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## **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

			nue Service	′   ▶ 1	The organ	nization m	ay have to	use a co	ppy of this re	tum to sati	sfy state	report	ıng requ	uiren	nents.	Inspection	
	Ā	For th	e 2008 ca	lendar	year, or	tax year	beginning		10/0	)1 , 2008, a	nd endin	g			09/30	0,20_09	
	В	theck if	k if applicable Please C Name of organization THE NATIONAL COUNCIL FOR EURASIAN A									N AN	D EA:	D	Employ	er identification number	
			change	use IRS label or	Doing I	Business A				_					52	1121063	
	_	lame c	•	print or		and street (	or PO box if r	nail is not d	lelivered to stree	address)	Room/su	ııte		Ε	Telepho	one number	
	_	nitial re	•	type See	Box 35	53650									206)	829-2445	
	_	emina		Specific Instruc-	City or		e or country,	and ZIP -	+ 4								
	_			tions.		e, WA 98	195							G	Gross re	cerpts \$ 1,524,437	
			ed return on pending	F Nan				r. Rob	ert Huber			1	/=>  - 4	_			
		фрисац	n penoing   				NA 98195							-	-		
	$\overline{}$	Tax-ex	empt status		501(c) ( <b>3</b>			947(a)(1) o	or			<b>⊣</b> ‴				ncluded? LYes LNo	
			ite: ► ww		<u>```</u>	<u> -                                   </u>						H	c) Group			. ,	
							sociation	Other ▶		L Year	r of formati		1978			legal domicile DC	
			Summ							l					-		
		1	Briefly de	ecriba	the ora	anization	'e mieeior	or mos	st significar	nt activities	See S	ched	lule O,	Sta	teme	nt 1	
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	E																
	Activities & Governance	2	Check this	hov 🏲	☐ if the	organizati	ion discontir	nued its o	perations or	disposed of	more than	25%	of its as	ssets	sets.		
	Ğ					-			y (Part VI, I						3	14	
	SS.				-		-	_	overning be					•	4	14	
0	ij				•	_	t V, line 2			-				•	5	4	
2010	Ç					•	-	•	)					•	6	0	
	•								VIII, line 12					•	7a	0	
4									n <u>990-T, lin</u>			: :	: :		7b	0	
_										-			Prior Ye	ear		Current Year	
SEP		8	Contribut	tions ai	nd grant	ts (Part \	/III. line 1h	1)						268	,381	698,051	
S	J.	I			_						I .			878	,584	826,260	
	Revenue	•	•			•	_		4, and 7d)						699	126	
Ш	ď								3c, 9c, 10c,						0	0	
$\leq$									art VIII, coli				1,	147	,664	1,524,437	
SCANNED		13	Grants a	nd simi	ilar amo	unts paid	d (Part IX.	column	(A), lines 1	-3)	[			490	,362	457,585	
Ö			13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)									0		0			
U)	ses		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)									307	,398	304,312			
	Expenses						-	-	ine 11e) .		[				0		
	찣				-		X, column				O	. 3110.02.2411.104	***	700			
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									t-IX, colum		25).		1,	217	,163	1,132,947	
							line 18 fro				301			-69	,499	391,490	
	Ces Ces							16!	Alle 9	^ -	· Wi	Beg	ginning	of Ye	ear	End of Year	
	Assets o	20	Total ass	ets (Pa	art X, line	e 16) .		الم	ritita i	e spia	. Y. I			294	,484	662,922	
	ABB		Total liab	•		-		. j	·					109	,346	86,293	
	<u>\$</u> 2	22	Net asse	ts or fu	und bala	ınces. Sı	ubtract line	e 21 fro	<u>m`line 20 :</u>	<u> </u>	<u>`</u> - " [			185	,138	576,629	
	Pa	irt II	Sign	ature	Block				- Anna - Marie	٠٧, ٧.	<u>l</u>						
			Under pe	naities of	of perjury, I	declare tha	t I have exar	nined this	return, includii	ng accompan	ying sched	ules an	nd staten	nents	s, and to	the best of my knowledge eparer has any knowledge	
			and being		uo, correct		JICIO DOCILII	20011 O1 p1	oparor (otrior i	rian onioon, is	5 54504 011	<b>Q</b>	1	J	/ /	f	
	Sig	ın		<u> </u>	1.1	1/								<b>3</b> /	12/	10	
	He	re	1'	ature of									Dat	te "			
			<b>I B</b> —	_			Director										
			Туре	or print	t name and	title					10			_			
			Preparer'							Date	se	heck if elf-	_		parer's i	dentifying number tions)	
	Paid	i	signature	• 🔻							er	nploye	d ▶ ∐	`		· <b>/</b>	
		- parer's											_	<u> </u>			
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			address,	and ZIP	+ 4	111		-1	L			!	Phone n	10 -	• (	<u>)                                    </u>	
	Ma	v the	IRS disci	uss this	s return	with the	preparer:	snown a	above? (see	nstructic	ons) .					. LYes LNo	

Form **990** (2008)

OHIII	Page 2
Par	t III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission: See Schedule O, Statement 2
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O.  Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.  Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 743,481 including grants of \$ 457,585) (Revenue \$ 826,260)  The major program of the council is to develop and sustain a long-term, substantial and high quality program of fundamental research dealing with major policy issues and questions of Eastern Europe, the U.S.S.R and its successor states' social, political, economic, and historical development by funding contracts for research in these areas. Additionally the Council may: Sponsor or award contracts for meetings, workshop conferences, consultations, pilot studies and such other activities as it may judge appropriate to design, stimulate or facilitate relevant research and the publication of results; Encourage provisions for research materials, travel for research purposes, training for special skills, and such other activities with training value as it may judge desirable;
	Facilitate contact and cooperation among individual scholars, and between them and specialists in government and private enterprise.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	•
	•
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	•••••
	•
	······································
4d	Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )
4-	Total program coming events of \$ 742.494 (Must equal Part IV. Line 25 column (PL)

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	<b>√</b>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		<b>\</b>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	<b>✓</b>	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<b>√</b>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<b>√</b>
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<b>✓</b>
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	✓	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	✓	<del></del>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		<b>√</b>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15	✓	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
17 10	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17 18		<b>✓</b>
18 10	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	19		<u> </u>
19 20	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		1
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<b>✓</b>	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2° If "Yes," complete Schedule I, Parts I and III	22	<b>✓</b>	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	<b>√</b>	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25.	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		✓_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		✓

Part IV	Checklist of Required Schedules (	cont	tinued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		1
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		1
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>✓</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1

Form **990** (2008)

Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		*	
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	✓	<del>  </del>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	ı		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<b>√</b>	ļ,
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	·	<u>,</u>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	<b>**</b> 1	<b>3</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial	40		
L	account)?	4a ≝ <i>≋</i>	3	£
D	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.	1 20	X,	<b>*</b> :
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		1
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	~~~	-	. 4
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than	7a		
	\$75?	7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70	-	
С		7c		
А	required to file Form 8282?	₹4.	s.	
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	- 2		Maria de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición dela composición de la composición dela
•	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		<del> </del>
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section		*	· * · · ·
	<b>509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	÷	*	38
a	Did the organization make any taxable distributions under section 4966?	9a		
b		9b		
10	Section 501(c)(7) organizations. Enter:	, y , z , z , z , z , z , z , z , z , z		- ž
а	Initiation fees and capital contributions included on Part VIII, line 12	"		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	,	(* ,))	
11	Section 501(c)(12) organizations. Enter:		* -	i de
а	Gross income from members or shareholders		~	By
b	· · · · · · · · · · · · · · · · · · ·		ňc	
122	amounts due or received from them.)	12a	71.	<del>-</del>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b			
_				

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

Sec	tion A. Governing Body and Management			
		Mr. 2120	Yes	No_
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	V de		
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1100	<b>14</b>	拉口
	any other officer, director, trustee, or key employee?	2		<b>✓</b>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		4
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<b>✓</b>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5_		<b>✓</b>
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		15. A	i i
а	The governing body?	8a	✓	
ь	Each committee with authority to act on behalf of the governing body?	8b	✓	
9a	Does the organization have local chapters, branches, or affiliates?	9a		✓
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	10		1
44	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	,	
500	tion B. Policies		_ <b>v</b>	
Sec	tion b. Policies		Yes	No
40-	December a supplication have a symbol conflict of interest policy? If this ? we to line 12	12a	163	140
	Does the organization have a written conflict of interest policy? If "No," go to line 13	124	<b>,</b>	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12b	1	
	rise to conflicts?	120	_	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	1	
40	describe in Schedule O how this is done	13	1	
13	Does the organization have a written whistleblower policy?	14	1	
14	Does the organization have a written document retention and destruction policy?	3 196E		19.00×.
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:  The experience CEO Executive Director or top management official?	15a		
d ⊾	The organization's CEO, Executive Director, or top management official?	15a	l	<u> </u>
D	Other officers or key employees of the organization?		4.3	
10-	Describe the process in Schedule O. (see instructions)			
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		
	with a taxable entity during the year?	100	<b>X.14</b>	
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			784 N
	the organization's exempt status with respect to such arrangements?	16b		*******
Sec	tion C. Disclosure	,	<u> </u>	·
<u> </u>	List the states with which a copy of this Form 990 is required to be filed ►WA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	·)(3)°	onka	
10	available for public inspection. Indicate how you make these available. Check all that apply.	1/(0)5	Orny)	
	☐ Own website ☐ Another's website ☐ Upon request			
10	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	orest	
19	policy, and financial statements available to the public.	or int	crest	
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rde e	6 44-	
20	organization: ► National Council for Eurasian and East European Research, (206)829-2445	ius 0	і іпе	
	Box 353650, Seattle, WA 98195			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order. individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not co	T -	any o	offic			ctor,	trus			
(A)	(B)		_	•	C) 			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	nstrtutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Daniel Orlovsky Chair	1			1				\$1,000	\$0	\$0_
Mark Beissinger Vice Chair	1			1				\$1,200	\$0	\$0
Daniel Berkowitz Director	1 ,			✓				\$200	\$0	\$0
Cynthia Buckley Director	1			1				\$0	\$0	\$0
Valerie Bunce Director	1			1				\$1,200	\$0	\$0
Maria Carlson Director	1			1				\$1,200	\$0	\$0
Bruce Grant Director	1			1				\$1,000	\$0	\$0
Ted Hopf Director	1			1				\$1,200	\$0	\$0
Nancy Kollman Director	1			1				\$1,000	\$0	\$0
Martha Lampland Director	1			1				\$1,000	\$0	\$0
Mieke Meurs Director	1			<b>✓</b>				\$1,200	\$0	\$0
Douglas Northrop Director	1			✓				\$600	\$0	\$0
Martha Olcott  Director	1			✓				\$1,000	\$0	\$0
Joanna Regulska Director	1			1				\$1,000	\$0	\$0
Robert Huber Executive Director	40				✓	1		\$128,500	\$0	\$23,858
				_					_	
	<u> </u>									

Part VII Section A. Officers, Directors, Tr	ustees, Key	/ Emp	loy	ees,	an	d Higl	hes	Compensated	Employees (co	ntınued)
(A) Name and title	(B) Average	Positi	on (d	•	C) k all	that ap	(Vla	(D) Reportable	<b>(E)</b> Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
	-									
			i							
	_									
	_								ii	
	-									
				ļ						
1b Total							<b>&gt;</b>	141,300	0	23,858
<ul> <li>Total number of individuals (including thosorganization ► 1</li> </ul>	se in 1a) wh	no rec	eive	ed r	nor	e thar	า \$1	00,000 in repo	rtable compens	ation from the
<ul> <li>3 Did the organization list any former office employee on line 1a? If "Yes," complete 5</li> <li>4 For any individual listed on line 1a, is the the organization and related organizations individual.</li> </ul>	Schedule J sum of rep	<i>for su</i> ortabl	<i>ich</i> e c	<i>indi</i> omp	<i>vid</i> u sens	<i>ial</i> sation	anı	d other compe	nsation from	Yes No 3 ✓
5 Did any person listed on line 1a receive services rendered to the organization? If "	or accrue 'Yes," com	compolete	pen Sch	satı edu	on i	from I for s	any	unrelated org	anization for	5 1
Section B. Independent Contractors										
Complete this table for your five highest compensation from the organization.	ompensate	ed ind	ере	ende	ent o	contra	acto	rs that receive	d more than \$10	00,000 of
(A) Name and business ad	dress							(B) Description of s	ervices	(C) Compensation
					-					
2 Total number of independent contractors	(including	those	ın	1) v	vho	recen	ved	more than \$10	00,000 in 1	* * *
compensation from the organization ▶ (	)									\$ 12

FORTI S	990 (20	308)						rage 3
Par	t VIII	Statement of Re	venue					<u> </u>
	, ·	- vá		٠,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
grants	1a b	Federated campaigns Membership dues	1a	0				
ıs, gifts, imilar an	d e	Fundraising events Related organizations Government grants (contri	thutions) 1c	0 0	,	·	*	,
Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, gand similar amounts not inclu	grants, ded above 1f	698,051 0	, .	,		
<u>z 5</u>	g h	Noncash contributions include Total. Add lines 1a-1f	ed in lines 1a-11: \$	<u> Þ</u>	698,051			7.
Program Service Revenue	2a b			Business Code		#* #*		
	c d							
ogran	f	All other program servi			826,260		0	0
<u> </u>	g	Total. Add lines 2a-2f		<b>&gt;</b>	826,260	À 3 A 1	å. <sup>-</sup> , .≪ »	" ", ** <u>}</u>
	3	Investment income (incother similar amounts)		•	126	1	0	126
	5	Income from investment of Royalties		<u> , </u>	0	<u> </u>	0	0
	6a	Gross Rents		(II) Personal				
	С	Less: rental expenses Rental income or (loss) Net rental income or (lo		0 0		* * * O	<u> </u>	**************************************
		Gross amount from sales of assets other than inventory	(i) Secunties	(ii) Other			13 13 13 13 13 13 13 13 13 13 13 13 13 1	
		Less. cost or other basis and sales expenses .	1	0 0				<b>€</b>
		Gain or (loss) Net gain or (loss)		<u>0                                     </u>	0	0	0	0
evenue	8a	Gross income from events (not including \$ of contributions reported			* * * *			
Other R		See Part IV, line 18 Less: direct expenses	· · · · · · ;	a			10 10 10 10 10 10 10 10 10 10 10 10 10 1	
O	1	Net income or (loss) from Gross income from garress and live income from g	ning activities.		0	0	0	0
		See Part IV, line 19 Less: direct expenses. Net income or (loss) fro		b	<b>⊣</b> ′ 🐃 `	0	0	0
	10a	Gross sales of inverteurns and allowances		a	4			, - Z
		Less: cost of goods so Net income or (loss) from	n sales of inver		0	0 %	0	0
	11a	Miscellaneous Revi		Business Code				
	b							
	C	All other revenue						
	, d e	Total. Add lines 11a-1			0	*		ž., ž., 21
	12	Total Revenue. Add lings, 10c, and 11e			1,524,437	826,260	0	126

