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Form **990** 

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)

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

OMB No 1545-0047

2008

Open to Public Inspection

			ease	C Name of organization		<del>.</del>	D Employer ide	entification number
┌ Add		hange <b>us</b> e	e IRS	US Russia Foundation for Economic Advance and the Rule of Law	cement		01-073292	
┌ Nar	ne cha	nge <b>pri</b>	oel or int or	Doing Business As			E Telephone n	umber
┌ Inıt	ıal retu	ırn <b>Sp</b>	ecific	Number and street (or P O box if mail is n	ot delivered to street addre	ss) Room/suite	(410) 224-	
Г <sub>Тег</sub>	mınatı	on <b>tio</b>	struc- ns.	137 Mitchells Chance Road			G Gross receip	ts \$ 2,887,606
┌ Am	ended	return		City or town, state or country, and ZIP + 4	1			
☐ App	licatio	n pending		Edgewater, MD 21037				
			F Nam	ne and address of Principal Officer		H(a) Is thi	s a group returr	n for
		I	Mark Po	omar TCHELLS CHANCE ROAD		affilia	tes?	ΓYes <b>Γ</b> Nο
				/ATER, MD 21037		H(b) Are all	affiliates includ	ed?
I Ta	x-exen	npt status 🔽	501(c)	(3) ◀ (insert no )	527	` '		: See instructions )
J W	eb sit	:e: ► www us	rf ru an	d www cfe ru		H(c) Grou	p Exemption Nu	ımber ►
<b>К</b> Туре	e of or	ganization 🔽	Corporat	on		L Year of Fo	mation 2002 M	State of legal domicile DE
		_						
Pa	τιΙ				Gank - Alexandra			
	1	-		e organization's mission or most signi RF is to advance entrepreneurship an		ciety democra	acy and the rule	o of law training and
Governance				romote economic growth in the privat		riety, democra	icy, and the run	e or law, training and
<u>₹</u>	2	Check this	box [	ıf the organizatıon discontinued its op	erations or disposed o	of more than 2	5% of its asset	s
	3	Number of	voting n	nembers of the governing body (Part \	VI, line 1a)		з _	12
Activities &	4	Number of	ındepen	dent voting members of the governing	g body (Part VI, line 1	o)	. 4	12
₽	5	Total numb	erofen	nployees (Part V, line 2a)			5 _	3
ŧ	6			lunteers (estimate if necessary) .			6 _	0
∢				ted business revenue from Part VIII,		•	-	0
	ь	Net unrelat	ea busi	ness taxable income from Form 990-	Deia	7b r Year	0 C	
	8	Contributi	ons and	i grants (Part VIII, line 1h)		Prio	57,133,412	2,419,000
횰	9			revenue (Part VIII, line 2g)			58,828	32,215
Revenue	10	_		ne (Part VIII, column (A), lines 3, 4,			314,149	436,391
걒	11			art VIII, column (A), lines 5, 6d, 8c,			,	0
	12		nue —a	dd lines 8 through 11 (must equal Par	rt VIII, column (A), lın	e	57.506.300	2 007 606
	12	12)	d =	name and (Bart IV actions (A)	l.man 1 3)		57,506,389	2,887,606
	13 14			r amounts paid (Part IX, column (A), r for members (Part IX, column (A), li			222,992	450,468
	15	·		empensation, employee benefits (Part	•	5-		
\$		10)	other co	impensation, employee belients (i are	rx, column (xx), mes		1,209,695	2,174,170
Expenses	16a	Profession	nal fund	raising fees (Part IX, column (A), line	11e)		0	17,500
ਡੌ	ь	(Total fundra	aısıng exp	penses, Part IX, column (D), line 25 43,717	)			
	17	•	-	Part IX, column (A), lines 11a-11d,	•		1,729,808	2,179,448
	18			add lines 13–17 (must equal Part IX	, line 25, column (A))		3,162,495	4,821,586
<u>~ 97</u>	19	Revenue I	ess exp	enses Subtract line 18 from line 12			54,343,894	-1,933,980
Not Assets or Fund Balances						Beginni	ng of Year	End of Year
esse Basa	20			t X, line 16)			55,026,387	52,887,453
er A	21			Part X, line 26)			480,432	275,478
	22			d balances Subtract line 21 from line		54,545,955	52,611,975	
Par	t II	_		<b>ΣΕΚ</b> ημιγ, I declare that I have examined this retu	irn including accompanying	schedules and s	tatements and to	the hest of my knowledge
				correct, and complete Declaration of preparer				
Plea							03-31	
Sign Here		Signature	e of office	r		Date		
				CFO & Assist Treasur /Sec e and title				
		<b>       </b>	c nam		) <sub>ate</sub>	Check If	Dreparor/s DTIN	(See Gen Inst \
De! 4		Preparer's signature	•			self-	Preparers PTIN	(See Gen Inst )
Paid Prepa	aror'e	* <b>'</b>	10=	A DELOTTE TAY U.S.		empolyed 🕨 🦳		
Use (		ıf self-emplo	yed),	•			EIN Þ	
•	<b>.</b> y	address, and	ZIP + 4	TWO JERICHO PLAZA			Phone no 🕨 (5	516) 918-7000
		<u> </u>		JERICHO, NY 11753			1.110110 110 7 (.	
Mayt	he IR	RS discuss th	hıs retui	rn with the preparer shown above? (Se	ee instructions)			┌Yes ┌No

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

<b>1</b> See A	Briefly describe the organization' dditional Data Table	's mission					
2	Did the organization underta the prior Form 990 or 990-E	ΞZ?		vices during the yea	ar which were not li	sted on Ves	┌ No
	If "Yes," describe these new						
3	Did the organization cease of services?			changes in how it co	onducts any progra	m <b>┌ Yes</b>	√ No
	If "Yes," describe these cha	nges on Schedule C	)				
4	Describe the exempt purpos Section 501(c)(3) and (4) o others, the total expenses, a	rganizations and 49	47 (a)(1) tru	usts are required to	report the amount		
4a	(Code ) ( Program Sponsorships - The com training and other educational pro		dıfferent non-ı			ides them with grants a	0 ) and scholarships for
4b	(Code )(	(Expenses \$	286,646	ıncludıng grants of \$	0)(	Revenue \$	0)
	Business Education Programs - Tl research and international collabo professors have attended and rec	he corporation directly s oration In addition, we	upports an ass sponsor Russia	ociation whose mission in professors to attend t	is to foster the develop	ment of entrepreneursh	ip through training,
4c	(Code ) ( The company produces many pu distributed to thousands of individ		·	including grants of \$ information on Russian	, ·	Revenue \$ se publications and new	0 ) sletter have been
4d	Other program services (D		•	_	0.) (0		0.)
		· · · · · · · · · · · · · · · · · · ·	ng grants of		0 ) (Revenue \$		0)
4e	Total program service expe	enses \$	2.43/.663	Must equal Part I)	x, Line 25, column (l	5 <i>).</i>	

art IV	Che	cklist	of Re	eauired	Sche	dules

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
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	Yes	
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	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a	Yes	
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	Yes	
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? <i>If "Yes," complete Schedule F, Part II</i>	15	Yes	
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		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	Yes	
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		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
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	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
Ь	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		No
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		No
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		No

