

**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)

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

**Open to Public Inspection**

**A** For the 2005 calendar year, or tax year beginning **01/01**, 2005, and ending **12/31**, 20 **05**

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization

**Ascent Russian Orphan Aid Foundation**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**10421 Thimble Berry Drive**

City or town, state or country, and ZIP + 4

**Anchorage, AK 99515**

**D** Employer identification number

**91 ; 2192371**

**E** Telephone number

( **907** ) **333-3941**

**F** Group Exemption Number

. . ▶ **n/a**

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G** Accounting method:  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ **www.iOrphan.org**

**H** Check  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**J** Organization type (check only one)— 501(c) ( **3** ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ . ▶ \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 38 of the instructions.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21							
Revenue	1	Contributions, gifts, grants, and similar amounts received															94051																		
	2	Program service revenue including government fees and contracts															0																		
	3	Membership dues and assessments															0																		
	4	Investment income															597																		
	5a	Gross amount from sale of assets other than inventory					0																												
	b	Less: cost or other basis and sales expenses					0																												
	c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule).							0																										
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>																																	
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)								0																									
b	Less: direct expenses other than fundraising expenses								0																										
c	Net income or (loss) from special events and activities (line 6a less line 6b)										0																								
7a	Gross sales of inventory, less returns and allowances								0																										
b	Less: cost of goods sold								0																										
c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)											0																							
8	Other revenue (describe ▶ _____)																0																		
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)																94648																		
Expenses	10	Grants and similar amounts paid (attach schedule)															89537																		
	11	Benefits paid to or for members															0																		
	12	Salaries, other compensation, and employee benefits															0																		
	13	Professional fees and other payments to independent contractors															0																		
	14	Occupancy, rent, utilities, and maintenance															0																		
	15	Printing, publications, postage, and shipping															0																		
	16	Other expenses (describe ▶ _____)															0																		
17	<b>Total expenses</b> (add lines 10 through 16)															89537																			
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)															5111																		
	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)																19966																	
	20	Other changes in net assets or fund balances (attach explanation)															0																		
	21	Net assets or fund balances at end of year (combine lines 18 through 20)															25077																		

**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 41 of the instructions.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	19966	22 25077
23	Land and buildings	0	23 0
24	Other assets (describe ▶ _____)	0	24 0
25	<b>Total assets</b>	19966	25 25077
26	<b>Total liabilities</b> (describe ▶ _____)	19966	26 25077
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	19966	27 25077

<b>Part III Statement of Program Service Accomplishments</b> (See page 42 of the instructions.)		<b>Expenses</b>	
What is the organization's primary exempt purpose? <b>to help Russian orphans</b>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
<b>28</b>	<b>Sponsor a Child - sponsors send donations monthly or quarterly to be used for food and medicine to supplement orphanage food supplies. Orphans correspond with sponsors, send letters &amp; photos. The program benefits about 100 orphans.</b> (Grants \$ <b>26,697</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	<b>0</b>
<b>29</b>	<b>Food, clothes, appliances and facilities improvement projects in 6 orphanages in Russia. These projects range from \$500 (washing machine) to \$4589 (barn conversion). This program benefits about 400 orphans.</b> (Grants \$ <b>60148</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	<b>0</b>
<b>30</b>	<b>Food, clothes &amp; appliances "bite-size" projects ranging from \$20 (pillows) to \$400 (refrigerator). This program benefited about 200 orphans.</b> (Grants \$ <b>2692</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	<b>0</b>
<b>31</b>	Other program services (attach schedule) (Grants \$ <b>0</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	<b>0</b>
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	<b>0</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See page 42 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
<b>Kirill Bogouslavski</b> 2747 South Kihei Rd, #H001, Kihei, HI 96753	<b>President, 30</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Jonathan Soverns</b> 10421 Thimble Berry Dr., Anchorage, AK 99515	<b>Vice President, 30</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>Part V Other Information</b> (Note the attachment requirement in General Instruction V, page 14.)		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
<b>34</b>	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		✓
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
<b>35a</b>	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		✓
<b>35b</b>	b If "Yes," has it filed a tax return on Form 990-T for this year?		✓
<b>36</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		✓
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> n/a		
<b>37b</b>	b Did the organization file Form 1120-POL for this year?	✓	
<b>38a</b>	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?		✓
<b>38b</b>	b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved		n/a
<b>39</b>	<b>501(c)(7) organizations.</b> Enter:		
<b>39a</b>	a Initiation fees and capital contributions included on line 9		n/a
<b>39b</b>	b Gross receipts, included on line 9, for public use of club facilities		n/a
<b>40a</b>	<b>501(c)(3) organizations.</b> Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <b>n/a</b> ; section 4912 ▶ <b>n/a</b> ; section 4955 ▶ <b>n/a</b>		
<b>40b</b>	b <b>501(c)(3) and (4) organizations.</b> 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," attach an explanation.		✓
	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		n/a
	d Enter amount of tax on line 40c reimbursed by the organization		n/a

