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Form **990-EZ**

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.

OMB No. 1545-1150

2009

Open to Public Inspection

		of the Treasury nue Service			s than \$1,250,000 at the have to use a copy of				ents.		Insp	ection
The organization may have to use a copy of this return to satisfy state reporting requirer A For the 2009 calendar year, or tax year beginning O / J J , 2009, and ending							12/3/ ,2009					
		applicable	Please	C Name of organization		,,,,,,			D Employer identification number			
\Box		ress change use IRS St. John of Kronstadt Orthodox Christian School									1280706	
	Name ch											
	Initial ref		type.	706 Stewart St.	·		1				452 017	7
닏	Termina		See Specific	City or town, state or co	untry, and ZIP + 4				- 0			
H	Amende		instruc- tions.	Yakima,Wa 98902						ip Exemi	วนดก	
브		tion pending	ь					10 4		ber ▶	70.	✓ Accrual
	• Sec	ction 501(c)(3)		ations and 4947(a)(1) npleted Schedule A (F			macn	1	(specify)	_	_ Casn	
				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		y-						
	Websi		ctikoob	and nam				H Check		-		
_				ool.com nly one) — 🔲 501(c) () ◀ (insert no.)	4947(a)(1) or	☐ 527	- 1 . :	ed to att Z, or 990		edule is	(Form 990,
										'	45 - 00	
	Check		_	zation is not a section 5	-	-	-		_			.5,000. A
				turn is not required, bu					<u>`</u>	ete retur	11.	76 424 42
_	art I			9 to determine gross reenses, and Chan						tions f	or Pari	76,121.12
	_						liance	S (See line	HISTIU		UI Fan	43,981.56
	1		_	s, grants, and simila						1		
	2	-		evenue including go		contracts .		• • • •		2		25,535.17
	3		•	and assessments.						3		0.00
	4	Investmen							٠ . ١	4		37.39
	5a			m sale of assets other	_		5a		0			
	þ			r basis and sales ex			5b			_		_
Φ		c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)							5c		0.	
Revenue	6					-	m gamun	ig, check here		İ		
ě	a			ot including \$		contributions	1 - 1					
Œ	1 -	reported o			· · · · · · ·		6a		657.00	}		
	b		•	nses other than fund			6b		0	_		
	_c		-	ss) from special even	•		1 1	ne 6a)	· · .	6c		6657.00
	7a			entory, less returns a	and allowances .		7a		0			
	b		•				7b		.0	_		
	C	-		ss) from sales of inve	entory (Subtract III	ne /b from line /	'a) .	• • • •		7c		0.00
	8								—,	8		0.00
	9					HEGE	K/E		· P	9		76121.12
	10			r amounts paid (attai	- 13	R	AF			10		0.00
,	11	Benefits paid to or for members								11		0.00
enses	12				, , _ ,	,	2010	· \$ ·		12	-	0.00
ē	13			and other payments	• 11	(R) (C) (C)		· 옕 ·		13		396.00
Expe	14									14		2886.44
-		• • •				I operating over				15		2759.91
	16 17	•	•	lescribe ► Curricu Add lines 10 through		····			—' ∤	16		33,426.81 120,963.71
	40			for the year (Subtraction		· · · · · ·				17		-44,842.59
Net Assets	19			d balances at begin						18		-44,642.59
ŠŠ	'3			reported on prior ye		· · · · · ·				40		E4 742 CO
Ā	200	_	•		•					19		54,743.68
ž	20		-	net assets or fund ba	•	•		• • • •		20		-99,586.27
P	21 art			balances at end of ts. If Total assets or				ore file Ear	. ► m 000	21	of Ear	11,611.45
	en Cili		- Criet	(See the instruction		υ _/ αι ο φτ,200,00	70 OF III	·	inning of	-		
9		ach covince	and :-	=				(A) Deg				d of year
23 23		ash, savings,						•	34,3	06.09 22		13,573.47
24		and and build		e ► Accounts recei	vable computers			` 	24.01	0.00 23		0.00
25		otal assets (·	-'		39.95 2 4 96.04 2 5		2479.39
26				· · · · · · · · · · · · · · · · · · ·			• •	∵ ├		52.36 26		16,052.86
27				alances (line 27 of c		aree with line 21	1	-'		13.68 27		4441.41 11,611.45
-						5-00 mar mio £1	, .		U-7, 1 °	· - · - · Z	1	11,011.40

