

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



.

Department of the Treasury Internal Revenue Service

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)

OMB No 1545-0047

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

Open to Public Inspection

Α	For th	ne 2008 calendar year, or tax year beginning JUL 1 2008 and endin	g JUN 30 2009	
В	Check i applical	ble use IRS	D Employer identific	ation number
	Addr Chan			
x	Nam	type 5 5	52-1930	1894
	Initia retur	A Land Company of the	/suite E Telephone number	
\vdash	Term	In- Specific P. O. Poy 2007	(301)68	31-1456
一		nded tions	G Gross receipts \$	2,777,591,
一	Appl		H(a) Is this a group re	
	pend		for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates incl	
	Tax-e:	xempt status:		list (see instructions)
		site: Www.russianamericaninstitute.org	H(c) Group exemption	,
				State of legal domicile; ox
		Summary		
	4	Briefly describe the organization's mission or most significant activities THE INSTITUTE	TTE WAS FORMED TO	~
Governance	'	ESTABLISH DEVELOP AND OPERATE AN ACCREDITED PRIVATE INSTITUTION		
nar	2	Check this box Inf the organization discontinued its operations or disposed of		
Še	3	Number of voting members of the governing body (Part VI, line 1a)	3	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
. 45	5	Total number of employees (Part V, line 2a)	5	7
<u>ë</u> č	6	Total number of volunteers (estimate if necessary)	6	6
Activities	1 -		7a	0.
₫ĕ	7a	Net unrelated business taxable income from Form 980E, GRESAVED	7b	0.
ا ا			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	7,139,009.	2,537,536.
يو پو	0	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	234,202.	225 936.
	9	Investment income (Part VIII, column (A) linds 3	26,083.	3 645.
Z &	10	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10e, Land 11e)	8,077.	10,474.
SCANNED Revenue	11			2,777,591.
3	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,407,371,	2,111,331.
S		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		1 036 030
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	946,640.	1,036,030.
ě	168	a Professional fundraising fees (Part IX, column (A), line 11e)		
Ä	ˈl'	b Total fundraising expenses (Part IX, column (D), line 25) 76,364,	[· · · ·	514 016
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	522,692,	514,216.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,469,332,	1,550,246.
	19	Revenue less expenses Subtract line 18 from line 12	5,938,039,	1,227,345.
15 0			Beginning of Year	End of Year
Ssets or	20	Total assets (Part X, line 16)	19,889,470,	
Net A	21	Total liabilities (Part X, line 26)	6,345,554.	7,655,907.
	22	Net assets or fund balances Subtract line 21 from line 20	13,543,916,	14,742,493.
Р	art I	I Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stater	ments, and to the best of my knowledge	e and helief it is true correct
		and complete Declaration of preparer (other than officer) is based on all information of which preparer has any known	wledge	e and bener, it is due, correct,
		N.P. Q. Rec. D.	5/18	110
Sig	jn	Cupatities of officer	Date	
He	re	Signature of officer	Date	
		JOHN A, BERNBAUM PRESIDENT		
_		Type or print name and title	Check if Prepare	r's identifying number
Pai	d	Preparer's signature MAY 1 0 2	See ins	tructions)
_	parer'	S Firm's name for		
	Only	yours if RSM MCGLADREY, INC.	EIN ►	
		seir-employed), address, and 9737 WASHINGTONIAN BLVD., #400		
_		ZIP+4 GAITHERSBURG MD 20878-7340	Phone no. ► (3	01) 296-3600
Ma	y the	IRS discuss this return with the preparer shown above? (see instructions)		Yes No
		1116 For Database, Anti-and Department Deducation Ant Mating and the general	a inchilations	50rm 9900 (2008)

	990 (2008)	RUSSIAN-AMERICA	N INSTITUTE/U.S. INC.		52-19308	94 Page 2
Pa	rt III Statement of	Program Service	Accomplishments (se	e instructions)		
1	Briefly describe the orga	anization's mission:	 -5			
-			RS TO RUSSIAN STUDEN	PC AN		
			·		 .	
			M TO BE PRODUCTIVE C			
	RUSSIAN FEDERATION	N, IN THEIR NEIGHE	ORHOODS, IN THEIR CH	JRCHES AND IN		
	THE MARKETPLACE.	·				
2	Did the organization und	dertake any significant	program services during the	year which were not liste	ed on	
	the prior Form 990 or 99	90-EZ?				Yes X No
	If "Yes", describe these	new services on Sche	dule O			
3	•		e significant changes in hov	ut conducts, any program	m services?	Yes X No
3	·			rit conducts, any prograi	ii services ,	L1es LA110
	If "Yes", describe these	-				
4			r each of the organization's			
	Section 501(c)(3) and 50	01(c)(4) organizations a	nd section 4947(a)(1) trusts	are required to report the	amount of grants and	
	allocations to others, th	e total expenses, and r	evenue, if any, for each prog	ram service reported.		
4a	(Code:) (Expenses \$	1,118,235. including g	rants of \$) (Revenue \$	225,936.)
74	•	• • •) (1 10 TO 1120 Q	223,550.
			VERSITY IN MOSCOW IN	·		-
	STUDENTS WILL BE	INTRODUCED TO DEMO	CRATIC AND FREE MARK	T VALUES AND		
	INSTITUTIONS AND T	TRAINED IN JUDEO-C	HRISTIAN ETHICS AND I	MORALITY.		
			- (g- **			
					-	
		 		········		
						
4b	(Code) (Expenses \$	ıncluding g	rants of \$) (Revenue \$,
40	(COUE) (Expenses #	including g	ianto σι ψ) (Hevenue w	,
						
						
						· · · · · · · · · · · · · · · · · · ·
						
			-			
						
						
_	<u> </u>	\ / \(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			\(\(\O_{\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot	
4c	(Code:) (Expenses \$	ıncludıng g	rants of \$) (Revenue \$,
						
			-			
						
		-				
						
		_	 	- -		
						
			 			
4d	Other program services	(Describe in Schedule	O.)			
	(Expenses \$		grants of \$) (Revenue \$)	<u></u>
4e	Total program service			st equal Part IX, Line 25,	column (B).)	
	i Stai pi ogranii sei vice		1,110,200, (200			Form 990 (2008)

المراجع والمراجع

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		_x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		_x
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	х	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	х	
14a	Did the organization maintain an office, employees, or agents outside of the US?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X_
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X_
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<u>x</u>
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> x</u> _
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		<u>x</u> _
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			
	If "No", go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	,			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	prior year? If "Yes," complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	_26_	Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	000	<u> </u>
		⊢orm.	33U (2008)

