Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

	Revenue				Sinspection
A Fo	r the 2	016 calendar year, or tax year beginning SEP 1, 2016 and e	ending A	JG 31, 2017	
B Ch	plicable	C Name of organization		D Employer identifica	ation number
	Address change	Russian Center for Church Multiplication			
	Name change	Doing business as		31-1507	601
	initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	9500 Medlock Bridge Road		678-405	-2170
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	238,287.
	Amended return	Duluth, GA 30097-5987		H(a) Is this a group reti	
	Applica- tion	F Name and address of principal officer:		for subordinates?	Yes X No
	pending	same as C above		H(b) Are all subordinates incl	luded? Yes No
I Ta	x-exem	upt status \times 501(c)(3) \longrightarrow 501(c) () \blacktriangleleft (insert no.) \longrightarrow 4947(a)(1) of	or <u>(</u> *§2 <u>7</u>	If "No," attach a li	st. (see instructions)
JW	ebsite:	▶ N/A		H(c) Group exemption	number >
K Fo	rm of or	ganization: x Corporation Trust Association Other ►	L Year	of formation; 1996 M	State of legal domicile: GA
Pa		Summary	, 		<u> </u>
ايو	1 Br	refly describe the organization's mission or most significant activities: FACILIT	TATE THE	INDIGENOUS	
ᆲ	EV	VANGELIZATION OF RUSSIA THROUGH CHURCH PLANTING.			
Governance		neck this box 🕨 📖 if the organization discontinued its operations or dispos	sed of more	1 1	sets.
Š		umber of voting members of the governing body (Part VI, line 1a)		3	
ಷ		umber of independent voting members of the governing body (Part VI, line 1b)		. 4	5
Activities &	5 To	otal number of individuals employed in calendar year 2016 (Part V, line 2a)	ENF	5	0
<u> </u>		otal number of volunteers (estimate if necessary)	FIAL	6	6
₹		otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	<u> b Ne</u>	et unrelated business taxable income from Form 990-T, line 34 0	0 3 5m	8 17 7b	
		JAIN	`	Prior Year	Current Year
e e		ontributions and grants (Part VIII, line III)	STRE	313,522. 0.	238,287.
Revenue		rogram service revenue (Part VIII, line 2g)	سلاليال	161.	0.
é l		vestment income (Part VIII, column (A), lines 3, 4, and 7d)	_	0.	0.
		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	\vdash	313,683.	238,287.
_		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-	71,165.	140,535.
		rants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> -</u>	71,103.	0.
		enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Expenses		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
eu		rofessional fundraising fees (Part IX, column (A), line 11e)	₀. ├─		
Ä		otal fundraising expenses (Part IX, column (D), line 25)		224,735.	109,865.
		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	295,900.	250,400.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) evenue less expenses Subtract line 18 from line 12		17,783.	-12,113.
<u> </u>		evenue less expenses oubtract line to nontline 12	B	eginning of Current Year	End of Year
t Assets or land Balances	20 T	otal assets (Part X, line 16)	F	21,727.	9,614.
ASS	21 T	otal liabilities (Part X, line 16)		0.	0.
Fund		let assets or fund balances Subtract line 21 from line 20		21,727.	9,614.
		Signature Block	<u> </u>		
		ies of perjury, I declare that I have examined this return, including accompanying schedule	s and staten	nents, and to the best of my	knowledge and belief, it is
		and complete. Declaration of preparer (other man officer) is based on all information of wi			1
	Ť	han Muller		1/5/	18
Sig	,	Signature/or officer C		Date /	****
J Her	e	Dan Case, Chairman			
•		Type or print name and title	_		
· —		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN
Paid		ois s lazenby Lois s lateral Deal	enty &	4 1-4-18 If setf-employed	p00295161
Pre	parer	Firm's name 🕟 Mersereau, Lazenby & Rockas, LLC 🛮 🗸	1	Firm's EIN	58-2115374
Use	Only	Firm's address 3469 Lawrenceville-Suwanee Rd.			
		Suwanee, GA 30024		Phone no.770-	
Ma	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No
	01 11-11-		ions.		Form 990 (2016)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

