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Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

2009

OMB No 1545-1150

Open to Public Inspection

AF	or the	2009 calenda	ar year,	or tax year beginning	January	, 2009,	and ending	Dec	embe	r 31	, 20 09
В	Check if ap	pplicable	Please	C Name of organization				D Empi	oyer id	entification	number
=	Address c	-	use IRS label or	Russian Encouragement			<u> </u>			2-0015183	,
=		Name change print or Number and street (or P O box, if mail is not delivered to street address) Room/suite E Tele nitial return							ohone n	umber	
=	initial retu Terminate		See	4700 E 147th Ave					90	7 345-898	9
=	Amended		Specific Instruc-	City or town, state or country,	and ZIP + 4			F Gro	ир Ехе	mption	
=		n pending	tions	Anchorage AK 99516-44	13			Nun	nber 🕨	•	
	• Sect	tion 501(c)(3)	ethod	☑ Cash	☐ Accrual						
		,	ner (specify								
							H Ch	eck ▶ 🔲	ıf the c	organizatio	n is not
1.	Vebsit	te: ▶									(Form 990,
			check o	nly one) - 🗸 501(c) (3)) or 52		0-EZ, or 99			•
	Check •			zation is not a section 509(a)		•	s receipts a	re normally	not m	ore than \$2	25.000. A
				turn is not required, but if the							,
				e 9 to determine gross receipt						· · · · · · · · · · · · · · · · · · ·	345,977
	art I			enses, and Changes					<u>`</u>	s for Par	
	1			ts, grants, and similar am					1		345,977
	2			revenue including govern					2		
	3								3		
	4	Investment	•						4		· · · · · ·
	5a			ne om sale of assets other th	an inventory	 . 5a	Ι		H		
					•	. 5a . 5b					
	b			er basis and sales expens n sale of assets other tha			Inc. 5a)		5c		
<u>o</u>	C			n sale of assets other tha tivities (complete applicable par							
Š	6						illig, check ii		*		
Revenue	a			ot including \$			ı				
æ	١.	•		()				_ 	- , ,		
	b		-	nses other than fundraisi	_				ا - ٍ - ا		
	C		-	ss) from special events a		1	line 6a) .		6c		
	7a			ventory, less returns and			<u> </u>				
	b	Less: cost							┨_ ┃		
	С	Gross prof	it or (lo	ess) from sales of inventor	y (Subtract line 7b from l	line 7a) .			7c		
	8	Other reve)	8		
	9	Total reve	nue. A	dd lines 1, 2, 3, 4, 5c, 6c	, 7c, and 8			<u> ▶</u>	9		345,977
	10	Grants and	d sımıla	ar amounts paid (attach s	chedule)				10		302,038
	11			or for members					11		
es	12			empensation, and employ					12		
Expenses	13	Profession	al fees	and other payments to in	ndependent contractors				13		192
ĝ	14	Occupancy	y, rent,	utilities, and maintenance	e				14		
ŵ	15			ions, postage, and shippi					15		
	16	Other expe	enses (describe travel, bank	charges, missions supplie	es)	16		41,431
	17	Total expe	enses.	Add lines 10 through 16	<u> </u>	<u> </u>		▶	17		343,661
S	18) for the year (Subtract lin					18		2,316
set	19			nd balances at beginning		olumn (A)) (must ag	ree with			
Ass	1	end-of-yea	ar figure	e reported on prior year's	return)				19		38,993
Net Assets	20	Other char	nges in	net assets or fund balan	ces (attach explanation)				20		
Z	21	Net assets	or fun	d balances at end of year	r. Combine lines 18 throu	igh 20 .		>	21		41,309
P	art II	Balance	e She	ets. If Total assets on line	e 25, column (B) are \$1,2	50,000 or	more, file	Form 990	ınstea	ad of Forr	n 990-EZ.
	•			(See the instructions f	or Part II.)		(A)	Beginning o	f year	(B) Er	nd of year
2:		ESIF-SEVIES	and in	nvestments				3	38,993	22	41,309
12:	3 LE	and and build	dinas	21			. 🗀			23	0
~ <u>F</u>		ther assets (descri				,			24	0
488 5	5 NG	tal assets	וֹם וֹא	(38,993	25	41,309
4	6 Ta	otal liabilitie	IV.	cribe ►			,			26	0
2				balances (line 27 of colu	nn (B) must agree with li	ne 21) .			38,993		41,309
 				Reduction Act Notice, s			Cat No				90-EZ (2009)
	····	, not all a Fo	.pc. 110		oopa.a.coo	··· (1)	J C Sac No	, 100-7E1			(2000)

