9 services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted Χ endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII. VIII. IX. or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Χ Schedule D. Part VI 11a Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more Χ of its total assets reported in Part X. line 16? If "Yes." complete Schedule D. Part VIII 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Χ 11e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X ... 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ 12a Schedule D. Parts XI, and XII . .. Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," and if X the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate Х 14b foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 Χ 15

	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II and IV.
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III and IV
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)
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
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

Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2012)

X

X

Χ

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19 20a

20b

20a

BCA

Form **990** (2012)

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			ĺ
	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			
	24b through 24d and complete Schedule K. If "No," go to line 25	. 24a		X
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			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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			1
	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, highest compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? 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	, ,	å, j
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	'		, a Ži
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			1
	Schedule L, Part IV	28b		X
С	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		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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	. 32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		-	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	l	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI .	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Χ	

Part V₂ Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes 0 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 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 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 (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За 3b b If "Yes." has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c 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 Χ organization solicit any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a and services provided to the payor? 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization rec'd 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 7h Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, 8 have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9a Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders . . 11a Gross income from other sources (Do not net amounts due or paid to other sources 11b 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? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a 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 the organization is licensed to issue qualified health plans . 13b 13c c Enter the amount of reserves on hand 14a 14a Did the organization receive any payments for indoor tanning services during the tax year?

14b

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

58-2399503 Slavic International Ministri Form 990 (2012) Page 6 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 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 1b b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct Χ supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Χ 7b b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached Χ at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes Nο Χ 10a Did the organization have local chapters, branches, or affiliates? ¥ £ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Χ 12a Did the organization have a written conflict of interest policy? If "No", go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts' c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Χ 14 14 Did the organization have a written document retention and destruction policy? 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 15a **b** 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 16a with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 $\,\blacktriangleright\,$ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest 19 policy, and financial statements available to the public during the tax year

20

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

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

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

X

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 rela	ated or	ganız			mpen	sate	d any current officer	, director, or trustee	a.
(A) Name and Title	(B) Average hours per week (list any hours for related	box, u	ot che inless	per	tion nore son	th both sign of the second of	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organiza- tions below)	istee	trustee		Эе	pensated		(W-2/1099-MISC)		organization and related organizations
(1)Anastasiya Radchuk	10			X				30000.	0	0
(2)Rostislav Radc Sec/Treasurer	5				X			0	0	0
(3)Carol Farris Vice Pres	2			Х				0	0	0
(4)Eva Franta Bd of Dir	2			Х				0	0	0
(5)Dana Morey Chairman	2		. <u>-</u>	X				0	0	0
(6)										
(7)										
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(10)	1		-							
(11)									-	7.1
(12)										
(13)										
(14)					-					