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).											
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	177,431	177,431								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	246,415	246,415	s							
3	Grants and other assistance to governments, organizations, and individuals outside the			ć.	â.·						
	U.S. See Part IV, lines 15 and 16	33,739	33,739	<del></del>	<del></del>						
4	Benefits paid to or for members	0	0		· · · · · · · · · · · · · · · · · · ·						
5	Compensation of current officers, directors, trustees, and key employees	152,358	15,236	137,122	0						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B) .	447.969	0	74 703	0						
7	Other salaries and wages	117,868	46,165	71,703	0						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions).	5,822	4,841	981	0						
9	Other employee benefits	13,320	5,660	7,660	0						
10	Payroll taxes	14,944	2,652	12,292	0						
11	Fees for services (non-employees):	0	o	اه	^						
	Management	2,490	0	2,490	0						
	Legal	33,709	0	33,709	0						
	Accounting	0	0	0	0						
	Professional fundraising services. See Part IV, line 17	0	- 4 1	Care Man	0						
	Investment management fees	0	0	0	0						
	Other	6,944	3,564	3,380	0						
12	Advertising and promotion	0	0	0	0						
13	Office expenses	38,737	18,510	20,227	0						
14	Information technology	0	0	0	0						
15	Royalties	0	0	0	0						
16	Occupancy	32,618	0	32,618	0						
17	Travel	31,578	21,340	10,238	0						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0						
19	Conferences, conventions, and meetings	0	0	0	0						
20	Interest	0	0	0	0						
21	Payments to affiliates	0	0	0	0						
22	Depreciation, depletion, and amortization.	0	0	0	0						
23	Insurance	12,659	7,310	5,349	0						
24	Other expenses. Itemize expenses not			· ****							
	covered above. (Expenses grouped together			- · · · · · · · · · · · · · · · · · · ·	* * 1 - 1 - W - W -						
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)	<u> </u>	_	, , , , , , , , , , , , , , , , , , ,	* 8						
_	Director's Compensation	24,551	346	24,205							
a	Stipends	68,632	68,632	24,203							
b	Fellow Travel	47,574	47,574	0	0						
d	Participant Expense	48	48	0	0						
e	Fellowships	24,590	24,590	0	0						
_	All other expenses	46,920	19,428	27,492	0						
25	Total functional expenses. Add lines 1 through 24f	1,132,947	743,481	389,466	0						
26	Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation										

Pa	rt X	Balance Sheet									
			(A) Beginning of year		End	( <b>B)</b> of year					
	1	Cash—non-interest-bearing	4,955	1		11:	2,761				
	2	Savings and temporary cash investments	0	2			0				
	3	Pledges and grants receivable, net	250,000	3		497	7,981				
	4	Accounts receivable, net	0	4			7,000				
	5	Receivables from current and former officers, directors, trustees, key									
		employees, or other related parties. Complete Part II of Schedule L .	0	5			0				
	6	Receivables from other disqualified persons (as defined under section	2	≈ .		-,	- 1				
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			d halp.	**	ī., 1				
		Part II of Schedule L	0	6			Û				
য়	7	Notes and loans receivable, net	0	7			0				
Assets	8	Inventories for sale or use	0	8			0				
Ä	9	Prepaid expenses and deferred charges	6,046	9		1′	1,500				
	10a	Land, buildings, and equipment: cost basis 10a 0			* 1		.3%				
	b	Less: accumulated depreciation. Complete	*****	~ ^							
		Part VI of Schedule D 10b 0	0	10c			0				
	11	Investments—publicly traded securities	0	11			0				
	12	Investments—other securities. See Part IV, line 11	27,390	12		27	7,445				
	13	Investments—program-related. See Part IV, line 11	0	13							
	14	Intangible assets ,	0	14			0				
	15	Other assets, See Part IV, line 11	6,093			(	3,235				
	16	Total assets. Add lines 1 through 15 (must equal line 34)	294,484	16		662	2,922				
	17	Accounts payable and accrued expenses	107,221	17		84	1,168				
	18	Grants payable	0	18			0				
	19	Deferred revenue	0	19			0				
	20	Tax-exempt bond liabilities	0	20			0				
Liabilities	21	Escrow account liability. Complete Part IV of Schedule D	0	21		<del></del> ,	0				
iii	22	Payables to current and former officers, directors, trustees, key		7. i.		A.A.					
iat		employees, highest compensated employees, and disqualified			2 - 12 ·	ستنشن	<u></u>				
_		persons. Complete Part II of Schedule L	0	22			0				
	23	Secured mortgages and notes payable to unrelated third parties .		23			0				
	24	Unsecured notes and loans payable	0	24			0				
	25	Other liabilities. Complete Part X of Schedule D					2,125				
	26	Total liabilities. Add lines 17 through 25	109,346		Com 2001 N	80	5,293				
S		Organizations that follow SFAS 117, check here ▶ ☑ and									
alances		complete lines 27 through 29, and lines 33 and 34.		320	المغمدة أ		كيت				
ala	27	Unrestricted net assets	62,277 122,861	27	<u> </u>		1,623				
J B	28	Temporarily restricted net assets				50:	5,006				
Ľ	29	Permanently restricted net assets	0	29		. ~~~ × 1	0				
or Fund B		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			M		***				
S 0		· · · · · ·				<u> </u>	لتكثفت				
Net Assets	30	Capital stock or trust principal, or current funds		30 31							
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		32							
et ,	32	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	185,138	33		576	5,629				
Ž	33 34	Total liabilities and net assets/fund balances	294,484	34			2,922				
Pa	rt XI	Financial Statements and Reporting	237,707	34	l.	002	.,522				
		Tillation otatomorie and Hopotania	<del></del>			Yes	No				
1	Acco	ounting method used to prepare the Form 990:   Cash  Accrua	I ☐ Other		Γ						
		e the organization's financial statements compiled or reviewed by an inc		2	2a	1					
			-		2b	1					
	b Were the organization's financial statements audited by an independent accountant?										
·		•		/	İ						
За	the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c 🗸										
	the Single Audit Act and OMB Circular A-133?										
_b		es," did the organization undergo the required audit or audits?	<u>.</u>		· 3a	1					