orm	990 (2016) Russian Center for Church Multiplication	31-150760	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
	Facilitate the indigenous evangelization of Russia through church		
	planting		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?		Yes X No
	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 services if "Yes," describe these changes on Schedule O.	?	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, a	as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	-	•
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 248,305. including grants of \$ 140,535.) (Reve	enue \$	<u> </u>
	TO FACILITATE THE INDIGENOUS EVANGELIZATION OF RUSSIA THROUGH THE		
	PLANTING OF MULTIPLYING CHURCHES, WE OVERSEE THE GROWTH AND DEVELOPMENT		
	OF 13 CHURCHES IN 11 RUSSIAN CITIES. IN ADDITION WE PRODUCE TRAINING		
	MATERIALS AND INTERN EDUCATION TO THE RUSSIAN PUBLIC. WE PROVIDE		
	REGULAR MENTORING TO YOUNG PASTORS, CONDUCT TRAINING CONFERENCES FOR		
	DENOMINATIONAL LEADERS, CHURCH PASTORS AND LEADERS, AND YOUTH ON A		
	REGULAR BASIS. RCCM SUPPORTS THE HANDICAPPED, RETIREES AND ORPHANS.		
	FINALLY WE OVERSEE INTERFAITH AND INTERDENOMINATIONAL MINISTRY OF		
	PRAYER FOR INDIVIDUALS IN RUSSIA AND OTHER COUNTRIES.		
4b	(Code) (Expenses \$	enue \$)
4c	(Code) (Expenses \$ including grants of \$) (Reve	enue \$)
4d	Other program services (Describe in Schedule O.)		
_	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 248,305.		
			Form 990 (2016

Form 990 (2016) Russian Center for Part IV Checklist of Required Schedules

1 le the organization described in section 501(k)(3) or 4947(k)(1) (other than a private foundation)? 1 l' Yes, "complete Schedule B., Schedule B., Schedule G. Centribution? 2 le the organization required to complete Schedule B., Schedule of Centribution? 3 de the organization engage in direct or indirect political campaigin activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 4 Section 601(c)(3) organizations. Dot the organization engage in lobbying activities, or have a section 501(t) electron in effect during the tax year? If "Yes," complete Schedule C, Part II 5 le the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives memberathip dues, assessments, or similar amounts as defined in Revisual Proteonia Set 1971 If "Yes," complete Schedule C, Part II 6 Did the organization annual an any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical reasures, or other smillar assets? If "Yes," complete Schedule D, Part II 9 Det the organization maintain collections of works of art, historical freasures, or other smillar assets? If "Yes," complete Schedule D, Part II 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 11 Unit organization shares or any of the following questions is "Yes," then complete Schedule D, Part VII 12 Did the organization report an amount for investments: prompter schedule D, Part VIII 13 Did the organization report an amount for investments: prompter schedule D, Part VIII 14 Did the organization report an amount for investments: prompter schedule D, Part VIII 15 Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part				Tes	I MO
2 Is the organization required to complete Schedule 6, Schedule of Contributors 3 Did the organization regiger of index or indirect political campaign activities on behalf of or in opposition to candidates for public office? If **Yes**, "complete Schedule C, Part I** 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(ii) election in effect during the tax year? If **Yes**, "complete Schedule C, Part II** 5 Is the organization is section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar annustrias a defined in Revenue Procedure 98.197 If **Yes**, "complete Schedule C, Part II** 5 Is the organization maintain any donor advised funds or any similar receives membership dues, assessments, or similar annustrias a selficial in Revenue Procedure 98.197 If **Yes**, "complete Schedule C, Part II** 6 Did the organization maintain or anivestimate of amounts in such funds or accounts? If **Yes**, complete Schedule D, Part II** 7 Did the organization maintain collections of works of art, instructed intersures, or other similar assets? If **Yes**, complete Schedule D, Part II** 9 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 courseling, debt management, credit repair, or debt negotiation services? If **Yes**, complete Schedule D, Part II** 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If **Yes**, complete Schedule D, Part II** 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If **Yes**, complete Schedule D, Part X II** 11 Did the organization report an amount for other labilities in Part X, line 10? If **Yes**, complete Schedule D, Part X II** 12 Did the organization report an amount for other labilities in Part X, line 10? If **Yes**, complete Schedule D, Part X II** 13 Did the organization separa	1	-		¥	
Did the organization engage in direct or indirect political campalgn activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II section 501(f)) election in effect during the tax year? If "Yes," complete Schedule C, Part II section 501(f)) election in effect during the tax year? If "Yes," complete Schedule C, Part II set organization as section 501(f)) election in effect during the tax year? If "Yes," complete Schedule C, Part III set organization as section 501(f)(e)(f)(e)(f)(f)(g) of 501(f)(g) of 501(f)(g) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-191 If "Yes," complete Schedule C, Part III and the organization manual and yedone davote druids or any similar funds or accounts? If "Yes," complete Schedule D, Part II be the organization exceive or hold a conservation easement, including assements to preserve open space, the environment, historic land areas, or historic activatives? If "Yes," complete Schedule D, Part II and the organization manual in electron of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II and the organization manual in electron amounts for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part IV and the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part VI be of the organization report an amount for revestments - program related in Part X, line 107 If "Yes," complete Schedule D, Part XI be of the organization report an amount for revestments - program related in Part X, line 107 If "Yes," complete Schedule D, Part XI be of the organization report an amount for revestments - program related in Part X, line 107 If "Yes," complete Schedule D, Part X II be of the organization report an amount for revestments - program related in Part X, line 107 If "Yes," complete Schedule D, Part X II be of the organization report an amoun	2				
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8 Dut the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Dut 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 negotation services? If "Yes," complete Schedule D, Part V 10 Did the organization, directly or through a related organization, hold assets in temporanly restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 12 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11 Did the organization report an amount for other labilities 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 X VIII 11 Did the organization report an amount for other labilities 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 X VIII 11 Did the organization report an amount for other labilities 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 X VIII 11 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X VIII 12 Did the organization othan separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X VIII 12 Did the organization maintain		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
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12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 15b 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 foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15D Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16D Id 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 II 17D Id the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1and 8a? If "Yes," complete Schedule G, Part II 18Did 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 18Did 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	T	·			\ _v
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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	18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1		
complete Schedule G, Part III		1c and 8a? If "Yes," complete Schedule G, Part II	18	L	х
	19				
Form 990 (2016		complete Schedule G, Part III		<u> </u>	
			Form	990	(2016)