Part VII Section A. Officers, Directors	, Trustees	, Key	Empl	oye	es, a	and Hi	ghe	st Compensated Er	nployees (continue	ed)
				(C						
		/ J _ ::	Position (do not check more than or box, unless person is both							
(A)	(B)	box. i	do not check more than on oox, unless person is both a				ne i	(D)	(E)	(F)
Name and title	Average	officer and a director/trustee						Reportable	Reportable	Estimated
	hours per	Highest compensated employee Key employee Officer Institutional trustee Individual trustee or director			Fc	compensation	compensation	amount of		
	week	함	stitu	ਨੂੰ)¥	물을	ormer	from	from related	other
	(list any	ecto	tio	4	ğ)ye	er	the	organizations	compensation
	hours for related	7 =	10		Ş	" 🎽		organization	(W-2/1099-MISC)	from the
	organiza-	ste	trus		8	per		(W-2/1099-MISC)	:	organization
	tions below)	P	tee			ารล				and related
	,					ed				organizations
(15)										
(16)										
									<u></u>	
(17)										
]									
(18)										
				1						
(19)										·
(20)										
						<u> </u>				
(21)										
	L									
(22)										
] .									
(23)										
]			i	ŀ					
(24)										
			•							
(25)										
]		l.						1	
1b Sub-total .							•	30000.	0	0
c Total from continuation sheets to Part \	/II, Sectio	n A					•	0	0	0
d Total (add lines 1b and 1c)							•	30000.	0	0
2 Total number of individuals (including but i	not limited	to thos	se liste	ed al	bove	e) who	rece	eived more than \$10	0,000 of reportable	compensation
from the organization ▶										
										Yes No
3 Did the organization list any former officer	, director,	or trus	tee, k	ey ei	mplo	oyee, d	or hig	ghest compensated		
employee on line 1a? If "Yes," complete S	chedule J	for suc	h indi	vidu	al					. 3 X_
4 For any individual listed on line 1a, is the s	um of repo	ortable	comp	ens	atio	n and	othe	r compensation from	ł	
the organization and related organizations	greater th	an \$15	0,000)? If	"Yes	s," con	nplet	te Schedule J for suc	ch .	
ındıvıdual .										4 X
5 Did any person listed on line 1a receive or	accrue co	mpens	ation	from	any	y unrel	atec	d organization or indi	vidual for	
services rendered to the organization? If "	Yes," comp	olete S	chedu	ıle J	for :	such p	erso	on .		5 X
Section B. Independent Contractors										
1 Complete this table for your five highest co	mpensate	d inde	pende	ent c	ontra	actors	that	received more than	\$100,000 of	
compensation from the organization Repo	rt compen	sation	for the	e ca	lend	lar yea	r en	ding with or within th	e organization's ta	х уеаг
(A)	· · ·							(B)		(C)
Name and business address Description of services Compensation										
										· · · · · · · · · · · · · · · · · · ·
							†			
							<u> </u>			
	,				-		 	·		
								-	+	
2 Total number of independent contractors (including h	ut not	limite	d to	thos	e liste	d ah	ove) who received n	nore than	
\$100,000 in compensation from the organi			,					.,		· .

		Check if Schedule O contains a response to any que	stion in this Part VIII		·	
			(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 g	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f	201286.	And the second s		
Program Service Revenue	2a _ b _ c _ d _	Business Code		90 v vb		
σ.	f	All other program service revenue				
	3 4	Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, and other similar amounts) . ▶ Income from investment of tax-exempt bond proceeds ▶		an him was		
	5 6a b c	Royalties (i) Real (ii) Personal Gross rents Less rental expenses Rental income or (foss) Net rental income or (loss)				
	7a b c	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)				
	l	Net gain or (loss)	1			
Other Revenue	8a b	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a Less direct expenses .b Net income or (loss) from fundraising events				
	9a b	Gross income from gaming activities See Part IV, line 19 a Less direct expenses b				
	10a b	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances a Less cost of goods sold . b Net income or (loss) from sales of inventory			18 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -	
	11a b	Miscellaneous Revenue Business Code			and a francisco desirable in the second	
	c d	All other revenue				
	12	Total revenue See instructions	201286.		30, 20, 20, 20, 20, 20, 20, 20, 20, 20, 2	703.2.3

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) Check if Schedule O contains a response to any question in this Part IX (B) Program service expenses Do not include amounts reported on lines 6b, (A) Total expenses (D) Fundraising Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and 16905 16905 Organizations in the US See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the 63400. 63400. United States See Part IV, lines 15 and 16 Benefits paid to or for members ... Compensation of current officers, directors, 30000 30000. trustees, and key employees 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 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 3598. 3598. 10 Payroll taxes Fees for services (non-employees) 11 Management Legal b 275. 275. Accounting Lobbying d Prof fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, col (A) amount, list line 11g expenses on Sch O) 5202. 5202. 12 Advertising and promotion ... 970. 970. Office expenses 13 14 Information technology 15 Royalties 7103. 7103. 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 30061. 30061. 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 2316. 2316. 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If `. • • line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 225. 225 Req Fee 34500. 34500. Outside Services 120. Bank Charges 120. С Supplies 4703. 4703. d All other expenses 149569. 49809. 199378. Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ıf following SOP 98-2 (ASC 958-720)