## SCHEDULE A (Form 990 or 990-EZ)

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

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury

Internal Revenue Service Employer identification number Name of the organization THE NATIONAL COUNCIL FOR EURASIAN AND EAST EUROPEAN RESEARCH 52 1121063 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33\% % 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\% % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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. c Type III-Functionally integrated a 🗌 Type i **b** Type II d ☐ Type III-Other e By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disgualified 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (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? . . . 11g(iii) Provide the following information about the organizations the organization supports. h (iii) Type of organization (i) Name of supported (ii) EIN (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the US? (see instructions)) support? Yes No Yes No Yes No

**Total** 

Par	Support Schedule for Org (Complete only if you check	anizations D	Described in	Sections 17	0(b)(1)(A)(iv)	and 170(b)(1	)(A)(vi)
Sec	tion A. Public Support	tod the box	<u> </u>				
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
		(4) ====	(=, ====	(0, 2000	(-,	(0) 2000	(7
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	1,431,154	996,073	1,518,826	1,468,501	1,524,311	6,938,865
	include any "unusual grants ")	1,401,104	330,073	1,010,020	1,400,001	1,024,011	0,550,665
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on	0	0	0	0	اه ا	0
	its behalf , , , , , ,	0	- 0	U			
3	The value of services or facilities						
	furnished by a governmental unit to the	•		ام	•	ام	•
	organization without charge	0	0	4 540 000	4 400 504	4 504 044	0 000 000
4	<b>Total.</b> Add lines 1-3	1,431,154	996,073	1,518,826	1,468,501	1,524,311	6,938,865
5	The portion of total contributions by each	, % %.	, ş ~		*	· -	
	person (other than a governmental unit or publicly supported organization) included	ూండం √ా మం.	a and the second	3 1 X X	, î, î, î,	j. 🥻 🔰	
	on line 1 that exceeds 2% of the amount	~	· ** *** ***	,	~ ~~		_
	shown on line 11, column (f)		1 W.C	<u> </u>	. n.ps. 🍇	*	0
6	Public support. Subtract line 5 from line 4.	w" ; ,		14 ,	ž .	, , , , , , , , , , , , , , , , , , ,	6,938,865
_	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	1,431,154	996,073	1,518,826	1,468,501	1,524,311	6,938,865
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar	:				!	
	sources	576	1,839	-16	985	126	3,510
9	Net income from unrelated business						
•	activities, whether or not the business is					İ	
	regularly carned on	0	0	0	0	0	. 0
10	Other income. Do not include gain or						
	loss from the sale of capital assets	_					
	(Explain in Part IV)	`0	0	0	0	0	0
11	Total support. Add lines 7 through 10 .			S 4 8	* /**	\$m3	6,942,375
12	Gross receipts from related activities, etc	(see instruction	ons)			12	0
13	First five years. If the Form 990 is for	the organizatio	n's first, secor	nd, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he			<u></u>		<u></u>	🕨 🗆
<u>Sec</u>	tion C. Computation of Public Suj	pport Percer	ntage			, ,	
14	Public support percentage for 2008 (line	6, column (f) di	vided by line 1°	1, column (f))		14	99.95 %
15	Public support percentage from 2007 Sch	nedule A, Part I	V-A, line 26f			15	99.95 %
16a	33% % support test-2008. If the organize	zation did not d	check the box of	on line 13, and	line 14 is 331/3 9	% or more, che	ck this box
	and stop here. The organization qualifies	as a publicly s	supported orgai	nization			▶ ☑
b	331/3 % support test-2007. If the organization	zation did not d	heck a box on	line 13 or 16a,	and line 15 is	331/3 % or more,	check this
	box and stop here. The organization qua	lifies as a publi	cly supported	organization .			▶ □
17a	10%-facts-and-circumstances test - 20	08. If the organ	ization did not o	check a box on	line 13, 16a, or	16b, and line 1-	4 is 10% or
	more, and if the organization meets the "fa						
	organization meets the "facts-and-circum	stances" test. 1	The organization	n qualifies as a	publicly suppoi	ted organization	n <b>⊳</b> 🗆
b	10%-facts-and-circumstances test-2007	. If the organizat	tion did not che	ck a hox on line	13 16a 16b o	r 17a and line 1	5 is 10% or
	more, and if the organization meets the "fi	_				•	
	organization meets the "facts-and-circumsta						
18	Private foundation. If the organization did			· ·		-	
	_		•				_

	t III Support Schedule for Orga	nizations D	ecribed in S	ection 500/s	1)(3)		Page 3
e (e l.)	(Complete only if you checke				1)( <i>4)</i>		
Sec	tion A. Public Support						<u> </u>
	lendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	any "unusual grants.") 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	<b>Total.</b> Add lines 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						1
	line 6.)				<u> </u>		<u> </u>
	lendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	(u) 200+	(6) 2000	(6) 2000	(4) 2001	(6) 2000	(i) Total
-	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						<del> </del>
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
3	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
4	First five years. If the Form 990 is for organization, check this box and stop	here .		nd, third, fourti	n, or fifth tax y	ear as a secti	on 501(c)(3) ▶ □
	tion C. Computation of Public Su				40.	T T	
5 6	Public support percentage for 2008 (lin Public support percentage from 2007 S					15 16	<u>%</u> %
Sec	tion D. Computation of Investmer	nt Income P	ercentage				
7	Investment income percentage for 200	<b>B</b> (line 10c, co	lumn (f) divided	d by line 13, c	olumn (f)) .	17	%
8	Investment income percentage from 20					18	%
9a	331/3 % support tests - 2008. If the orga	anization did r	ot check the b	ox on line 14, a	and line 15 is n	nore than 331/4	%, and line

17 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ightharpoonup33½% support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, 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 >

Schedule A (F	orm 990 or 990-EZ) 2	2008					Page 4
Part IV	Supplementa	I Information.	Complete th	is part to p . Provide an	rovide the exp y other additio	lanation required nal information. (s	by Part II, line 10;
_							
	••••				·		
				· • • • • • • • • • • • • • • • • • • •			
						<del>-</del>	
•••••	•						
	•••••		•••••				
						*************************	
<b>-</b>			• • • • • • • • • • • • • • • • • • • •			•••••	
						••••••	
							· · · · · · · · · · · · · · · · · · ·
			•••••				• • • • • • • • • • • • • • • • • • • •
		····					
				••••			
			•				
			••••	·			
					·		
					•		

### **SCHEDULE C** (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C

• Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B.

· Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-B.

	e organization answered "Yes	s," to Form 990, Part IV, line 5 (Prox	y Tax), then	(iii) Complete i air ii B. B.	o not our ploto i ait ii vi.
	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III		······································	
	me of organization				er identification number
		OR EURASIAN AND EAST EUROF			1121063
Pa		ed by all organizations exemptions for Schedule C for details.		n 501(c) and section	527 organizations.
1	Provide a description of the	ne organization's direct and indirec	ct political campai	gn activities in Part IV.	
2	Political expenditures			· <b>▶</b> \$	
3	Volunteer hours				
Pa		ed by all organizations exeminations for Schedule C for details		on 501(c)(3).	
1	Enter the amount of any e	excise tax incurred by the organization	ition under section	n 4955 ▶ \$	
2	Enter the amount of any e	excise tax incurred by organization	managers under	section 4955 . • \$	
3		d a section 4955 tax, did it file Foi			
4a					Yes No
b	If "Yes," describe in Part I				;cs no
Pai		ed by all organizations exem tions for Schedule C for details		on 501(c), except se	ction 501(c)(3).
1	Enter the amount directly	expended by the filing organization	on for section 52	7 exempt function	
•				\$ \$	
2		ing organization's funds contribute			
_	527 exempt function activ				
2	•	t exempt function expenditures. A			
3	on Form 1120-POL, line 1	7b		▶ \$	·
4	Did the filing organization	file Form 1120-POL for this year?	·		🔲 Yes 🔲 No
5		and employer identification numbe			
	were made. Enter the amo	ount paid and indicate if the amount	nt was paid from	the filing organization's	funds or were political
	contributions received and p	promptly and directly delivered to a	separate political o	rganization, such as a se	parate segregated fund
	or a political action commit	tee (PAC). If additional space is nee	ded, provide inforn	nation in Part IV.	
_	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-

Pana	-

Scr	1edule C (Form 990 or 990-EZ) 2008					raye 🚣
Ρ	art II-A To be completed by org					768
	Check ► ☐ if the filing organization  Check ► ☐ if the filing organization				ons apply.	
=_	<del></del>	bbying Expend	litures		(a) Filing organization's totals	(b) Affiliated group totals
	<ul> <li>a Total lobbying expenditures to influe</li> <li>b Total lobbying expenditures to influe</li> <li>c Total lobbying expenditures (add line</li> <li>d Other exempt purpose expenditures</li> <li>e Total exempt purpose expenditures</li> <li>f Lobbying nontaxable amount. Enter columns.</li> </ul>	963				
	If the amount on line 1e, column (a) or (b) in Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$17,000,000  Over \$17,000,000	over \$500,000. over \$1,000,000 over \$1,500,000.				
		0- if line g is mo 0- if line f is mor on either line 1h	ore than line a . e than line c . or line 1i, did the c	organization file Fo		☐ Yes ☐ No
	4. (Some organizations that columns below. So	made a section		o not have to co		five
_	Lobby	ing Expenditure	s During 4-Year	Averaging Period	i i	
	Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) Total
2	a Lobbying non-taxable amount					
	b Lobbying ceiling amount (150% of line 2a, column(e))					
	c Total lobbying expenditures					
_	d Grassroots non-taxable amount	Table 1	arbu X			
	e Grassroots ceiling amount (150% of line 2d, column (e))		490			
	f Grassroots lobbying expenditures					

	5768 (election under section 501(h)). See the instructions for Schedule C for de	tai (a)			(b)	
	Ye	Ť	No		moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:			,	٠,	. ,
	Volunteers?	+	<b>√</b>	~ 1		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	-+	<b>V</b>	······································		
C	Media advertisements?	$\dashv$	<u> </u>			
d	Mailings to members, legislators, or the public?	+	7			
	Publications, or published or broadcast statements?	7	Ż			
f	Grants to other organizations for lobbying purposes?	-	•			5,000
g	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	7	1			
h i	Other activities? If "Yes," describe in Part IV		1			
:	Total lines 1c through 1i		• 1.			5,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	*****	1	-	·	3.4
	If "Yes," enter the amount of any tax incurred under section 4912		· ·			
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			-		* .50
Par	To be completed by all organizations exempt under section 501(c)(4), section	n (	501(0	;)(5),	or	
	section 501(c)(6). See the instructions for Schedule C for details.			-	T	
					Yes	No
	Were substantially all (90% or more) dues received nondeductible by members?	•		1	<del> </del>	-
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	-		3	-	-
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			_ <u> </u>		l
r di	To be completed by all organizations exempt under section 501(c)(4), section section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OI	∵∖ Ri	f Pa	かいり, rt III-/	۵.	
	question 3 is answered "Yes." See Schedule C instructions for details.					
1	Dues, assessments and similar amounts from members	ŀ	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts o political expenses for which the section 527(f) tax was paid).	f				
а	Current year	ŀ	2a			-
b	Carryover from last year	-	2b			
C	Total	-	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	ŀ	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		~			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying	9				
5	and political expenditure next year?	ŀ	<u>4</u> 5			
-	t IV Supplemental Information					
_		<b>.</b>		Dod II	D lin	
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line complete this part for any additional information.	υ,	anu	rantn	-0, 1111	e 11.
Sch	edule C, Part II-B, Line 1 - Lobbying activity by nonelecting 501(c)(3) organization consisted of	coi	ntact	with		
legis	slative staff of the House and Senate Appropriations Committee on behalf of NCEEER and othe	r o	rgan	izatio	15	
rece	iving funding under the Department of State's Title VIII program.					
				- <b></b>	<b></b>	
			• • • • •			

### **SCHEDULE D** (Form 990)

## **Supplemental Financial Statements**

OMB No 1545-0047 0000

Department of the Treasury Internal Revenue Service

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

<b>ZUU</b> 0	
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THE	E NATIONAL COUNCIL FOR EURASIAN AND EAST EUROPEAN RESEARCH	52 : 1121063
	organizations Maintaining Donor Advised Funds or Other Similar	
	the organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets funds are the organization's property, subject to the organization's exclusive legal or	
6	Did the organization inform all grantees, donors, and donor advisors in writing that quised only for charitable purposes and not for the benefit of the donor or donor advisimpermissible private benefit?	grant funds may be isor or other
Pa	rt II Conservation Easements. Complete if the organization answered "Yes'	to Form 990, Part IV, line 7.
1 2	☐ Protection of natural habitat ☐ Preservation ☐ Preservation of open space Complete lines 2a–2d if the organization held a qualified conservation contribution in the	on of an historically important land area ion of certified historic structure
	on the last day of the tax year.	
		Held at the End of the Year
а	Total number of conservation easements	1 1
b	Total acreage restricted by conservation easements	
C	Number of conservation easements on a certified historic structure included in (a) .	
d	Number of conservation easements included in (c) acquired after 8/17/06	
3	Number of conservation easements modified, transferred, released, extinguished, or the taxable year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspe enforcement of the conservation easements it holds?	
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements du	uring the year ► \$
8	Does each conservation easement reported on line 2(d) above satisfy the requireme 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	
9	In Part XIV, describe how the organization reports conservation easements in its rev balance sheet, and include, if applicable, the text of the footnote to the organization the organization's accounting for conservation easements.	n's financial statements that describes
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, o Complete if the organization answered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue art, historical treasures, or other similar assets held for public exhibition, education, or provide, in Part XIV, the text of the footnote to its financial statements that describe	research in furtherance of public service
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statistical treasures, or other similar assets held for public exhibition, education, or reprovide the following amounts relating to these items:  (i) Revenues included in Form 990, Part VIII, line 1	esearch in furtherance of public service
2	If the organization received or held works of art, historical treasures, or other simil following amounts required to be reported under SFAS 116 relating to these items:	
a b	Revenues included in Form 990, Part VIII, line 1	· · · · <b>\$</b>

