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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)

OMB No 1545-1150
2009
Open to Public Inspection

▶ 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.

A For the 2009 calendar year, or tax year beginning 07-01-2009, and ending 06-30-2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ORPHAN'S TREE INC <hr/> Number and street (or P O box, if mail is not delivered to street address) Room/suite 1413 DARK PINE CT <hr/> City or town, state or country, and ZIP + 4 MONUMENT, CO 80132	D Employer identification number 26-2733214 <hr/> E Telephone number (719) 359-8449 <hr/> F Group Exemption Number _____ ▶
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Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

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

I Website: WWW. ORPHANSTREE. ORG

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

J Tax-Exempt status (check only one) — 501(c)(3) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 464,361

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	463,446
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	415
	5a Gross amount from sale of assets other than inventory	5a	500
	b Less cost or other basis and sales expenses	5b	2,184
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-1,684
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ of contributions reported on line 1)	6a	
	b Less direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶ _____)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	462,177	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	161,881
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	207,964
	13 Professional fees and other payments to independent contractors	13	1,432
	14 Occupancy, rent, utilities, and maintenance	14	2,315
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶ _____)	16	121,537
	17 Total expenses. Add lines 10 through 16	17	495,129
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-32,952
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	53,036
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	20,084

Part II Balance Sheets—If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	44,884	22	15,311
23 Land and buildings		23	
24 Other assets (describe ▶ _____)	9,883	24	7,698
25 Total assets	54,767	25	23,009
26 Total liabilities (describe ▶ _____)	1,731	26	2,925
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	53,036	27	20,084

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Yes No

<p>33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity</p>	<p>33</p>		<p>No</p>
<p>34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes</p>	<p>34</p>		<p>No</p>
<p>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</p>			
<p>a 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?</p>	<p>35a</p>		<p>No</p>
<p>b If "Yes," has it filed a tax return on Form 990-T for this year?</p>	<p>35b</p>		
<p>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</p>	<p>36</p>		<p>No</p>
<p>37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____</p>			
<p>b Did the organization file Form 1120-POL for this year?</p>	<p>37b</p>		<p>No</p>
<p>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?</p>	<p>38a</p>		<p>No</p>
<p>b If "Yes," complete Schedule L, Part II and enter the total amount involved</p>	<p>38b</p>		
<p>39 <i>Section 501(c)(7) organizations.</i> Enter</p>			
<p>a Initiation fees and capital contributions included on line 9</p>	<p>39a</p>		
<p>b Gross receipts, included on line 9, for public use of club facilities</p>	<p>39b</p>		
<p>40a <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____</p>			
<p>b <i>Section 501(c)(3) and 501(c)(4) organizations.</i> 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</p>	<p>40b</p>		<p>No</p>
<p>c <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____</p>			
<p>d <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax on line 40c reimbursed by the organization ▶ _____</p>			
<p>e <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T</p>	<p>40e</p>		<p>No</p>
<p>41 List the states with which a copy of this return is filed ▶ _____</p>			
<p>42a The organization's books are in care of ▶ <u>CINDY TUPPER</u> Telephone no ▶ <u>(719) 359-8449</u> 1413 DARK PINE CT Located at ▶ <u>MONUMENT, CO</u> ZIP + 4 ▶ <u>80132</u></p>			
<p>b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>	<p>42b</p>	<p>Yes No</p>	<p>No</p>
<p>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.</p>			
<p>c At any time during the calendar year, did the organization maintain an office outside of the U S ?</p>	<p>42c</p>		<p>No</p>
<p>If "Yes," enter the name of the foreign country ▶ _____</p>			
<p>43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____</p>	<p>43</p>		
<p>44 Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.</p>	<p>44</p>	<p>Yes No</p>	<p>No</p>
<p>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.</p>	<p>45</p>	<p>Yes No</p>	<p>No</p>

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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		No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a Did the organization make any transfers to an exempt non-charitable related organization?	Yes	
49b If "Yes," was the related organization a section 527 organization?		No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: ***** Date: 2010-12-14

Type or print name and title: RAYMOND BJOHNSON BOARD TREASURER

Paid Preparer's Use Only

Preparer's signature: DEANN L PRICE Date: 2010-12-14 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: ERICKSON BROWN & KLOSTER PC, 4565 HILTON PKWY STE 101, COLORADO SPRINGS, CO 809073540

Preparer's identifying number (See instructions): EIN: Phone no: (719) 531-0445

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
ORPHAN'S TREE INC

Employer identification number

26-2733214

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II 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.)