Par	t v Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	1	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a	7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	-	Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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 over, a		1	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	х	ļ
b	If "Yes," enter the name of the foreign country ► RUSSIA			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and			
	Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a	<u> </u>	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_ <u>5</u> b		Х
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibite	ed		
	Tax Shelter Transaction?	<u>5c</u>	-	
	Did the organization solicit any contributions that were not tax deductible?	<u>6a</u>		_X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	<u>6b</u>		
7	Organizations that may receive deductible contributions under section 170(c).	+ _	1	
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		Х
	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 required	_		
	to file Form 8282?	7c		_X
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	_		
	benefit contract?	_7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X_
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have	8		
_	excess business holdings at any time during the year?	-		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
a	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	
10	Section 501(c)(7) organizations. Enter. N/A	35	-	
10	Initiation fees and capital contributions included on Part VIII, line 12			
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter. N/A			
'' a	Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources against	-		-
U	amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
			•	

Form 990 (2008)' RUSSIAN-AMERICAN INSTITUTE/U.S. INC. 52-1930894 Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O See instructions.			
1a	Enter the number of voting members of the governing body 1a 15			
b	Enter the number of voting members that are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		х
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		х
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
•	by the following			
а	The governing body?	8a	x	
b		8b	Х	
	Does the organization have local chapters, branches, or affiliates?	9a		Х
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
Ī	and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must	•		
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	х	į
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			!
••	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		x
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
•	to conflicts?	12b	х	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
Ŭ	in Schedule O how this is done	12c	х	
13	Does the organization have a written whistleblower policy?	13	х	
14	Does the organization have a written document retention and destruction policy?	14		х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
_	The organization's CEO, Executive Director, or top management official?	15a	х	
	Other officers or key employees of the organization?	15b		х
U	Describe the process in Schedule O. (see instructions)	10		
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
·va	taxable entity during the year?	16a		х
_	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
b	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
		16b		
500	exempt status with respect to such arrangements?	100		
	List the states with which a copy of this Form 990 is required to be filed ▶mD			
17 10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
18		,		
	public inspection. Indicate how you make these available. Check all that apply			
40	Own website Another's website x Upon request	d fina	neiel	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, are	iu iilis	ıncıdı	
	statements available to the public.	uon 🏲		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person	ion.		
	JOHN BERNBAUM - (301)681-1456		_	
	11709 AUTH LANE, SILVER SPRING, MD 20910			

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

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

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

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

(A) Name and Title	(B) Average hours	(C) Position (check all that apply)					ıl <u>y</u>)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
DR. ANTHONY J DIEKEMA										
BOARD CHAIR	1.00	х		х				0.	0.	0
KYLE ROYER										
TREASURER	1.00	х		x	<u> </u>			0.	0.	0
DR. JOHN A. BERNBAUM										
PRESIDENT	40.00	x		X				105,000	0.	11,086
YURI APATOV										•
TRUSTEE	1,00	x						0.	0.	0
REN BROEKHUISEN										
TRUSTEE	1.00	x						0,	0,	0
HOWARD DAHL										
TRUSTEE	1,00	x						0.	0.	0
RICHARD N. DEAN										
TRUSTEE	1,00	x						0.	0.	0
GEORGE V. DENISENKO										
TRUSTEE	1.00	x					Ĺ	0.	0.	0
DR. MARK R. ELLIOTT										
TRUSTEE	1.00	x						0.	0.	0
DR. RICHARD L. GATHRO										
TRUSTEE	1.00	$ _{\mathbf{x}}$	١.	ļ]		0.	0.	0
BOB FORESMAN										
TRUSTEE	1,00	x			Ĺ			0.	0.	0
SIDNEY J. JANSMA, JR.										
TRUSTEE	1.00	x	l				L .	0.	0.	0
DENNIS J. KUESTER										
TRUSTEE	1.00	х						0.		0
MILTON H. KUYERS										
TRUSTEE	1.00	x				L		0.	0.	0
MARTIN OZINGA III										
TRUSTEE	1.00	x	L		L_	<u>L</u> _	L	0.	0.	0
EKATERINA SMYSLOVA										
TRUSTEE	1.00	х						0	0.	0

(F)

Estimated

amount of

other

compensation

from the

organization and related organizations

11,086.

No

Yes

3

4

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including those in 1) who received me from the organization 0	ore than \$100,000 in compensation	

				<u>ISTITUTE/U.S.</u>	INC.		52-1930894	Page 9
Pa	rt V	III Statement of Rever	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1	a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contribut f All other contributions, gifts, gran similar amounts not included in lines	nts, and ove 1f	2,532,057.				
<u>2 g</u>	1	h_Total. Add lines 1a-1f			2,537,536,			
vice	_	a STUDENT FEES		Business Code 900099	221,986 <u>.</u> 3,950.	221,986.		
Program Service Revenue	•	b <u>RUSSIAN LANGUAGE PROGR</u> C d 		900099	3,950,	3,950,		
۱ ۳	1	All other program service reve	enue					
\dashv		g Total. Add lines 2a-2f		<u> </u>	225.936.			· · · · · · · · · · · · · · · · · · ·
	3	Investment income (including other similar amounts) Income from investment of ta		>	3,645.			3,645.
	5	Royalties	(i) Real	(ii) Personal	-			
İ	6 :	a Gross Rents	(I) Neal	(ii) r ersonai				
i		b Less rental expenses		<u> </u>				
		c Rental income or (loss)						
		d Net rental income or (loss)		•				
1		a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
		b Less cost or other basis and sales expenses						
		c Gain or (loss)						
ne ne		d Net gain or (loss) a Gross income from fundraisin			<u>,</u>			
Other Revenue	ı	including \$ contributions reported on line Part IV, line 18 b Less. direct expenses						
	(c Net income or (loss) from fund	draising events					
	9 :	a Gross income from gaming a	ctivities See	1				
		Part IV, line 19	a	•				
		b Less direct expenses	t	•				
l		c Net income or (loss) from gan		>				
		a Gross sales of inventory, less and allowances	a					
		b Less: cost of goods sold	t	· — —				
ŀ		Net income or (loss) from sale		Business Code			_	
ŀ	44	Miscellaneous Revenu	Je	Business Code	10 474			10 474
		a OTHER INCOME		900099	10,474.		-	10,474.
		b						
	,	c d All other revenue						
	Ì	e Total. Add lines 11a-11d		•	10,474,			
	12	Total Revenue. Add lines 1h, 2g, 3,	4, 5, 6d, 7d, 8c, 9c, 1	[]	2,777,591.	225 936	0.	14,119,
83200			1-11: 21-21-201					Form 990 (2008)