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
	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		х
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 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		'	Í
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			۱
	Schedule L, Part I	25b		X_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"]		x
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	_26_		-
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			İ
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ŀ	x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	 -		
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	ł		ł
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	l	 	_
	If "Yes," complete Schedule N, Part I	31	├	×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
00	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	 	X
33	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, Part II, III, or IV, and			
5 4	Part V, line 1	34	1	x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	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	l	ļ
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_	х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			1
	Note. All Form 990 filers are required to complete Schedule O	38	X	L
		Form	990	(2016

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Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check it ochequie o contains a response of note to any line in this Part V			
4	Enterthe number considering Day 2 of Four 1000 Feter 0 if not contractly		Yes	No
1a	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 1a 0 1b 0			Ì
b	· · · · · · · · · · · · · · · · · · ·			i
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4		l
•	(gambling) winnings to prize winners?	1c	·	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			ļ
	filed for the calendar year ending with or within the year covered by this return [2a] [3]	01.		1
ь	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)	_] .
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	<u>3b</u>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l .
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	<u> </u>	X
b	If "Yes," enter the name of the foreign country.			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	X
	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		}	I
	any contributions that were not tax deductible as charitable contributions?	6a		_ x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		l	l
	were not tax deductible?	6b	 -	├
7	Organizations that may receive deductible contributions under section 170(c).			
a		.7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	├
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	•	1	
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	l	ŀ	1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	├	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	-
g		7g		├
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		├ ──
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1	1	1
	sponsoring organization have excess business holdings at any time during the year?	8		├
9	Sponsoring organizations maintaining donor advised funds.		Į.	ł
а		<u>9a</u>		├
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	├
10	Section 501(c)(7) organizations. Enter.	l	ĺ	1
а		1		1
Þ	· · · · · · · · · · · · · · · · · · ·		}	ì
11	Section 501(c)(12) organizations. Enter	1	}	1
а	Gross income from members or shareholders	1	1	ł
b	, , , , , , , , , , , , , , , , , , ,	ł	{	1
	amounts due or received from them)		ļ	(
	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	ł	l]
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	 	 	├ —
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	
	Note. See the instructions for additional information the organization must report on Schedule O.	}	1	1
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	1	}
	organization is licensed to issue qualified health plans	Į		[
С	· · · · · · · · · · · · · · · · · · ·	 	—	<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X

