Form **990-FZ**

Department of the Treasury

Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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

OMB No 1545-1150

Open to Public Inspection

A	For the	2008 calend	lar year	, or tax year beginning	<u>, 2008, and e</u>	nding			, 20	
В							D Emplo	Employer identification number		
		Address change use IRS label or Multiplication Network Ministries 26				26		0276601		
Ц		vame change print or Number and street (or P.O. box, if mail is not delivered to street address). Room/suite. E. Telet				E Teleph	none nu	mber		
\vdash	Initial return type See 22515 Torrence Avenue (70)	758-3343	
=	Termination Amended		Specific	City or town, state or country, and ZIP + 4		l	F Group	<u> </u>		
=		on pending	Instruc- tions	Sauk Village, Illinois 60411-5705			٠,	er .		
=				ations and 4947(a)(1) nonexempt charitable trusts i	must attach	G Acco	unting me		☑ Cash ☐ Accrual	
	36011	011 30 1 (0)(3)		npleted Schedule A (Form 990 or 990-EZ).	nust attach		r (specify)		M Casii	
_				,,						
	Waheit	te. Nww	.redde	multiplicacion.com			_		rganization is not	
							red to atta EZ, or 990-		edule B (Form 990,	
				nly one) —				<u>-</u> -	405.000 + +	
		•	_	on is not a section 509(a)(3) supporting organization and		eipts are nor	mally not i	more th	an \$25,000 A return is	
_				ization chooses to file a return, be sure to file a comple			- 000 C7			
				ne 9 to determine gross receipts, if \$1,000,000 or more, fi				▶ \$	Tool IV	
Ľ	art I	Hevenue,	, Expe	nses, and Changes in Net Assets or Fun	a Balances	S (See the	Instructi			
	1		_	s, grants, and similar amounts received				1	\$24,058.50	
	2	Program s	ervice i	revenue including government fees and contract	s			2		
	3	Membersh	ip dues	s and assessments				3		
	4	Investment	t incom	e				4		
	5a	Gross amo	ount fro	m sale of assets other than inventory	. 5a					
	b	Less: cost	or other	er basis and sales expenses	<u>[5b]</u>					
đ	С	Gain or (los	ss) from	sale of assets other than inventory (Subtract line 5b	from line 5a)	(attach sch	redule).	5c		
Ž	6	Special events	s and acti	vities (complete applicable parts of Schedule G). If any amount is	s from gaming,	check here	· 🗆			
Revenue	а	Gross reve	enue (ne	ot including \$ of contribution	ons					
æ		reported on line 1)								
	b	b Less: direct expenses other than fundraising expenses								
	C									
	7a	Gross sale								
	ь	Less: cost								
	С	Gross prof	fit or (lo	ss) from sales of inventory (Subtract line 7b from	m line 7a)			7c		
	8	Other reve		· · · · · · · · · · · · · · · · · · ·)	8_		
	9	Total reve	nue. A	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			▶	9	\$24,058.50	
	10	Grants and	d simila	r amounts paid (attach schedule)				10	- 0 -	
	11			or for members	HECEL	JED .	11	11	- O -	
S	12	•		mpensation, and employee benefits		· · · · · · · · · · · · · · · · · · ·	ا ن	12	- 0 -	
Ž	13	Profession	al fees	and other payments to independent contractors			SO: :	13	\$70.00	
Expenses	14	Occupancy	v. rent	utilities, and maintenance	MAR 0 9	2009	HS.	14	-0-	
ũ	15	Printing, p	ublicati	ons, postage, and shipping			뛰	15	\$316.18	
	16			describe See attached statement	OCCE			16	\$29,470.18	
	17			Add lines 10 through 16			▶	17	\$29,856.36	
S	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)				18	(\$5,797.86)	
Net Assets	19			nd balances at beginning of year (from line 27,					<u> </u>	
As	'3			e reported on prior year's return)				19	\$18,195.00	
et	20			net assets or fund balances (attach explanation				20	-0-	
Ž	21			d balances at end of year. Combine lines 18 thr				21	\$12,397.14	
P	art II			s. If Total assets on line 25, column (B) are \$2,5						
				See the instructions for Part II.)			ginning of y		(B) End of year	
22	Cacl	h eavinge /	•	estments			\$18,195.			
23								0 - 23		
24				>				0 - 24		
25		er assets (de al assets					\$18,195.			
		•				l		0 - 26		
20	Not	ai iiabiiilles (juescrii fund ha	blances (line 27 of column (B) must agree with li)		\$18 105			

