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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2010

Open to Public Inspection

A	For the	2010 calendar year, or tax year beginning , 2010, and ending		, 20	
В	Check if ap	policable: C Name of organization D Empl	ployer id	entification number	
	Address c	ress change Advita Fund USA		6-1300404	
\sqcup	Name cha	e change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Tele		Telephone number	
=	Initial retur	P.O. BOX 373100		8-666-0034	
H	Terminate	inated City or town, state or country, and ZIP + 4 F Gro		Group Exemption	
Ħ	Application	No.		Number ▶	
				Check ► ☐ if the organization is not	
				quired to attach Schedule B	
	ax-exem)-EZ, or 990-PF).		
		npt status (check only one) — 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 (Form of the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally			
		00-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions).			
		return, be sure to file a complete return.		•	
		5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part I	Ι,		
		umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	► s		
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	-	for Part I)	
R-B	GIGI	Check if the organization used Schedule O to respond to any question in this Part I			
9	1	Contributions, gifts, grants, and similar amounts received	1	65,750	
			2	03,730	
	2	Program service revenue including government fees and contracts	3		
	3	monocramp case and assessments	4		
	4	Investment income	4		
Revenue	5a	Gross amount from sale of assets other than inventory	- 1		
	b	Less: cost or other basis and sales expenses			
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
	6	Gaming and fundraising events			
	а	Gross income from gaming (attach Schedule G if greater than			
		\$15,000)	-		
	b	Gross income from fundraising events (not including \$ 5,130 of contributions	-		
		from fundraising events reported on line 1) (attach Schedule G if the			
		sum of such gross income and contributions exceeds \$15,000) 6b 7,87	- 1		
	С	Less: direct expenses from gaming and fundraising events 6c 5,66			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	1 1		
		line 6c)	6d	2,215	
	7a	Gross sales of inventory, less returns and allowances	-		
	b	Less: cost of goods sold	- 1		
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	395	
	8	Other revenue (describe in Schedule O)	8	215	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	68,575	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	68,589	
	11	Benefits paid to or for members	11		
	12	Salaries, other compensation, and employee benefits	12	0	
	13	Professional fees and other payments to independent contractors	13	0	
	14	Occupancy, rent, utilities, and maintenance	14	0	
	15	Printing, publications, postage, and shipping	15	102	
	16	Other expenses (describe in Schedule O)	16	2,994	
	17	Total expenses. Add lines 10 through 16	17	71,685	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(3,110)	
	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	12,853	
	20	Other changes in net assets or fund balances (explain in Schedule O)	20		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	9,743	

Page 2 Balance Sheets. (see the instructions for Part II.) Check if the organization used Schedule O to respond to any question in this Part II 1 (A) Beginning of year (B) End of year 22 Cash, savings, and investments 12,853 22 23 Land and buildings 23 24 Other assets (describe in Schedule O) 24 25 Total assets 12,853 25 9,743 26 Total liabilities (describe in Schedule O) 26 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 12,853 27 9,743 Statement of Program Service Accomplishments (see the instructions for Part III.) Part III Expenses Check if the organization used Schedule O to respond to any question in this Part III (Required for section 501(c)(3) and 501(c)(4) To support children and adults with cancer /other diseases. What is the organization's primary exempt purpose? organizations and section Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe 4947(a)(1) trusts; optional the services provided, the number of persons benefited, and other relevant information for each program title. for others.) Bone Marrow Donor Searches: we provide financial aid to patients who need transplants from unrelated bone marrow donors. The searches for donors normally cost 15,000 euros to patients on treatment in Russia and we helped pay a portion of the costs for six patients. (Grants \$ 20,165) If this amount includes foreign grants, check here . . . 28a 20,498 Patients on treatment abroad: we support patients who have to travel abroad to receive life-saving treatment unavailable in home countries. We contributed to cost of treatment and travel/accommodations for 13 patients in 2010. 46,624) If this amount includes foreign grants, check here 29a 47,154 Supporting medications: cancer patients frequently have to buy medications not covered by insurance. We helped 3 cancer patients purchase medications. 1,300) If this amount includes foreign grants, check here . 30a 1,310 31 Other program services (describe in Schedule O) (Grants \$ 500) If this amount includes foreign grants, check here 500 31a Total program service expenses (add lines 28a through 31a) 32 69,462 Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.) Check if the organization used Schedule O to respond to any question in this Part IV (b) Title and average (c) Compensation (d) Contributions to (e) Expense (a) Name and address hours per week devoted to position (If not paid, enter -0-.) employee benefit plans & account and deferred compensation other allowances Marina Ouano President, 25 hours P.O. Box 573106, Houston TX 77257 0 0 0 **Pavel Greenberg** Vice-President, 15 hours P.O. Box 573106, Houston TX 77257 0 0 0 Elena Gratcheva Vice-President, 15 hours P.O. Box 573106, Houston TX 77257 0 0 0

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