### Part IV Checklist of Required Schedules (Continued)

			163	110
8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		N o
		204		NO
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
6	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	tt 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			
	<b>1a</b> 2			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
ь	If at least one is reported in 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
	return?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a	Yes	
b				
-	If "Yes," enter the name of the foreign country <u>RS</u> See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1,</b> <i>Report of Foreign Bank and</i>			
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
_	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	20		
·	Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		Νο
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
_	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
q	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	- 3		
	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 excess business holdings at any time during the	•		
	year?	8		
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	agamst amounts due of received nomithem)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 125			l

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A.	Governina	<b>Body and</b>	Management

			Yes	No				
	For each "Yes" response to lines 2-7 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 12							
Ь	Enter the number of voting members that are independent 1b 12							
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		Νο				
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? .							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? $\cdot$ $\cdot$	7b		Νο				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	the governing body?	8a	Yes					
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes					
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νο				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, 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	Yes					
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		Νο				

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed MD
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

ALAN GRIFFIN 137 MITCHELLS CHANCE ROAD SUITE 14 EDGEWATER,MD 21037

# 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

Check this box if the organization did not compensate any officer, director, trustee or key employee

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees 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, or 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

The check this box in the organization and i		Posit	(C	) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

### Part VII Continued

		(C) Position (check all that apply)							(E)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							$\vdash$			
							$\vdash$			
							Н			
							$\vdash\vdash$			
1b Total							►	393,277	612,960	88,926
2 Total number of individuals (including	those in 1	a) who r	ecei	ved	moi	re thar	າ \$1	00,000 ın reportabl	e	

compensation from the organization►1

3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		Νο
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο

### **Section B. Independent Contractors**

from the organization .

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	<b>(B)</b> Description of services	(C) Compensation
Weil Gotshal Manges LLP 1300 Eye Street NW Suite 900 WASHINGTON, DC 20005	Legal Services	266,067
2 Total number of independent contractors (including those in 1) who received more than \$	100,000 in compensation	

Yes No

Statement of Revenue

					(4)	(D)	(0)	(2)
					(A) Total Revenue	<b>(B)</b> Related or Exempt Function	<b>(C)</b> Unrelated Business Revenue	( <b>D)</b> Revenue Excluded from Tax under IRC
	1-	Fodorated can	nnoigns 1s			Revenue		512, 513, or 514
22	1a		npaigns 1a					
	b	Membership d	ues					
Contributions, gifts, grants and other similar amounts	С	Fundraising ev	vents					
ॉ इ	d	Polated organ	1c izations 1d	2,419,000				
2 <u>.</u> <u>0</u>			nts (contributions) 1e					
ons sin	e	_	tions, gifts, grants, and					
声声	f	similar amounts r	not included above					
手品	g	Noncash cont	<b>1f</b> ributions included in					
ΣĒ	9							
O 10	h		es 1a-1f)		2,419,000			
				Business Code				
е	2a	SEMINAR FEES A	ND SPONSORSHIPS	900,099	32,215	32,215		
Wer	ь			,	·			
22	с							
MCA	d							
ja Se	e							
Ē	f	All other progr	ram carvica ravanua					
Program Serwoe Revenue			ram service revenue					
Š	g		es 2a-2f					
	3	► \$ 32,215	come (including divid	dands interest				
			amounts)		436,391			436,391
				▶	0			
	4	Income from inve	estment of tax-exempt bo	ond proceeds	0			
	5	Royalties .			0			
			(ı) Real	(11) Personal				
	6a	Gross Rents						
	ь	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental inc	ome or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount	(,)	( ), = ======				
		from sales of assets other						
	b	than inventory Less cost or						
		other basis and sales expenses						
	с	Gain or (loss)						
	d	Net gaın or (lo	oss)		0			
	8a		from fundrousing	. ▶				
	oa	events (not in	from fundraising cluding					
ψ.		\$	<del></del>					
ı.		of contribution 1c) See Part 1	ns reported on line IV, line 18					
eve		Attach Schedul	le G ıf total exceeds					
Other Revenue	l <u>.</u>		а					
<u>a</u>	b		xpensesb		0			
δ	С	Net income or	(loss) from fundraisi	ing events				
	9a	Gross income	from gaming e part IV , line 19					
		Complete Sched	dule G ıf total					
		exceeds \$15,00	00 <b>a</b>					
	ь	less directe	xpensesb					
	c		· (loss) from gaming a	L activities	0			
				▶				
	10a	Gross sales of returns and al	f inventory, less lowances					
		returns and ar	a					
	ь	Less cost of	goods sold <b>b</b>					
	с	Net income or	· (loss) from sales of	inventory 🕨 🟲	0			
		Miscellaneou	ıs Revenue	Business Code				
	11a							
	b							
	c							
	d	All other reve	nue					
	e		es 11a-11d	\$				
	12	Takal Day	_ A	0	2,887,606	32,215		436,391
	12	8c,	<b>e.</b> Add lines 1h, 2g, 3		2,007,000	32,213		730,391
		9c, 10c, and 1	l1e	▶				

### Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re				).
Do	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	41,000	41,000		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	409,468	409,468		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	966,429	397,093	569,336	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	1,129,361	762,935		14,865
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	41,632	20,816	20,816	
10	Payroll taxes	36,748	14,784	21,964	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	332,108		332,108	
c	Accounting	149,347		149,347	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	17,500			17,500
f	Investment management fees	78,911		78,911	
g	Other	155,036	17,390	137,646	
12	Advertising and promotion	1,902		1,902	
13	Office expenses	76,066	22,820	53,246	
14	Information technology	2,963	889	2,074	
15	Royalties	0			
16	Occupancy	504,660	305,807	194,639	4,214
17	Travel	287,911	36,284	244,714	6,913
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	5,620		5,620	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	22,976		22,976	
23	Insurance	47,969		47,969	
24	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 )				
а	MISCELLANEOUS EXPENSE	3,609		3,609	
	CHARITABLE ACTIVITY PROGRAMS	402,324	402,324		
c	ADMINISTRATIVE EXPENSES	108,046	6,053	101,768	225
f	All other expenses		·		
25	Total functional expenses. Add lines 1 through 24f	4,821,586	2,437,663	2,340,206	43,717
26	Joint Costs. Check   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		. , -		