**Part V Other Information** (Note the attachment requirement in General Instruction V, page 14.) (Continued)

- 41** List the states with which a copy of this return is filed. ▶ California
- 42a** The books are in care of ▶ Jonathan Soverns Telephone no. ▶ (907) 333-3941  
 Located at ▶ 10421 Thimble Berry Dr. Anchorage, AK ZIP + 4 ▶ 99515
- 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 account)? . . . . .  
 If "Yes," enter the name of the foreign country: ▶ \_\_\_\_\_  
 See the instructions for exceptions and filing requirements for Form TD F 90-22.1.
- c** At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .  
 If "Yes," enter the name of the foreign country: ▶ \_\_\_\_\_
- 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 . . . . . ▶ **43**

	Yes	No
<b>42b</b>		✓
<b>42c</b>		✓

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.

**Please Sign Here**

▶ Signature of officer: Jonathan Soverns - Vice President Date: \_\_\_\_\_  
 ▶ Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature ▶ _____	Date _____	Check if self-employed ▶ <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W) _____
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____	EIN ▶ _____	Phone no. ▶ ( ) _____	

**Attachment to line 10, Form 990-EZ: Grants and Similar Amounts Paid**

**ASCENT RUSSIAN ORPHAN AID FOUNDATION**

**91-2192371**

**Payouts for projects at Russian Orphanages**

Hope Family Commune	Appliances & Equipment	\$1,960
Hope Family Commune	Facilities Improvement	\$5,302
Hope Family Commune	Food & Clothes	\$4,952
Hope Family Commune	Heat, Electricity & Water	\$7,513
Hope Family Commune	Transportation	\$8,100
Pokrovka Orphanage	Appliances & Equipment	\$6,850
Serzhantovo Orphanage	Appliances & Equipment	\$4,230
Serzhantovo Orphanage	Facilities Improvement	\$2,845
Serzhantovo Orphanage	Medicine & Health	\$100
Vladivostok Children Aid Society	Appliances & Equipment	\$200
Vladivostok Children Aid Society	Food & Clothes	\$1,519
Vladivostok Orphanage #1	Appliances & Equipment	\$4,810
Vladivostok Orphanage #1	Education	\$3,416
Vladivostok Orphanage #1	Facilities Improvement	\$10,695
Vladivostok Orphanage #1	Food & Clothes	\$14,377
Vladivostok Orphanage #1	Medicine & Health	\$3,885
Vladivostok Orphanage #1	Transportation	\$429.70
Vladivostok Orphanage for Infants	Food & Clothes	\$5,847
Vladivostok Orphanage for Infants	Medicine & Health	\$2,500

**Total payout**

**\$89,537**

<b>Orphanage Name</b>	<b>Address in Russia</b>	<b>Relationship</b>
Hope Family Commune	10 Dvinskaya St. Apt 40-A, St Petersburg, 198035	None
Pokrovka Orphanage	46 Pionerskaya St, Selo Pokrovka, 692561	None
Serzhantovo Orphanage	10 Leninskaya St., Serzhantovo, 692436	None
Vladivostok Child Aid Society	6 Ilicheva St, Vladivostok, 690018	None
Vladivostok Orphanage #1	92 Prospekt Krasnogo Znameni, Vladivostok, 690014	None
Vladivostok Orphanage for Infants	46 Okatovaya Street, Vladivostok, 690017	None

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information—(See separate instructions.)**

OMB No. 1545-0047

**2005**

Department of the Treasury  
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

**Ascent Russian Orphan Aid Foundation**

Employer identification number

**91 ; 2192371**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
.....				
.....				
.....				
.....				
.....				
.....				
.....				
.....				