		Check if Schedule O contains a response to any q	uestion i	n this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			866.	1	1161.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			-	4	
	5	Loans & other receivables from current and form	ner office	rs. directors, trustees.	1 2	. ,	~~~~~
		key employees, and highest compensated employees				,	
- 1		Schedule L	-,			5	
	6	Loans and other receivables from other disqualif	fied ners	ons (as defined	****		· · · · · · · · · · · · · · · · · · ·
	•	under section 4958(f)(1)), persons described in s				1	
i		contributing employers and sponsoring organiza					,
						1	
		voluntary employees' beneficiary organizations (see msu	uctions) Complete			
	-	Part II of Schedule L				6	
Assets	7	Notes and loans receivable, net		•		7	
ASS	8	Inventories for sale or use		•		8	
`	9	Prepaid expenses and deferred charges	1 1	•	750 /2	9	12
	10a	Land, buildings, and equipment cost or other	1. 1	25076			, ***, ;
		basis Complete Part VI of Schedule D	10a	25876.		l	
	b	Less accumulated depreciation .	10b	18623.	5640.	10c	7253.
	11	Investments - publicly traded securities .				11	
	12	Investments - other securities See Part IV, line	11			12	
	13	Investments - program-related See Part IV, line			13		
	14	Intangible assets				14	
i	15	Other assets See Part IV, line 11 .				15	
	16	Total assets Add lines 1 through 15 (must equa	al line 34)	6506.	16	8414.
ļ	17	Accounts payable and accrued expenses				17	
	18	Grants payable			18		
	19	Deferred revenue				19	,
	20	Tax-exempt bond liabilities				20	
s	21	Escrow or custodial account liability Complete F	Part IV of	Schedule D		21	
Liabilities	22	Loans and other payables to current and former	officers,	directors,		ĭ.	, , , , , , , , , , , , , , , , , , , ,
اق		trustees, key employees, highest compensated of				٠	
ן בֿי		disqualified persons Complete Part II of Schedu				22	
	23	Secured mortgages and notes payable to unrela		parties		23	
	24	Unsecured notes and loans payable to unrelated		•		24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	-				
		of Schedule D	,			25	
	26	Total liabilities Add lines 17 through 25				26	
		Organizations that follow SFAS 117 (ASC 958	8), check	there ▶ and			, , , , , , , , , , , , , , , , , , , ,
s		complete lines 27 through 29, and lines 33 ar	•			,	
ဦ	27	Unrestricted net assets			Same come was a to an an advantage and a commend	27	t for two arranges companies and all the National Association to a second a Marie .
<u>aa</u>	28	Temporarily restricted net assets		• •		28	
8	29	Permanently restricted net assets	•			29	
Ĕ	23	Organizations that do not follow SFAS 117 (A	16C 0E0), check here ▶ 🏻	,	,	1
Ш Щ		-	, check here 🚩 🔼		, ,		
် လ	20	and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds	·			30	
As	31	Paid-in or capital surplus, or land, building, or eq			6506	31	0/1/
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc	come, or	other funds	6506.	32	8414.
_	33	Total net assets or fund balances	• •		6506.	33	8414.
	34	Total liabilities and net assets/fund balances			6506.	34	8414.

Form 990 (2012)

BCA

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Employer identification number