	Part X	Balance	Sheet
--	--------	---------	-------

			(A) Beginning of year		(B End of	-
	1	Cash—non-interest-bearing	160,748	1		22,527
	2	Savings and temporary cash investments	54,436,203	2	5	2,348,299
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	227,900	4		86,420
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule $L$ .		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
92	9	Prepaid expenses and deferred charges	169,444	9		314,509
ĕ	10a					
Assets		Land, buildings, and equipment cost basis  10a 192,0	7			
	Ь	Less accumulated depreciation Complete Part VI of Schedule D	9 32,092	10c		115,698
	11	Investments—publicly traded securities		11		
	12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>		12		
	13	Investments—program-related See Part IV, line 11 $\it Complete Part VIII$ of Schedule D .		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule  D		15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)	55,026,387	16	5	2,887,453
	17	Accounts payable and accrued expenses .	480,432	17		275,478
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
es	21	Escrow account liability Complete Part IV of Schedule D		21		
"iabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
<u> </u>		persons Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable		24		
	25	Other liabilities Complete Part X of Schedule D		25		
	26	Total liabilities. Add lines 17 through 25	480,432	26		275,478
		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.				
anc	27	Unrestricted net assets		27		
Balance	28	Temporarily restricted net assets		28		
	29	Permanently restricted net assets		29		
Fund		Organizations that do not follow SFAS 117, check here ▶				
<u> </u>		lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds	54,545,955	32	5	2,611,975
Net Net	33	Total net assets or fund balances	54,545,955	33	5	2,611,975
_	34	Total liabilities and net assets/fund balances	55,026,387	34	5	2,887,453
Pa	rt XI	Financial Statements and Reporting				
		· <del>-</del>			Yes	No

Dart YT	Financial	Statements	and Reporting

	_			
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		N o
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

		e organizati						Em	ployer ide	nt if icat ic	n numb	er
	ssia roi ie Rule		onomic Advancem	ent				0.1	-0732928	2		
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganizatio					
				ation because it is (Please					111001 400	101107		
1	Ē			nurches, or association of ch					(A)(i).			
2		•		tion 170(b)(1)(A)(ii). (Atta								
3	Г	A hospital	or a cooperativ	e hospital service organizati	ıon descrı	bed in <b>Sec</b>	tion 170(l	b)(1)(A)(i	ii). (Attac	h Schedu	le H)	
4		•	•	Ization operated in conjuncti			-				•	<u>:</u>
		hospital's i	name, city, and	state		·						
5	Г	Anorganiz	ation operated	for the benefit of a college or	r universit	y owned o	roperated	by a gove	ernmental	unit desc	rıbed ın	
		Section 170(b)(1)(A)(iv). (Complete Part II)										
6	$\Gamma$	A federal, s	tate, or local g	overnment or governmental	unıt desc	rıbed ın <b>Se</b>	ection 170	(b)(1)(A)	(v).			
7	굣	An organiza	ation that norm	ally receives a substantial p	art of its	support fro	om a gove	rnmental u	ınıt or fron	n the gen	eral pub	lıc
		describedi	n <b>Sect ion 170(</b>	<b>b)(1)(A)(vi)</b> (Complete Par	tII)							
8	Γ	A commun	ity trust descri	oed in <b>Section 170(b)(1)(A)</b>	(vi) (Con	nplete Par	tII)					
9	Γ	An organiza	ation that norm	ally receives (1) more than	3 3 1/3%	of its supp	ort from c	ontributior	ıs, membe	rship fee	s, and gi	oss
		receipts fro	om activities re	lated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2	) no more	than 331	/3% of	
		ıts support	from gross inv	estment income and unrelate	ed busine:	ss taxable	ıncome (l	less sectio	on 511 tax	() from bu	ısınesse	s
		acquired by the organization after June 30, 1975 See <b>Section 509(a)(2).</b> (Complete Part III )										
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ct ion 509	( <b>a)(4).</b> (Se	ee instruc	tions )	
11		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purpos one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See <b>Section 509(a)(3)</b> . the box that describes the type of supporting organization and complete lines 11e through 11h  a Type I  b Type II  c Type III - Oth							). Check			
e	Γ	•	foundation man	rtify that the organization is agers and other than one or			•			•		
f g		check this	box	d a written determination from as the organization accepte						supporti	ng orgar	ization,
		following pe										
			•	or indirectly controls, either a		-	th persons	s describe	d in (ii)		Yes	_
			· -	ing body of the the supported	-	ition				110		N o
		` '	•	erson described in (i) above						11g		N o
L		• •		ity of a person described in (						11g	(111)	No
h		Provide the	tollowing infor	mation about the organizatio	ons the org	ganization	supports					
(i) Name of Supported (iii) EIN (iii) Type of organization (iv) Is the organization (described on lines 1-9 organization above or IRC section (See Instructions)) your governing document?			nization in the organizat  i) listed in in col (i) of y governing support?		nızatıon <b>i)</b> of your	tion organization in your col (i) organized		(vii) A mount of support?				
					Yes	No	Yes	No	Yes	No		
						† <del>.</del>	1 30	† · · · ·				
				1		1	1	1		<b>†</b>	+	

Total

# Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if you chec	kea the box oi	1 line 5, /, or	8 of Part I.)				
P	ublic Support							
Cal	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	<b>(c)</b> 2006	<b>(d)</b> 2007	<b>(e)</b> 2008	(f) Total	<u> </u>
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,606,860	1,821,582	1,701,551	2,133,412	2,419,	9,682	,405
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3	1,606,860	1,821,582	1,701,551	2,133,412	2,419,	000 9,682	,405
5	The portion of total contribution by each							
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)							
6	Public Support subtract line 5 from line 4						9,682	,405
T	otal Support		•	•				
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	<b>(e)</b> 2008	(f) Total	
7	A mounts from line 4	1,606,860	9,396	1,701,551	2,133,412	2,419,0	9,682	,405
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	1,919	9,396	5,544	314,149	436,3	391 767	,399
9 10	Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)						10,449	,804
12	Gross receipts from related activities, etc	(See instruction	s)			12	229,5	06
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc		st, second, third	l, fourth, or fifth	tax year as a 5	01(c)(3)	▶┌	_
14	Public Support Percentage for 2008 (line 6		ed by line 11 co	lumn (f))		14	92.656	
15	Public Support Percentage for 2007 Sched					15		%
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization di	a publicly supp	orted organizatio	on	•		►✓	
17a	box and stop here. The organization qualification for the state of the	es as a publicly some state or ganization in the control of the co	supported organ on did not check ances" test, che organization qu on did not check ances" test, che	zation a box on line 1 ck this box and lalifies as a pub a box on line 1 ck this box and	3, 16a, or 16b a stop here. Expl licly supported 3, 16a, 16b, or 1 stop here. Expl	nd line 14 is lain in Part I organization 17a and line lain in Part I	\$ 10% or V how the 15 is 10% or V how	-
18	the organization meets the "facts and circu <b>Private Foundation.</b> If the organization did instructions							-

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	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						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	Add lines 10a and 10b						
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 )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)							
	Facts and Circumstances Test							