Section A. Public Support

Calendar 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")			30,000	394,591	463,446	888,037
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			30,000	394,591	463,446	888,037
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)						451,480
6 Public Support. Subtract line 5 from line 4						436,557

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4			30,000	394,591	463,446	888,037
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				282	415	697
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets				35		35
11 Total support (Add lines 7 through 10)						888,769
12 Gross receipts from related activities, etc (See instructions)					12	415

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar 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						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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 organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2009. 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

b 33 1/3% support tests—2008. 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

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

TY 2009 Compensation Explanation

Name: ORPHAN'S TREE INC

EIN: 26-2733214

Person Name	Explanation
AWES SUE	
BENNETT TOM	
JOHNSON RAY	
PETERSON JOSH	
SMITH MEREDITH STEINER	
STODDARD JEFF	
TECHANCHUK BILL	
STEINER GEORGE	
HAPS JENYA	

TY 2009 Grants and Similar Amounts Paid Schedule

Name: ORPHAN'S TREE INC

EIN: 26-2733214

Item No.	1
Class of Activity	PROGRAM SERVICES
Donee's Name	NADEZHDA FUND
Donee's Address	ULITSA TRAKTORNAYA 3 VLADIMIR 600026 RS
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	PROGRAM SERVICES
Donee's Name	NADEZHDA FUND
Donee's Address	ULITSA TRAKTORNAYA 3 VLADIMIR 600026 RS
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	PROGRAM SERVICES
Donee's Name	TOGETHER FUND
Donee's Address	UI LENINA 10 KOSTROMA 156000 RS
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Assets Schedule

Name: ORPHAN'S TREE INC

EIN: 26-2733214

Description	Beginning of Year Amount	End of Year Amount
PROPERTY AND EQUIPMENT	10,513	10,933
LESS ACCUMULATED DEPRECIATION	1,516	3,235
TRAVEL ADVANCES	886	
	9,883	7,698

TY 2009 Other Expenses Schedule**Name:** ORPHAN'S TREE INC**EIN:** 26-2733214

Description	Amount
EXPENSES	
D & O INSURANCE	1,475
BENEVOLENCE	790
BANK & FINANCE CHARGES	184
OFFICE SUPPLIES	932
DUES SUBSCRIPTIONS & FEES	719
PRINTING	3,343
POSTAGE	1,558
CREDIT CARD CHARGES	1,408
INTERNET EXPENSES	887
TELEPHONE	3,175
DEVELOPMENT	46,970
US STAFF TRAVEL	16,049
TRIPS LODGING	12,297
TRIPS MEALS	5,300
TRIPS TRANSPORTATION	13,289
TRIPS TRANSLATOR	2,030
TRIPS VISA & PASSPORT	4,422
TRIPS TRAVEL INSURANCE	761
TRIPS EXCURSIONS	1,369
TRIPS STAFF BONUS	1,247
TRIPS TRAVEL & SUPPLIES	569
MISCELLANEOUS	962
COMPUTER REPAIR & MAINTEN	1,342
UTILITIES	300
MISC ADMIN COSTS	159