Par	t III Statement of Program Service Accom	nlishments (See the instr	uctions for Part II	1.)	Т	Expenses		
	t is the organization's primary exempt purpose?		doctorio (or) di c ii	,	/Regu	•		
	ris the organization's primary exempt purpose? cribe what was achieved in carrying out the org		see in a clear a	nd concise	(Required for section 501(c)(3) and 501(c)(4)			
	ner, describe the services provided, the number of				organizations and sect			
	program title.	or persons benefited, and t	Julei Televant IIIIO	ination to		(a)(1) trusts; optional hers.)		
	. •			·	TOF OL	ners.)		
28	Provide a religious and secular education for studer	ıts						
	(Grants \$ 0.00) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	28a	120,963.71		
29			~~~~~~~					
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	29a			
30								
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ □	30a			
31					+			
•	(Grants \$) If this amount				31a			
32		through 31a)	CONTINUE		32	· · · · · · · · · · · · · · · · · · ·		
	List of Officers, Directors, Trustees, and Key	/ Employees. ⊔st each one ev	ven if not compensa	ted. (See the		ctions for Part IV.)		
		(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense		
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compe	t plans &	account and		
Eliza	hoth Citagorald	devoted to position	enter -o)	delerred compe	risauon	other allowances		
	beth Fitzgerald	administrator/25	45.00%-			400/		
	S. 80th Ave. Yakima, Wa. 98908		15.00/hr	-		10%commision		
	ri Black	Teacher/40						
	2 Barge St. Yakıma Wa. 98902		2663.30/mo	1	340.32			
	des Harvey	admin/teacher/40						
	S. 59th Yakima, Wa. 98908		3397.33	600.				
Beth	any Forsyth	Teacher/15		•				
101	Hovde Ln. Selah Wa. 98942	T Cadiller, 10	22.31/hr					
Cale	y Roper	Teacher/30			i			
618	S.3rd Ave. Yakima Wa. 98902	Teacher/30	14.81/hr.	<u>.</u>				
Prote	odeacon Nathaniel Hagler	Buisness Manager						
808	Country Club Dr. Yakima,Wa. 98901	Buisness Manager	0					
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			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		✓
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?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		✓
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 0.00			
b	Did the organization file Form 1120-POL for this year?	37b		✓
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:			
а	Initiation fees and capital contributions included on line 9			
b	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 ▶			
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	:	√
41	List the states with which a copy of this return is filed. ▶ Washington			
42a	The organization's books are in care of ▶ Protodeacon Nathaniel Hagler Telephone no. ▶ \$	09 45	2 1783	3
	Located at ► ZIP + 4 ►			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		1
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		, I	▶ □
			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
	F		LF7	(0,000)