52-1930894

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). Do not include amounts reported on lines 6b. Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 2 the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 5 trustees, and key employees 116,086 6 989. 82 772 26 325 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 718,976 163,044 43,287. Other salaries and wages 512,645 7 Pension plan contributions (include section 401(k) 8 and section 403(b) employer contributions) 4,272 5,992 359 361. q Other employee benefits 25,303 18,042 5,738 1,523. Payroll taxes 38,477 10,215. 10 169,673 120,981 Fees for services (non-employees). Management 7.154 67. b Legal 29,714 22,493 C Accounting 20,100 15,216 4.839 45. Lobbying đ Professional fundraising services. See Part IV, line 17 e Investment management fees f 37,306 8,982 84. 28,240 q 12 Advertising and promotion Office expenses 69,664 52,496 16,696 472. 13 Information technology 14 Royalties 15 61,797 2,030. 16 Occupancy 258,129 194,302 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 22 Depreciation, depletion, and amortization 17,964 13,629 4,335 23 Insurance Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 9 028. 40,531 EMPLOYEE EXPENSES 62,450 12,891 11,895 9.025 2,870 STUDENT SERVICES 2 263 3,591 NONEMPLOYEE EXPENSES 6 994 1 140 d All other expenses Total functional expenses. Add lines 1 through 24f 1,550,246 1,118,235 355 647 76,364. 25 Joint Costs. Check here if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Pa	rt X	Balance Sheet			_						
					(A) Beginning of year		(I End o	3) f year			
	1	Cash - non-interest-bearing				1		78	.011.		
	2	Savings and temporary cash investments			202 316	2		123	.795,		
	3	Pledges and grants receivable, net			1,278,000.	3		911	000		
	4	Accounts receivable, net				4		71	353,		
	5	Receivables from current and former officers, di	rectors	s, trustees, key							
		employees, or other related parties Complete P	art II o	f Schedule L		5					
	6	Receivables from other disqualified persons (as	define	d under section							
		4958(f)(1)) and persons described in section 495	58(c)(3)(B) Complete							
		Part II of Schedule L		_		6		_			
ets	7	Notes and loans receivable, net		-	-	7					
Assets	8	Inventories for sale or use		-		8					
•	9	Prepaid expenses and deferred charges	1	, <u> </u>	2,548.	9		1	000.		
	l	Land, buildings, and equipment, cost basis	_10a	21,493,375.							
	b	Less. accumulated depreciation Complete					_				
		Part VI of Schedule D	10b	280,134.	18,336,549.	10c	2	1,213	.241.		
	11	Investments - publicly traded securities		-		11					
	12	Investments - other securities. See Part IV, line		}		12					
	13	Investments - program-related See Part IV, line	11		·	13	<u> </u>				
	14	Intangible assets Other assets. See Part IV, line 11				14 15		-			
	15	Total assets. Add lines 1 through 15 (must equ	al line '	34)	19,889,470,	16	,	2.398	400		
	16 17	Accounts payable and accrued expenses	37,605	17			643				
	18	Grants payable		18		407	.040				
	19	Deferred revenue				19					
	20	Tax-exempt bond liabilities		ļ l		20		-			
w	21	Escrow account liability. Complete Part IV of Sc	hedule	. D		21					
Liabilities	22	Payables to current and former officers, director		T T	-			•			
abil		highest compensated employees, and disqualifi									
ت		of Schedule L		22							
	23	Secured mortgages and notes payable to unrela	ird parties		23						
	24	Unsecured notes and loans payable				24					
	25	Other liabilities. Complete Part X of Schedule D			6,307,949,	25		7,188	264,		
	26	Total liabilities. Add lines 17 through 25			6 345 554.	26		7 655	907.		
		Organizations that follow SFAS 117, check he	ere 🕨	and complete							
S		lines 27 through 29, and lines 33 and 34.									
ū	27	Unrestricted net assets			12,120,124.	27	1	3 <u>,525</u>	358,		
Fund Balances	28	Temporarily restricted net assets			1,280,292.	28_		1,067	<u>.135</u>		
뒫	29	Permanently restricted net assets			143,500.	29		150	000.		
Ē		Organizations that do not follow SFAS 117, c	heck h	nere 🕨 📖 and							
ō		complete lines 30 through 34.									
sets	30	Capital stock or trust principal, or current funds		<u> </u>		30_					
As	31	Paid in or capital surplus, or land, building, or ec		Г		31					
Net Assets	32	Retained earnings, endowment, accumulated in	come,	or other funds		32					
_	33	Total net assets or fund balances		-	13,543,916.	33		4,742	•		
Da	<u>34</u> rt XI	Total liabilities and net assets/fund balances	1	·	19 889 470.	34_	2	2.398	400		
Га	IL AI	Financial Statements and Reporting	<u>'</u>					Yes	No		
	A = -	winting mathed ward to recover the Farm COO.		ash W Assert	Other			+	 		
1		ounting method used to prepare the Form 990.		ash _x_ Accrual	='		2a		x		
2a		ere the organization's financial statements compiled or reviewed by an independent accountant? ere the organization's financial statements audited by an independent accountant?									
b		e the organization's financial statements audited t es" to lines 2a or 2b, does the organization have a			albility for avaraght of the	aud#	. <u>2b</u>	X	 		
С		es to lines 2a or 2b, does the organization have a ew, or compilation of its financial statements and s				auuil	" 2c	x			
2.		result of a federal award, was the organization re		•		ile Auc		┼^			
Ja		result of a rederal award, was the organization re and OMB Circular A-133?	quired	to undergo an addit or add	no ao oot fortii iir tiic Ollig	no muc	3a		x		
.		es," did the organization undergo the required au	dit or a	nudits?			3b		<u> </u>		
	11 16	os, and the organization undergo the required au	UI G				, , , ,				