Par	t III Statement of Program Service Accomp	plishments (See the instru	uctions for Part III	l.)		Expenses		
What is the organization's primary exempt purpose? economic and spiritual help to impoverished areas								
Desc)(3) and 501(c)(4) izations and section						
nanı	ner, describe the services provided, the number o	f persons benefited, and o	ther relevant info	rmation for		a)(1) trusts, optional		
each	program title.				for ot			
28								
	for orphans. Support for children's church club.							
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	28a	33,780		
29	Vladivostok, Russia - Food, clothing & vitamins to or	phanages, foster home; tube	rculosis, AIDS and	cancer				
	hospitals for hundreds of underserved; renovations			d outreach,				
	Fund local church & pastor. Help with purchase and	renovation of church & youtl	n ministry center.					
		includes foreign grants, che		<u>. ▶ ⊔</u>	29a	239,608		
30	Kenya - Humanitarian support in form of clothes, foo							
	high school, summer camps and medicines for famil	-)iguna				
	Discipleship Training Center, Bible literature in Keny							
		includes foreign grants, che	eck here	. ▶ ⊔	30a	28,650		
31	Other program services (attach schedule)				١			
~~		includes foreign grants, che			31a	222 222		
	Total program service expenses (add lines 28a t				32	302,038		
Гаі	List of Officers, Directors, Trustees, and Key	(b) Title and average	(c) Compensation	(d) Contributio		(e) Expense		
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compe	plans &			
Daul	Gionet	devoted to position	enter -0j	deletted costiper	isauon	other allowances		
	E 147th Ave, Anchorage AK 99516	Director 10	0		0	0		
	anne Gionet							
	E 147th Ave, Anchorage AK 99516	Director 10	0		0	0		
	hew Peterkin							
4311	E 3rd Ave, Anchorage AK 99508	Director 10	0		0	0		
Ang	ela Peterkin	Di						
4311	E 3rd Ave, Anchorage AK 99508	Director 10	0		0	0		
	· · · · · · · · · · · · · · · · · · ·							
								
						<u> </u>		
								
	-							
				<u> </u>				
								
		·		T				
				1				

Part	Other Information (Note the statement requirements in the instructions for Part V.)		-	J
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	25-		√
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35a 35b		<u> </u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0	"		
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter.			
a	Initiation fees and capital contributions included on line 9			
b 40-	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		Į
41	List the states with which a copy of this return is filed ▶ Alaska			
42a	The organization's books are in care of ▶ Paul Gionet Telephone no. ▶	907 34	5-898	9
	Located at ► 4700 E 147th Ave, Anchorage AK ZIP + 4 ►	99516	-4413	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			r
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	
	If "Yes," enter the name of the foreign country: ▶	42b		✓
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country. ▶	42c	<u> </u>	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		•	▶ □
	and since the amount of tax oxempt interest reserved of abouted during the tax year.			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		1
		900		_ ▼