	_
D	-
PACE.	-

Par	t III Organizations Maintaini	ng Collections	of Art, Hi	storica	l Treasures, e	or Ot	ther Similar As	sets (c	ontini	ued)
3	Using the organization's accession items (check all that apply):	and other record	s, check a	any of th	ne following tha	at are	e a significant u	se of its	colle	ection
а	Public exhibition		d		oan or exchan					
b	Scholarly research		е	□ 0	ther					
C	Preservation for future generat									
4	Provide a description of the organiz Part XIV.	ation's collections	s and exp	lain how	they further the	ne or	ganization's exe	mpt pu	rpose	in
5	During the year, did the organization sassets to be sold to raise funds rather	than to be mainta	ained as pa	art of the	organization's	colle	ction?		es 🗌	No
Par	Trust, Escrow and Custo Part IV, line 9, or reported					ansv	vered "Yes" to	Form 9	90, ——	
									es 🗀	No
b	If "Yes," explain the arrangement in	Part XIV and cor	nplete the	followir	ng table:		1			
						4 -	Ar	nount		
C	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					<u>1e</u>				
f	Ending balance				'	1f				T
	Did the organization include an amount of "Yes," explain the arrangement in		), Part X, I	ine 217				<b>□ Y</b>	es L	. No
	rt V Endowment Funds. Co		zation an	swered	"Yes" to Fo	m 9	90, Part IV, lin	e 10.		
		(a) Current year	(b) Prio		(c) Two years ba	1 '	(d) Three years back	(e) Fou	r years	back
1a	Beginning of year balance		n Maria		Section 1985	Ťěy:	i a ca		· 🛬 . j'	3
b	Contributions		T 21 25 2 25 1.	- ~ : - (\$ - -:: -:: )	The state of the	å. i	, <b>i</b> , i i i i i i i i i i i i i i i i i i			Ţ,
c	Investment earnings or losses .		file to			J	# # # # # # # # # # # # # # # # # # #			ž.,
d	Grants or scholarships		4			- :		» *	1 4 71.	• ~
е	Other expenditures for facilities and programs									
f	Administrative expenses			FF X4	a topist bri	, 44 F				= 2 <sub>38</sub>
g	End of year balance				rijer da			,	, " ,V.	ä
2	Provide the estimated percentage of	f the year end ba	lance held	as:						
а	Board designated or quasi-endown	ent >	%							
b	Permanent endowment ▶	%								
С	Term endowment ▶%	)								
3а	Are there endowment funds not in thorganization by:	e possession of th	ne organiza	ation tha	t are held and	admı	nistered for the		Yes	No
	(i) unrelated organizations							3a(i)		<u> </u>
	(ii) related organizations							3a(ii)		<u> </u>
	If "Yes" to 3a(ii), are the related org	anizations listed a	as required	on Scl	nedule R? .			3b		<u> </u>
4	Describe in Part XIV the intended us					34 11				
Par	t VI Investments—Land, Bu					X, II	ne 10.			
	Description of investment	(a) Cost or of			st or other s (other)	(c) D	epreciation	(d) Boo	k value	<del></del>
1a	Land				*		*			0
b	Buildings									0
C	Leasehold improvements									0
	Equipment									0
	Other									0
Tota	I. Add lines 1a-1e. (Column (d) should e	qual Form 990, Pa	rt X, colum	nn (B), Im	e 10(c))		<b>&gt;</b>			0

Ochedule D (Form 930) 2008			. ago o
Part VII Investments - Other Securities	. See Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year ma	
Financial derivatives and other financial products	27,445	End-of-Year Market Value	
Closely-held equity interests	0		
Other			
	<del></del>		
			<del> </del>
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12)	27,445	·	
Part VIII Investments - Program Relate			
(a) Description of investment type	(b) Book value	(c) Method of valu	ation
(-)	<b>(-,</b>	Cost or end-of-year ma	arket value
10.5			
H-0.12 (A) (A) (A) (A) (A) (A) (A) (A) (A) (A)			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13)			*
Part IX Other Assets. See Form 990, Pa	rt X, line 15.	11.7 ***********************************	
<u> </u>	(a) Description		(b) Book value
Deposits			\$6,235
<u></u>	· · · ·		
Total. (Column (b) should equal Form 990, Part X, col	(B) line 15 )		6,235
Part X Other Liabilities. See Form 990,			
(a) Description of liability	(b) Amount		
Federal income taxes			
Security Deposits Payable	\$2,12	<b></b>	
*	· · · · · · · · · · · · · · · · · · ·		* * * * * * * * * * * * * * * * * * * *
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25 ) ▶	2,12		5 40 7

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Page	4

	Reconciliation of Change in Net Assets from Form 990 to Financial Statem			4 504 407
1	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>⊢</b> —	1	1,524,437
2	Total expenses (Form 990, Part IX, column (A), line 25)	$\vdash$	2 3	1,132,947
3	Excess or (deficit) for the year. Subtract line 2 from line 1	- ⊢-	4	391,490 0
4	Net unrealized gains (losses) on investments		5	0
5	Donated services and use of facilities	-	6	0
6	Investment expenses		7	0
7	Prior period adjustments	_ <b>_</b>	8	0
8	Other (Describe in Part XIV)	<b>⊢</b>	9	
9 10	Total adjustments (net). Add lines 4–8		10	391,490
	rt XII Reconciliation of Revenue per Audited Financial Statements With Reve			
1	Total revenue, gains, and other support per audited financial statements		1	1,524,437
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	İ	×,2* ,	· · · · · · · · · · · · · · · · · · ·
a	Net unrealized gains on investments	اه		
b	Donated services and use of facilities	0	~	
c	Recoveries of prior year grants	0	27	
ď	Other (Describe in Part XIV)	0	~46. ~ ~	
e	Add lines 2a through 2d		2e	i o
3	Subtract line 2e from line 1	•	3	1,524,437
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	•	1-68	, ,
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	0	- # . - # .	
b	Other (Describe in Part XIV)	0	1	
C	Add lines 4a and 4b		4c	i o
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	[	_5	1,524,437
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Exp	ense	s pe	er Return
1	Total expenses and losses per audited financial statements		1	1,132,947
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		Ja.	
а	Donated services and use of facilities	0	- "	
b	Prior year adjustments	0	A.	
С	Losses reported on Form 990, Part IX, line 25	0	P 14 To	
d	Other (Describe in Part XIV)	0	<u> </u>	
е	Add lines 2a through 2d		<u> 2e</u>	0
3	Subtract line 2e from line 1	.	3	1,132,947
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	_		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	0	- 1	
b		0	أطروق	_
_C	Add lines <b>4a</b> and <b>4b</b>		4c	0
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) rt XIV Supplemental Information	· ·	5	1,132,947
and Scl	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and hedule D, Part X - The organization is exempt from federal income taxes under Section 50 venue Code.	4b.	·	·

# Schedule F (Form 990)

## **Statement of Activities Outside the United States**

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

► Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, line 15, or line 16.