Schedule A (Form 990 or 990-EZ) 2008

# Software ID: Software Version:

**EIN:** 01-0732928

Name: US Russia Foundation for Economic Advancement

and the Rule of Law

### Form 990, Part VII - Section Aaa

		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
James Collins , Co-Chairman	9 0	Х						0	0	0
Steven Pease , Co-Chairman/Dir	100	Х						0	0	0
Karen Horn , Vıce-Chaırman/Dır	8 0	Х						0	0	0
Steve Biegun , Director	3 0	Х						0	0	0
Jenne Britell MD , Director	6 0	Х						0	0	0
Frank Caufield , Director	6 0	Х						0	0	0
Arthur DelVesco , Director	3 0	Х						0	0	0
David Hathaway , Director	16 0	Х						0	0	0
Michael Mihm , Director	18 0	Х						0	0	0
Charles Ryan , Director	2 0	Х						0	0	0
Sergey Borisov , Director	3 0	Х						0	0	0
Anna Belova , Dırector	4 0	Х						0	0	0
Mark Pomar , CEO	40 0			Х				361,277	0	77,751
Victor Sedov , Executive Director	40 0			Х				0	334,598	0
Eric Hansen , Vice President	40 0			Х				0	205,443	0
Ron Bernstein , Treasurer	20 0			Х				0	36,212	0
Raymond Smilor , Program Development Officer	20 0			х				0	36,707	0
Alan Griffin , COO/CFO & Assis Treasur /Sec	20 0			х				24,615	0	9,329
Lorı Jones , Assıstant Treasurer/Secretary	20 0			x				7,385	0	1,846
Anna Danilina , Assistant Treasurer/Secretary	40 0			х				0	0	0

#### Form 990, Part III, Line 1 - Briefly describe the organization's mission:

The objectives of the Organization are to advance entrepreneurship and governance, civil society, democracy, and the rule of law, training and education, and to promote economic growth by continuing to foster the development of the private sector of the country of Russia and to carry out all other purposes and policies of, and to comply with, the Foreign Assistance Act of 1961 (as subsequently amended from time to time, the "Foreign Assistance Act").

OMB No 1545-0047

## **Supplemental Financial Statements**

Department of the Treasury Internal Revenue Service

**SCHEDULE D** (Form 990)

> ▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

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US	me of the organization Russia Foundation for Economic Advancement I the Rule of Law		Employer identification number
	irt I Organizations Maintaining Donor A	duicad Eunda ar Othar Similar E	101-0732928
Pα	organizations maintaining bollor A		inds of Accounts. Complete if the
	<u>-</u>	(a) Donor advised funds	(b) Funds and other accounts
1	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 adv funds are the organization's property, subject to the		or advised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be		may be
Da	rt II Conservation Easements. Complete	if the organization answered "Ves" to	<u> </u>
1	<b>rt II Conservation Easements.</b> Complete Purpose(s) of conservation easements held by the conservation easements.		o Form 990, Part IV, line 7.
_	Preservation of land for public use (e.g., recreat	- , , , , , , , , , , , , , , , , , , ,	historically importantly land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qua on the last day of the tax year	lified conservation contribution in the form	of a conservation easement
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen	ts	2b
С	Number of conservation easements on a certified h	nistoric structure included in (a)	2c
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d
3	Number of conservation easements modified, transf	erred, released, extinguished, or terminate	d by the organization during
	the taxable year 🕨		
4	Number of states where property subject to conserv	ation easement is located ►	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds		Tyes No
6	Staff or volunteer hours devoted to monitoring, inspe	ecting and enforcing easements during the	year <b>►</b>
7	A mount of expenses incurred in monitoring, inspect	ing, and enforcing easements during the ye	ear ► \$
8	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	2(d) above satisfy the requirements of sec	tion Yes No
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financial	· · · · · · · · · · · · · · · · · · ·
Par	t IIII Organizations Maintaining Collection Complete If the organization answered		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or researc	th in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research in	•
	(i) Revenues included in Form 990, Part VIII, line	1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, his following amounts required to be reported under SFA		r financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>►</b> \$

3	Organizations Maintaining Collections of Art	t, His	<u>itori</u>	<u>cal Treasu</u>	res, or Oth	<u>er Similar Asse</u>	ets (continued)
	Using the organization's accession and other records, check an items (check all that apply)	y of th	ne foll	lowing that are	a significant	use of its collection	n
а	Public exhibition	d	Γ	Loan or exch	ange progran	S	
ь	Scholarly research	e	$\Gamma$	Other			
c	Preservation for future generations						
4	Provide a description of the organization's collections and explanation and explanation.	ıın hov	w the	y further the o	rganızatıon's	exempt purpose in	
5	During the year, did the organization solicit or receive donations assets to be sold to raise funds rather than to be maintained as						Yes
Par	Trust, Escrow and Custodial Arrangements. Part IV, line 9, or reported an amount on Form 99	Com	plete	e if the orgai		wered "Yes" to Fo	orm 990,
1a	Is the organization an agent, trustee, custodian or other intermonicluded on Form 990, Part X?	edıary	for c	ontributions o	r other assets		Yes
b	If "Yes," explain why in Part XIV and complete the following tab	le					
						A mou	ınt
c	Beginning balance				10		
d	Additions during the year				10		
е	Distributions during the year				16		
f	Ending balance				1f		
2a	Did the organization include an amount on Form 990, Part X, lin	e 21?				Г	Yes No
	If "Yes," explain the arrangement in Part XIV						
Pa	rt V Endowment Funds. Complete if the organizatio					art IV, line 10. I)Three Years Back (e	VE V DI-
1_	(a)Current Year	(D	Prior `	real   (C)IWC	rears back   (	i)Tillee feats back   (e	FOUL TEALS DACK
1a L	Beginning of year balance						
b	Contributions						
C _	Investment earnings or losses						
d	Grants or scholarships						
	Other common diturns for feedbase						
e	Other expenditures for facilities						
e f	and programs						
_	•						
f	Administrative expenses	as					
f g	and programs	as					
f g 2 a	and programs	as					
f g 2 a b	and programs	as					
f g 2 a b	Administrative expenses		that a	are held and ac	dministered fo	rthe	
f g 2 a b	and programs		that a	are held and ac	dmınıstered fo	r the	Yes No
f g 2 a b	and programs		that a	are held and ad	dmınıstered fo	rthe <b>3a(i)</b>	Yes No
f g 2 a b c 3a	and programs	ation 			dmınıstered fo		Yes No
f g 2 a b c 3a	and programs	ation • . • • d on S	 Sched	 ule R?	dministered fo	3a(i)	Yes No
f g 2 a b c 3a	and programs	ation  d on S dowm	Sched ent fu	· · · · · · · · · · · · · · · · · · ·		3a(i) 3a(ii) 3b	Yes No
f g 2 a b c 3a	and programs	ation  d on S dowm	Sched ent fu	· · · · · · · · · · · · · · · · · · ·	rt X, line 10	3a(i) 3a(ii) 3b	Yes No
f g 2 a b c 3a	and programs	ation  d on S dowm	Schedent fu	· · · · · · · · · · · · · · · · · · ·		3a(i) 3a(ii) 3b	Yes No (d) Book value
f g 2 a b c 3a b	and programs	ation  d on S dowm	Schedent fu	ule R? Inds Orm 990, Pa	rt X, line 10	3a(i) 3b	
f g 2 a b c 3a b 4 Par	Administrative expenses	ation  d on S dowm	Schedent fu	ule R? Inds Orm 990, Pa	rt X, line 10	3a(i) 3b	
f g 2 a b c 3a b 4 Par	and programs	ation  d on S dowm	Schedent fu	ule R? Inds Orm 990, Pa	rt X, line 10	3a(i) 3a(ii) 3b 3b	
f g 2 a b c 3a  Par	and programs	ation  d on S dowm	Schedent fu	ule R? Inds Orm 990, Pa	rt X, line 10 (b)Cost or oth basis (other)	3a(i) 3a(ii) 3b  (c) Depreciation	(d) Book value
f g 2 a b c 3a b 4 Par	and programs	ation d on S dowm	Schedent fu	ule R?	rt X, line 10 (b)Cost or oth basis (other)		(d) Book value

