

Click on the question-mark icons to display help windows.  
 The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you.

Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**A For the 2017 calendar year, or tax year beginning** JANUARY 1, 2017, and ending DECEMBER 31, 20 17

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <span>?</span> <b>ASCENT RUSSIAN ORPHAN AID FOUNDATION</b>		<b>D</b> Employer identification number <span>?</span> <b>91-219237</b>
	Number and street (or P.O. box, if mail is not delivered to street address) <span>?</span> Room/suite <b>PO BOX 1303</b>		<b>E</b> Telephone number <b>1 (855) 467-7426</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>PALMER, AK 99645</b>		<b>F</b> Group Exemption Number ▶ <span>?</span>
	<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____		<b>H</b> Check <input type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B <span>?</span> (Form 990, 990-EZ, or 990-PF).
<b>I Website:</b> ▶ <a href="http://WWW.IORPHAN.ORG">WWW.IORPHAN.ORG</a>			
<b>J Tax-exempt status</b> (check only one) – <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____			
<b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ <b>46824</b>			

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I) ?  
 Check if the organization used Schedule O to respond to any question in this Part I . . . . .

	Line	Description	Amount
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .	55109
	2	Program service revenue including government fees and contracts . . . . .	
	3	Membership dues and assessments . . . . .	
	4	Investment income . . . . .	-8285
	5a	Gross amount from sale of assets other than inventory . . . . .	
	5b	Less: cost or other basis and sales expenses . . . . .	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	
	6	Gaming and fundraising events	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	
	6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	
	6c	Less: direct expenses from gaming and fundraising events . . . . .	
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	
	7a	Gross sales of inventory, less returns and allowances . . . . .	
7b	Less: cost of goods sold . . . . .		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .		
8	Other revenue (describe in Schedule O) . . . . .		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	46824	
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .	85035
	11	Benefits paid to or for members . . . . .	
	12	Salaries, other compensation, and employee benefits <span>?</span> . . . . .	
	13	Professional fees and other payments to independent contractors <span>?</span> . . . . .	
	14	Occupancy, rent, utilities, and maintenance . . . . .	
	15	Printing, publications, postage, and shipping . . . . .	
	16	Other expenses (describe in Schedule O) <span>?</span> . . . . .	
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	85035	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	-38211
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	294299
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	256088

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	294299	<b>22</b> 256088
<b>23</b> Land and buildings		<b>23</b>
<b>24</b> Other assets (describe in Schedule O)		<b>24</b>
<b>25 Total assets</b>	294299	<b>25</b> 256088
<b>26 Total liabilities</b> (describe in Schedule O)		<b>26</b>
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	294299	<b>27</b> 256088

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? To Help Orphans and At-Risk Children

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

<b>28</b> Sponsor a child - sponsors send donations monthly or quarterly to be used for food and medicine to supplement orphanage food supply. Provide support to foster families caring for orphans. The program has benefited about 500 orphans. (Grants \$ <u>43837</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	<b>43837</b>
<b>29</b> Food, clothes, appliances and facilities improvements, educational projects and therapy in 9 facilities  (Grants \$ <u>41197</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	<b>41197</b>
<b>30</b>  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	<b>85035</b>
<b>32 Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>KIRILL BOGOUSLAVSKI - PRESIDENT / FOUNDER 126 PONANA ST, KIHEI HI 96753</u>	1	0	0	0
<u>JONATHAN SOVERNS - VICE PRESIDENT / TREASURER PO BOX 1305, PALMER AK 99645</u>	20	0	0	0
<u>LEANNA ROBERTS - VICE PRESIDENT / SECRETARY 2439 S KEHEI RD, KIHEI HI 96753</u>	1	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name.
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities...
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year?
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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 outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed
42a The organization's books are in care of JONATHAN SOVERNS Telephone no. 206-453-0023
Located at PO BOX 1305, PALMER AK ZIP + 4 99645-1305
42b 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...
42c At any time during the calendar year, did the organization maintain an office outside the United States?
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
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

	<b>Yes</b>	<b>No</b>
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	46	<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

	<b>Yes</b>	<b>No</b>
<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	47	<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	49b	<input type="checkbox"/>

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ▶  **Yes**  **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	▶ Signature of officer	Date
	▶ <b>JONATHAN SOVERNS - VICE PRESIDENT</b>	Type or print name and title

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no. ▶			

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  **Yes**  **No**