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

Name of t	ne organizati	on						-	mpioyer	identificati	on nu	mber
			ERICAN INSTITUTE/U						52	2-1930894		
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t) (see ins	tructions)				
The organ	ization is not a	private foundation	because it is: (Please ch	eck only o	ne organiz	zation)						
1 🔲	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2 x	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E)								
з 🔲	A hospital or	a cooperative hospi	tal service organization o	described	ın section	170(b)(1)	(A)(iii). (At	tach Sche	dule H)			
4	A medical res	search organization of	operated in conjunction	with a hos	pıtal desci	nbed in se	ction 170	(b)(1)(A)(ii	ii). Enter	the hospital	's nam	ıe,
	city, and stat	e	-				_					
5 🗀	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental uni	t describ	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)									
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
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)											
9 🗌	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from											
	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment											
	income and u	inrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon	after June 3	0, 197	'5
	See section	509(a)(2). (Complete	the Part III)									
10 🖳	An organizati	on organized and or	perated exclusively to te	st for publ	c safety. S	See sectio	n 509(a)(4	I). (see ins	structions	3)		
11	An organizati	on organized and or	perated exclusively for th	ne benefit (of, to perfo	orm the fur	nctions of,	or to carr	y out the	purposes o	of one	or
	more publicly	supported organiza	ations described in section	on 509(a)(1	l) or section	on 509(a)(2	2). See se c	tion 509(a)(3). Ch	eck the box	that	
	describes the	e type of supporting	organization and comple	et <u>e lin</u> es 1	1e through	11h				_		
	a Type I	ı ь	_ Type II c	: Тур	e III - Func	tionally int	tegrated		d L	J Type III - (Other	
e 📖			it the organization is not									n
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	itions desi	cribed in s	ection 509	9(a)(1) or	section 509	(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting of	rganization, check th	nis box									
g	_	· · ·	organization accepted ar			-						
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	lescribed	n (ii) and (iii) below	,	Yes	No
	the gove	erning body of the si	upported organization?							11g(i)		
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)		
	(iii) A 35% controlled entity of a person described in (i) or (ii) above?											
h	Provide the f	ollowing information	about the organizations	the organ	ization sur	oports						
		-	(iii) Type of	k: > 1- 45		(D1	4.6 . 4	(-2)	46-			
	of supported	(ii) EIN	1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	in col. (i) his	rganization			(vi) Is organizatio	on ın col.	(vii) Am		f
orga	anization		(described on lines 1-9		document?			(i) organız U.S	ed in the	sup	port	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
	<u> </u>		(000 11101140110110))									
			i .									

Total

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

Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

	rt III Support Schedule for C	<u>)rganizations</u>	Described in	Section 509(a	(Complete only	rif you checked the bo	ox on line 9 of Part I.)
	tion A. Public Support			 		1	
Cale	endar 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	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 - 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			_			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c	Add lines 7a and 7b			<u></u>			
8	Public support (Subtractine 7c from line 6)			L	<u></u>		
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b			<u> </u>	_		
11	Net income from unrelated business activities not included in line 10b, whether 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 IV.)						
	Total support (Add lines 9, 10c, 11, and 12)		<u></u>		1	<u> </u>	
14	First five years. If the Form 990 is fo	r the organization'	s first, second, thu	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organiz	ation,
_	check this box and stop here						<u>▶</u> ∟
Sec	ction C. Computation of Publ	ic Support Pe	rcentage			,	
15	Public support percentage for 2008 (line 8, column (f) d	livided by line 13, o	column (f))		15	<u>%</u>
16	Public support percentage from 2007	7 Schedule A, Part	IV-A, line 27g			16	%
Sec	ction D. Computation of Inve				 		
17	Investment income percentage for 20)08 (line 10c, colur	mn (f) dıvıded by lıı	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2008. If the						7 is not
	more than 33 1/3%, check this box a						▶□
t	33 1/3% support tests - 2007. If the						
	line 18 is not more than 33 1/3%, che						▶Щ
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ii	nstructions	<u>. ▶</u>
					So	hedule A (Form 99	0 or 990-EZ) 2008

Schedule D

Department of the Treasury

Supplemental Financial Statements

➤ Attach to Form 990. To be completed by organizations that

OMB No 1545-0047 Open to Public

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Inspection Internal Revenue Service Employer identification number Name of the organization 52-1930894 RUSSIAN-AMERICAN INSTITUTE/U.S. INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate 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 in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure □ Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year > Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and 5 enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

832051 12-23-08

Schedule D (Form 990) 2008

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

		ERICAN INSTITUTE				or Other		2-19308			ge 2	
								-				
3	Using the organization's accession and othe	r records, check any	or the r	ollowing tha	it are a signifi	cant use	ot its colle	ction itei	ms (cnec	кап		
	that apply).		. —		.							
a	Public exhibition	d			hange progra							
þ	Scholarly research	е	, Ш	Other								
С	Preservation for future generations			e 11	.			D	. VIV			
4	Provide a description of the organization's c							e in Pan	XIV.			
5	During the year, did the organization solicit of					er sımılar i	assets		٦.,			
	to be sold to raise funds rather than to be m								<u> Yes</u>		<u>No</u>	
Pai	Trust, Escrow and Custodia	_	• Compl	ete if organi	ization answe	ered "Yes	to Form s	990, Pan	t IV, line s	d, or		
	reported an amount on Form 990, Pa										—	
1a	Is the organization an agent, trustee, custod on Form 990, Part X?	ian or other intermed	liary for	contribution	is or other as	sets not i	nciuaea		٦.,	$\overline{}$		
		」Yes	ш	No								
b	If "Yes," explain the arrangement in Part XIV				—							
									Amount		—	
	Beginning balance						1c					
	Additions during the year						1d					
е	Distributions during the year						1e					
f	Ending balance						1f		1	$\overline{}$		
	Did the organization include an amount on F		217						Yes		No	
	b If "Yes," explain the arrangement in Part XIV.											
Pai	rt V Endowment Funds. Complete				1		- 71					
		(a) Current year	(b) P	rior year	(c) Two year	s back (d) Three ye	ars back	(e) Four	years ba	<u>ack</u>	
1a	Beginning of year balance	1,423,792.										
b	Contributions	2,709,362.			ļ							
C	Investment earnings or losses											
d	Grants or scholarships	1,157.			-							
е	Other expenditures for facilities											
	and programs	2,914,862.			ļ							
f	Administrative expenses											
g	End of year balance	1,217,135,										
2	Provide the estimated percentage of the year	ar end balance held a	as									
а	Board designated or quasi-endowment		_%									
b	Permanent endowment 12,32	%										
c	Term endowment ► 87,68	%										
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	ınd admınıste	red for the	e organiza	tion	_			
	by [.]									Yes I	No_	
	(i) unrelated organizations								3a(i)		<u>x</u>	
	(ii) related organizations								3a(ii)		<u>X</u>	
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Sched	dule R?					3b			
4	Describe in Part XIV the intended uses of the											
Pa	rt VI Investments - Land, Building	gs, and Equipm	ent. Se	e Form 990	, Part X, line	<u>10</u>						
	Description of investment	(a) Cost or o basis (investr			t or other (other)	(c) De	preciation		(d) Book	value		
1a	Land				192,222.					192,2	22.	
b	Buildings				95 344.		95,3	44.			0.	
С	Leasehold improvements											
d	Equipment				124.847.		112.2	45.		12.6	02.	
	Other			21	080 962.		72.5		21	008 4		
	I. Add lines 1a-1e. (Column (d) should equal F	orm 990, Part X, colu	ımn (B),							213 2		