TY 2009 Other Liabilities Schedule**Name:** ORPHAN'S TREE INC**EIN:** 26-2733214

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	1,731	2,925
	1,731	2,925

Additional Data

Software ID:
Software Version:
EIN: 26-2733214
Name: ORPHAN'S TREE INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
<p>28 MINISTRY PROGRAMS 242,350 WE PROVIDE FUNDS TO SUPPORT SUPPLIES AND TRAVEL EXPENSES FOR THE VARIOUS ORGANIZATION PROGRAMS DESCRIBED BELOW INCLUDED IN THESE PROGRAM COSTS ARE AN ALLOCATED PART OF THE ORGANIZATION'S STAFF COMPENSATION AND OPERATING EXPENSES TO ACHIEVE PROGRAM OBJECTIVES LEADERSHIP 11,687 ONE OF OUR OBJECTIVES IS TO GROOM LEADERSHIP AND VOLUNTEERING TRAITS IN THE YOUNG ADULT ORPHANS THIS DEVELOPMENT IS DONE THROUGHOUT ALL OF OUR PROGRAMS AND SPECIFICALLY INCLUDES HAVING YOUNG ADULT ORPHANS REVISIT THEIR HOME ORPHANAGES TO DISCUSS THEIR EXPERIENCES AFTER GRADUATING FROM THE ORPHANAGE AND GIVING ENCOURAGEMENT TO THE OLDER ORPHANS IN THE ORPHANAGES AS AN ENCOURAGEMENT, TRIPS ARE CONDUCTED FOR THEM TO PARTICIPATE IN PARTICIPANTS FOR EACH TRIP ARE SELECTED BASED UPON THEIR PARTICIPATION AND LEADERSHIP IN PROGRAMS AT THE THREE MINISTRY CENTERS THESE TRIPS TO VARIOUS HISTORICAL SITES IN RUSSIA COMBINE EDUCATION AND SPIRITUAL INSIGHTS, WITH MANY CHILDREN WILLING TO OPEN UP AND DISCUSS WHAT THEY ARE SENSING ABOUT THEIR FAITH EDUCATION 20,451 EDUCATION TAKES PLACE EVERYWHERE AS SUCH, IT OVERLAPS WITH ALMOST ALL PROGRAMS WE DESIRE TO SEE ORPHANS HAVE DOORS OPENED FOR THEM THROUGH EXPANDED EDUCATIONAL OPPORTUNITIES TYPICAL EXAMPLES OF ACTIVITIES INCLUDE EDUCATIONAL EXCURSIONS, SCHOLARSHIPS BASED UPON SET CRITERIA, AND APPRECIATION SEMINARS IN ART/MUSIC/DANCE WE ARE FUNDING EIGHT GRADUATE ORPHANS STUDYING IN MOSCOW OR ST PETERSBURG WE PROVIDE SUPPORT FOR LIVING EXPENSES AND, IN SOME CASES, TUITION JOB PREPARATION 17,467 THROUGH FUNDING FROM A RUSSIAN CORPORATION AND THE ORGANIZATION'S FUNDS, WE ESTABLISHED A NEW PROGRAM AT THE IVANOVO MINISTRY CENTER IN WHICH GROUPS OF YOUNG ADULT ORPHANS RECEIVE EDUCATION IN PREPARING FOR A JOB SEARCH, WRITING RESUMES, LEARNING HOW TO BE INTERVIEWED FOR A JOB AND HOW TO SUCCEED IN THE WORKPLACE DURING THE PROGRAM, THEY VISIT VARIOUS BUSINESSES IN IVANOVO TO GET IDEAS ABOUT WORK OPPORTUNITIES AND HOW THE WORKPLACE OPERATES AS PART OF THIS EFFORT, INTERNSHIPS WERE PROVIDED TO TWO YOUNG MEN, ONE WORKING AS AN ASSISTANT WEIGHT COACH AND THE OTHER AS A CUSTODIAN TO OBTAIN THESE INTERNSHIPS, THESE YOUNG MEN NEEDED TO PREPARE RESUMES, BE INTERVIEWED AND THEN WRITE PROGRESS REPORTS OF THEIR INTERN EXPERIENCES LIFE SKILLS PROGRAMS 8,214 RAISED IN AN ORPHANAGE, ORPHANS TYPICALLY STRUGGLE WITH WHAT MANY IN SOCIETY GROW UP UNDERSTANDING AS CHILDREN PREPARE TO LEAVE THEIR ORPHANAGE, WE DESIRE TO ASSIST THEM IN THEIR TRANSITION TO INDEPENDENT LIVING IN THE OUTSIDE WORLD TRAINING IN BASIC LIFE SKILLS SUCH AS BUDGETING, INTERACTING WITH TEACHERS AND OTHERS IN AUTHORITY, CHOOSING GOOD FRIENDS, BEING A GOOD FRIEND, ELEMENTS OF A HEALTHY LIFE STYLE, AND SIMILAR TOPICS ARE OFFERED TRAINING IS PROVIDED IN SEMINAR AND SMALL GROUP SETTINGS U S TEAMS THAT ARE SPONSORED BY THE ORGANIZATION PROVIDE THIS TRAINING FUNDING COVERS MATERIALS AND DAY TRIPS FOR THE GRADUATES TRAVEL FOR THE TEAMS IS FUNDED BY THE ORGANIZATION YOUNG FAMILIES 76,870 IN THIS FISCAL YEAR, THE YOUNG FAMILIES PROGRAM