Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

Do not enter social security numbers on this form as it may be made public. Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service and ending For the 2017 calendar year, or tax year beginning D Employer identification number B Check if applicable C Name of organization BIBLES FOR RUSSIA INC Doing business as Address change Number and street (or PO box if mail is not delivered to street address) Room/suite 2-1484135 Name change E Telephone number BOX 69 ZIP code initial return City or town 256-718-3660 FLORENCE AL 35631 Final return/terminated Foreign postal code Foreign country name Foreign province/state/county G Gross receipts \$ 69306 Amended return Yes X No F Name and address of principal officer JEAN MCCROSKEY Application pending H(a) Is this a group return for subordinates? 260 CO RD H(b) Are all subordinates included? FLORENCE AL 35631 Yes If "No," attach a list (see instructions) 4947(a)(1) or X 501(c)(3) 501(c) Tax-exempt status) (insert no) H(c) Group exemption number ▶ J Website: ▶

orm 9	90 (2017) BIBLES FOR RUSSIA INC	62-1484135	Page 2
Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
1	UNION, ESPECIALLY IN REGIONS WHERE NO CHURCHES EXIST WE ALSO PROVIDE		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	Yes	X No
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 service expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a the total expenses, and revenue, if any, for each program service reported.		
4a	THOMBOTHE OPPUBLICAND OBUIED DELABED HUMANITADIAN MEEDE IN BUE DECION		
4b	(Code) (Expenses \$ including grants of \$) (Revenue)
4c	(Code) (Expenses \$ including grants of \$) (Revenue	e \$)
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 98181.		

Pari	Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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	ł	Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	 -		
24	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
				Α_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1		
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22		v
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			ı
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	1.		
	24b through 24d and complete Schedule K If "No," go to line 25a	24a		X
þ	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		
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			}
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
h	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 Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		
26		-		1
	current or former officers, directors, trustees, key employees, highest compensated employees, or	26)	Х
	disqualified persons? If "Yes," complete Schedule L, Part II	20		_^_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	1		}
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	1	1	
	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,		# 4. A	464
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	1/2	* * *	1.12
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	1]	}
	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	l	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	1		-
٠.	Part I	31	}	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	10.	 	 ^` -
JZ	If "Yes," complete Schedule N, Part II .	32	{	
22		32	 -	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-		١,,
	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,	1	ł	l
	III, or IV, and Part V, line 1	34	 	X
	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			1
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	L	<u> </u>
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	}	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	1	X
20		1	 	+
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	-	,,	}
	197 Note. All Form 990 filers are required to complete Schedule O	38	X	1

Par				
	Check if Schedule O contains a response or note to any line in this Part V			
•			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	-1111.	6/	
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* * <u>*</u>
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		Li.	12.
	gaming (gambling) winnings to prize winners?	1 <u>c</u>	X	<u></u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1643	113	1 1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	_\.43	22	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		362	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	ļ	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1	}	1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		{	1
	account)?	. 4a	1 20	X
b	If "Yes," enter the name of the foreign country	1338		1.3%
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	14.23	2 8 8	
	(FBAR)	2.7	X	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	 -	X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	├	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>	├	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		1	1
	organization solicit 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		1	1
_	gifts were not tax deductible?	6b	 	1 2
7	Organizations that may receive deductible contributions under section 170(c).		133	1.7
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	12		484.
	and services provided to the payor?	7a	├	
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided? .	7b	}	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_	1	
	required to file Form 8282?	. 7c	1	125
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 7f	┼	+
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		┼	+
9	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C1	7 <u>g</u> 7h	┼	+
հ 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711	1.	1/1
U	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.		1 h	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	/1.× 1	X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	+	$\frac{1}{x}$
10	Section 501(c)(7) organizations. Enter	1 3 D	V 8 2	1.8
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	\$ 50 m		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
-	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 . [12b]	22		3 2 3
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	1	1
	Note. See the instructions for additional information the organization must report on Schedule O.	23	# ×	¥ × 3
b	Enter the amount of reserves the organization is required to maintain by the states in which	2 / 1 kg	\$ % %	
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schodula O	146		\top

compensated employees; and former such persons

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Position (do not check more than one (A) Reportable Name and Title Average box, unless person is both an Reportable Estimated hours per compensation compensation amount of officer and a director/trustee) week (list any from from related other Former Officer Highest compensated employee Individual trustee Institutional trustee Key employee compensation hours for the organizations director related organization (W-2/1099-MISC) (W-2/1099-MISC) from the organizations organization and related below dotted line) organizations (1) JEAN MCCROSKEY 55 PRESIDENT 44463. (2) PAT MALONE 20 SECRETARY 10035. (3) GARRY MALONE VICE-PRESIDENT _ (4)_____ (5) _ (6) _(7)______ (8) (9) (10) (11) (12)