Schedule D (Form 990) 2008

(a) Description of security or category (c) Method of valuation (Cost or end-of-year market value) Francial derivatives and other financial products Cost or end-of-year market value Total, (Col (b) should equal Form 990, Part X, col (B) Ins 12.) Part VIIII Investments - Program Related. See Form 990, Part X, tine 13. (a) Description of investment type (b) Book value Cost or end-of-year market value (c) Method of valuation. Cost or end-of-year market value (b) Book value Cost or end-of-year market value (c) Method of valuation. Cost or end-of-year market value (c) Method of valuation. Cost or end-of-year market value (b) Book value Cost or end-of-year market value (c) Method of valuation. Cost or end-of-year market value (b) Book value (c) Method of valuation. Cost or end-of-year market value (c) Method of valuation. Cost or end-of-year market value (b) Book value (c) Method of valuation. Cost or end-of-year market value (c) Method of valuation. Cost or end-of-year market value (c) Method of valuation. Cost or end-of-year market value (b) Book value (c) Method of valuation. Cost or end-of-year market value (c) Method of valuation. Cost or end-of-year market value (c) Method of valuation. Cost or end-of-year market value (c) Method of valuation. (c) Method of valuation. Cost or end-of-year market value (b) Book value (c) Method of valuation. (c) Method of valuation. (d) Method of valuation. (e) Method of valu	Part VII Investments - Other Securities.	See Form 990, Part X, I	ne 12.		" =
Cother Total, (Cot (ii) should equal Form 950, Part X, cot (iii) line 13.) Part XIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Cost or end-of-year market value Total, (Cot (ii) should equal Form 950, Part X, cot (iii) line 13.) Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value Total, (Cotumn (ii) should equal Form 990, Part X, cot (iii) line 15.) Part X Other Liabilities. See Form 990, Part X, line 15 (a) Description (b) Amount Federal income taxes (a) Description of liability (b) Amount Federal income taxes (c) Method of valuation. (b) Book value (c) Method of valuation. (b) Book value (c) Method of valuation. (c) Method of valuation. (c) Method of valuation. (b) Book value (c) Description (b) Book value (c) Book value (b) Book value Total, (Cotumn (ii) should equal Form 990, Part X, cot (iii) line 15.) Federal income taxes (a) Description of liability (b) Amount Federal income taxes (c) Method of valuation. (b) Book value 7. 138. 264. NOTES PXYABLS 7. 138. 264.		(b) Book value	Co		
Cother Total, (Cot (ii) should equal Form 950, Part X, cot (iii) line 13.) Part XIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Cost or end-of-year market value Total, (Cot (ii) should equal Form 950, Part X, cot (iii) line 13.) Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value Total, (Cotumn (ii) should equal Form 990, Part X, cot (iii) line 15.) Part X Other Liabilities. See Form 990, Part X, line 15 (a) Description (b) Amount Federal income taxes (a) Description of liability (b) Amount Federal income taxes (c) Method of valuation. (b) Book value (c) Method of valuation. (b) Book value (c) Method of valuation. (c) Method of valuation. (c) Method of valuation. (b) Book value (c) Description (b) Book value (c) Book value (b) Book value Total, (Cotumn (ii) should equal Form 990, Part X, cot (iii) line 15.) Federal income taxes (a) Description of liability (b) Amount Federal income taxes (c) Method of valuation. (b) Book value 7. 138. 264. NOTES PXYABLS 7. 138. 264.	Financial derivatives and other financial products				
Total, (Col (b) should equal Form 990, Part X, col (B) line 12.1 Part VIII) Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Cost or end of year market value Total, (Col (b) should squal Form 990, Part X, col (B) line 13.3 Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value Total, (Column 8) should squal Form 990, Part X, col (B) line 15.1 Part IX Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability Federal income taxes (a) Description of liability Federal income taxes (b) Amount Federal income taxes (c) Method of valuation. (b) Book value (c) Method of valuation. (d) Method of valuation. (e) Method of valuation. (e) Method of valuation. (e) Book value (f) Book value (f) Book value (g) Book value (h) Book value (h) Book value (g) Book value (h) Book value (
Total. (Column fb) should equal Form 990, Part X, col (fb) line 12.) ▶ Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Cost or end-of-year market value Total. (Colit) should equal Form 990, Part X, col (fb) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value Total. (Column fb) should equal Form 990, Part X, col (fb) line 15.) ▶ Part X Other Liabilities. See Form 990, Part X, line 15 Federal income taxes (a) Description of liability (b) Amount Federal income taxes (a) Description of liability (b) Amount Federal income taxes (b) Amount Federal income taxes (c) Description of liability (b) Amount Federal income taxes Total. (Column fb) should equal Form 990, Part X, col (fb) line 25.) ↑ 1, 188, 254.					
Part VIII Investments - Program Related. See Form 990, Part X, line 13.					<u></u>
Part VIII Investments - Program Related. See Form 990, Part X, line 13.					
Part VIII Investments - Program Related. See Form 990, Part X, line 13.		-			
Part VIII Investments - Program Related. See Form 990, Part X, line 13.					
Part VIII Investments - Program Related. See Form 990, Part X, line 13.		-			
Part VIII Investments - Program Related. See Form 990, Part X, line 13.					
Part VIII Investments - Program Related. See Form 990, Part X, line 13.					
Part VIII Investments - Program Related. See Form 990, Part X, line 13.					
(a) Description of investment type (b) Book value (c) Method of valuation. Cost or end of year market value Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Should equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability (b) Amount Federal income taxes (ca) Description of liability (ca) Amount Federal income taxes (b) Amount Federal income taxes (ca) Description of liability (ca) Amount Federal income taxes (ca) Description of liability (ca) Amount Federal income taxes (ca) Description of liability (ca) Amount Federal income taxes (ca) Description of liability (ca) Amount Federal income taxes (ca) Description of liability (ca) Amount Federal income taxes (ca) Description of liability (ca) Amount Federal income taxes (ca) Description of liability (ca) Amount Federal income taxes (ca) Description of liability (ca) Amount Federal income taxes (ca) Description of liability (ca) Amount Federal income taxes (ca) Description of liability (ca) Amount Federal income taxes (ca) Description of liability (ca) Amount Federal income taxes (ca) Description of liability (ca) Amount (ca) Am					
Total. (Column (b) should equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Should equal Form 990, Part X, line 15 Total. (Column (b) should equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability (b) Amount Federal income taxes LINES OF CREDIT 6, 938, 264. NOTES PAYABLE 259, 000.	Part VIII Investments - Program Related.	See Form 990, Part X,	line 13.	<u> </u>	
Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value	(a) Description of investment type	(b) Book value	Co		
Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value				·	
Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value					
Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value					
Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value					
Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value					
Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value					
Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value					
Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value					
Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value					
Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value	Total (Col (h) should agus! Form 900, Part V col (R) line 13)				
Total, (Column (b) should equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability (b) Amount Federal income taxes LINES OF CREDIT 6,938, 264, NOTES PAYABLE 250,000,	Part IX Other Assets. See Form 990. Part X. III	ne 15			
Total. (Column (b) should equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability (b) Amount Federal income taxes LINES OF CREDIT 6, 938, 264, NOTES PAYABLE 250,000. Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 7, 188, 264,					(b) Book value
Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability (b) Amount Federal income taxes LINES OF CREDIT 6,938,264. NOTES PAYABLE 250,000. Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 7,188,264.					
Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability (b) Amount Federal income taxes LINES OF CREDIT 6,938,264. NOTES PAYABLE 250,000. Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 7,188,264.					
Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability (b) Amount Federal income taxes LINES OF CREDIT 6,938,264. NOTES PAYABLE 250,000. Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 7,188,264.					
Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability (b) Amount Federal income taxes LINES OF CREDIT 6,938,264. NOTES PAYABLE 250,000. Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 7,188,264.					
Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability (b) Amount Federal income taxes LINES OF CREDIT 6,938,264. NOTES PAYABLE 250,000. Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 7,188,264.			·		
Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability (b) Amount Federal income taxes LINES OF CREDIT 6,938,264. NOTES PAYABLE 250,000. Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 7,188,264.					
Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability (b) Amount Federal income taxes LINES OF CREDIT 6,938,264. NOTES PAYABLE 250,000. Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 7,188,264.				<u> </u>	
Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability (b) Amount Federal income taxes LINES OF CREDIT 6,938,264. NOTES PAYABLE 250,000. Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 7,188,264.					
Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability (b) Amount Federal income taxes LINES OF CREDIT 6,938,264. NOTES PAYABLE 250,000. Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 7,188,264.					
Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability (b) Amount Federal income taxes LINES OF CREDIT 6,938,264. NOTES PAYABLE 250,000. Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 7,188,264.		\			
(a) Description of liability Federal income taxes LINES OF CREDIT NOTES PAYABLE 250,000 Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 7,188,264,					
LINES OF CREDIT 6,938,264, NOTES PAYABLE 250,000, Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 7,188,264,		Λ, ιιπο 25	(b) Amount		
LINES OF CREDIT 6,938,264, NOTES PAYABLE 250,000, Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 7,188,264,	Federal income taxes				
NOTES PAYABLE 250,000, Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 7,188, 264,			6 938 264	1	
					
