

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury Internal Revenue Service

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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public Inspection

| _ | roi tii | e 2009 Calendar year, or tax year beginning SEPTEMBER 1 , 2009, and end | ng AUG | 05131 | , 20 10 | |
|-------------------------|-------------|--|-------------------|----------------|---|---------------|
| В | Check if a | | | D Employe | er identification nu | ımber |
| | Address | change label or Doing Business As U.SUKRAINE FOUNDATION | | 52 | 1778729 |) |
| | Name ch | nange print or type. Number and street (or PO box if mail is not delivered to street address) Room/s | uite | E Telepho | ne number | |
| | Initial ref | See 1 THOMAS CIRCLE NW - 10TH FL MAILROOM SU | ITE 900-B | (202) | 223-2228 | ; |
| | Terminal | Specific City or town state or country and ZID . 4 | | <u> </u> | | |
| | Amende | A MACHINICTON DO COCCE ECCO | | G Gross rec | eipts S 660 | ,072 |
| | | F Name and address of principal officer: NADIA K. McCONNELL | 14(-) 1-15 | | | $\overline{}$ |
| | гррпсано | 1 THOMAS CIR NW - 10 FL MAIL, WASHINGTON, DC 20005 | 1 | | | ∐ No |
| <u> </u> | Tax-exe | empt status: ☐ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 | | | icluded? Yes list (see instructions | |
| j | | te: ► www.usukraine.org | 1 | | • | S) |
| _ | | organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ► | | exemption num | legal domicile. AV | |
| | art I | Summary | tion 1991 | M State of | legal domicile VA | |
| | _ | ······································ | DING DEAG | E AND DE | NOODEDITY. | |
| | 1 | Briefly describe the organization's mission or most significant activities: BUIL | DING PEAC | E AND PE | ROSPERITY | |
| ره | - | BY SUPPORTING DEMOCRACY, A FREE MARKET AND HUMAN RIGHTS F | <i></i> | | | |
| auc | - | ACTIVITIES ARE CONDUCTED THROUGH EDUCATION., TRAINING, INFOR | RMATIONAL | OUTREA | CH AND | |
| ũ | - | PEOPLE-TO-PEOPLE EXCHANGES. | | | | |
| Š | 2 (| Check this box 🕨 🗌 if the organization discontinued its operations or disposed of more than 25 | % of its net ass | ets. | | |
| ক ক | 3 1 | Number of voting members of the governing body (Part VI, line 1a) | | . 3 | | 8 |
| es | 4 | Number of independent voting members of the governing body (Part VI, line 1 | | | | 8 |
| Activities & Governance | 5 | Total number of employees (Part V, line 2a). | • | - | | 4 |
| ç | 6 | Total number of volunteers (estimate if necessary) | | 6 | | 15 |
| _ | | Fotal gross unrelated business revenue from Part VIII, column (C), line 12. | | 7a | 2 | 2,384 |
| | | Net unrelated business taxable income from Form 990-T, line 34 | | . 7b | | 0 |
| | | | Prior Ye | | Current Year | |
| | 8 | Contributions and grants (Part VIII, line 1h) | | 396,092 | |),132 |
| Revenue | | | | 257,823 | | 5,241 |
| ven | 9 | Program service revenue (Part VIII, line 2g) | | 8,710 | | |
| æ | 10 | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | | | | 3,309 |
| | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | <u> </u> | 31,913 | | (790) |
| | | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 694,538 | | ,892 |
| | | Grants and នាការ៉ាន់ (a្មភាពបាnts paid (Part IX, column (A), lines 1–3) | | 133,630 | 179 | 9,64 <u>8</u> |
| s | 14 | Benefits-paid-to-of-for-members (Part IX, column (A), line 4) | | 0 | | 0 |
| Expenses | 15 | garies, other compensation completes benefits (Part IX, column (A), lines 5-10) | | 280,926 | 151 | ,512 |
| ē | 16a | cofessional fundralsing fees (Part IX, column (A), line 11e) | | 0 | | 0 |
| ŭ | b | rotal fundraising expenses (Part IX, column (D), line 25) ▶ | | | ······ | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | | 344,355 | 250 |),596 |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). | | 758,911 | 581 | ,756 |
| | 119 | Revenue less expenses. Subtract line 18 from line 12 | | (64,373) | | 136 |
| Net Assets or | <u> </u> | | Beginning of C | urrent Year | End of Year | |
| sets | 20 | Total assets (Part X, line 16) | | 312,973 | 265 | 5,325 |
| A d | 21 | Total liabilities (Part X. line 26) | | 257,703 | 209 | 9,919 |
| Š | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 55,270 | | 5,406 |
| P | art II | Signature Block | • | | | |
| 7 | | Under penalties of perjury, I declare that I have examined this return, including accompanying sche | edules and state | ments, and to | the best of my kno | wledge |
| 5 | | and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based of | n all information | of which pre | parer has any know | vledge |
| Si | an | Jula U Kun | 1 | 1 - 2 | 0-12 | |
| | ere | Signature of officer | Dai | | | |
| ≝ '' | 51 C | TOHN A. KUN, UP/COO | | | | |
| _ | | Type or print name and title | | | | |
| + | | Nata (| Check if | Broncess's st | ontifica acceptor | |
| Ĕ | | Preparer's | elf | (see instructi | entifying number ons) | |
| Pai | d | signature e | mployed > L | | - | |
| | parer's | | - | L | | |
| , | e Only | Firm's name (or yours of self-employed), | EIN | > | | |
| , _ • | | address, and ZIP + 4 | Phone r | no ▶ (|) | |