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	Pos eck s pe	rson	than of the book o	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatio from related organization (W-2/1099-MI	on amount of other is compensation	f on on d
(15)												
(16)			-									
(17)								-				
(18)			-	-	\vdash	-	-					
(19)			-	-	-	-		-				
(20)			-	-	-	-		-				
			-		-	-	-	-				
				-	-	-		-				
			}	-	-	-		-		<u> </u>		
		<u> </u>	-	-	-	-		-				
		 	1	_	-	-		-				
		1			<u> </u>	<u>L</u>	<u> </u>	L				
С	Sub-total Total from continuation sheets to Part VII,	Section A			•	•	•	>	54498.			
d 2	Total (add lines 1b and 1c) Total number of individuals (including but not	limited to those	listed	ab	ove) wł	no red	ceiv	54498. red more than \$	100,000 of		
	reportable compensation from the organization	<u>n</u>									Yes	No
3	Did the organization list any former officer, di employee on line 1a? <i>If "Yes," complete Sche</i>					yee	, or h	iigh	est compensate	d	3	Z.XZ X
4	For any individual listed on line 1a, is the sum the organization and related organizations greindividual.	•							•		4	X
5	Did any person listed on line 1a receive or acc									idividual	"	
Sec	for services rendered to the organization? If 'tion B. Independent Contractors	yes, complete	Scne	auic	9 J 1	or :	sucn	per	SON .	 :	5	X
1	Complete this table for your five highest compound compensation from the organization. Report of year											
	(A) Name and business ad	dress							(B) Description of se	rvices	(C) Compensation	
								-				
	· · · · · · · · · · · · · · · · · · ·											
2	Total number of independent contractors (including than \$100,000 of compensation from the		nited	to ti	nos	e lıs	ted a	bov	re) who received	j (**		245

Part IX	Statement of Functional Expenses

Section	on 50 (C)(3) and 50 (C)(4) organizations must complete a			st complete column	
	Check if Schedule O contains a response or note			· · · · · · · · · · · · · · · · · · ·	
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments See Part IV, line 21				<u> </u>
2	Grants and other assistance to domestic				
	ındıviduals. See Part IV, line 22				<u> </u>
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	98181.	98181.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	54897.		54897.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				ı
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	9568.		9568.	ļ
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions) .				<u> </u>
9	Other employee benefits	3154.		3154.	<u></u>
10	Payroll taxes	5440.		5440.	
11	Fees for services (non-employees)				
a	Management				
b	Legal				
C	Accounting				
d	Lobbying			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
e	Professional fundraising services. See Part IV, line 17	}			
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	 			
13	Office expenses	3138.		3138.	
14	Information technology			3130:	
15	Royalties				
16	Occupancy	2400.		2400.	
17	Travel	1821.		1821.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials.	(
19	Conferences, conventions, and meetings	69.		69.	
20	Interest				
21	Payments to affiliates	L			
22	Depreciation, depletion, and amortization	438.		438.	
23	Insurance	475.		475.	
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)				
a	SEE STMT	961.		 	
b		425.		 	
C		245.		 	
d	All other expenses	6271.		1202.	740
e 25	Total functional expenses. Add lines 1 through 24e.	1950. 189433.	98181.	84233.	748
<u>25</u> 26	Joint costs. Complete this line only if the	103433.	20101.	04233.	7019
20	organization reported in column (B) joint costs			ĺ	1
	from a combined educational campaign and	}		}	1
	fundraising solicitation Check here	1		Ì	1
	following SOP 98-2 (ASC 958-720)	ł			

62-1484135

Check if Schedule O contains a response or note to any line in this Part X. (A) (B) Beginning of year End of year 43873 1 Cash-non-interest-bearing 24847 2 2 Savings and temporary cash investments 45674 43944 3 Pledges and grants receivable, net. 4 Accounts receivable, net . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net 8 Inventories for sale or use . 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 17355 10c **b** Less, accumulated depreciation. 11 Investments—publicly traded securities . 11 12 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related See Part IV, line 11 13 14 14 Intangible assets. 15 15 Other assets See Part IV, line 11 77567. 98761 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 2522. 17 1455. 17 Accounts payable and accrued expenses 18 Grants payable 18 19 19 Deferred revenue. 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 22 23 23 Secured mortgages and notes payable to unrelated third parties . Unsecured notes and loans payable to unrelated third parties. 24 24 25 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 25 26 26 Total liabilities. Add lines 17 through 25 2522 Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . . . 96239 27 28 Temporarily restricted net assets. 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 96239 Total net assets or fund balances . . . 33 76112 Total liabilities and net assets/fund balances 98761 77567. 34