Form **990** (2016)

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

Form 990 (2016) Russian Center for Church Multiplication 31-1507601 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	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 6			
	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.			
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
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?	5		х
6	Did the organization have members or stockholders?	6		х
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		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7ь		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
_			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
ь	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14_	Х	
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	Х	
b	Other officers or key employees of the organization .	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			l
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		l
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶GA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	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)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cıal	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Greg Sautov - 678-405-2170			
	9500 Medlock Bridge Rd, Duluth, GA 30097-5987			(2016)

Form **990** (2016)

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			_ ((2)			(D)	(E)	(F)
Name and Title	Average	(do	not c	POS heck	nore	ION ore than one		Reportable	Reportable	Estimated
	hours per	box, unless person is officer and a director/			is bot	h an	compensation	compensation	amount of	
	week	-			1		-	from	from related	other
	(list any hours for	ied	1	1		_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	90	ge			sate		(W-2/1099-MISC)	(***2/1099*14/100/	organization
	organizations	E SE	ig ig		힃	Ē		(** = * * * * * * * * * * * * * * * * *		and related
	below	ndividual trustee or director	Institutional trustee	<u>ا</u>	욢	est co	ia i			organizations
	line)	횰	Insti	Officer	Key employee	Highest compensated employee	Former			
(1) Dan Case	2.00	Į	l							
Chairman		х	L	х	L_	L		0.	0.	(
(2) Tom Conway	1.00	4	l		ļ			(
Director		х	L	L.	Щ	L	L	0.	0.	(
(3) Wendell Saline	1.00	1	ĺ			[1	ļ		
Director		X	<u> </u>		<u> </u>	<u> </u>	<u> </u>	0.	0.	
(4) Peter Sautov	21.00	1_		l .						!
President		х	<u> </u>	Х	_	_	L.	0.	0.	(
(5) Kris Mineau	1,00	1	1				ì			
Director		х	⊢	_	<u> </u>	<u> </u>	<u> </u>	0.	0.	
(6) Gregory Sautov	2.00	١	1	. '	1		1	<u> </u>	<u> </u>	
Sec./Treasurer		х	⊢	х	L	▙	┝	0.	0.	(
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632007 11-11-16

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A)	(B)				<u>C)</u>			(D)	(E)			(F)	
Name and title	Average	(do			nore	than	one	Reportable	Reportable		Es	tımate	d
	hours per	box	, unle	ss pe	rson.	s bot	h an	compensation	compensation	าก	an	ount (of
	week (list any	-		uau	m ect	J/G US	ide)	from	from related			other	
	hours for	lirecto						the organization	organization (W-2/1099-MIS			pensa	
	related	5	冀		1	sated	ì	(W-2/1099-MISC)	(44-2/1099-14113	3C)	l	om the anızatı	
	organizations	Tuste	at trus		ae	mper		(** 27 1000 111100)			, -	relat	
	below	Individual trustee or director	Institutional trustee	h 100	Кеу етріоуее	est co	<u>ة</u>	ļ ,				nızatı	
	line)	Indi	Insti	Ойісег	Key e	Highest compensated employee	Former						
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1b Sub-total		_			_		▶	0.		0.			0.
c Total from continuation sheets to Part V	II, Section A						•	0.		0.			0.
d Total (add lines 1b and 1c)								0.		0.			0.
2 Total number of individuals (including but i	not limited to th	1056	liste	ed a	bov	e) w	ho r	eceived more than \$100	0,000 of reportab	le			
compensation from the organization													0
												Yes	No
3 Did the organization list any former officer			e, ke	у ег	mplo	oyee	, or	highest compensated e	mployee on		1	i	ı
line 1a? If "Yes," complete Schedule J for											3		X
4 For any individual listed on line 1a, is the s	•							•	the organization		\	- 1	
and related organizations greater than \$15											4		X
5 Did any person listed on line 1a receive or					-		relat	ted organization or indiv	idual for services	i	_		
rendered to the organization? If "Yes," con Section B. Independent Contractors	ipiete Scriedui	e J	ror s	ucn	per	son	_				5		Х
Complete this table for your five highest co	mnenested :s	den	ond:	nt :		ract	oro f	that received more than	\$100 000 of com	2000	ation 4	rom	
the organization. Report compensation for	-	-								hens	oautii i	10111	
(A)	the calcindar y	cai	Cita	ng v	VVILII	OI VI	,,,,,,,,	(B)	year.		((3	
Name and business	address	NC	NE				1	Description of s	services	C	compe		n
								·					
								ı		i			
										L			
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		_					_						
							i						
- Talleyster ((\perp	L					
2 Total number of independent contractors	-	101 l	ımıte	ea to	the	se li 0	stec	a above) who received r	nore than				
\$100,000 of compensation from the organ	ization _					<u> </u>					Form		