| Par | Statement of Program Service Accomplishments |
|-----|--|
| 1 | Briefly describe the organization's mission: BUILDING PEACE AND PROSPERITY BY SUPPORTING DEMOCRACY, A FREE MARKET, AND HUMAN RIGHTS FOR UKRAINE. |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| 4 | 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 \$ 374,212 including grants of \$ 135,116) (Revenue \$ 251,302) Educational Program: |
| | 9 day training and exchanges of 54 Ukrainian local government officials, conducted by US local community partners. |
| | 1300 university students from abroad benefit from U.S. culture and work practices by their participation in the Summer Work Travel program, under the authority of the U.S. State Department's Bureau of Educational and Cultural Affairs. |
| | Support for 2 multi-media projects, promoting ethnic reconciliation and human rights. |
| • | Educational grants to 235 students. |
| 4b | (Code:) (Expenses \$ 39,995 including grants of \$ 39,935) (Revenue \$ 2,555) |
| | Health Care/Humanitarian Aid Program |
| | Financial support for the purchase of a school bus for a Ukrainian community devasted by past floods. |
| | Support for a science research program with University of Alabama and a Ukrainian institute. |
| | |
| | |
| 4c | (Code:) (Expenses \$20,860 including grants of \$0) (Revenue \$4,503) Informational Services Program |
| | Distribution of information via newsletters, postal mail, websites, Facebook, etc., promoting Ukraine's governance, civil society, etc. |
| | Holding presentations, meetings, etc, for the public regarding Ukraine's democratic development. |
| | Sales of books and other educational materials. |
| | |
| 4d | Other program services. (Describe in Schedule O.) (Expenses \$ 22,060 including grants of \$ 4,597) (Revenue \$ 0) |
| 4- | Total program conjuga expanses > AF7 127 |

| Pa | 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," | | , | |
| 2 | complete Schedule A | 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 | | \ |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete | 4 | | <u> </u> |
| 5 | Schedule C, Part II | 5 | | ▼ |
| 6 | Did the organization maintain any donor advised funds or any similar funds or 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 | | √ |
| 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 | | √ |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | ✓ |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable | 11 | | ✓ |
| • | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | | | |
| • | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | | | |
| • | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | | | |
| • | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | | | |
| • | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | ✓ | |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional | | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 14a | | ✓ |
| 14a b | Did the organization maintain an office, employees, or agents outside of the United States? | 14b | √ | |
| 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 | | ▼ | |
| 17 | to individuals located outside the United States? If "Yes," complete Schedule F, Part III | 16 | • | |
| 18 | on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | √ |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | ./ |
| 20 | If "Yes," complete Schedule G, Part III. Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 19 20 | | V |