Part	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 an	section 4947(a)(1) no.7(a)(1) nonexempt cd 51.	onexempt charit haritable trusts n	table trusts only. Anust answer question	dl sec ons 46	tion 3-49I	b b		
46	Did the organization engage in direct or indirect			f or in opposition to		Yes	No		
	candidates for public office? If "Yes," complete \$	•			46		1		
47	Did the organization engage in lobbying activities	•			47		✓		
48	Is the organization a school as described in section				48	<u> </u>			
49a	Did the organization make any transfers to an ex	=	•		49a		-		
50	If "Yes," was the related organization a section 5 Complete this table for the organization's five hig employees) who each received more than \$100,0	ghest compensated en		n officers, directors,					
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensati		(e)	Expensount a allowa	nse and		
попе									
f	Total number of other employees paid over \$100	,000 ▶	0		1				
none	(a) Name and address of each independent contractor	paid more than \$100,000	(b)	Type of service	(c) Con	npensa	ation		
					-				
d	Total number of other independent contractors e	ach receiving over \$10	00,000 ▶	0		-			
	Under penalties of penjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration	d this return, including according preparer (other than office	npanying schedules and r) is based on all informa	statements, and to the best tion of which preparer has	st of my any kno	knowl wledge	edge e.		
Sign Here	Signature of officer Protodeacon Nathaniel Hagler Type or print name and title	AzCe		Date Date					
Paid Prepar	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying nur	nber (See	 instruc	tions)		
Use Or	Firm's name (or								
May th	ne IRS discuss this return with the preparer shown	above? See instruction	ons	🕨 🗀	Yes m 990		No (2009)		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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

Name of the organization

St John of Kronstadt Orthodox Christian School

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

Pai	UΙ	Reason	i for Public Cr	narity Status (All or	ganizati	ons mus	t compi	ete tnis	part.) Se	e instru	ctions.					
The	orga	anization is n	ot a private four	ndation because it is:	(For lines	1 through	gh 11, ch	eck only	one box	.)						
1			•	irches, or association	•		-	-		-						
2	7			on 170(b)(1)(A)(ii). (At					- (-/(-//-	7.7						
3	$\overline{\Box}$			hospital service organ		-		n 170(b)	(1)(<u>Δ</u>)(iii)							
4		•	•	ation operated in con							\/A\/iin	Ente	or tha			
•		hospital's na	ame, city, and st	ate:									-			
5		_	tion operated foi (b)(1)(A)(iv). (Co	r the benefit of a colle mplete Part II.)	ge or uni	versity or	wned or o	operated	by a gov	ernmenta	l unit d	escrit	oed ir			
6		A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d in sect	ion 170(l	b)(1)(A)(v)).						
7		•		y receives a substanti (1)(A)(vi). (Complete F	•	its suppo	ort from a	governn	nental uni	t or from	the ger	neral p	oublic			
8		A communit	y trust describe	d in section 170(b)(1)	(A)(vi). (C	Complete	Part II.)									
9		An organizat	tion that normally	y receives: (1) more th	an 331/3 %	of its su	pport fro	m contrib	outions, m	nembersh	ip fees,	and e	gross			
				ed to its exempt func												
		support from	n gross investm	ent income and unre	lated bu	siness ta	xable inc	ome (les	s section	1 511 tax)	from	busin	esses			
		acquired by	the organization	n after June 30, 1975.	See sec	tion 509	(a)(2). (Co	omplete F	Part III.)							
10		An organiza	tion organized a	nd operated exclusive	ely to tes	t for publ	lic safety.	See sec	tion 509	(a)(4).						
11				and operated exclusiv							r to ca	rrv o	ut the			
				blicly supported organ												
				at describes the type												
		a 🗌 Type							-		Type		her			
a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by c																
•	persons other than foundation managers and other than one or more publicly supported organization															
			section 509(a)(2)				,		J-							
f		If the organ	zation received	a written determinati	on from	the IRS	that it is	a Tyne I	l Type II	or Type	III sur	nortu	na			
			, check this box					u 1,500	., .,pc	, 0, 1,50	oup	,poi	'' ⁹ ୮			
g		•	st 17, 2006, has	the organization acce	epted any	gift or c	ontribution	on from a	any of the	•			<u>.</u>			
		٠.		r indirectly controls, e	other alo	ne or too	othor wil	h noreon	ne doecni	ned in (ii)		Yes	No			
		and (III) b	pelow, the gover	ning body of the supp	ported or	-	•				11g(i)					
				erson described in (i) a							11g(ii)					
L-				of a person described							11g(iii)					
<u>h</u>				ation about the support	· · · · · ·		 		T							
(1)		of supported janization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your		ou notify nization in		s the		Amount upport				
		,		above or IRC section		document?	col (i)	of your	(i) organi	zed in the	•	apport				
				(see instructions))		I	<u> </u>	oort?		S?						
					Yes	No	Yes	No	Yes	No						
						_										
Fota						-										