Part VI

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(47(a)(1) nonexem nd 51.	1) nonexem pt charitable	pt charital e trusts mu	ble trusts only. A st answer questic	II sec ons 46	tion 5–49t)		
	Did the organization engage in direct or indirect						Yes	No		
	candidates for public office? If "Yes," complete					46		✓		
	Did the organization engage in lobbying activities					47		✓		
	Is the organization a school as described in section					48 49a		√		
	, ,									
	If "Yes," was the related organization a section 5					49b		4 1		
	Complete this table for the organization's five hi employees) who each received more than \$100,									
-		(b) Title and ave		Compensation			Expen			
	(a) Name and address of each employee paid more than \$100,000	hours per wed devoted to posi	ek	•	employee benefit plans & deferred compensation	ac	count a	ınd		
NONE	than \$100,000	devoted to posi	lion		deletted dempensation	other	allowa	lices		
		1								
***			•			<u> </u>				
		1								
		1								
						į				
	Total number of other employees paid over \$100	<u> </u>			<u> </u>					
	Complete this table for the organization's five \$100,000 of compensation from the organizatio (a) Name and address of each independent contractor	n. If there is none,	enter "None."	,	ype of service		mpensa			
NONE										
				: -						
						<u>. </u>				
d	Total number of other independent contractors e	asch receiving ove	r \$100 000							
•	Total humber of other independent contractors to	each receiving ove	Ψ100,000							
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete Declaration	ed this return, including of preparer (other than	accompanying s officer) is based	chedules and s on all information	tatements, and to the bes	st of my any kno	knowle wledge	edge		
Sign Here	Ful ough	feory.			11/10/2	0/0	0			
	Signature of officer AUC JOSEPH G Type of print name and title	EUNET ,	PRESID	ENT	Date		_			
Paid	Preparer's signature		Date	Check if self- employed ▶ [Preparer's identifying nui	mber (Se	— e instruc	tions)		
Prepare	Firm's name (or				<u>-1</u>	<u>-</u>				
Use On	yours if self-employed), address, and ZIP + 4				Phono no. b	_				
Mav th	e IRS discuss this return with the preparer showi	n above? See instr	uctions		Phone no ►	Yes		No		
	Carte disease and retern with the property shown			· · · ·	<u>- L</u>		0-F7			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047
2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Rus	siaı	n Encourage	ment Ministries						32		015183
Pai	t I	Reason	for Public Ch	arity Status (All or	ganızatio	ons mus	t comple	ete this	part.) Se	e instruc	ctions.
The 1 2 3 4		A church, co A school des A hospital or A medical re hospital's na	onvention of chu scribed in section a cooperative has esearch organiza me, city, and st		of church tach Sche tization de unction v	hes described with a ho	ribed in s in sectio spital des	n 170(b)(scribed in	70(b)(1)(/ (1)(A)(iii). n section	4)(i). ı 170(b)(1 	
5			ion operated for (b)(1)(A)(iv). (Coi	the benefit of a colle the plete Part II.)	ge or uni	versity ov	vned or d	perated	by a gov	ernmenta	l unit described in
6		A federal, sta	ate, or local gov	ernment or governme	ental unit	describe	d in sect	ion 170(t	o)(1)(A)(v)).	
7		•		/ receives a substantia (1)(A)(vi). (Complete P		its suppo	ort from a	governm	iental uni	t or from	the general public
8		A community	y trust described	in section 170(b)(1)	(A)(vi). (C	omplete	Part II)				
9	Ø	An organizat receipts from support from	ion that normally activities related gross investm	receives. (1) more that ed to its exempt function ent income and unre after June 30, 1975	an 33½ % tions—su lated bus	of its su bject to d siness ta	pport froi certain ex xable inc	ceptions ome (les	, and (2) s section	no more	than 331/3 % of its
10 11 e		An organizate purposes of 509(a)(3). Crea Type By checking persons other	tion organized a one or more pul neck the box tha I b — this box, I cert	tify that the organization managers and othe	vely for the nizations of suppose Type	ne benefi described rting orga e III-Fund ot control	t of, to post of the section of the	perform to on 509(a) and com integrated tly or inc	he functi (1) or sec iplete line d lirectly b	ons of, o ction 509(es 11e thr d y one or	a)(2). See section ough 11h. Type III-Other more disqualified
f g		organization	, check this box it 17, 2006, has	a written determination							III supporting
		and (III) b (iii) A family (iii) A 35% c	pelow, the gover member of a pe ontrolled entity	r indirectly controls, ening body of the supperson described in (i) a of a person described	ported or above ⁹ d in (i) or	ganizatio	n? . .?	h person	s descril	bed in (ii)	Yes No 11g(i) 11g(ii)
<u>h</u>				ation about the support	T		1		1		
(1)		e of supported janization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	Is the tion in col ized in the S?	(vii) Amount of support
					Yes	No	Yes	No	Yes	No	
											-
Tota	al										