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI]
ì	Total revenue (must equal Part VIII, column (A), line 12)		16930	6.
2	Total expenses (must equal Part IX, column (A), line 25)		18943	3 .
3	Revenue less expenses. Subtract line 2 from line 1		-2012	7.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		9623	9.
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)	L		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	i		
	column (B))	L	7611	<u>2 .</u>
Part	XII Financial Statements and Reporting		г—	7
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>
1	Accounting method used to prepare the Form 990. X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	**	Yes N	0
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X ****	%L ,33
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. X Separate basis Consolidated basis Both consolidated and separate basis	** ** ** ** ** ** ** ** ** ** ** ** **		
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	2b	X	
	Separate basis		/ 🎺 🏥	71
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X) j
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	×	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990 (20	17)

Form 990 (2017) BIBLES FOR RUSSIA INC

62-1484135 Page **12**

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 2017 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

BIBLES	FOR RUSSIA INC 6	2-1484135
Part I	Reason for Public Charity Status (All organizations must complete this part) Se	
	nization is not a private foundation because it is. (For lines 1 through 12, check only one box	
	A church, convention of churches, or association of churches described in section 170(b)(1	
2 🗖 A	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)(i	iin.
	A medical research organization operated in conjunction with a hospital described in section	
	hospital's name, city, and state	
5 \ \ \ A	An organization operated for the benefit of a college or university owned or operated by a go section 170(b)(1)(A)(iv). (Complete Part II)	
	A federal state, or local government or governmental upit described in section 170(b)(1)(A))(v)
		· <u> </u>
ra .		
ra	i = ()').	
<u>,, </u>	r range - t.	
) 17A	
1		
4		

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

(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)

	Ti the organization land to qui	amy ander the	COLO HOLCA DOIG	W, prodes serin	pieto i di t ii /		
	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017_	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received (Do not include any "unusual grants")	245034.	227569.	230636.	214736.	169036.	1087011.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities			ļ			
	furnished in any activity that is related to the	,					
	organization's tax-exempt purpose			<u> </u>			
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	L					
6	Total. Add lines 1 through 5	245034.	227569.	230636.	214736.	169036.	1087011.
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	L	<u> </u>				
b	Amounts included on lines 2 and 3						
	received from other than disqualified			j			
	persons that exceed the greater of \$5,000				1		
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from		N. 1. 18				· I
	line 6)	<i>f. f.</i> :					1087011.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	245034.	227569.	230636.	214736.	169036.	1087011.
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	284.	350.	324.	293.	270.	_1521.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		ł			1	
	acquired after June 30, 1975			<u> </u>			
С	Add lines 10a and 10b	284.	350.	324.	293.	270.	1521.
11	Net income from unrelated business						
	activities not included in line 10b, whether	1	}				
	or not the business is regularly carried on				_		
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)	ļ	1	L			
13	Total support. (Add lines 9, 10c, 11,						"
	and 12)	245318.	227919.	230960.	215029.	169306.	1088532.
14	First five years. If the Form 990 is for the o	rganization's first,	second, third, four	th, or fifth tax year	as a section 501(c)	(3)	
	organization, check this box and stop here						▶ _
Sec	ction C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2017 (line 8,			(f))		15	99.86%
16	Public support percentage from 2016 Scheo			\ <i>''</i>		16	99.86%
	ction D. Computation of Investmen					l == -l	
17	Investment income percentage for 2017 (lin			column (f))		17	0.01%
18	Investment income percentage from 2016 S		•			18	0.01%
	33 1/3% support tests—2017. If the organi			l4, and line 15 is m	nore than 33 1/3%		
	not more than 33 1/3%, check this box and						$\blacktriangleright $
b	33 1/3% support tests—2016. If the organi		•		-		
	line 18 is not more than 33 1/3%, check this					•	▶ [