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

SCANNED MAR 2 5 2009

Form **990-EZ** (2008)

					raye 🛋					
Part III Statement of Program Service Accom					Expenses					
What is the organization's primary exempt purpose?	churches	(Rec	uired for 501(c)(3) (4) organizations							
Describe what was achieved in carrying out the organization	and	4947(a)(1) trusts,								
describe the services provided, the number of persons be				opti	onal for others)					
28 Training - we are developing a network of leaders										
train congregations and individuals in church gr										
ducted over one hundred training sessions for 1			rica in 2001							
(Grants \$) If this amount incli	. 🕨 🗆	28a	8,578.40							
29 Web development - we are providing free, web-b										
church growth, church health, and church planti	ng. We provided hundred	is of free downloa	ads to							
	churches and individuals in 2008.									
	udes foreign grants, check		. ▶ □	29a	4,061.98					
30 Publishing resources - we are providing texts, m										
church growth, church health, and church planti			oped or							
revised four of our training manuals and workbo										
	udes foreign grants, check	here	<u>, ▶ □</u>	30a	3,500.00					
31 Other program services (attach schedule)										
	udes foreign grants, check	here	<u>.</u> 🕨 🔲	31a	12,329.80					
32 Total program service expenses (add lines 28a th		<u> </u>	<u> ▶</u>	32	28,470.18					
Part IV List of Officers, Directors, Trustees, and Key					ons for Part IV.)					
(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit		(e) Expense account and					
	devoted to position	enter -0)	deferred comper		other allowances					
Timothy L. Koster	Chairman (5)	_								
22515 Torrence Avenue, Sauk Village, Illinois 60411	• •	- 0 -		-0-	-0-					
Paul S. Van Deraa	Vice Chairman (2)			_						
22515 Torrence Avenue, Sauk Village, Illinois 60411		- 0 -		-0-	-0-					
George J. Vande Werken	Secretary (2)	_			_					
22515 Torrence Avenue, Sauk Village, Illinois 60411		-0-		-0-	-0-					
John S. Wagenveld	Treasurer (8)				_					
22515 Torrence Avenue, Sauk Village, Illinois 60411		-0-		-0-	-0-					
				_						
	;									
										

Par	t V Other Information (Note the statement requirements in the instructions for Part VI.)			
	•		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33_		1
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34_		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a -0 -			
	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		✓
	Section 501(c)(7) organizations Enter:			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	!		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction			
_	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule			
	L, Part I	40b		1
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed. ▶ Illinois			
42a	The books are in care of ► Timothy L. Koster Located at ► 22515 Torrence Avenue, Sauk Village, Illinois Telephone no. ► (708) ZIP + 4 ► 6	7: 0411-	58-33 5705	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		¥	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	405	Yes	No_
	account)?	42b	}—	_
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.	46		
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u> </u>	√
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	•	▶ □
			<u> </u>	
			Yes	NO
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	44		
	Form 990-EZ	44	 	/
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	15		-
	"Yes," Form 990 must be completed instead of Form 990-EZ	45	L	