Form	990			Church Multip	olication		31-1507601	Page 9
Pa	rt VII					-		
		Check if Schedule O cont	tains a response	or note to any lin		/B\	(0)	<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
윤질	b	Membership dues	1b					
A,t	С	Fundraising events	1c					
	d	Related organizations	1d					
S.E	е	Government grants (contribut						
를 들	f	All other contributions, gifts, gran						
[similar amounts not included abo	ove 1f	238,287.				
9 9	9		s 1a-1f \$,				
<u>0 e</u>	h	Total. Add lines 1a-1f			238,287.			
				Business Code				
ice	2 a				- ·			
ire Se	b							
E S	C			<u> </u>				
Pg.	d			-	-			
Program Service Revenue	e f		anuo		-			<u> </u>
		Total. Add lines 2a-2f	ende				 -	
\neg	3	Investment income (including	ı dıvıdends, ınter					
		other similar amounts)	,	>				
	4	Income from investment of ta	x-exempt bond p	proceeds				
	5	Royalties .		>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						•
	b	Less: rental expenses						
	С	` ,		1				
		Net rental income or (loss)		<u> </u>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	D	Less cost or other basis						
	_	and sales expenses		-				
		: Gain or (loss) I Net gain or (loss)						1
_		Gross income from fundraisin	a events (not					
nue		including \$	-]
eve		contributions reported on line						
Other Revenu		Part IV, line 18	а					1
the	b	Less: direct expenses	b					
O !	c	Net income or (loss) from fund	draising events	•		<u> </u>]
	9 a	Gross income from gaming a	ctivities. See		1			
		Part IV, line 19	а					
	b	Less: direct expenses	ь					
		 Net income or (loss) from gan 	-					
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
		Less: cost of goods sold	b	<u> </u>				
		Net income or (loss) from sale				-		
	44	Miscellaneous Revenu		Business Code				
	11 a						<u></u> _	
	b		_					-
		All other revenue						 - · · · · · · · · · · · · · · · · · ·

632009 11-11-16

Form **990** (2016)

0.

238,287.

e Total. Add lines 11a-11d

31-1507601 Page 10 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 or note to any line in this Part IX Do not include amounts reported on lines 6b, Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 140,535 140,535 individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 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) Other employee benefits 10 Payroll taxes Fees for services (non-employees). a Management Legal 1,215 1,215. c Accounting Lobbying d Professional fundraising services. See Part IV, line 17 f Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 880 880, Office expenses 13 14 Information technology 15 Royalties 16 Occupancy 36,362 36,362 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates Depreciation, depletion, and amortization 22 23 Insurance 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 0.) 70,000 Evangelical Event 70,000 Business Meals 1,408 1,408 b d e All other expenses Total functional expenses. Add lines 1 through 24e 250,400 248,305 2,095 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

___ rf following SOP 98-2 (ASC 958-720)

Check here

9,614.

9,614

O.