					
				-	
				-	
		14 05)		1	
In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax position				lanization's liability fo	r uncertain tay positions

under FIN 48. 832053 12-23-08

		Form 990) 2008 RUSSIAN-AMERICAN INSTITUTE/U.S. INC.				30894	Page 4
Par	t XI	Reconciliation of Change in Net Assets from Form 990 to	Financial State	ement	S		
1	Total r	evenue (Form 990, Part VIII, column (A), line 12)		1			2,777,591.
2	Total e	expenses (Form 990, Part IX, column (A), line 25)		2			1,550,246.
3	Exces	s or (deficit) for the year Subtract line 2 from line 1		3			1,227,345.
4	Net ur	realized gains (losses) on investments		4			<u>-28,768.</u>
5	Donat	ed services and use of facilities		5			
6	Invest	ment expenses		6			
7	Prior p	eriod adjustments		7			
8	Other	(Describe in Part XIV)		8			
9	Total a	djustments (net). Add lines 4-8		9			-28 768
10	Exces	s or (deficit) for the year per financial statements. Combine lines 3 and 9	. 11011 5	10	-		1,198,577.
Par		Reconciliation of Revenue per Audited Financial Statemen	its with Rever	iue pe		<u> </u>	
1		evenue, gains, and other support per audited financial statements			1		2,748,823.
2		nts included on line 1 but not on Form 990, Part VIII, line 12.	1 1				
а		realized gains on investments	2a	-28,7	68.		
b		ed services and use of facilities	2b				
С		eries of prior year grants	2c				
d		(Describe in Part XIV)	2d		_		
		nes 2a through 2d	•		2e		<u>-28,768.</u>
3		act line 2e from line 1			3		2,777,591.
4		nts included on Form 990, Part VIII, line 12, but not on line 1	1.1				
a		ment expenses not included on Form 990, Part VIII, line 7b	4a				
b		(Describe in Part XIV)	4b		─		•
_		nes 4a and 4b			4c 5		0.
5 Par	+ YIII	evenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Stateme	nts With Fyne	nses r		rn	2,777,591.
		expenses and losses per audited financial statements	THE WILL EXPO	11000 F	1		1,550,246,
1 2		nts included on line 1 but not on Form 990, Part IX, line 25					1,330,240.
a		ed services and use of facilities	2a				
b		ear adjustments	2b				
C	•	s reported on Form 990, Part IX, line 25	2c				
d		(Describe in Part XIV)	2d				
		nes 2a through 2d			2e		0.
3		act line 2e from line 1			3		1,550,246.
4	-	nts included on Form 990, Part IX, line 25, but not on line 1					
a	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a				
		(Describe in Part XIV)	4b				
		nes 4a and 4b			4c		0.
5	Total e	expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			5		1 550 246
		Supplemental Information					
Comp	olete th	is part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1a and 4; Pa	rt IV, line	es 1b and 2	2b; Part \	/, line 4, Part
X, Pa	rt XI, lır	e 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.					
PART	V L	INE 4: WHEN THE BOARD DEEMS THE BALANCE TO BE ADEQUATE A				_	
PORT	ION O	F THE PROCEEDS WILL BE USED FOR SCHOLARSHIPS EACH ACADEMIC	YEAR.	_	_		
-							
			-	_			
						-	
					Schen	lule D (F	orm 990) 2008

SCHEDULE E

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Schools

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

➤ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Inspection

Employer identification number

	RUSSIAN-AMERICAN INSTITUTE/U.S. INC.	52-193	0894	_	
				YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, byla	ws,			
	other governing instrument, or in a resolution of its governing body?		11	х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brock	nures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and	scholarships?	2	х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media dur	ing the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that	makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain	แท	3	х	
	QUALIFIED STUDENTS OF ANY RACE, GENDER, RELIGION, NATIONALITY				
	AND ETHIC ORIGIN ARE ENCOURAGED TO APPLY				
4	Does the organization maintain the following?				
а	Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	х	
þ	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminating	tory basis?	4b	х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing was	vith student			
	admissions, programs, and scholarships?		4c	<u>x</u>	
d	Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Х	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement	t.)			
5	Does the organization discriminate by race in any way with respect to:				
а	Students' nghts or privileges?		5a		Х
b	Admissions policies?		5b		X
C	Employment of faculty or administrative staff?		5c		X
d	Scholarships or other financial assistance?		_5d		<u> </u>
е	Educational policies?		5e		Х
f			5f		Х
g	. •		5g		Х
h	Other extracurricular activities?		5h		Х
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement	nt.)			
_			_		
6a			_6a		_X
b	Has the organization's right to such aid ever been revoked or suspended?		_6b		_X
	If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement.	NC -4			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.0	10 CT			
	Rev Proc 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," attach an explanation		7	X 57	2000