Part VII	Investments-Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation ·year market value
Financial d	erivatives and other financial products			
	eld equity interests			
Other				
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 12 ) 🕨			
Down VIII	Investments Duesus Polated Co	a Farm OOO Dart V June	12	
Part VIII	Investments—Program Related. Se			d of valuation
	(a) Description of investment type	(b) Book value		year market value
Total (Colu	mn (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX		ne 15.		
	(a) Descri			(b) Book value
Total. (Colu	ımn (b) should equal Form 990, Part X, col.(B) line .	15.)		
	Other Liabilities. See Form 990, Part 3			
	(a) Description of Liability	(b) A mount		
Federal Inc	come Taxes			
			]	
			]	
			]	
			1	
			1	
			1	
-			1	
			1	
Total. (Colum	mn (b) should equal Form 990, Part X, col (B) line 25 ) 🕨		1	
,,	· · · · · · · · · · · · · · · · · · ·	1		

Par	t XI Reconciliation of C	hange in Net Assets from Fori	n 990	0 to 1	Financial Stateme	nts	
1	Total revenue (Form 990, Part	VIII, column (A), line 12)				1	2,887,606
2	Total expenses (Form 990, Par	t IX, column (A), line 25)				2	4,821,586
3	Excess or (deficit) for the year	Subtract line 2 from line 1				3	-1,933,980
4	Net unrealized gains (losses) o	n investments				4	
5	Donated services and use of fac	cilities				5	
6	Investment expenses					6	
7	Prior period adjustments					7	
8	Other (Describe in Part XIV)					8	
9	Total adjustments (net) Add Iir	nes 4 - 8				9	
10		per financial statements. Combine line	c 3 an	4 0		10	-1,933,980
		evenue per Audited Financial			nts With Revenue i		<u> </u>
1	Total revenue, gains, and othe	-					2,808,695
	statements					1	
2	A mounts included on line 1 bu	t not on Form 990, Part VIII, line 12					
а	Net unrealized gains on invest	ments	.	2a			
b	Donated services and use of fa		.	2b			
С	Recoveries of prior year grants		.	2c			
d	Other (Describe in Part XIV)		· • [	2d			
e	Add lines <b>2a</b> through <b>2d</b> .					2e	
3	Subtract line <b>2e</b> from line <b>1</b> .					3	2,808,695
4		0, Part VIII, line 12, but not on line 1	i		1		
а		uded on Form 990, Part VIII, line 7b	.	4a	78,911		
Ь	Other (Describe in Part XIV)		. [	4b			
c	Add lines <b>4a</b> and <b>4b</b>					4c	78,911
5		d <b>4c.</b> (This should equal Form 990, Par				5	2,887,606
1		<b>xpenses per Audited Financia</b> audited financial statements		teme	nts with expense:	s per 1	4,742,675
2		t not on Form 990, Part IX, line 25	•			<b>├</b>	4,742,073
a	Donated services and use of fa			2a	1		
b	Prior year adjustments		•	2b		1	
c	•	Part IX, line 25	•	2c		1	
d	Other (Describe in Part XIV)		• •	2d		1	
e	Add lines 2a through 2d		•			2e	
3	Subtract line 2e from line 1 .		•	• •		3	4,742,675
4		D, Part IX, line 25, but not on line <b>1:</b>	•	•		<u> </u>	4,742,073
a		ided on Form 990, Part VIII, line 7b		4a	78,911		
b				4b	, 0,511	1	
c	Add lines <b>4a</b> and <b>4b</b>		_			4c	78,911
5		d <b>4c.</b> (This should equal Form 990, Pa	rt T. lur	 ne 18	· · · · · · · · · · · · · · · · · · ·	5	4,821,586
	t XIV Supplemental Inf				,		.,,,,,,,,,
Con	nplete this part to provide the des	criptions required for Part II, lines 3, Part XII, lines 2d and 4b, and Part XI				art XIV	, lines 1b and 2b,
	Ident if ier	Return Reference			Explanat	ion	

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2008

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE F (Form 990)

> ▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**Statement of Activities Outside the United States** 

Open to Public **Inspection** 

	ne of the organization					Employer ide	entification number
	Russia Foundation for Eco the Rule of Law	onomic Advancem	ent			01-073292	8
	art I General Info	rmation on Ac		de the United States	s. Complete		
1				ecords to substantiate	the amount	of the grant	s or
	_	_		assistance, and the se		_	
	· -		<del>-</del>				✓ Yes / No
2	<b>For grant makers.</b> Described States	ribe in Part IV the	organization's pi	ocedures for monitoring tl	he use of gra	nt funds outsic	le the
3	Activites per Region (l	Jse Schedule F-1	(Form 990) ıf ad	ditional space is needed )			
		(b) Number of	(c) Number of	(d) Activities conducted in region (by type) (i.e.,		ty listed in (d)	
	(a) Region	offices in the	employees or	fundraising, program services,		am service,	(f) Total expenditures in region
		region	agents in region	grants to recipients located in the region)	service(s) in region	region	
	sıa and the Newly ependent States	4	17	Program Services			4,742,675

4,742,675

Pa	Part IV,	line 15, for an		<b>unizations or Entiti</b> ceived more than \$5, eeded.					
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		•	Russia	Public Support	46,449	Check			
			Russia	Public Support	141,488	Check			
			Russia	Public Support	63,000	Check			
			Russia	Public Support	37,891	Check			
			Russia	Public Support	36,516	Check			
			Russia	Public Support	36,000	Check			
			Russia	Public Support	9,016	Check			
			Russia	Puiblic Support	16,963	Check			
			Russia	Public Support	11,970	Check			
			Russia	Public Support	10,044	Check			
2				ecognized as charities					0
3	Enter total nu	mber of other	organizations or e	ntities				. ▶	10

	F-1 (Form 990) if a			tea States. Complete	if the organization a	inswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+					
		1					
		+					
			•				