	S_{\perp}	avic	Interr	national I	Ministr	ries In	С				58	-239	9503			
	art		Reason fo	r Public Char	ity Status	(All organi	zations	must cor	mplete ti	nis part)	See ins	tructions	}			
The	e org	anızatıoı	n is not a priva	ate foundation bed	cause it is (F	or lines 1 thro	ough 11,	check c	only one	box)						
1	X	A churc	h, convention	of churches, or as	ssociation of	churches des	cribed ii	section	n 170(b)	(1)(A)(i)	١.					
2	П	A school	l described in	section 170(b)(1)(A)(ii). (Atta	ch Schedule	E)									
3	П			rative hospital ser				tion 170)(b)(1)(A	.)(iii)						
4	П	•	•	rganization operat	•						(b)(1)(A)	(iii) Ent	er the ho	ospital's	name,	
	ш	city, and			•		•			`		` '			·	
5	П	•		ated for the benefi	it of a college	or university	owned	or opera	ted by a	governr	nental u	nıt descr	ibed in s	ection		
_	LI	_		nplete Part II)			•	J. J	, -	3 -1-1111						
6	П			cal government or	. aovernment	al unit describ	ned in se	ction 1	70/h\/1\	Δ)(ν)						
7	Н			normally receives	_						r from th	ne dener	al public			
•	Ш	-		170(b)(1)(A)(vi)			ppoit iio	ııı a gov	Citinicin	ar unit o	1 110111 11	ic gener	ai public			
8	П			scribed in section		•	ate Part	шх								
9	Н		-	normally receives					contrib	utions n	nembers	hin fooc	and are	nee		
3	Ш	_		s related to its exe	• •		• •					•	_	J33		
				vestment income												
		• • •	•	nzation after June				•			ax) 110111	Dusines	303			
10	П										41					
	Н			nized and operate								th				
11	Ш			nized and operate												
				ore publicly suppo									Section	•		
		— <u>`</u> —``	•	box that describes			_		•				Non fund	d ionally	ıntoar	atod
_	a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified															
e	Ш		=	•	_									_		
		-		undation manage	is and other	man one or n	iore pub	niciy sup	iportea d	nganizai	uons ae:	scribed ii	i sectioi	1		
			1) or section 5													
f			-	eived a written de	etermination i	rom the IRS	tnat it is	a Type	ı, ıype ı	ı or ıype	e iii supj	оппд				Г
		-	ation, check th						٠.			•	•			L
g				6, has the organiz								rsons				
				ectly or indirectly i			_	ith pers	ons desc	cribed in	(11)				Yes	No
				e governing body		-	tion?							11g(i)	\vdash	
			-	of a person desci	• •								•	11g(iı)	 	
		•		entity of a person		., .,		•	•			•	••	11g(iii)	L	L
<u>h</u>				information about	1		• •	1						1		·
	(i) I	Name of	supported	(ii) EIN	(iii) T	ype of organi	zation	(iv) Is t	he organ-	(v) D	id you	(vi)	s the	1	Amour	
		organiz	zation		(desc	ribed on lines	s 1-9	ızatıon	ın col	notif	y the	-	zation in	S	upport	
					I	e or IRC sec		(i) listed	ın your	organiz	ation in	col	(i)			
					(se	ee instructio	ns))	gove	rning	col (i)	of your	1	nızed			
								docun	nent?	 	port?		US?			
			·					Yes	No	Yes	No	Yes	No			
(A)																
												ļ				
(B)																
											<u> </u>					
(C)																
				<u> </u>												
(D)																
_												<u>. </u>				
(E)						•••										
		_														
				- 330 40 944	731	£ /	· //	_ =====================================		1						
To	tal			-	* ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `			:	1	ľ	!		j			

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012
Open to Public Inspection