Open to Public Inspection

	E NATIONAL COUNCIL FO	R FURASIAN	AND FAST FI	IROPEAN RESEARCH		52 1121063
Pai		tion on Activ	ities Outsid	e the United States		<u> </u>
1	For grantmakers. Does assistance, the grants or assistance?	eligibility for th	e grants or as			
2	For grantmakers. Describe United States.	be in Part IV th	e organization	's procedures for mont	toring the use of gr	ant funds outside the
3	Activities per Region. (Use	Schedule F-1	(Form 990) if	additional space is nee	ded.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in ( a program service describe specific type service(s) in region	expenditures in region
						_
						-
Tota	ıls ▶					a

Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000.

► □ Schedule F (Form 990) 2008

Part II Grants al

(i) Method of valuation (book, FMV, appraisal, other											
(h) Description (i) of non-cash vassistance (bd							 		<b></b>		
(9) Amount of non-cash o assistance											
(f) Manner of cash disbursement											
(e) Amount of cash grant											
(d) Purpose of grant				 							
(c) Region	Sch F, Stmt 1										
(b) IRS code section and EIN (if applicable)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					A Company of the Comp	ž.,	2 c d c d c d c d c d c d c d c d c d c	The state of the s	, ", ", ", ", ", ", ", ", ", ", ", ", ",	
(a) Name of organization and EIN (if applicable) (c) Region (c) Region (d) Region (d) Region (d) Region (e) Region (d) Region (e) Region (d) Region (e) Region (d) Region (e) Re	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	*	**************************************		- 15 - 15 - 15 - 15 - 15 - 15 - 15 - 15	The state of the s	"Š	1. 人權			

8

Enter total number of other organizations or entities က

Schedule F (Form 990) 2008

Page 3

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. Schedule F (Form 990) 2008

Part III Grants ar

(h) Method of valuation (book, FMV, appraisal, other)										
(g) Description of non-cash assistance									-	
(f) Amount of non-cash assistance										
(e) Manner of cash disbursement										
(d) Amount of cash grant										
(c) Number of recipients										
ance (b) Region										- Little Control Contr
(a) Type of grant or assistance										

Schedule F (Form 990) 2008

Schedule F (Fo	orm 990) 2008	Page 4
Part IV	Supplemental Information	
	Complete this part to provide the information required in Part I, line 2, and any other additional information	
	•	
· · · · · · · · · · · · · · · · · · ·		
••••		
• • • • • • • • • • • • • • • • • • • •		
•••••		
· · · · · · · · · · · · · · · · · · ·		

## Schedule F, Part IV, Statement 1

### THE NATIONAL COUNCIL FOR EURASIAN AND EAST EUROPEAN

RESEARCH 52-1121063

Form Schedule F

Page 2

Line Number: Part II Line 1

**Grants To Organization Outside US** 

		Cash Grant	Non-Cash Assistance
Region	North America (including Canada and Mexico, but not the United	\$33,739	\$0
•	States)		
Grant	Research		
Cash Disbursement	cash payment		
Non-Cash Assistance			
Valuation			

# SCHEDULE (Form 990)

Department of the Treasury

Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

OMB No. 1545-0047 2008

Open to Public

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(h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Employer identification number Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on S :1121063 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) ▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance ► Attach to Form 990. (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed THE NATIONAL COUNCIL FOR EURASIAN AND EAST EUROPEAN RESEARCH Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance (B) Enter total number of other organizations 1 (a) Name and address of organization or government Name of the organization Sch I, Stmt 1 2 Des

Schedule 1 (Form 990) 2008

Cat. No. 50055P

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

Region 2008  Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes." on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.	(e) Method of valuation (book, (f) Description of non-cash assistance FMV, appraisal, other)			•		Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Schedule I, Part I, Line 2 - The organization's procedures for monitoring the use of grant funds outside of the United States are as follows: Grantees provide	TOT MAJOR EXPENSES. WHEN A GIAML IS AUTHINISTERED BY A UNIVERSITY OF OURCE MISMOURD, AUDITING PEPOLIS OF			•			
states. Complete if the organization	(c) Amount of (d) Amount of (e) M cash grant non-cash assistance	\$246,415				information required in Part I, lin ise of grant funds outside of the Un	S. Whell a grant is administered by						
o Individuals in the United Sadditional space is needed.	(b) Number of cash recipients	31				nplete this part to provide the procedures for monitoring the u	tion.						
Grants and Other Assistance to Individuals in the Unite Use Schedule I-1 (Form 990) if additional space is needed.	(a) Type of grant or assistance					Supplemental Information. Con Part I, Line 2 - The organization's p	use of the funds are provided to the organization.						
Schedule I (Form 990) 2008  Part III Grants a Use Sch	:	Research	:			Part IV Schedule I,	use of the fu					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

RESEARCH 52-1121063

Form: Schedule I

Page 1

Line Number Part II

## Description of Grants and Other Assistance to Governments and Organizations in the United States

		Amount of cash grant	Amount of non-cash assistance
Name and address	University of California Santa Cruz	\$8,064	
	1156 High Street		
	Accounting Office		
	Santa Cruz, CA 95064		
EIN	94-1539563		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-			
cash assistance			
Purpose of grant	Research		
Name and address	Brown University	\$11,019	
	Office of Research Administration		
	PO Box 1929		
	Providence, RI 02912		
EIN	05-1258809		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-			
cash assistance			
Purpose of grant	Research		
Name and address	American Foreign Policy Council	\$7,000	
	509 C St NE	·	
	Washington, DC 20002		
EIN	52-1274529		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-			
cash assistance			
Purpose of grant	Research		
Name and address	Columbia University	\$26,000	····
Hairie and Educess	Office of the Controller Sponsored Projects Finance	\$20,000	
	615 West 131st Street 4th Floor		
	New York, NY 10027		
EIN	13-5598093		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-			
Purpose of grant	Research		
		£44.660	
Name and address	George Washington University	\$11,660	
	Grants & Contracts Accounting Services		
	83 Knoll Square		
	Building II Second Floor		
	Ashburn, VA 20147-2692		
EIN	53-0196584		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-			
cash assistance			
Purpose of grant	Research		
Name and address	The Research Foundation of SUNY	\$9,640	

### Schedule I, Part IV, Statement 1

### THE NATIONAL COUNCIL FOR EURASIAN AND EAST EUROPEAN RESEARCH

\$16,015

\$10,000

\$40,000

\$19,183

\$15,000

PO Box 9

Albany, NY 12201

**EIN** 

14-1368361

IRC code section

501(c)(3)