Part		on 501(c)(3) organizations only omplete the tables for lines 50 a		c)(3) organiz	ations mus	st answer questi	ons 4	6–49	
46 I	Did the organ	uzation engage in direct or indirect p	political campaign a	ctivities on be	ehalf of or in	opposition to		Yes	No
		r public office? If "Yes," complete S					46		1
17	Did the organ	ization engage in lobbying activities	? If "Yes," complete	Schedule C,	Part II .		47		1
18	ls the organiz	ation operating a school as describe	ed in section 170(b)	(1)(A)(II)? If "Y	es," comple	ete Schedule E .	48		✓
19a l	Did the organ	ization make any transfers to an exe	empt non-charitable	related organ	nızatıon?		49a		/
b I	lf "Yes," was	the related organization(s) a section	527 organization?				49b	L	✓
		s table for the five highest compensation \$100,000 of compensation					empl	oyees) who
	(a) Name and	address of each employee paid more than \$100,000	(b) Title and avera hours per week devoted to position	ĭ ` ` `	ompensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expension and allowa	nd
None)						-		
					-				
Total	number of oth	ner employees paid over \$100,000		· · · · · ·					
		and address of each independent contractor			(b) Ty	pe of service	(c) Cor	npensa	ition
None)								
Total	number of ot	her independent contractors each re	eceiving over \$100,0	000 ▶					
	Under p and bel	penalties of perjury, I declare that I have examiner, it is true, correct, and complete. Declaration	ned this return, including ion of preparer (other tha	accompanying s an officer) is base	schedules and ed on all inforn	nation of which prepare	er has ar	ny knov ny knov	wledge vledge
Sign		mos Front	-		l_	Feb 9, 200	27_		
Here		ature of officer			С	Date			
		nothy L. Koster, Chairman							
		<u> </u>		Date	Check if	Preparer's Identifying	Number (See inst	ructions
Paid	Prepare signatur			_ ===	self- employed ▶	l ` ` ` `	. tumber (mai	20110112
Prepa	, Firm's n	ame (or yours		<u> </u>		IN ▶			
Use O		mployed), , and ZIP + 4				Phone no ► ()			
May t		ss this return with the preparer show	vn above? See insti	uctions			_	es [No
		· _ · · · · · · · · · · · · · · · · · ·				F	orm 99		
							_		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization Employer identification number **Multiplication Network Ministries** 0276601 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is. (Please check only one organization) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. 5 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). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33\% 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 331/2 % 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). (see instructions) 10 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 that describes the type of supporting organization and complete lines 11e through 11h. a Type I **b** Type II c Type III-Functionally integrated e Dy checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes Nο (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (III) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(ii)

(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ col (i)	(v) Did you notify the organization in col (i) of your support?		s the ion in col zed in the S ?	(vi i) Amount o support	
	<u>. </u>		Yes	No	Yes	No	Yes	No		
				_						
				<u> </u>				<u> </u>	<u> </u>	
			ļ							
otal										

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

11g(iii)

Pai	Support Schedule for Org . (Complete only if you chec	ked the box	on line 5, 7,	Sections 17 or 8 of Part I	O(b)(1)(A)(iv) .)	and 1/0(b)((1)(A)(VI)
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3						
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)	:					
<u>6</u>	Public support. Subtract line 5 from line 4		<u> </u>	<u> </u>		<u> </u>	
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
		(a) 2004	(6) 2005	(0) 2006	(a) 2007	(e) 2006	(i) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 IV)						
11	Total support. Add lines 7 through 10 .	L	1			ļ.,	
12	Gross receipts from related activities, etc	. (see instructi	ons)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u></u>				
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2008 (line	6, column (f) d	livided by line 1	1, column (f))		14	%
15	Public support percentage from 2007 Sci	•	•			15	%_
16a	331/3 % support test—2008. If the organiand stop here. The organization qualifies				line 14 is 331/3	% or more, ch	eck this box ► [
b	33% % support test—2007. If the organization quality box and stop here. The organization quality						e, check this ▶ □
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum"	acts-and-circu	mstances" test,	check this box	and stop here	. Explain in Pai	t IV how the
b 18	10%-facts-and-circumstances test—2007 more, and if the organization meets the "forganization meets the "facts-and-circumstances test—2007 private foundation. If the organization did	acts-and-circurances" test. The	nstances" test, e organization qu	check this box alifies as a public	and stop here cly supported or	Explain in Parganization	t IV how the