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

OMB No 1545-0047

Name o	of the organization	Employer identification number
BIB		62-1484135
Part	Organizations Maintaining Donor Advised Funds or Other Similar Fun	nds or Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year .	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of 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	d in donor advised
J	funds are the organization's property, subject to the organization's exclusive legal conti	
6	Did the organization inform all grantees, donors, and donor advisors in writing that gran	
O	used only for charitable purposes and not for the benefit of the donor or donor advisor,	
		Yes No
	purpose conferring impermissible private benefit?	
Part	Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education) Preservation	on of a historically important land area
	Protection of natural habitat Preservation	on of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribute	ion in the form of a conservation
-	easement on the last day of the tax year.	Held at the End of the Tax Year
•	Total number of conservation easements	2a
a		. 2b
b	Total acreage restricted by conservation easements	2c
C C	Number of conservation easements and a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
d	historic structure listed in the National Register	' 2d
3	Number of conservation easements modified, transferred, released, extinguished, or to	
J		similated by the organization during
4	the tax year Number of states where property subject to conservation easement is located	
4 5	Does the organization have a written policy regarding the periodic monitoring, inspection	on handling of
5	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	
U	Stair and volunteer flours devoted to mornioring, inspecting, flanding of violations, and officing	solitor validit datamente dannig ine year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cons	servation easements during the year
•	• • •	servation easements daring the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirement	s of section 170(h)(4)(B)(i)
Ü	and section 170(h)(4)(B)(ii)?	Yes No
۵	In Part XIII, describe how the organization reports conservation easements in its rever	
3	balance sheet, and include, if applicable, the text of the footnote to the organization's fi	
	the organization's accounting for conservation easements	mandar statements that describes
Dar	till Organizations Maintaining Collections of Art, Historical Treasures, or	r Other Similar Assets
Гаі	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Other Chimar Addets.
12	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its	s revenue statement and halance sheet
Ia	works of art, historical treasures, or other similar assets held for public exhibition, educ	
	of public service, provide, in Part XIII, the text of the footnote to its financial statements	
L	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its rev	
b	works of art, historical treasures, or other similar assets held for public exhibition, educ	
	•	adon, or research in furtherance
	of public service, provide the following amounts relating to these items	▶ ¢
	(i) Revenue included on 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 as	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these	_
а	Revenue included on Form 990, Part VIII, line 1	. • \$
b	Assets included in Form 990, Part X .	> \$

Part	III Organizations Maintaining Co	llections of Ar	t, Histor	ical Trea	sures, or C	Other Similar Asset	s (contin	ued)	
3	Using the organization's acquisition, ac	cession, and othe	er records,	check ar	ny of the follo	wing that are a signific	ant use of	fits	
٠	collection items (check all that apply)								
а	Public exhibition		d 📙	Loan	or exchange _l	programs			
b	Scholarly research		e	Other					
C	Preservation for future generation	าร							
4	Provide a description of the organizatio	n's collections an	d explain	how they	further the or	rganızation's exempt p	urpose in	Part	
	XIII								
5	During the year, did the organization so								ı
	assets to be sold to raise funds rather the	han to be maintai	ined as pa	irt of the o	organization's	collection? .	Ye	s []	No
Part									
	Complete if the organization and	swered "Yes" or	n Form 9	90, Part	IV, line 9, or	reported an amoun	t on Forn	n	
	990, Part X, line 21								
1a	Is the organization an agent, trustee, cu	istodian or other	ıntermedia	ary for cor	ntributions or	other assets not	[] v-	_ [NI-
L	included on Form 990, Part X?.		A. Ab. Galle				Ye	s []	No
þ	If "Yes," explain the arrangement in Par	t XIII and comple	te the folio	owing tab	ie.		Amount		
С	Beginning balance					1c	Aniount		
d	Additions during the year	•			• •	1d			
e	Distributions during the year .					1e			
f	Ending balance					1f			
2a	Did the organization include an amount	on Form 990, Pa	art X, line :	21, for es	crow or custo	odial account liability?	Ye	s X	No
b	If "Yes," explain the arrangement in Par								ĺ
Part									<u></u>
	Complete if the organization an	swered "Yes" or	n Form 9	90. Part	IV. line 10.				
		(a) Current year	(b) Pro		(c) Two years	back (d) Three years back	ck (e) Fo	ur years	back
1a	Beginning of year balance								
b	Contributions .								
С	Net investment earnings, gains,								
	and losses .		ļ		ļ				
d	Grants or scholarships		 		 	+	 -		
e	Other expenditures for facilities								
f	and programs		 -		 				
g	End of year balance		 		 				
2	Provide the estimated percentage of th	e current year en	d balance	(line 1g,	column (a)) h	neld as.			
а	Board designated or quasi-endowment		00%	,	. , ,				
b	Permanent endowment	0.00%							
С	, c.i., p. c. c.i., y c. c.i. c.i. c.i.	0.00%	•						
_	The percentages on lines 2a, 2b, and 2								
3a	Are there endowment funds not in the p	oossession of the	organizat	iion that a	ire neid and a	administered for the	1	Yes	No
	organization by (i) unrelated organizations						3a(i)	res	MO
	(ii) related organizations	•	•	•	•		3a(ii)		
b	If "Yes" on line 3a(ii), are the related org	anizations listed	 I as requir	ed on Scl	nedule R?.		3b		
4	Describe in Part XIII the intended uses	-				·			
Part									
	Complete if the organization an	swered "Yes" o	n Form 9	90, Part	IV, line 11a	See Form 990, Par	t X, line 1	10	
	Description of property	(a) Cost or o		, , ,	ost or other	(c) Accumulated	(d) B	ook valu	ie
		(investr	ment)	bas	is (other)	depreciation			
1a	Land	ļ		 					
b	Buildings	16	983.	ļ		8,207.	 	8,77	76
c d	Leasehold improvements Equipment .		148.	ļ — — —		9,148.		U , ! !	. 0 .
e	Other	·	140.	 		7,140.			
	Add lines 1a through 1e. (Column (d)	must equal Form	QQO Part	Y colum	n (R) line 10	(c.)		8 77	76