Method of valuation

Description of non-

cash assistance

Purpose of grant

Research

Name and address University of Anzona

Sponsored Projects Services

PO Box 3520

Tucson, AZ 85722-3520

EiN

74-2652689

IRC code section

115 Method of valuation Description of non-

cash assistance

Purpose of grant Research

Name and address Western Carolina University

> Controllers Office 317 HF Robinson Cullowhee, NC 28723

EIN

56-6001440

IRC code section Method of valuation Description of noncash assistance

Purpose of grant Research

Name and address University of Notre Dame

836 A Grace Hall Notre Dame, IN 46556

EIN

35-0868188 501(c)(3)

IRC code section Method of valuation Description of noncash assistance

Purpose of grant Research

Name and address Middlebury College

Controllers Office 84 South Service Road Middlebury, VT 05753

EIN

03-0179298

IRC code section

501(c)(3)

**Method of valuation** Description of noncash assistance

Purpose of grant

Research

Name and address Woodrow Wilson International Center

> One Woodrow Wilson Plaza 1300 Pennsylvania Avenue NW Washington, DC 20004-3027

EIN

52-1067541

IRC code section

501(c)(3)

Method of valuation Description of noncash assistance

Purpose of grant

Research

Page. 2

' Schedule I, Part IV, Statement 1

### SCHEDULE J (Form 990)

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

THE NATIONAL COUNCIL FOR EURASIAN AND EAST EUROPEAN RESEARCH 52 1121063

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use	72. 1	-1-7	7.3
	☐ Travel for companions ☐ Payments for business use of personal residence		~ ^ &	
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees		, , 3	
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)		3	, , , , , , , , , , , , , , , , , , ,
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	* * *	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .	2		Tree 1
3	Indicate which, if any, of the following the organization uses to establish the compensation of the	** *		I
	organization's CEO/Executive Director. Check all that apply.		4.3	
	☐ Compensation committee ☐ Written employment contract		9 .	12
	☐ Independent compensation consultant ☐ Compensation survey or study		*. Z	
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee		, Š.	
4	During the year did any payon listed in Form 2000 Port VIII. Continue A. line day		17	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a <sup>-</sup> Receive a severance payment or change of control payment?	4a	.a2000	<i>J</i>
a b	Receive a severance payment or change of control payment?	4b		1
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		1
Ŭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	,		
	The foot to any or mice has of not the persons and appropriate and annually state of the foot to the f	× .	-	. 33
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.		. ~	
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:	Mariana is	street where	
а	The organization?	5a		1
b	Any related organization?	5b	,	<b>✓</b>
	If "Yes" to line 5a or 5b, describe in Part III.		, .* , ,	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		- 2255	
	compensation contingent on the net earnings of:		3.0	ا. رنگ
а	The organization?	6a		<del>-</del>
b	Any related organization?	6b	1 90°G 1 al	<b>√</b>
_	If "Yes" to line 6a or 6b, describe in Part III.		ŽŽŽ.	لانكا
7		_		,
_	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		<b>✓</b>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe			
	subject to the initial contract exception described in Regs. Section 53.4958-4(a)(3)? If "Yes," describe	ا ۾ ا		./

Schedule J (Form 990) 2008

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

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

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

		(B) Breakdown of W	W-2 and/or 1099-MISC compensation	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(a)-(u)(a)	reported in prior Form 990 or Form 990-EZ
Robert Huber	0	\$118,500	\$10,000	0\$	\$11,850	\$12,008	\$152,358	\$144,751
	Ξ	0\$	\$0	0\$	0\$	0\$	\$0	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
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	(ii)							
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	(ii)							
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	Ξ							
	8							
	(ii)							
	(E)							
	(1)							
	9							
	(ii)							
	(i)							
	<b>(ii)</b>							
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							Sche	Schedule J (Form 990) 2008

Part III Supplemental Information
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information
Schedule J, Part I, Line 3 - Compensation of the organization's Executive Director is established by approval of the Executive Committee and the Board of
Directors.
Schedule J (Form 990) 2008

### **SCHEDULE O** (Form 990)

## **Supplemental Information to Form 990**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Inspection

Name of the organization Employer identification number THE NATIONAL COUNCIL FOR EURASIAN AND EAST EUROPEAN RESEARCH 52 1121063 Form 990, Part VI, Section A, Line 10 - The process the organization uses to review the form 990 is that the bookkeeper reviews the Form 990 for accuracy and forwards to the Executive Director for final review. Form 990, Part VI, Section A, Line 11 - Daniel Orlovsky Dept of History 352 Dallas Hall SMU Dallas, TX 75205 Mark Beissinger Dept of Political Science North Hall 311 Univ of Wisconsin Madison WI 53706 Valerie Bunce Dept of Govt Cornell University 204 White Hall ithaca, NY 14853 Bruce Grant NYU Dept of Anthropology 25 Waverly Place New York NY 10003 Maria Carlson Dept of Slavic Languages & Lit 1445 Jayhawk Blvd Rm 2133 Lawrence KS 66045 Ted Hopf Dept of Political Science Ohio State Univ 2176 Derby Hall 154 North Oval Mall Columbus OH 43210 Nancy Kollman History Department Stanford University Stanford, CA 94305 Form 990, Part VI, Section B, Line 12c - The organization regularly and consistently monitors and enforces compliance with the written conflict of interest policy by asking Board members to return a signed conflict of interest form to the organization each year, and are asked to abstain from voting on grant proposals on which there is a conflict of interest. Form 990, Part VI, Section C, Line 19 - The organization makes its audited financial statements available to the public in their annual report, which is publicly available on the organization's website and in print copies which are distributed.

### Schedule O, Statement 1

## THE NATIONAL COUNCIL FOR EURASIAN AND EAST EUROPEAN RESEARCH

52-1121063

Form: 990

Page: 1

Line Number: Part I Line 1

Activity Or Mission Description

### Description

NCEEER was created in 1978 to develop and sustain long-term, high-quality programs for post-doctoral research on the social, political, economic, environmental, and historical development of Eurasia and Central and Eastern Europe. From broad, cross-cultural analyses to more focused studies of particular problems, NCEEER supports research projects that facilitate a mutually beneficial exchange of information between scholars and policy-makers and contribute to a better understanding of current developments and future prospects in the post-communist countries of Europe and Eurasia.

### Schedule O, Statement 2

## THE NATIONAL COUNCIL FOR EURASIAN AND EAST EUROPEAN

RESEARCH 52-1121063

Form: 990

Page 2

Line Number Part III Line 1

Mission Description

### Description

NCEEER was created in 1978 to develop and sustain long-term, high-quality programs for post-doctoral research on the social, political, economic, environmental, and historical development of Eurasia and Central and Eastern Europe. From broad, cross-cultural analyses to more focused studies of particular problems, NCEEER supports research projects that facilitate a mutually beneficial exchange of information between scholars and policy-makers and contribute to a better understanding of current developments and future prospects in the post-communist countries of Europe and Eurasia.