Name of the organization

Slavic International Ministries Inc

Employer identification number 58-2399503

Pa	art I Organizations Maintaining Donor Adv	rised Funds or Other Similar F	unds or Accounts.
	Complete if the organization answered ``Yes" to F		
	- Complete war or garage and a complete war of the complete war of	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year .	(a) Donor davided fande	(b) I alias alia stilei assealite
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors	in writing that the assets held in donor a	dyised funds
	are the organization's property, subject to the organization	•	Yes No
6	Did the organization inform all grantees, donors, and dono	or advisors in writing that grant funds may	y be used only
	for charitable purposes and not for the benefit of the dono impermissible private benefit?	r or donor advisor, or for any other purpo	ose conferring Yes No
P	art II Conservation Easements. Complete if the	ne organization answered "Yes" to Form	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' 	ation of an historically important land area
	Protection of natural habitat		ation of certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qu	alified conservation contribution in the fo	orm of a conservation easement on the
_	last day of the tax year	difficultion of the batter in the te	or a concertation described on the
	last day of the tax your		Held at the End of the Tax Yr.
а	Total number of conservation easements		2a
b			2b
c	Number of conservation easements on a certified historic	structure included in (a)	2c
d		• •	
_	structure listed in the National Register	ation of throo, and not on a motorio	2d
3	Number of conservation easements modified, transferred,	released extinguished or terminated by	· · · · · · · · · · · · · · · · · · ·
•	the tax year ▶	Tologoog, oxunigationog, or terrimization 2.	, the organization canning
4	Number of states where property subject to conservation	easement is located ▶	
5	Does the organization have a written policy regarding the		of violations.
•	and enforcement of the conservation easements it holds?		. Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	g, and enforcing conservation easement	
7	Amount of expenses incurred in monitoring, inspecting, ar	-	
8	Does each conservation easement reported on line 2(d) a	•	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conserv	vation easements in its revenue and expense	ense statement, and balance sheet, and
-	include, if applicable, the text of the footnote to the organi		
	conservation easements		
Pa	art III Organizations Maintaining Collection	s of Art. Historical Treasures.	or Other Similar Assets.
	Complete if the organization answered ``Yes" to F		
1 a	a If the organization elected, as permitted under SFAS 116,		nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition	, education, or research in furtherance o	f public service, provide, in Part XIII, the
	text of the footnote to its financial statements that describe		
ı	b If the organization elected, as permitted under SFAS 116,	to report in its revenue statement and b	alance sheet works of art, historical trea-
	sures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		. ▶ \$
	(ii) Assets included in Form 990, Part X		. \$
2	If the organization received or held works of art, historical	treasures, or other similar assets for fina	ancial gain, provide the following amounts
	required to be reported under SFAS 116 relating to these		
á	a Revenues included in Form 990, Part VIII, line 1		▶ \$
	b Assets included in Form 990, Part X .		▶ \$

	(continued)	ions manitaning	Ooliections of Art	, motorical measu	ires, or other t	J	II ASSELS	
3	Using the organization's a	icquisition accession	and other records, chec	k any of the following th	at are a significant	use of	its collection	ıtems
-	(check all that apply)	ioquionion, accession,	, and other records, enec	ically of the following th	at are a significant	430 01	113 00110011011	itomio
а	Public exhibition			d Loan or exchange	ne programs			
b	Scholarly research			e Other	ge programs			
c	Preservation for future	e generations		<u> </u>				
4	Provide a description of th	-	ections and explain how t	hey further the organiza	tion's evemnt num	nse in F	Part XIII	
5	During the year, did the or							
•	to raise funds rather than				inci siiriiai assets i	.0 00 00	Yes	□No
Pa			angements. Compl		nswered "Yes" to I	orm 99		
		n amount on Form 99	•	oto n uno organization al		0		
1a	Is the organization an age			contributions or other a	ssets not included			
	on Form 990, Part X?	•	•				Yes	☐ No
b	If "Yes," explain the arrange	gement in Part XIII ar	nd complete the following	table				
					[Amour	nt
С	Beginning balance					1c		
	Additions during the year		•			1d	;	
е	Distributions during the ye	ear			Ì	1e		
f	Ending balance .					1f		
2a	Did the organization include	de an amount on Fori	m 990, Part X, line 21?				Yes	X No
b	If "Yes," explain the arrange	gement in Part XIII C	theck here if the explana-	tion has been provided i	n part XIII		_	_
Pa	rt V Endowme	nt Funds. Comp	lete if the organization ar	swered ``Yes" to Form	990, Part IV, line 10	0	٠	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years	back	(e) Four ye	ars back
1a	Beginning of year							
	balance .							
b	Contributions							
С	Net investment earn-							
	ings, gains, and losses							
d	Grants or scholarships							
e	Other expenditures							
	for facilities and							
	programs							
f	Administrative							
	expenses .							
g	End of year balance							
2	Provide the estimated per	rcentage of the curren	it year end balance (line	1g, column (a)) held as				
а	Board designated or quas		0.00 %					
b	Permanent endowment >		%					
С	Temporarily restricted end	dowment ▶ 0.	00%				_	
	The percentages in lines 2	2a, 2b, and 2c should	equal 100%					
3a	Are there endowment fund	ds not in the possess	ion of the organization th	at are held and administ	tered for the organi	zation 1	by	res No
	(i) unrelated organization	ns					. 3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" to 3a(II), are the re	elated organizations l	isted as required on Scho	edule R? .		-	3b	
4	Describe in Part XIII the in		_					
Pa			pment. See Form 99	00, Part X, line 10				
	Description of pre	roperty	(a) Cost or other	(b) Cost or other	(c) Accumulat		(d) Book	value
		·	basis (investment)	basis (other)	Depreciation	1	 	
	Land	• •						,
	Buildings .	• •			ļ			
	Leasehold improvements		05 076		10.00	,		252
	Equipment	•	25,876.		18,62	٥.		253.
	Other				L			252
	l. Add lines 1a through 1e	(Column (d) must equ	ual Form 990, Part X, col	umn (B), line 10(c)).	<u> </u>	<u> </u>		253.
BCA					9	schedu	ile D (Form !	990) 2012