Schedule F (Form 990) 2008

Part IV Supplemental Infor	mation	Page 4
		in Part I, line 2, and any other additional information.
		Explanation  The U S Russia Foundation for Economic Advancement and the Rule of Law ("USRF"), and its 100% owned subsidiary, The Center for Entrepreneurship ("CFE"), undertake a rigorous review process for all grants made to organizations outside the United States. Any organization seeking funding from USRF is required to complete a grant or funding application that is reviewed by a member of the senior staff who then determines if it addresses the charitable missions supported by USRF. If a Foundation grant application is determined to be worthy of support, it is will be recommended for approval to the Grants Committee in the case it is less than \$100,000 and to the full Board in the case it is more than \$100,000. Any organization seeking funding from CFE is required to complete a Grant or Funding Application that is reviewed by a member of the senior staff who then determines if it addresses the charitable missions supported by CFE. If the grant application meets the basic criteria, the application is further reviewed by other senior staff and at least two Board Members. If the funding requested is for \$25,000 or less, this group of senior staff and at least two board members have the authority to approve or reject the request. For requests exceeding \$25,000, the same process must be followed, but an additional step is required where the full Board of Directors is required to provide approval. Once a grant request is approved, a contract is developed between USRF or CFE and the grantee. The grant documentation makes clear the responsibilities of all parties. It obligates the grantee to use the grant funds only for the purposes for which the grant is made, provides for periodic written reports as well as an accounting of how grant funds were used, and acknowledges the Organization's authority to withhold or recover grant funds in cases where such funds are, or appear to be, misused. To ensure that the foreign organizations receiving funds are using the funds in furtherance of our exempt mission, USRF or CFE wi
Schedule F, Part I, Line 3		site visit 6 A final report, including an accounting of the use of the funds, is required  The U S Russia Foundation for Economic Advancement and the Rule of Law ("USRF") maintains four offices outside the United States in Russia Approximately 17 employees serve either USRF or USRF's 100% owned subsidiary, the Center for Entrepreneurship ("CFE") and provide services that are exclusively related to the organization's tax-exempt mission. The nature of the organization's activities are such that classifying the specific expenditures in the foreign region are difficult.
		purposes of complying with Schedule F, Part I, Line 3, column (f), USRF is reporting all expenditures, \$4,742,675, as expenditures from a foreign region even though certain administrative functions are performed back in the United States

Software ID: Software Version:

**EIN:** 01-0732928

Name: US Russia Foundation for Economic Advancement

and the Rule of Law

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

<u>Form 990 Scheau</u>	<u>ie F Part II -</u>	Grants and Otne	r Assistance to O	rganizations or t	<u>intities Outside i r</u>	ie United States		
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Russia	Public Support	46,449	Check			
		Russia	Public Support	141,488	Check			
		Russia	Public Support	63,000	Check			
		Russia	Public Support	37,891	Check			
		Russia	Public Support	36,516	Check			
		Russia	Public Support	36,000	Check			
		Russia	Public Support	9,016	Check			
		Russia	Puiblic Support	16,963	Check			
		Russia	Public Support	11,970	Check			
		Russia	Public Support	10,044	Check			

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2008

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Inspection

Name of the organization US Russia Foundation for Ecol	nomic Advancement				Employer ider	ntification number
and the Rule of Law	nonne Advancement				01-0732928	
Part I Fundraising A	ctivities. Comple	te if the	organıza	ation answered "Yes"	to Form 990, Part IV	, line 17.
1 Indicate whether the org a	ns e a written or oral agi in Form 990, Part VI	reement w I) or entit	ith any in y in conn	e  Solicitation of	non-government grants government grants ising events  rs, directors, trustees fundraising activities?	<b>V Yes                                   </b>
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo contr	Did er have dy or rol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
Community Counseling Services Co L	Consulting	Yes	No No	0	17,500	0
Total			•			

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

			(a) Event #1	<b>(b)</b> Event #2	(c) O ther Events	(d) Tot (Add col		
			(event type)	(event type)	(total number)		(0)	
至	1	Gross receipts						
Revenue	2	Less Charitable contributions						
	3	Gross revenue (line 1 minus line 2)						
	4	Cash Prizes						
s မေ	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs						
	7	Other direct expenses						
Direct	8	Direct expense summary Add lin	es 4 through 7 ın columr	n(d)	🛌			
	9	Net income summary Combine li	·	-				
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	art IV, line 19, or repo	orted more	e than	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) thr		
<u>~</u>	1	Gross revenue						
မ မ	2	Cash prizes						
pens	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
₽ B	5	Other direct expenses						
	6	Volunteer labor	┌ Yes%	┌ Yes%	┌ Yes%			
	7	Direct expense summary Add line	s 2 through 5 ın column	(d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in col	umn (d)	🕨			
9		er the state(s) in which the organiza the organization licensed to operate		·		· 9a	Yes	No
a		No," Explain						
	If"	, ,						
a b	— We	re any of the organization's gaming l Yes," Explain	icenses revoked, suspe	nded or terminated during	g the tax year?	10a		
a b 10a	Wei	re any of the organization's gaming l				10a		

			 <del></del>
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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DLN: 93493091006080 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

**Grants and Other Assistance to Organizations,** 

Governments and Individuals in the U.S.

Open to Public

Name of the organization						Employer identif	ication number
US Russia Foundation for Econo and the Rule of Law	mıc Advancemen	t				01-0732928	
	nation on Gra	nts and Assistance				<b>I</b>	
<ul> <li>Does the organization main the selection criteria used</li> <li>Describe in Part IV the organization</li> <li>Tart II Grants and Oth</li> </ul>	to award the gra ganization's proc	nts or assistance? edures for monitoring th	e use of grant funds in th	ne United States			Ves Γι
Form 990, Part IV Part IV and Sche	V, line 21 for ai dule I-1 if addi	ny recipient that rece tional space is	ived more than \$5,00	00. Check this box i	f no one recipient rece	eived more than \$5,0	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance
US Cıvılıan Research & Development Found1530 Wilson Boulevard Third Floor Arlington,VA 22209		501(c)(3)	36,000				Public Support
2 Enter total number of sect			ı	<u> </u>			1
organizations 3 Enter total number of othe							·0

**Ident if ier** 

Return Reference

	,
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information. See Additional Data Table

**Explanation** 

Schedule I, Part 1, Line 2	The U.S. Russia Foundation for Economic Advancement and the Rule of Law ("USRF") employs the same criteria to monitor grants made within the United States as it does for grants made outside the United States. Please refer to Schedule F, Part IV, for a detailed description of the organization's grant monitoring process.

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DLN: 93493091006080

OMB No 1545-0047

Schedule J

(Form 990)

Department of the Treasury

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Attach to Form 990. To be completed by organizations

that answered "Yes" to Form 990, Part IV, line 23.

2008

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** US Russia Foundation for Economic Advancement and the Rule of Law 01-0732928 Questions Pegarding Compensation

Pa	Questions Regarding Compensation	!!					
					Yes	Νo	
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III						
	▼ First class or charter travel	굣	Housing allowance or residence for personal use				
	Travel for companions	$\Gamma$	Payments for business use of personal residence				
	▼ Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees				
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)				
ь	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "N			1b	Yes		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive			2	Yes		
3	Indicate which, if any, of the following the organizationg organization's CEO/Executive Director Check all the	hat appl	у				
	Compensation committee		Written employment contract				
	Independent compensation consultant	ᄝ	Compensation survey or study				
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee				
4	During the year, did any person listed in Form 990,	Part VI	I, Section A, line 1a				
а	Receive a severance payment or change of control [	payment	:?	4a		Νo	
b	<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?						
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo	
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III				
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.				
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	, did the organization pay or accrue any				
а	The organization?			5a		Νo	
b	Any related organization?			5b		Νo	
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	, did the organization pay or accrue any				
а	The organization?			6a		Νo	
b	Any related organization?			6b		Νο	
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," o			7		Νo	
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III		•	8		No	