Schedule F (Form 990)

Statement of Activities Outside the United States

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

OMB No. 1545-0047
2008
Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

990, Part IV, line 14b, line 15, or line 16. Inspection

Employer identification number

DUGGINA NURRIGAN ING		^		52-1930894	
RUSSIAN-AMERICAN INST			tside the United States. Comp		"Yes"
to Form 990, P					
•	-		ds to substantiate the amount of the g		1
grantees' eligibility for	the grants or assi	stance, and the	selection criteria used to award the gr	ants or assistance?	Yes No
•		_	procedures for monitoring the use of	grant funds outside the United St	ates
(a) Region	(b) Number of offices	i	ditional space is needed.) (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
RUSSIA AND THE NEWLY		1	PROGRAM SERVICES,		1 070 005
INDEPENDENT STATES	1	41	PUNDRAISING	SECONDARY EDUCATION	1,078,985.
	-				
					-
					
Totals	▶ 1	41			1 078 985
	Paperwork Reduc		, see the Instructions for Form 990.	Schedule F	(Form 990) 2008

832071

Page 2

52-1930894

RUSSIAN-AMERICAN INSTITUTE/U.S. INC.

Schedule F (Form 990) 2008

31

RUSSIAN-AMERICAN INSTITUTE/U.S. INC. Schedule F (Form 990) 2008

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16

Page 3

52-1930894

Use Schedule F-1 (Form 990) if additional space is needed

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2008
(g) Description of non-cash assistance					Schedu
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant				 	
(c) Number of recipients					
ance (b) Region					
(a) Type of grant or assistance					

SCHEDULE L

(Form 990 or 990-EZ)

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38a or 40b.

Inspection

Name of the organization						E	mploye	r identif	ication r	umber
RUS	SIAN-AMERIC	CAN INSTI	TUTE/U.S. INC.			5	2-1930	894		
Part I Excess Benefit	t Transacti	ons (secti	on 501(c)(3) and section	n 501(c)(4) organizatioi	ns only)					
To be completed by	y organization	s that answ	ered "Yes" on Form 99	0, Part IV, line 25a or 2	25b, or F	<u>orm 99</u>	0-EZ, Pa	rt V, line		
1 (a) Name of di	squalified pers	son		(b) Description o	of transa	ction			(c) Correcte	
(2) / (2)				(2)			_		Yes	No_
	 .								 	
			-						 	
			 -						 	
				-					<u> </u>	
			-					-		
2 Enter the amount of tax Imp	osed on the o	rganization	managers or disqualifi	ed persons during the	year un	der				
section 4958		-	- '	-			▶ \$		_	
3 Enter the amount of tax, if a	any, on line 2,	above, reim	bursed by the organiza	ation			▶ \$			
				<u></u>					 	
Part II Loans to and/o	or From Int	erested	Persons.							
			ered "Yes" on Form 99	0, Part IV, line 26, or F	orm 990	·EZ, Pa			T	
(a) Name of interested person and purpose	(b) Loan the organ	to or from	(c) Original principal amount	(d) Balance due	(e) defa		by bo	proved ard or	(g) W agree	ritten
person and purpose	<u>_</u>		amount				1	nttee?	<u> </u>	Γ.
DELBITA WILLIAMED	То	From	200 000	E0 000	Yes	No_	Yes	No_	Yes_x	No_
DENNIS KUESTER -	X X		200,000	50,000. 200,000.		X X	X	<u> </u>	X	
SIDNEY JANSMA, JR	 ^		200,000.	200,000.			1-	-	^	
	 		 				1			
Total	•		▶ \$	250,000,			İ	*		
Part III Grants or Assi	stance Ber	nefiting l	nterested Person	s.						
To be completed by	y organization	s that answ	ered "Yes" on Form 99	0, Part IV, line 27.						
(a) Name of interested	l person			een interested person a	and		(c) Amo			pe
			tne or	ganization		-		f assista	ince	
						+				
						+				
						+				
						+				
						1				
Part IV Business Tran	sactions In	volvina	Interested Person	s.	–					
		_	ered "Yes" on Form 99		3b. or 28	lc.				
(a) Name of interested			Relationship between in				Descript	tion of		ring of
(,	,		, , , , , , , , , , , , , , , , , , ,				transact		organiz	ation's lues?
									Yes	No
						<u> </u>				
									<u> </u>	
LHA For Privacy Act and Pape	erwork Reduc	tion Act No	otice, see the Instruct	ions for Form 990.	S	chedu	le L (For	m 990 d	r 990-E	Z) 2008

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization	Employer identification number
RUSSIAN-AMERICAN INSTITUTE/U.S. INC.	52-1930894
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
HIGHER EDUCATION IN THE RUSSIAN REPUBLIC, FOCUSING ON COMPREHENSIVE	
LIBERAL ARTS AND PROFESSIONAL PROGRAMS GROUNDED IN THE TRADITIONS AND	
DOCTRINES OF THE HISTORIC CHRISTIAN FAITH,	
FORM 990 PART VI, SECTION A, LINE 4: THE ORGANIZATION CHANGED ITS NAME	
FROM RUSSIAN-AMERICAN CHRISTIAN UNIVERSITY/ U.S. INC. TO RUSSIAN-AMERICAN	
INSTITUTE/U.S. INC.	
FORM 990, PART VI, SECTION A, LINE 10: THE PRESIDENT SENT AN ELECTRONIC	
COPY OF THE COMPLETED 990 BY EMAIL TO ALL OF THE MEMBERS OF THE BOARD OF	
DIRECTORS. THEY HAD OPPORTUNITY TO REVIEW AND COMMENT.	
FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD MEMBERS SIGNED A	
STATEMENT VERIFYING THAT THERE IS NO CONFLICT OF INTEREST, EACH YEAR, AT	
THE SPRING MEETING OF THE BOARD OF TRUSTEES, EACH MEMBER IS REQUIRED TO	
REVIEW THE POLICY AND SIGN THE STATEMENT AGAIN.	
FORM 990, PART VI, SECTION B, LINE 15: THE FINANCE COMMITTEE OF THE BOARD	
OF TRUSTEES PERFORMS AN ANNUAL REVIEW OF THE PRESIDENT'S SALARY AND	
COMPENSATION DRAWING ON THEIR KNOWLEDGE OF SIMILAR POSITIONS IN OTHER	
ORGANIZATIONS AND ON THEIR EXPERIENCE WITH OTHER BOARDS ON WHICH THEY	
SERVE,	
FORM 990 PART VI SECTION C, LINE 19: RAI MAKES ITS GOVERNING DOCUMENTS.	
AUDITED FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule O (Form 990) 2008
LIA TUI FILVACY ACT AND LABOR MORE HEADER OF THE HEADER OF THE HEADER OF THE HEADER	Concadio O (i orini 555) 2000