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

► 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

2012
Open to Public Inspection

Name of the organization

Slavic International Ministries Inc

Employer identification number 58-2399503

Part I	General Information			e United States.	Complete if the organization	tion
	answered "Yes" to Form 9					
	ntmakers. Does the organizes' eligibility for the grants or a					e, the
2 For gra	ntmakers. Describe in Part V the o	organization's procedu	ares for monitoring the	use of its grants and other assis	stance outside the United States	
3 Activitie	s per Region (The following	Part I, line 3 tab	le can be duplica	ated if additional space is	needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and Independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located 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) Ukri	ane		1	Ministry		62,500.
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)		,				
(13)						
(14)						
(15)						
(16)						
(17)				per an province of the second	Share prince to the state of th	60 500
	m continuation sheets		1			62,500.
to Part I	add lines 3a and 3b)		1		10,1-12	62.500.

Slavic International Ministries Inc

58-2399503

Page 2

Schedule F (Form 990) 2012 Slavic

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed

(h) Descrip- (i) Method of ton of non-valuation (book,	FMV, appraisal,		We will be a second of the sec								
	cash						 				
(g) Amount of non- cash assistance											
(f) Manner of cash dis-	bursement	Check	Check								
(e) Amount of cash grant		31,000.	31,500.	e de applicación de la companya de l							
(d) Purpose of grant	h	Ministr	Ministr								
(c) Region		Ukraine	Ukraine			449					
(b) IRS code	(if applicable)										
(a) Name of organization			(2)		(9)					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ~

³ Enter total number of other organizations or entities

Sche	dule.F (Form 990) 2012 Slavic International Ministries Inc	58-2399503	Page 4
Par	t IV Foreign Forms	-	
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see instructions for Form 926).	Yes	⊠ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes, " the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see instructions for Forms 3520 and 3520-A)	📗 Yes	⊠ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect To Certain Foreign Corporations (see instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see instructions for Form 8621)	Yes	⊠ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships (see instructions for Form 8865)	Yes	⊠ No
6	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 for Form 5713)	. Yes	X No
BCA		Schedule F (Form	990) 2012

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

2012

Open to Public Inspection

OMB No 1545-0047

Employer identification number 58-2399503

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Yes

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International Ministries Inc Name of the organization Slavic Part I

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 General Information on Grants and Assistance

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States used to award the grants or assistance?

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Part II

1 (a) Name and address of	(b) EIN	(c) IRC	(d) Amount of cash	(d) Amount of cash (e) Amount of non-cash (f) Method of valuation	(f) Method of valuation	(g) Description of	(h) Purpose of grant
organization or government		section	grant	assistance	(book, FMV, appraisal,	non-cash assistance	or assistance
(1)Good Samaritan P O Bo 98023 WA FE		ם ליוילקם =	11,300.		סמום)		Ministry
(2)							
(3)							
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
	01(c)(3) and govern	ment organizations liste	d in the line 1 table	:		•	
3 Enter total number of other organizations listed in the line 1 table	anizations listed in the	ne line 1 table				•	

Schedule I (Form 990) (2012)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

OMB No 1545-0047 2012

Open to Public Inspection

Name of the organization Slavic International Ministries Inc	Employer identification number 58-2399503
Part VI	
Section B - Financials are reviewed with governing body	prior to filing
of return, copy provided to governing body after return	is prepared
Section C - Form 990 is filed with the State of Georgia	and is open
for public inspection	
Section A - This is a family endeavor, both husband and	wife are
actively involved in the operation of the organization	
	77.00