	Support Schedule for Org (Complete only if you chec					and 170(b)(1)(A)(vi)
	tion A. Public Support		·	,			
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		ļ				
5 6	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.						
Sec	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 .		<u> </u>	<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>				
	tion C. Computation of Public Su			4 1 (0)			
14	Public support percentage for 2009 (line	• • • • • • • • • • • • • • • • • • • •	-			14	<u></u> %
15 16-	Public support percentage from 2008 Scl					15	<u>%</u>
	331/3 % support test — 2009. If the organizand stop here. The organization qualifies	as a publicly	supported orga	nization			▶ 🗆
b	33% % support test—2008. If the organization qua						
17a	10%-facts-and-circumstances test —20 more, and if the organization meets the "facts-and-circum meets-and-circum meets-and-circum meets-and-cir	acts-and-circui	mstances" test,	check this box	and stop here	. Explain ın Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstance of the private foundation. If the organization did	acts-and-circun nces" test. The	nstances" test, o organization qua	check this box a alifies as a public	and stop here. cly supported or	Explain in Part ganization	IV how the

	dule A (Form 990 or 990-EZ) 2009	nizations De	scribed in 9	ection 509/a	.)(2)		Page 3
ıa	(Complete only if you checke	ed the box or	n line 9 of Pa	rt I.)	·/(<i>~</i> /		
	tion A. Public Support						
Ca	alendar 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	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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b					ļ	
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2005	(h) 2006	(a) 2007	(-1) 2000	(2) 2000	40 Tetal
		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned 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 torganization, check this box and stop to organization.	here					on 501(c)(3) ▶ □
	tion C. Computation of Public Sup					T := 1	
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S	Schedule A, Pa	art III, line 15	e 13, column (15 16	% %
	tion D. Computation of Investmen					1 42 1	
17 18	Investment income percentage for 2009 Investment income percentage from 20					17	<u>%</u>
19a	33% % support tests – 2009. If the organizer is not more than 33% %, check this be	anization did n	ot check the be	ox on line 14, a	ınd line 15 is n	nore than 331/31	%, and line
b	33% % support tests—2008. If the organ line 18 is not more than 33% %, check this	ization did not	check a box on	line 14 or line	19a, and line 1	6 is more than	331/3 %, and

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □

	form 990 or 990-EZ) 2009	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See	Part II, line 10; instructions.
		
		
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· • • • • • • • • • • • • • • • • • • •		
••		

SCHEDULE E (Form 990 or 990-EZ)

Schools

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Employer identification number Name of the organization St. John of Kronsadt Orthodox Christian school 48 1280706 VES NO

			1123	110
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	4	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	4	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Schedule O (Form 990)	3	1	
4 a	• • • • • • • • • • • • • • • • • • • •	4a	✓_	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	1	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	1	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	4	
5 a	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a		1
b	Admissions policies?	5b		1
С	Employment of faculty or administrative staff?	5c		4
d	Scholarships or other financial assistance?	5d		1
е	Educational policies?	5e		✓_
f	Use of facilities?	5f		4
g	Athletic programs?	5g		4
h	Other extracurricular activities?	5h	<u> </u>	1
	If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990).			
	Does the organization receive any financial aid or assistance from a governmental agency?	6a 6b	 	1
	Has the organization's right to such aid ever been revoked or suspended?	OB	-	
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)	7	1	

To whom it may concern:

The figure on line 20 of form 990ez reflects the difference between the loss in net income and retained earnings.

Thank you,

Protodeacon Nathaniel Hagler