Part III Support Schedule for Organizations Described in Section 509(a)(2), (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
Ca	alendar year (or fiscal year beginning ın) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")				18,945.00	\$24,058.50	\$43,003.50
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				- 0 -	- 0 -	- 0 -
3	Gross receipts from activities that are not an unrelated trade or business under section 513				- 0 -	- 0 -	-0-
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				· -0-	-0-	- 0 -
5	The value of services or facilities furnished by a governmental unit to the organization without charge				-0-	-0-	-0-
6	Total. Add lines 1-5		<u>-</u>		18,945.00	\$24,058.50	\$43,003.50
	Amounts included on lines 1, 2, and 3 received from disqualified persons .				-0-	- 0 -	-0-
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the						
	year or \$5,000				- 0 -	- 0 -	-0-
С	Add lines 7a and 7b				- 0 -	- 0 -	-0-
8	Public support (Subtract line 7c from line 6)						\$43,003.50
	tion B. Total Support		4 1 2225	() 2222	(1) 2227		
	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007 18,945.00	(e) 2008 \$24,058.50	(f) Total \$43,003,50
9 10a	Amounts from line 6				18,945.00		\$43,003.30
b	sources			-	- 0 -	- 0 -	-0-
	section 511 taxes) from businesses acquired after June 30, 1975				-0-	- 0 -	- 0 -
	Add lines 10a and 10b				- 0 -	- 0 -	-0-
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on				- 0 -	- 0 -	- 0 -
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				- 0 -	- 0 -	- 0 -
13	Total support. (Add lines 9, 10c, 11, and 12.)						\$43,003.50
14	First five years. If the Form 990 is for toganization, check this box and stop	here	<u> </u>		n, or fifth tax y		
Sec	tion C. Computation of Public Su	pport Perce	ntage				
15	Public support percentage for 2008 (lin					15	
16	Public support percentage from 2007 S			7g		16	
	tion D. Computation of Investmen						
17	Investment income percentage for 2008	•			olumn (f)) .	17	<u></u>
18	Investment income percentage from 20					18	
19a	17 is not more than 331/2 %, check this b	ox and stop he	ere. The organi	zation qualifies	s as a publicly s	upported orga	nızation 🕨 🔲
b	33% % support tests – 2007. If the organ line 18 is not more than 33% %, check this	s box and stop	here. The orga	nızatıon qualıfıe	s as a publicly	supported orga	nization 🕨 📙
20	Private foundation. If the organization	did not check	a box on line 1	14, 1 <u>9a, or</u> 19b	, check this bo	x and see inst	ructions ▶ 🔲

Scriedule A (F	om 990 or 990-EZ) 2006	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, lin., Part II, line 17a or 17b; or Part III, line 12 Provide any other additional information. (see instruction	e 10;
,		
		••
		
•••••		

2008 Form 990 Attachment - Multiplication Network Ministries EIN: 26-0276601

Part I -- Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Line 16 - Other expenses (describe)

The Other expenses include the following items:

Administrative Services	\$ 1,000.00
Training Delivery Expenses	\$ 8,578.40
Web Development Expenses	\$ 4,061.98
Publishing Expenses	\$ 3,500.00
Conference Expenses	\$ 12,329.80
Total	\$ 29.470 18

Part III - Statement of Program Service Accomplishments (See the instructions for Part III.)

Line 31 - Other program services (attach schedule) Expenses (Grants \$1,000) If this amount includes foreign grants, check here 12,329.80

Conference Expenses of \$12,329.80. The expenses listed were incurred in connection with the corporation's annual conference on church planting, church growth, and church health for clergy and laity leaders. In 2008 the conference was held in Quito, Ecuador and attracted 34 participants from 17 countries throughout North and South America. Two representatives from each of these countries came to be prepared in reproducing the teaching in their own contexts. The purpose of the conference is to bring Christian leaders together to discuss and learn more about planting and developing healthy churches. The nature, mission and organization of the church and its ministry are explored in terms of open systems theory of organizational development. Church growth and church planting strategies are taught so that these leaders can then reproduce these teachings in their country of origin.