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172 2012

	Il Revenue Service (99)	► See se	eparate instructions.	► Attach to ye	our tax return	1.	Sequence No 179
Name	e(s) shown on return		Business or a	ctivity to which th	is form relate:	s	Identifying number
Sla	avic Internation	nal Minis	trieForm 990	1			58-2399503
Pai	Election To Expense	e Certain Proper	y Under Section 179				
	Note: If you have an	y listed property,	complete Part V before	you complete Pa	rt I		
1 N	Maximum amount (see instructi	ons)				1	500,000.
2 T	otal cost of section 179 proper	ty placed in servi	ce (see instructions)			. 2	
3 T	hreshold cost of section 179 p	roperty before red	luction in limitation (see	instructions)		3	2,000,000.
4 F	Reduction in limitation Subtrac	ct line 3 from line 2	2 If zero or less, enter -	-0-		. 4	
5 E	Dollar limitation for tax year Si	ubtract line 4 from	line 1 If zero or less, e	enter -0- If marrie	ed		
fi	iling separately, see instruction	s	•			5	500,000.
6	(a) Description of pro	perty	(b) Cost (bus	iness use only)	(c) Ele	cted cost	
	· · · · · · · · · · · · · · · · · · ·	,					
7 L	isted property Enter the amount	unt from line 29			7		
8 T	otal elected cost of section 17	9 property Add a	mounts in column (c), lii	nes 6 and 7	•	8	
9 T	entative deduction Enter the	smaller of line 5	or line 8			9	
10 0	Carryover of disallowed deducti	on from line 13 of	your 2011 Form 4562			10	3,061.
11 E	Business income limitation En	ter the smaller of	business income (not le	ss than zero) or I	ine 5 (see ins	tructions) 11	
12 8	Section 179 expense deduction	Add lines 9 and	10, but do not enter mo	ore than line 11	·	12	
	Carryover of disallowed deducti			_	3	3,061.	
	: Do not use Part II or Part III			<u>_</u>			
Par			Other Depreciation (D		ed property)	(See instructio	ins)
14 8	Special depreciation allowance	for qualified prope	erty (other than listed pro	operty) placed in	service		<u> </u>
d	luring the tax year (see instruct	tions)				. 14	
	Property subject to section 168					. 15	
16 (Other depreciation (including A	CRS)				16	
Par	t III MACRS Depreciatio	n (Do not include	listed property) (See in	structions)			·
			Section A				
17 N	MACRS deductions for assets p	placed in service is	n tax years beginning be	efore 2012		17	1,079.
	f you are electing to group any						7 % 7 8 7 8 7 4 7 4 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	nto one or more general asset	·	• •			▶ □ ♣	
			ervice During 2012 Tax	Year Using the	General Der	preciation Sys	stem
(a) Classification of property	(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		3 , 985.	5	HY	200 DB	797.
С	7-year property						
d	10-year property		=				
е	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental			27 5 yrs	ММ	S/L	
	property			27 5 yrs	ММ	S/L	
i	Nonresidential real			39 yrs	ММ	S/L	
	property				ММ	S/L	
	Section C-Asse	ets Placed in Ser	vice During 2012 Tax '	Year Using the	Alternative D	·	ystem
20a	Class life	-	-	1		S/L	
b	12-year	T		12 yrs		S/L	

Part IV	Summary	(See	instructions)
---------	---------	------	---------------

21	Listed property Enter amount from line 28	21	440.
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21		
	Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	22	2 , 316.