Cat No 50053T

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Mark Pomar	(ı) (ıı)	164,903 0	0 0	196,374 0	65,521 0	12,230 0	439,028	0
Victor Sedov	(I) (II)	0 213,402	0 20,000	0 101,196	0	0	0 334,598	0
Eric Hansen	(ı) (ıı)	0 139,392	0 10,000	0 56,051	0 0	0 0	0 205,443	0 0
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

		•
Ident if ier	Return Reference	Explanat ion
Schedule J-2, Part 1		The U S Russia Foundation for Economic Advancement and the Rule of Law ("USRF") is the 100% parent of the Center for Entrepreneurship ("CFE") For federal tax purposes, CFE is treated as a disregarded entity and its operations are included within the Form 990 of USRF USRF is supervised and overseen by four officers, Mark Pomar, CEO, Alan Griffin COO/CFO, Lori Jones, Assistant Treasurer/Assistant Secretary and Anna Danilina, Assistant Treasurer/Secretary Three of the four officers are compensated by USRF via W-2, Anna Danilina, Assistant Treasurer, is not a U S employee and does not receive a W-2. The compensation information reported on the USRF 09/30/2009 Form 990 represents compensation disclosed on the 2008 Form W-2. In calendar year 2008, Mark Pomar, Alan Griffin and Lori Jones were only employed by USRF for a portion of the year. Anna Danilina assumed her officer role in 2009 and therefore did not receive any compensation in 2008. CFE is supervised and overseen by its own officers. In the interest of full disclosure, USRF has opted to disclose compensation paid to these officers on the USRF Schedule J. Victor Sedov, Executive Director, Eric Hansen, Vice President, Ron Bernstein, Treasurer, and Raymond Smilor, Program Development Officer, received compensation from USRF's related organization - the U.S. Russia Investment Fund. This compensation was remitted via a 1099 and has been disclosed as compensation paid by a related organization.
Schedule J, Part 1, Line 1a		In 1990, the U.S. Congress, Department of State, and USAID adopted a policy that non-executive Directors of Enterprise Funds were authorized to fly first class when traveling on organization business. The various enterprise fund and foundation documents have always reflected this policy, and Congress, State, and USAID have been aware since 1990 that Directors fly first class.
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	<b>!</b>	

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DLN: 93493091006080

OMB No 1545-0047

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### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► 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 38b or 40b.

**Transactions with Interested Persons** 

Name of the organization US Russia Foundation for Economic Advancement **Employer identification number** 

and the Rule of Law					0:	L-073	2928	3				
Part I Excess Benefit Transac						(4) organiz	zatıor	ıs on	ıly).			
To be completed by organization  (a) Name of disqualifie		wered "Yes	s" on F	•		on of transa		orm 9	90-EZ		t V , line ( <b>c)</b> Corr	
1 (a) Name of disqualifie	<u> </u>			(b) Des	спрс	ion of transa	CLION			[	Yes	No
										$\overline{}$		
2 Enter the amount of tax imposed on section 4958	the organiza		-	r dısqualıfıed pers			ear ur 	nder <b>&gt;</b>	\$			
3 Enter the amount of tax, If any, on III	ne 2, above,	, reımburse	d by th	ne organization .				•	\$			
Part II Loans to and/or From To be completed by organiza				n Form OOO Dort	T\/	ing 26 or Ea	.rm 0	00 E.	7 Dart	۱/ ایت	. 202	
To be completed by organiza	(b) Loan		es of	n Form 990, Part	10,1	ine 26, or FC	) ( III 9 :	9U-E	(f		le 38a	
(a) Name of interested person and purpose	from th	ie	(c)0	riginal principal amount	(d)E	Balance due	( <b>e)</b> defa			ard o	agree	ritten ment?
	То	From					Yes	No	Yes	No	Yes	No
											+	
Total				<b>▶</b> \$								
Part III Grants or Assistance E To be completed by organ	Benefittin	g Interes	sted	Persons	90,	Part IV, lın	e 27					
(a) Name of interested person		Relationship	betwe	een interested pe					nt or ty	pe of	assista	nce
		and	the or	ganızatıon								
Part IV Business Transactions To be completed by organ					90	Part IV lin	e 28:	a 28	h or i	28c		
To be completed by organ		Relationship		165 0111011115	50,		20.	<u> </u>	, or .		<b>(e)</b> Sha	rıng of
(a) Name of interested person	I	en intereste son and the		(c) A mount of transaction	I (a) Descr		cription of transaction			on	organız: reven	
		janization									Yes	No
Sergey Borisov	Board Mo	ember				See Schedu						No
Victor Sedov Officer		fficar				See Schedu						N o

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### DLN: 93493091006080

### 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.

OMB No 1545-0047

2008

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Name of the organization US Russia Foundation for Economic Advancement and the Rule of Law Employer identification number

01-0732928

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 10		The Form 990 was prepared by a nationally renow ned accounting firm - Deloitte Tax, LLP and reviewed in detail with USRF prior to filing. Chief Financial Officer, Alan Griffin, and CFE Treasurer Ron Bernstein coordinated with Deloitte to provide an accurate and representative Form 990. A copy of the Form 990 was provided to each member of the US Russia Foundation for Economic Advancement and Rule of Law Board of Directors prior to its filing with the Internal Revenue Service (in either an electronic or paper format). The Form 990 was reviewed by the USRF Audit Committee and accepted for filing.

ldentifier	Return Reference	Explanation				
Form 990, Part VI, Line 12C		Each Officer, director, trustee and key employee is required to annually disclose any conflicts of interest that arise by virtue of their employment and position with the US Russia Foundation for Economic Advancement and Rule of Law USRF monitors compliance with its conflict of interest policy through an annual questionnaire submitted to these individuals. Potential conflicts are investigated immediately				

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 15 A & B		US Russia Foundation for Economic Advancement and Rule of Law undertakes a rigorous process to ensure that the executive compensation it pays to its top management official and all officers and key employees of the organization is reasonable. In relevant part, the Board of Directors has established a compensation committee comprised of independent persons that have no personal interest in the proposed compensation arrangement. The USRF compensation committee must approve the compensation, without input or voting participation by the person whose compensation is being approved or by any other individual with a conflict of interest. The final determination is then documented in committee minutes. Those minutes will contain the terms of the proposed compensation and the decisions of those individuals who voted on the compensation.

ldentifier	Return Reference	Explanation					
Form 990, Part VI, Line 19		The foundation makes its Form 990 and Form 1023 available to the public by retaining a copy of each at the address listed on Page 1 of this return. Copies are available upon request. The organization's Form 990 is also available for public inspection on www guidestar org. The organization's governing documents and conflict of interest policy are available to the public upon request.					