	9	Prepaid expenses and deferred charges	
I	10a	Land, buildings, and equipment: cost or other	
		basis Complete Part VI of Schedule D	10a
١	ь	Less: accumulated depreciation	10b

	10a	
I	10b	

_	Lood addamalated appropriation
1	Investments - publicly traded securities

Notes and loans receivable, net

Inventories for sale or use

- 12 Investments other securities See Part IV, line 11
- 13 Investments - program-related See Part IV, line 11
- 14 Intangible assets
- 15 Other assets See Part IV, line 11
- 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses
- 18 Grants payable
- 19 Deferred revenue
- 20 Tax-exempt bond liabilities
- Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees,

employees' beneficiary organizations (see instr). Complete Part II of Sch L

- key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L
- Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties
- Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D
- Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.
 - Unrestricted net assets 27
 - 28 Temporarily restricted net assets 29 Permanently restricted net assets
 - Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.
 - 30 Capital stock or trust principal, or current funds
 - 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32
 - 33 Total net assets or fund balances Total liabilities and net assets/fund balances

		29	
]			
		30	<u> </u>
		31	
		32	
	21,727.	33	9,614

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21,727

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Form 990 (2016)

Net Assets or Fund Balances

	990 (2016) Russian Center for Church Multiplication	31-1507601		Pag	_{le} 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			287.
2	Total expenses (must equal Part IX, column (A), line 25)	2			400.
3	Revenue less expenses. Subtract line 2 from line 1	3			113.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		21,	727.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	1 1			
	column (B))	10		9,	614.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		1 1		
	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	_	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ed on a	1		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	ate basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the second	he audıt,			
	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 Sc	hedule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	Single Audit			
	Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req	uired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		L
			Form	990	(2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization **Employer identification number** Russian Center for Church Multiplication 31-1507601 Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) 07 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university. An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12q. L Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. ____ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization listed in your governing document (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016

Total

Schedule A (Form 990 or 990-EZ) 2016 Russian Center for Church Multiplication 31-1507601 Part II 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not		i				
	include any "unusual grants ")	343,793.	281,300.	241,327.	313,522.	238,287.	1,418,229.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ľ					
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	343,793.	281,300.	241,327.	313,522.	238,287.	1,418,229.
5	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)			_			184,881.
6	Public support. Subtract line 5 from line 4						1,233,348.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	343,793.	281,300.	241,327.	313,522.	238,287.	1,418,229.
8	Gross income from interest,						
	dividends, payments received on	Į Į					
	securities loans, rents, royalties						
	and income from similar sources		116.	158.	161.		435.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						1,418,664.
12	Gross receipts from related activities,	etc (see instruction	ons)		-	12	
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2016 (line 6, column (f) dı	vided by line 11, c	olumn (f))		14	86.94 %
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	86.88 %
162	33 1/3% support test - 2016. If the	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				. ▶ [X]
ŧ	33 1/3% support test - 2015. If the	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua	lifies as a publicly s	supported organiza	ation .			. ▶□
178	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not c	heck a box on line	13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	is box and stop h	ere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	organization		
ı	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	he "facts-and-circu	mstances" test, cl	neck this box and s	s top here. Explair	in Part VI how the	
	organization meets the "facts-and-cir-	cumstances" test.	The organization of	jualifies as a public	cly supported orga	anization	▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 1 <u>7a, or 1</u> 7b	, check this box a	nd see instruction	<u> ▶□</u>
					Sche	dule A (Form 990	or 000 E7) 2016

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

Schedule A (Form 990 or 990-EZ) 2016 Russian Center for Church Multiplication 31-1507601 Page 3 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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 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 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on 12 Other income. Do not include gain

13	13 Total support. (Add lines 9, 10c, 11, and 12)	
14	14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year	ar as a section 501(c)(3) organization,
	check this box and stop here	

14	rirst live years. If the rorm 9	90 is for th	ne organ	ization s	nrst, sec	ono, tr	iira, iou	irth, or in	ın tax ye	ear as a	section :	ן(ס)ו טנ	(S) orga	inizatii	on,
	check this box and stop here														
Sec	tion C. Comoutation o	f Public	Supp	ort Per	centac	e									

Sei	tion o. computation of Fublic Support Fercentage		
15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	9
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	9
Se	ction D/Computation of Investment Income Percentage		
17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	9
18	investment income percentage from 2015 Schedule A. Part III. line 17	18	0