•								
Schedule	Α	(Form	990	or	990-	·F7)	2009	

Page 2

	tion A. Public Support		1						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")								
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4.								
	tion B. Total Support			•			,		
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
11	Total support. Add lines 7 through 10 .					ļ	<u> </u>		
12	Gross receipts from related activities, etc.	. (see instructi	ons)			12			
13	First five years. If the Form 990 is for organization, check this box and stop he	re					on 501(c)(3)		
	tion C. Computation of Public Sup					T T			
14	Public support percentage for 2009 (line 6	, ,,	•	, ,,,		14			
15	Public support percentage from 2008 Sch	•				15			
16a	33% % support test—2009. If the organization qualifies			•	line 14 is 331/31	% or more, che	ck this box		
	and stop here. The organization qualifies as a publicly supported organization								
D	33% % support test – 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33% % or more, check this box and stop here. The organization qualifies as a publicly supported organization								
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums	09. If the orgaracts-and-circu	nization did not mstances" test	check a box on check this box	and stop here	16b, and line 1 Explain in Part	4 is 10% or IV how the		
b	10%-facts-and-circumstances test – 2008. more, and if the organization meets the "facts-and-circumsta	acts-and-circur	nstances" test,	check this box	and stop here.	Explain in Part	IV how the		
18	Private foundation. If the organization did		•	•		•			

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

500	tion A. Public Support	the box of	i iiile 9 Ui Fai				
	llendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
0.	neriodi yedi (or iiscar yedi beginining iii)	(a) 2000	(b) 2000	(6) 2007	(4) 2000	(e) 2003	(i) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	175,244	203,179	338,116	285,295	345,977	1,347,811
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or 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 through 5	175,244	203,179	338,116	285,295	345,977	1,347,811
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	75,302	95,492	273,100	185,500	290,811	920,205
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b	75,302	95,492	273,100	185,500	290,811	920,205
8	Public support (Subtract line 7c from line 6)		•			· ·	427,606
Sec	tion B. Total Support	•					
Ca	ılendar year (or fiscal year beginnıng ın) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	175,244	203,179	338,116	285,295	345,977	1,347,811
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	41					41
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 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.)						<u>.</u>
13	Total support. (Add lines 9, 10c, 11, and 12)	175,244	203,179	338,116	285,295	345,977	1,347,811
14	First five years. If the Form 990 is for organization, check this box and stop	here		nd, third, fourth	n, or fifth tax y	ear as a sectio	n 501(c)(3) . ▶ □
	tion C. Computation of Public Su	•					04 7
15	Public support percentage for 2009 (lin					15	31.7 %
16 Sec	Public support percentage from 2008 Stion D. Computation of Investmen				<u></u> .	16	35 %
				1	(0)	47	0 %
17 10	Investment income percentage for 200	•	• • • • • • • • • • • • • • • • • • • •	-	oiumn (t)) .	17	0 %
18 19a	Investment income percentage from 20 33½ % support tests – 2009. If the organization				I		
	17 is not more than 33% %, check this b	ox and stop he	ere. The organi	zation qualifies	as a publicly s	supported orga	nization 🕨 🗌
b	331/3 % support tests – 2008. If the organ line 18 is not more than 331/3 %, check this	s box and stop	here. The orga	nization qualifie	s as a publicly	supported orga	nization 🕨 🗹
20	Private foundation. If the organization	did not check	a box on line 1	4, 19a, or 19b	, check this bo	x and see inst	ructions ► 🔲

chedule A (F	orm 990 or 990-EZ) 2009					Page 4
Part IV	Supplemental Information. Part II, line 17a or 17b; and	. Complete this Part III, line 12.	part to provide Provide any oth	the explanations red ner additional inform	quired by Part II, lination. See instruct	ne 10; ions.
·•••••		·				
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Russian Encouragement Ministries
32-0015183
990-EZ Part I, Line 10
Schedule of Grants and Similar Amounts Paid

Kenya – Aim Deguna, summer programs, Christian school - \$28,650 Kamchatka Full Gospel Church, church building - \$8,600 Vladivostok Bible Church, church building fund - \$200,011 Emmanuel Church – Kamchatka, wilderness camp - \$1,000 Petropavlovsk Summer Orphanage Camp Program - \$7,532 Vladivostok Bible Church, pastor support - \$21,245 Living Hope - \$10,000 Petropavlovsk Orphanages, spring and summer groups - \$25,000

TOTAL - \$302,038