832211 12-18-08

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization	Employer identification number
RUSSIAN-AMERICAN INSTITUTE/U.S. INC.	52-1930894
REQUEST, IF A PARTY REQUESTS SUCH DOCUMENTS, ELECTRONIC COPIES ARE SENT BY	
EMAIL IF POSSIBLE, OR IN PRINT FORM IF NECESSARY.	
SCHEDULE L. PART II. LOANS TO AND FROM INTERESTED PERSONS:	
SCHEDULE II, FART II, HOANS TO AND FROM INTERESTED FERSONS;	
(A) NAME OF PERSON: DENNIS KUESTER	
(A) PURPOSE OF LOAN: OPERATIONS	
(B) LOAN TO OR FROM ORGANIZATION? = TO	
(C) ORIGINAL PRINCIPAL AMOUNT \$ 200000. (D) BALANCE DUE \$ 50000.	
(E) LOAN IN DEFAULT? = NO	
	•
(F) APPROVED BY BOARD OR COMMITTEE? = YES	
(G) WRITTEN AGREEMENT? = YES	
(A) NAME OF PERSON: SIDNEY JANSMA, JR,	
(A) PURPOSE OF LOAN: OPERATIONS	
(B) LOAN TO OR FROM ORGANIZATION? = TO	
19) HOME TO ON THOM ONOMITEM TONIC = 10	
(C) ORIGINAL PRINCIPAL AMOUNT \$ 200000. (D) BALANCE DUE \$ 200000.	
(E) LOAN IN DEFAULT? = NO	
(F) APPROVED BY BOARD OR COMMITTEE? = YES	
(F) APPROVED BY BOARD OR COMMITTEE? = TES	
(G) WRITTEN AGREEMENT? = YES	<u> </u>

Form. **8868** (Rev. April 2009)

Application for Extension of Time To File an **Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

			<u> </u>	
 If you are filing for an Automatic 3-Month Extension, complete only Part I and check to If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Ponot complete Part II unless you have already been granted an automatic 3-month extension. 	Part II (on page 2 of this		n 8868.	▶ x
Part I Automatic 3-Month Extension of Time. Only submit original (no			 -	
A corporation required to file Form 990-T and requesting an automatic 6-month extension - Part I only		plete		>
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use f to file income tax returns	Form 7004 to request an	extens	ion of time	
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-m noted below (6 months for a corporation required to file Form 990-T). However, you cannot (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group return you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more de www.irs.gov/efile and click on e-file for Chanties & Nonprofits.	file Form 8868 electronions, or a composite or cor	cally if (nsolidat	1) you want the ted Form 990-T	e additional
Type or Name of Exempt Organization print		Emplo	yer identificat	tion number
RUSSIAN-AMERICAN INSTITUTE/US INC.		52	-1930894	
File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions			-	
filing your P.O. BOX 2007				
instructions City, town or post office, state, and ZIP code. For a foreign address, see instruc	ctions.			
WHEATON MD 20915-2007				
Check type of return to be filed (file a separate application for each return)				
x Form 990 Form 990-T (corporation) Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 990-EZ Form 990-T (trust other than above) Form 990-PF Form 1041-A	Form 47 Form 52 Form 60 Form 88	27 169		
JOHN BERNBAUM The books are in the care of ► 11709 AUTH LANE - SILVER SPRING MD 20910 Telephone No ► (301)681-1456 FAX No. ► If the organization does not have an office or place of business in the United States, che If this is for a Group Return, enter the organization's four digit Group Exemption Number box ► If it is for part of the group, check this box ► and attach a list with the	eck this box r (GEN) If thi		-	-
1 I request an automatic 3-month (6-months for a corporation required to file Form 990- FEBRUARY 15, 2010 , to file the exempt organization return for the is for the organization's return for: ▶ □ calendar year _ or ▶ □ x tax year beginning JUL 1, 2008 , and ending JUN 2 If this tax year is for less than 12 months, check reason: □ Initial return	ne organization named a	bove. T	he extension - Change in acco	unting period
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative	ve tax less any			
3a If this application is for Form 990-BL, 990-PF, 990-1, 4720, or 6069, enter the tentative nonrefundable credits. See instructions.	tun, 1655 arry	За	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estim	nated		·	
tax payments made Include any prior year overpayment allowed as a credit		3b	\$	
c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or,	ıf required,	I		
deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payr	ment System)			
See instructions.		3с	\$	N/A
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see F	Form 8453-EO and Form	8879-E	O for payment	instructions.
LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.			Form 886	8 (Rev. 4-2009)

Form 8868 (Rev. 4-2009)	Page 2
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo	»× ▶ 🕱
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed	
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no co	opies needed).
Name of Exempt Organization	Employer Identification number
Type or RUSSIAN-AMERICAN INSTITUTE	
print US INC.	52-1930894
File by the extended Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
due date for P. O. BOX 2007	
return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
Instructions. WHEATON, MD 20915-2007	
Check type of return to be filed (File a separate application for each return):	
X Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A	Form 5227 Form 8870
Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	Form 6069
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	sly filed Form 8868.
THE UNIVERSITY	
• The books are in the care of ▶ P.O. BOX 2007 - WHEATON, MD 20915-2007	
•	
If the organization does not have an office or place of business in the United States, check this box	
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this	
box . If it is for part of the group, check this box . and attach a list with the names and EINs of all	members the extension is for.
4 I request an additional 3-month extension of time until <u>MAY 15, 2010</u> .	
· — · · · · · · · · · · · · · · · · · ·	JUN 30, 2009
6 If this tax year is for less than 12 months, check reason: Initial return Final return	Change in accounting period
7 State in detail why you need the extension	
INFORMATION REQUIRED TO FILE A COMPLETE AND ACCURATE R	ETURN WILL NOT BE
AVAILABLE UNTIL AFTER THE FIRST EXTENDED DUE DATE.	T
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	
nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid	├
previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit	37/3
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$ N/A
Signature and Verification	. hand all an about 1 to 10 to 10 to
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the it is true, correct, and complete, and that fam authorized to prepare this form.	e best of my knowledge and belief,
- A GGOTTIMAN	2/10/2
Signature ACCOUNTANT	Date > ~// 0/F0 Form 8868 (Rev. 4-2009)