- 19a 33 1/3% support tests 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
 - b 33 1/3% support tests 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2016

or loss from the sale of capital assets (Explain in Part VIA)

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section	A. All	Supp	orting (Organi	zations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
	1	ļi	
	2_	-	_
	3a_	_	
	3b_		
i	Зс_		
	4 a		
	4b_		
	4c		_
	5a_	_	
	5b_		
	5c	-	_
	6		
	7		_
	8	<u> </u>	
	9a	 	
	9b	<u> </u>	
	9c		
	10a		
į	10b		
n 9	90 or 99	90-EZ	2016

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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970 (explain in	Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must c	omplete S	Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	1 1		ļ
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year).			
a	Average monthly value of securities	1a		
<u>b</u>	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI).			<u> </u>
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount	_		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		† — — — — — — — — — — — — — — — — — — —
5	Income tax imposed in prior year	5		<u> </u>
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	<u> </u>		
·	emergency temporary reduction (see instructions)	6		1
7	Check here if the current year is the organization's first as a non-functional		ated Type III supporting or	nanization (see
•	instructions)	,ogi	atou . Jpo in capporting of	ga <u>-</u> a

Schedule A (Form 990 or 990-EZ) 2016

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)			
Secti	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish exe	mpt purposes				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S			
4	Amounts paid to acquire exempt-use assets					
_5	Qualified set-aside amounts (prior IRS approval required)			<u> </u>		
6	Other distributions (describe in Part VI) See instructions					
7	Total annual distributions. Add lines 1 through 6					
8	Distributions to attentive supported organizations to which the	he organization is responsive)			
	(provide details in Part VI). See instructions					
9	Distributable amount for 2016 from Section C, line 6		<u>.</u>			
10	Line 8 amount divided by Line 9 amount					
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016		
1	Distributable amount for 2016 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2016 (reason-					
	able cause required- explain in Part VI) See instructions					
3	Excess distributions carryover, if any, to 2016:					
a						
<u>b</u>						
c	From 2013					
<u>d</u>	From 2014					
<u>e</u>	From 2015					
<u>f</u>	Total of lines 3a through e					
<u>g</u>	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2016 distributable amount					
<u>_i</u>	Carryover from 2011 not applied (see instructions)					
<u></u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f					
4	Distributions for 2016 from Section D,					
	line 7. \$			· · · · · · · · · · · · · · · · · · ·		
	Applied to underdistributions of prior years					
	Applied to 2016 distributable amount					
	Remainder. Subtract lines 4a and 4b from 4			<u> </u>		
5	Remaining underdistributions for years prior to 2016, if					
	any. Subtract lines 3g and 4a from line 2 For result greater					
	than zero, explain in Part VI. See instructions					
6	Remaining underdistributions for 2016 Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions					
7	Excess distributions carryover to 2017. Add lines 3j					
	and 4c	<u> </u>	<u> </u>			
	Breakdown of line 7:					
a		 				
	Excess from 2013					
	Excess from 2014					
	Excess from 2015		 	·		
е	Excess from 2016		L	l		

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-EZ) 2016 Russian Center for Church Multiplication	31-1507601	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional (See instructions)	1 and 2; Part IV, Section 8. June 1e. F	on C.
	(See Instructions)		
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule F (Form 990) and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization	

Employer identification number

Russian Center for Church Multiplication				31~1507601		
Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes"					'es" on	
Form 990, Part IV						
1 For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra	ants and other assistance,		
the grantees' eligibility fo	or the grants or a	ssistance, and	the selection criteria used to award the	e grants or assistance?	Yes 🔲 No	
2 For grantmakers. Descri	ribe in Part V the	organization's	procedures for monitoring the use of its	s grants and other assistance outs	side the	
United States.						
3 Activities per Region (Tr		I, line 3 table ca	an be duplicated if additional space is r			
(a) Region	(b) Number of	(c) Number of employees,	(d) Activities conducted in the region	1 '' ' ''	(f) Total expenditures	
	offices in the region	agents, and	(by type) (such as, fundraising, program services, investments, grants to	is a program service, describe specific type	for and	
	in the region	contractors	recipients located in the region)	of service(s) in the region	investments	
Russia and		in the region	The state of the s		ın the region	
Neighboring States -						
Armenia, Azerbijan,				CHURCH PLANTING &		
Belarus,	0	1		TRAINING	138,500.	
Russia and	<u> </u>	_ _			120,500.	
Neighboring States -						
Armenia, Azerbijan,						
Belarus,	o	0	PROGRAM	EVANGELICAL EVENT	70,000.	
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	L					
3 a Sub-total	0	1			208,500.	
b Total from continuation	{					
sheets to Part I	<u>°</u>	0	<u> </u>		0.	
c Totals (add lines 3a]	_	ì	1	Ì	