EXPANDED FROM 6 FAMILIES IN VLADIMIR TO 17 FAMILIES IN VLADIMIR, KOSTROMA AND IVANOVO REGIONS WE PUT INTO PLACE OUR MOTHER'S DAY OUT PROGRAM WHICH ALLOWS YOUNG MOTHERS WITH RESPITE CARE MINISTRY CENTER PROGRAMS 30,875 WE PROVIDE FUNDS TO SUPPORT THE ACTIVITIES HELD AT THE MINISTRY CENTERS THE MINISTRY CENTERS ARE DROP-IN CENTERS WHERE GRADUATE ORPHANS CAN COME FOR SUPPORT, COUNSELING, GETTING COMPUTER INSTRUCTION, WORKING OUT IN THE GYMS AND TALKING TO THE STAFF ABOUT THEIR LIFE AND PROBLEMS THE ORGANIZATION PROVIDES THE SUPPLIES, MEALS AND SNACKS, UTILITY AND MAINTENANCE SERVICES OF THE CENTERS AND OTHER NON-PROGRAMMATIC EXPENSES INDIVIDUAL SUPPORT 5,609 WE FUNDED INDIVIDUAL STUDENTS THAT PARTICIPATED IN SUMMER ACTIVITIES INCLUDING ONE YOUNG MAN FROM IVANOVO WHO SPENT THE SUMMER AT A CAMP LEARNING TO WORK WITH HORSES THERE WERE ALSO SMALL STIPENDS FOR INDIVIDUAL ORPHANS FAMILY CENTER 17,200 IN THIS PROGRAM, GROUPS OF BOTH YOUNG MEN AND WOMEN EXPERIENCE AND LEARN FROM LIFE IN A FAMILY SETTING WITH A RUSSIAN COUPLE WE PROVIDE PARTIAL SUPPORT FOR THE THREE LAKINSK FAMILY CENTERS THE REMAINING LAKINSK SUPPORT COMES FROM A GRANT, WHICH WE OBTAINED FROM A RUSSIAN CORPORATION (SEE BELOW) EMERGENCY FUND 2,361 THE EMERGENCY FUND IS PROVIDED FOR UNEXPECTED EMERGENCIES INVOLVING THE GRADUATE ORPHANS OR MINISTRY CENTER NEEDS ST PETERSBURG EXPANSION 22,125 WE ARE PARTNERING WITH ORPHAN OUTREACH IN ST PETERSBURG ON A TRANSITION PROGRAM FOR ORPHANS IN ST PETERSBURG SCHOOLS WE FUND THE STAFF MEMBER WHO WORKS DIRECTLY WITH THE TEENAGERS ASSISTING THEM WITH EDUCATIONAL, LIFE SKILLS, EMOTIONAL AND PHYSICAL NEEDS DACHA PROJECT 29,491 WE PROVIDED FUNDS FOR THE TOGETHER FUND TO PURCHASE A DACHA AS A RETREAT FOR YOUNG ADULT ORPHANS GOING TO A DACHA IN THE SUMMER IS A STRONG PART OF THE RUSSIAN CULTURE DACHAS HAVE VEGETABLE GARDENS TO RAISE FOOD BOTH FOR CURRENT USE AND FOR THE COMING WINTER MONTHS WE HIRED A PROGRAM MANAGER NAMED ANDRE SELIVANOV, WHO HAS PREVIOUS EXPERIENCE WORKING WITH OLDER ORPHANS HE WORKS WITH OLDER ORPHANS WHO VOLUNTARILY VISIT THE DACHA WHERE THEY HAVE THE OPPORTUNITY TO LEARN PRACTICAL SKILLS SUCH AS RENOVATION AND HOW TO MAINTAIN THE GARDEN THEY ALSO ENJOY RECREATIONAL ACTIVITIES SUCH AS GOING TO THE RIVER AND COOKING MEALS TOGETHER THIS YEAR, WE HAD AN AMERICAN TEAM SPEND TIME AT THE DACHA WORKING WITH THE YOUNG ADULT ORPHANS WHO WERE VISITING THE DACHA (Grants \$ 136,195) If this amount includes foreign grants, check here <input checked="" type="checkbox"/></p>	28a	242,350
<p>29 RUSSIAN OPERATIONAL EXPENSES 45,707 THE ORGANIZATION CONTINUED TO PROVIDE SUPPLEMENTAL FUNDS FOR THE NATIONAL STAFF OF THE NADEZHDA FUND AND THE REGIONAL MANAGERS ALSO INCLUDED IN THIS CATEGORY ARE SUPPLIES AND TRAVEL EXPENSES FOR RUSSIAN STAFF SUPPORTING THE ORGANIZATION'S PROGRAMS AND AN ALLOCATED PART OF THE ORGANIZATION'S STAFF COMPENSATION AND OPERATING EXPENSES TO ACHIEVE PROGRAM OBJECTIVES (Grants \$ 25,686) If this amount includes foreign grants, check here <input checked="" type="checkbox"/></p>	29a	45,707
<p>30 MINISTRY TRIPS 74,076 THESE EXPENSES REPRESENT THE COST OF FIVE TRIPS MADE TO RUSSIA BY U S STAFF AND VOLUNTEERS THE TRIPS WERE THE NOVEMBER 2009 CAREER PLANNING SEMINAR, THE YOUNG FAMILIES RETREAT IN NOVEMBER, THE FEBRUARY 2010 LIFE SKILLS TRIP TO IVANOVO, A MINISTRY OVERVIEW TRIP IN MAY, A GROUP THAT VOLUNTEERED AT THE DACHA, AND A TRIP FOR 36 ORPHAN LEADERS WHO TRAVELED TO ST PETERSBURG (Grants \$) If this amount includes foreign grants, check here <input checked="" type="checkbox"/></p>	30a	74,076