| Pa | Checklist of Required Schedules (continued) | | | |
|-----|---|-----|-----|----------|
| | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | 1 | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | \ |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | √ |
| 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 lines 24b through 24d and complete Schedule K. If "No," go to line 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 | | 1 |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | ✓ |
| | 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? <i>If "Yes," complete Schedule L, Part I</i> | 25a | | ✓ |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | 1 |
| 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 | | 1 |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III. | 27 | | √ |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | ✓ |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | ✓ |
| С | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | √ |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | ✓ |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | ✓ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | ✓ |
| 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 | | ✓ |
| 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? <i>If "Yes," complete Schedule R, Part I</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 | | <i>,</i> |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | | 1 | |
| | | | | |

| Par | t 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 | | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | | | |
| | gaming (gambling) winnings to prize winners? | 1c | ✓ | ļ |
| 2 a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| _ | Statements, filed for the calendar year ending with or within the year covered by this return 4 the statements, filed for the calendar year ending with or within the year covered by this return 4 the statements, filed for the calendar year ending with or within the year covered by this return 4 the statements, filed for the calendar year ending with or within the year covered by this return 4 the statements, filed for the calendar year ending with or within the year covered by this return 4 the statements are the statement of the statement | 2b | ✓ | |
| U | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see | 20 | • | |
| | instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 3a | 1 | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | 1 | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | |
| | account)? | 4a | ✓ | |
| b | If "Yes," enter the name of the foreign country: ▶ Ukraine | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | L | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | ✓ |
| b | y was a province that of the first that of the f | 5b | | ✓_ |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding | _ | | |
| 6a | Prohibited Tax Shelter Transaction? | <u>5с</u> 6а | | 1 |
| | organization solicit any contributions that were not tax deductible? | | | |
| b | 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). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | ļ., |
| | and services provided to the payor? | 7a | | ✓ |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | ✓ |
| | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal | 7e | | |
| • | benefit contract? | 7f | | 1 |
| ' a | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | 7 |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as | | | |
| | required? | 7h | | ✓_ |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | | | |
| | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | - | | ļ |
| 9 | | 8 | | |
| a | Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? | 9a | | |
| | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| 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: | | | |
| | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| ь | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b | 1 7 | . 7 | l _ |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| Sec | tion A. Governing Body and Management | | | |
|-----|---|------------|----------|----------|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body | | | |
| 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 | | | |
| | any other officer, director, trustee, or key employee? | 2 | | ✓_ |
| 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 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | ✓ |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | <u> </u> |
| 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_ | | _ |
| þ | 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. | | | |
| | The governing body? | _8a | V | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | V | |
| 9 | Is there any officer, director, 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 | 0- | | , |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Inter- | 9a | | |
| | enue Code.) | zi i iai | | |
| | | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | 1 |
| | 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? | 10b | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the | | | |
| | form? | 11 | ✓ | |
| 11A | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | ✓ |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give | | | |
| | rise to conflicts? | 12b | | - |
| C | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| | describe in Schedule O how this is done | 12c | | |
| 13 | Does the organization have a written whistleblower policy? | 13 | | 1 |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | | V |
| 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? | | | |
| 2 | The organization's CEO, Executive Director, or top management official | 15a | أكبي | 1 |
| | Other officers or key employees of the organization | 15b | | 1 |
| V | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| | with a taxable entity during the year? | 16a | | ✓ |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate | | | Γ |
| - | its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard | | | |
| | the organization's exempt status with respect to such arrangements? | 16b | | <u> </u> |
| | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ None | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or 1024 if applicable), 990, and 990-T (501(or 1024 if applicable)), 990, 990, 990, 990, 990, 990, 990, 9 | :)(3)s | only) | |
| | available for public inspection. Indicate how you make these available. Check all that apply. | | | |
| 40 | Own website Another's website Upon request | _6 . | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict | or inte | erest | |
| 20 | policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and reco | rde e | f tha | |
| | organization: ► John A. Kun, U.SUkraine Foundation, 1 Thomas Circle NW - 10th Fi Mailroom, Washing | gton. | DC 2 | 0005 |
| | Tel: 202-223-2228 | 1. | | |