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Schedule F (Form 990) 2016

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

31-1507601

Page 2

Russian Center for Church Multiplication

Schedule F (Form 990) 2016

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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 Part II

(i) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance (g) Amount of noncash assistance 0 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by cash disbursement (f) Manner of 138,500 WIRE & CHECK of cash grant (e) Amount the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (d) Purpose of grant EVANGELISM States - Armenia, (c) Region Teighboring tussia and zerbi jan, Enter total number of other organizations or entitles (b) IRS code section and EIN (if applicable) (a) Name of organization

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016 Russian Center for Church Multiplication
Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed

(h) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2016
(g) Description of noncash assistance						Schedi
(f) Amount of noncash assistance	0					
(e) Manner of cash disbursement	IRE					
(d) Amount of cash grant	2,035.WIRE					
(c) Number of recipients	н					
(b) Region	RUSSIA					
(a) Type of grant or assistance	MEDICAL EXPENSES					

Sched	ule F (Form 990) 2016 Russian Center for Church Multiplication	31-1507601	Page 4
Part	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	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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, do not file with Form 990)	Yes	X 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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X 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	X 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2016

Schedule F	(Form 990) 2016 Russian Center for Church Multiplication	31-1507601	Page 5
Part V	Supplemental Information		
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (ad	counting method, amounts of	f
	investments vs. expenditures per region), Part II, line 1 (accounting method); Part III (accounting		
	(estimated number of recipients), as applicable. Also complete this part to provide any additional		
	Testimated number of recipients), as applicable. Also complete this part to provide any additional	i information. See instructions	
	21 0		
art I,	Line 2:		
REPORTS	OF USE AND RESULTS ARE REVIEWED BY BOARD.		
			
			
		_ 	
			
			
			
632075 09-2		Schedule F (Forr	n 000\ 004
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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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047 6

Open to Public Inspection

Name of the organization Russian Center for Church Multiplication	Employer identification number 31-1507601
Form 990, Part VI, Section A, line 2:	
Peter Sautov, President of the Board is father to Greg Sautov,	
recei Saucov, riesident of the Board is lather to dieg Saucov,	
Secretary/Treasurer	
Form 990, Part VI, Section A, line 8b:	
THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON	
BEHALF OF THE GOVERNING BODY.	
Form 990, Part VI, Section B, line 11b:	
Line 11a explanation - It is RCCM's policy that RCCM's Board of Directors	
review the IRS Form 990 that is filed on RCCM's behalf prior to its being	
filed with the IRS.	
The prepared IRS Form 990 shall be emailed to the Directors. The Directors	
shall have 10 business days to review the Form 990 and reply with their	
approval or note corrections or additions. No response within the 10	
business day period shall be considered as having no objections or	
corrections to be made.	
A board resolution will then be emailed to Board members for their approval	
of the Form 990. A majority vote, by reply email, of the Board is required	·
for approval prior to the Form 990 being filed. Such approval shall be	
recorded in the minutes of the next Board meeting.	
Form 990, Part VI, Section B, Line 12c:	
Annual disclosures are required by each director, officer, agent and	
employee. These are filed with the Chairman of the Board and presented at a	
meeting of the Board. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization	Employer identification number
Russian Center for Church Multiplication	31-1507601
Form 990, Part VI, Section B, Line 15a:	
Board reviews compensation which is reviewed for reasonableness with the	
Director of Personnel of Perimeter Church.	
	
Form 990, Part VI, Section C, Line 19:	
Upon request.	
	
	
	
	
632212 08-25-16	Schedule O (Form 990 or 990-EZ) (2016