Total number of other employees paid over \$50,000 . ▶

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
.....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		

Total number of others receiving over \$50,000 for professional services . . . . . ▶

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
.....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		

Total number of other contractors receiving over \$50,000 for other services . . . . . ▶

**Part III Statements About Activities** (See page 2 of the instructions.)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . .		✓
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property? . . . . .	<b>2a</b>	✓
<b>b</b> Lending of money or other extension of credit? . . . . .	<b>2b</b>	✓
<b>c</b> Furnishing of goods, services, or facilities? . . . . .	<b>2c</b>	✓
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	<b>2d</b>	✓
<b>e</b> Transfer of any part of its income or assets? . . . . .	<b>2e</b>	✓
<b>3a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) . . . . .	<b>3a</b>	✓
<b>b</b> Do you have a section 403(b) annuity plan for your employees? . . . . .	<b>3b</b>	✓
<b>c</b> During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	<b>3c</b>	✓
<b>4a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .	<b>4a</b>	✓
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .	<b>4b</b>	✓

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5**  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6**  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7**  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8**  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9**  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state ►** .....
- 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b**  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12**  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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ►  Type 1  Type 2  Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14**  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	<b>68157</b>	<b>8893</b>	<b>0</b>	<b>0</b>	<b>77050</b>
<b>16</b> Membership fees received . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . . .	<b>146</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>152</b>
<b>19</b> Net income from unrelated business activities not included in line 18. . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>23</b> Total of lines 15 through 22 . . . . .	<b>68303</b>	<b>8899</b>	<b>0</b>	<b>0</b>	<b>77202</b>
<b>24</b> Line 23 minus line 17 . . . . .	<b>68303</b>	<b>8899</b>	<b>0</b>	<b>0</b>	<b>77202</b>
<b>25</b> Enter 1% of line 23 . . . . .	<b>683</b>	<b>89</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24 . . . . ▶	<b>26a</b>	<b>n/a</b>
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. <b>Do not file this list with your return.</b> Enter the total of all these excess amounts ▶	<b>26b</b>	<b>n/a</b>
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . . ▶	<b>26c</b>	<b>n/a</b>
d Add: Amounts from column (e) for lines: 18 <u>n/a</u> 19 <u>n/a</u> 22 <u>n/a</u> 26b <u>n/a</u> . . . . . ▶	<b>26d</b>	<b>n/a</b>
e Public support (line 26c minus line 26d total) . . . . . ▶	<b>26e</b>	<b>n/a</b>
f <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b> . . . . ▶	<b>26f</b>	<b>n/a %</b>

**27 Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year:

(2004) 43713 (2003) 0 (2002) 0 (2001) 0

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2004) 0 (2003) 0 (2002) 0 (2001) 0

c Add: Amounts from column (e) for lines: 15 <u>77050</u> 16 <u>0</u> 17 <u>0</u> 20 <u>0</u> 21 <u>0</u> . . . . . ▶	<b>27c</b>	<b>77050</b>
d Add: Line 27a total, <u>43713</u> and line 27b total <u>0</u> . . . . . ▶	<b>27d</b>	<b>43713</b>
e Public support (line 27c total minus line 27d total) . . . . . ▶	<b>27e</b>	<b>33337</b>
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . ▶	<b>27f</b>	<b>77202</b>
g <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b> . . . . ▶	<b>27g</b>	<b>43.2 %</b>
h <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b> . ▶	<b>27h</b>	<b>0.2 %</b>

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.





**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

**2005**

Name of organization

Employer identification number

**Ascent Russian Orphan Aid Foundation**

**91 2192371**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule—see instructions.)

**General Rule—**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules—**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 $\frac{1}{3}$ % support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) . . . . . ► \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> <b>Ascent Russian Orphan Aid Foundation</b>	<b>Employer identification number</b> <b>91 2192371</b>
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**Part I** **Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<u>Lee Santilli</u>  <u>320 NE 7th Street</u>  <u>Gainesville, FL 32601</u>	\$ <u>16,258</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<u>Patrick Cavanaugh</u>  <u>1702 Doe Run Road</u>  <u>Sequim, WA 98382</u>	\$ <u>10,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<u>Tania Petricevich</u>  <u>New Zealand</u>  _____	\$ <u>7,741</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	<u>Jonathan Soverns</u>  <u>10421 Thimble Berry Dr.</u>  <u>Anchorage, AK 99515</u>	\$ <u>5,977</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)