40 yrs

MM

23

For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

c 40-year

Part V

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

		4 - A D		• •											
		ction A-Depreciatio												T-I	
248	a Do you have e	evidence to support t	T		use clair	ned?	X Yes	No	24b If	"Yes,"	is the e	vidence	written?	X Yes	
	(a) Type of property st vehicles first)	(b) Date placed in service	(c) Busn investmer use percentag	nt C	(d) ost or er basis		(e) Basis for usn /inve use oi	estment	(f) (g) Recovery Method/ period Convention		Depre	(h) eciation uction	Ele secti	(i) ected on 179 ost	
25	Special deprecia	ation allowance for q	<u>. </u>		v placed	ın ser		•	x vear	1				1, 7	
		than 50% in a qualifi							,		25			- 2	i
26		nore than 50% in a g		•											<u> </u>
$\overline{}$		06/01/2009	·		3,82	0.1	3,	820.	5	200	DBHY		440		
\overline{C}	omputers	01/15/2010	100.0	%	3,06			061.	5		DBHY			 	
			0.0	%										 	
27	Property used 5	0% or less in a quali	ified busine	ss use					1			—— —			
			0.0	%					T	S/L-				,	
			0.0	%			-		1	S/L-				┦. /	\$7
			0.0	%						S/L-				寸. 、	
28	Add amounts in	column (h), lines 25	through 27	7 Enter h	ere and	on line	21, page	1		•	28		440	J	, <u>, , , , , , , , , , , , , , , , , , </u>
29	Add amounts in	column (ı), line 26	Enter here	and on lin	e 7, pag	je 1			•				29	•	
				Section	B-Infor	mation	on Use	of Vehi	cles						
Co	mplete this section	on for vehicles used l	by a sole p	roprietor, i	partner,	or othe	r "more t	han 5%	owner," oi	relate	d person	If you	provided	i	
vel	ncles to your emp	oloyees, first answer	the question	ons in Sec	tion C to	see if	you mee	t an exc	eption to	comple	ting this	section	for those	vehicle	s
				(a)		(b)	((c)	(d)	(e)	(1	7)
30	Total business/ii	nvestment miles driv	en during	Vehic	cle 1	Ve	nicle 2	Vel	nicle 3	3 Vehicle 4		Vehicle 5		Veh	ıcle 6
	the year (do not include commuting miles)														
		g miles driven during													
32	Total other pers	onal (noncommuting	J)												
	miles driven	•						<u> </u>							
33		en during the year	Add												
	lines 30 through						· -	ļ	,		1				
34		available for person	nal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-de	•			ļ		ļ	<u> </u>							
35		used primarily by a													
••		wner or related pers						-							
36		le available for perso	onar		ļ			ŀ							
	use?	Section C-	Ouestions	for Empl	l over V	lho Dr	vido Va	hielee f	or Hoo by	Their	Employ				
Ans	swer these quest	ions to determine if yersons (see instruction	you meet a	n exception	n to con	npleting	Section	B for ve	chicles use	d by e	mployee	ees s who ai	re not m	ore than	5%
		a written policy stat													
31	by your employe		tement mat	prombits	ali perso	ınaı use	or verile	ies, ilici	uding con	muung	1,			Yes	No
38		a written policy stat	 Iomont that	prohibite	DOLEODO	Luca of	vohiolog	ovenni	Loommutu	a bu	our omr	···			
50		ons for vehicles use						-		ig, by	your emp	noyees.			ļ
39		use of vehicles by ei	-			1013, 01	70 01 111	ore own	CIS						
	•	more than five vehic				ınform	ation fro	m vour é	- employees	about	the use		•		
•		and retain the inform			o, obtaii		ation no	iii youi (imployees	about	the use				į
41		requirements conc			nobile di	··· emonst	ration iis	e? (See	Instruction	ne)			••		
•		swer to 37, 38, 39,									•				<u>i</u>
P		ortization	10, 01, 11 10	,	1101 0011	.p.o.to -c	out B	10. 1.10							<u> </u>
		a)	1	b)			(c)	T	(d)		(e)		-	(f)	
		on of costs	1	nortization			rtizable		Code	!	Amortizati		Amo	rtization	for
	,		I .	gins			ount		section		period o percenta			ıs year	
42	Amortization of o	costs that begins du		<u> </u>	ar (see i	nstructi	ons)				1				
		<u> </u>			Ť		,		***	•					
									_					_	
43	Amortization of	costs that began bef	ore your 20)12 tax ye	ar ar		•					43			
		unts in column (f)	-	-		to rep	ort .					44			
_		· · · · · · · · · · · · · · · · · · ·												4500	(0040)