<p>RUSSIAN GRANTS DEVELOPED BY ORPHAN'S TREE 170,069 THE LAST OF OUR FOUR PROGRAMS IS TO OBTAIN PROGRAM FUNDING FROM RUSSIAN CORPORATIONS FOR THE BENEFIT OF THE ORGANIZATION'S PROGRAMS FACILITATED THROUGH THE NADEZHDA FUND WHILE THESE FUNDS ARE NOT REPORTED IN THE FORM 990-EZ BECAUSE THEY GO DIRECTLY TO NADEZHDA FUND'S CHECKING ACCOUNTS, WE ARE INSTRUMENTAL IN OBTAINING THESE FUNDS FOR THE NADEZHDA FUND WITHOUT OUR STAFF, KNOWLEDGE AND EFFORTS, NADEZHDA FUND WOULD NOT RECEIVE THESE FUNDS THIS YEAR, IN ADDITION TO CASH CONTRIBUTIONS, THE NADEZHDA FUND RECEIVED A GIFT-IN-KIND OF 29 COMPUTERS FROM A RUSSIAN CORPORATION TO BE USED IN VARIOUS MINISTRY CENTERS THIS GIFT WAS DEEPLY APPRECIATED BECAUSE COMPUTER TRAINING IS A CRITICAL ELEMENT OF EQUIPPING YOUNG ADULT ORPHANS TO LIVE IN TODAY'S WORLD (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
AWES SUE 1413 DARK PINE CT MONUMENT, CO 80132	DIRECTOR 0	0		
BENNETT TOM 1413 DARK PINE CT MONUMENT, CO 80132	CHAIRMAN 0	0		
JOHNSON RAY 1413 DARK PINE CT MONUMENT, CO 80132	TREASURER 0	0		
PETERSON JOSH 1413 DARK PINE CT MONUMENT, CO 80132	DIRECTOR 0	0		
SMITH MEREDITH STEINER 1413 DARK PINE CT MONUMENT, CO 80132	DIRECTOR 0	0		
STODDARD JEFF 1413 DARK PINE CT MONUMENT, CO 80132	DIRECTOR 0	0		
TECHANCHUK BILL 1413 DARK PINE CT MONUMENT, CO 80132	SECRETARY 0	0		
STEINER GEORGE 1413 DARK PINE CT MONUMENT, CO 80132	PRESIDENT 0	89,499	2,808	
HAPS JENYA 1413 DARK PINE CT MONUMENT, CO 80132	VICE PRES 0	38,163	1,609	

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2009

Attachment Sequence No 67

See separate instructions. Attach to your tax return.

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for Section 179 election details, including maximum amount, total cost, and dollar limitation.

Table with 13 rows for listed property details, including description, cost, elected cost, and tentative deduction.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

Table with 4 rows for special depreciation allowance and other depreciation details.

Part III MACRS Depreciation (Do not include listed property.)

Section A

Table with 2 rows for MACRS deductions for assets placed in service in tax years beginning before 2009.

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

Table with 7 columns: Classification of property, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, Depreciation deduction.

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

Table with 3 rows for alternative depreciation system details, including class life and recovery period.

Part IV Summary (see instructions)

Table with 3 rows for summary of listed property, total depreciation, and section 263A costs.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a) through (f) for Vehicle 1 through Vehicle 6. Rows 30-36 include questions about miles driven and personal use.

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

Table for Section C with columns Yes and No. Rows 37-41 include questions about written policies and requirements for qualified automobile demonstration use.

Part VI Amortization

Table for Section C with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.