Identifier	Return Reference	Explanation
Schedule R, Part I		The Center for Entrepreneurship (CFE) is a catalyst organization advancing the role and scope of entrepreneurship in Russia through network learning events that target the needs of growth entrepreneurs. The Center for Entrepreneurship (CFE) is an operating organization whose main functions include 1) To design and implement training programs to identify and develop Russian entrepreneurs, 2) To develop direct peer learning programs to maximize the desire and willingness of Russian entrepreneurs to learn from one another, 3) To conduct learning and networking events to address policy and business issues, and to expand relationships among Russian entrepreneurs, 4) To manage a resource center to facilitate just-in-time learning for Russian entrepreneurs, and 5) To enhance the culture of entrepreneurship in Russia by raising awareness of the importance of entrepreneurship as a catalyst for economic development, personal and organizational accomplishment, and community well-being

ldentifier	Return Reference	Explanation
Form 990, Part III, Line 4d	Other Program Services	The US Russia Foundation for Economic Advancement and the Rule of Law, in conjunction with its 100% owned subsidiary, The Center for Entrepreneurship, conducts additional training and educational programs for business people, government officials and representatives of civil society. These programs include, but are not limited to Supreme Arbitrage Court Fast Trac (Mini MBA) Entrepreneurship Network Groups Focus Courses/Workshops Recourse Centers Roundtables.

ldentifier	Return Reference	Explanation
Form 990, Part I, Lines 3 & 4		One individual, the Honorable John Beyrle, is a U.S. government liaison to the Board of Directors but does not sit on the Board and retains no voting powers

ldentifier	Return Reference	Explanation
Form 990, Part V, Line 1 (a)		The U S Russia Foundation for Economic Advancement and the Rule of Law ("USRF") is the 100% parent of the Center for Entrepreneurship ("CFE") For federal tax purposes, CFE is treated as a disregarded entity and its operations are included within the Form 990 of USRF CFE did issue 7 1099s for the year ending December 31, 2008, but since Question 1(a) of Part V requests the # reported in USRF's Form 1096 (Box 3) - the organization has listed only those 1099s directly issued by USRF

ldentifier	Return Reference	Explanation
Form 990, Part III, Line 2	New Program Services	To promote long-term economic development in the Russian Federation, the foundation has instituted a partnership project with the Supreme Commercial (Arbitrazh) court of Russia (SAC). The goal of the project is to support initiatives of SAC in creating a modern legal framework for market economy development. In 2009, the foundation and SAC organized exchange visits on two topics Public access to court information and records, - Judicial ethics.

ldentifier	Return Reference	Explanation
Schedule L, Part IV		Sergey Borisov is an acting Board Member of the U.S. Russia Foundation and the Rule of Law ("USRF") who likew is esits on the Board of Directors of Opora, an organization that received funding from USRF. For the year ended September 30, 2009, USRF provided grants of \$141,488 to Opora. Mr. Borisov is not compensated for serving on either Board of Directors and he recused himself from the Board decision-making process on the specific grant to Opora. VICTOR SEDOV IS AN ACTING BOARD MEMBER OF THE CENTER FOR ENTREPRENEURSHIP ("CFE"). ALTHOUGH MR. SEDOV DOES NOT SIT ON THE BOARD OF THE U.S. RUSSIA FOUNDATION AND THE RULE OF LAW ("USRF"), IN THE INTEREST OF FULL DISCLOSURE (SINCE CFE IS OWNED 100% BY USRF), USRF IS DISCLOSING THAT MR. SEDOV SITS ON THE BOARD OF DIRECTORS OF OPORA AND THE RUSSIAN MICRO. FINANCE CENTER, BOTH ORGANIZATIONS THAT RECEIVED FUNDING FROM USRF. MR. SEDOV RECUSED HIMSELF. FROM THE BOARD DECISION-MAKING PROCESS ON THE SPECIFIC GRANTS TO OPORA AND THE RUSSIAN MICRO. FINANCE CENTER. The Organization had contracted with Victoria Enterprises, Inc., which is owned and managed by the wife of Victor Sedov, Executive Director of the Organization. Victoria Enterprises Inc., was selected as a contractor to provide translation services after a competitive review of firms providing this service and after it was determined that the company provided its services at fair market rates. The arrangement with Victoria Enterprises has, however, been discontinued.

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Cat No 51056K

Schedule O (Form 990) 2008

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

DLN: 93493091006080

# OMB No 1545-0047

2008

Open to Public Inspection

Schedule R (Form 990) 2008

**Employer identification number** 

## SCHEDULE R (Form 990)

Name of the organization

US Russia Foundation for Economic Advancement

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

► See separate instructions.

and the Rule of Law 01-0732928 Part I Identification of Disregarded Entities (A) Name, address, and EIN of disregarded entity Legal domicile (state Total income Direct controlling End-of-year assets Primary activity or foreign country) entity Center for Entrepreneurship LLC 11957 Oakview Way 399,446 See Sched O DE 2,452,179 San Diego, CA 92128 98-0603887 **Identification of Related Tax-Exempt Organizations** (A) Name, address, and EIN of related organization Direct controlling Legal domicile (state Exempt Code section Public charity status Primary activity or foreign country) (if section 501(c)(3)) entity The US Russia Investment Fund NΑ 137 Mitchells Chance Road DE 501(c)(3) Investments Edgewater, MD21037 13-3837559

Cat No 50135Y

(A) Name, address, and EIN of related organization  Part IV Identification of R  (A) Name, address, and EIN of related organication of R	( <b>B)</b> Primary activity		(C) Legal domicile (state or foreign country)	( <b>D</b> ) Direct controlling entity	incom	(E) Predominant income(related, investment, unrelated)		<b>(F)</b> e of total income	<b>(G)</b> Share of end-of- year assets	(H) Disproprtional allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General of managin partner	
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
		(B) Primary activity		(C) Legal domicile (state or foreign country)		( <b>D</b> ) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	( <b>G)</b> hare of l-of-yea assets	( <b>H)</b> Percentage r ownership		

(5)

(6)

Part V	Transactions	with	Related	Organizations	
--------	--------------	------	---------	---------------	--

Part	Transactions with Related Organizations							
N	lote. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No				
<b>1</b> Duri	ing the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?							
a R	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No				
<b>b</b> G	Gift, grant, or capital contribution to other organization(s)	1b		No				
<b>c</b> G	Gift, grant, or capital contribution from other organization(s)	1c	Yes					
<b>d</b> L	oans or loan guarantees to or for other organization(s)	1d		No				
e L	oans or loan guarantees by other organization(s)	1e		No				
<b>,</b> c	Sale of assets to other organization(s)	1f		No				
	Purchase of assets from other organization(s)	1g	_	No				
		1h		No				
	Exchange of assets	1i		No				
I Le	ease of facilities, equipment, or other assets to other organization(s)	<del>-</del> -		110				
j Lease of facilities, equipment, or other assets from other organization(s)								
<b>k</b> Р	Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes					
l Performance of services or membership or fundraising solicitations by other organization(s)								
m Sharing of facilities, equipment, mailing lists, or other assets								
	Sharing of paid employees	1n	Yes					
<b>o</b> R	Reimbursement paid to other organization for expenses	10		No				
	Reimbursement paid by other organization for expenses	1p	Yes					
•								
<b>q</b> 0	Other transfer of cash or property to other organization(s)	<b>1</b> q		No				
	Other transfer of cash or property from other organization(s)	1r		No				
				1				
<b>2</b> If	f the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction threshol	İs						
	(A) Name of other organization(s)  (B) Transaction Transaction Amount Involv	ad.						
(1)	type(a-r)							
(1)								
(2)								
(3)								
(4)								

### Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_							
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets			( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	)
			Yes	No		Yes	No		Yes	No						
			•	•		•		Cabadul	D / Form							