SCHEDULE F (Form 990)

Department of the Treasury

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization 62-1484135 BIBLES FOR RUSSIA INC Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eliqibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (c) Number of (a) Region (b) Number of (d) Activities conducted in the (e) If activity listed in (d) is (f) Total offices in the employees, region (by type) (such as, a program service, expenditures for fundraising, program services, describe specific type of and investments region agents, and investments, grants to recipients in the region independent service(s) in the region located in the region) contractors in the region 6,503. (1) FORMER USSR PROGRAM SERV CHRIST LIT PROGRAM SERV CHRIST LIT 5,000. (2) CHINA (3) FORMER USSR PASTOR SUPP 4,448. PROGRAM SERV 13,050. (4) FORMER USSR PROGRAM SERV CHURCH PLANT PROGRAM SERV MISSIONARIES 30,995. (5) FORMER USSR PROGRAM SERV 20,745. (6) FORMER USSR ORPHANS PROGRAM SERV CHILD CAMP 14,457. (7) FORMER USSR PROGRAM SERV HUMANITARIAN 2,983. (8) FORMER USSR (9) (10) (11) (12)(13)(14)(15) (16)

	.35 Page 2 on Form 990,	(i) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2017
	62-1484135 Page. De organization answered "Yes" on Form 990, acce is needed.	(h) Description of noncash assistance						Schedi
<u> </u>	■e organization ■ace is needed.	Amount of noncash assistance					yd as tax-exempt ▶	
<u> </u>		. k				ζ- <u>-</u> -		
· •			 		N A			

Part I	V Foreign Forms		
	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
	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, don't file with Form 990)	Yes	X No
	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
	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, don't file with Form 990)	□Yes	X No

Schedule F (Form 990) 2017

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 0 Open to Public

Department of the Treasury Inspection Internal Revenue Service Employer identification number Name of the organization 62-1484135 BIBLES FOR RUSSIA INC PAGE 6 PART VI SECTION QUESTION 2 EMPLOYEES PATRICIA MALONE AND GARRY MALONE ARE OFFICES OF THE ORGANIZATION. PAGE 6 PART VI SECTION A QUESTION 7A BOARD OF DIRECTORS VOTE AND APPROVE NEW MEMBERS TO JOIN THE BOARD PAGE 6 PART VI SECTION B QUESTION 11A FORM 990 IS PRESENTED AT BOARD MEETING FOR ALL MEMBERS TO REVIEW AND DISCUSS PAGE 6 PART VI SECTION B QUESTION 15A ALL GOVERNING DECISION ARE VOTED AND APPROVED BY BOARD MEMBERS. CONCERNS AND RELATED TO ACTIVITES ARE DISCUSSED AND APPLICABLE RESOLUTIONS ARE APPLIED. FINANCIAL STATEMENTS AND TAX RETURNS ARE KEPT IN OFFICE THIS INFORMATION WILL BE PROVIED TO AND PERSON UPON RECEIPT OF WRITTEN REQUEST WITHIN A TIMELY MANNER.