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employees."
- 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 | | any c | curr | ent | offic | cer, d | lirec | tor, or trustee. | | |
|---|------------------------------|-----------------------------------|----------------------|---------|--------------|------------------------------|----------|---|--|--|
| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
| Name and Title | Average hours per week | Individual trustee or director | nstitutional trustee | Officer | Rey 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 |
| NADIA K. McCONNELL | 40 | | | | | ä | <u> </u> | | | |
| PRESIDENT | 40 | ✓ | | ✓ | 1 | | | 0 | 0 | 0 |
| JOHN A. KUN VP/COO | 40 | | | 1 | 1 | | | 51,067 | 0 | 0 |
| MARKIAN BILYNSKYJ VP | 40 | | | 1 | 1 | | | 12,684 | 0 | 0 |
| GEORGE HAMM DIRECTOR | 2 | 1 | | | | | | 0 | 0 | 0 |
| WILLIAM GREEN MILLER DIRECTOR | 3 | 1 | | | | | | 0 | 0 | 0 |
| JOHN W. RYAN DIRECTOR | 2 | 1 | | | | | | 0 | 0 | 0 |
| IRYNA KUROWYCKYJ DIRECTOR | 2 | √ | | | | | | 0 | 0 | 0 |
| RENATA A. ZAJAC DIRECTOR | 2 | √ | | | | | | 0 | 0 | 0 |
| JACK I. HELLER DIRECTOR | 2 | ✓ | | | | | | 0 | 0 | 0 |
| JIM O'BEIRNE DIRECTOR | 2 | 1 | | | | | | 0 | 0 | 0 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| Pai | t VII Section A. Officers, Directors, Tru | istees, Key | Emp | loy | ees, | an | d Hig | hest | Compensate | d Employees (co | ontinued) |
|-----|---|------------------------------|-----------------------------------|----------------------|---------|--------------|------------------------------|----------|---|--|--|
| | (A) | | | | | | (F) | | | | |
| | Name and title | Average hours per week | Individual trustee Or director | nstitutional 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 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 1b | Total | | | | | | | • | 63,751 | . 0 | 0 |
| | Total number of individuals (including but reportable compensation from the organization) | | to the | ose | liste | ed a | above | e) wh | no received me | ore than \$100,0 | 00 in Yes No |
| 3 | Did the organization list any former office employee on line 1a? If "Yes," complete S | | | | | | | | e, or highest o | | 3 🗸 |
| 4 | For any individual listed on line 1a, is the state organization and related organizations individual. | greater tha | ın \$15 | 50,0 | 000? | lf ' | 'Yes," | cor | nplete Schedu | le J for such | 4 1 |
| 5 | Did any person listed on line 1a receive services rendered to the organization? If " | or accrue | comi | oen | sati | on i | from | anv | unrelated org | anization for | 5 ✓ |
| Se | ction B. Independent Contractors | | | | | | | | | | |
| 1 | Complete this table for your five highest c compensation from the organization. | ompensate | d ind | epe | ende | ent o | contra | acto | rs that receive | d more than \$1 | 00,000 of |
| | (A) Name and business add | dress | | | | | | | (B) Description of s | ervices | (C) Compensation |
| NO | NE MORE THAN \$100,000 | | | | | | | - | | | |
| | | | | | | | | \vdash | | | |
| | | | | | | | | | ., | | |
| | | | | | • | | | <u> </u> | | | |
| 2 | Total number of independent contractors (more than \$100,000 in compensation from | | | | | ı to | those | list | ed above) who | received | |

| Part | 90 (20 | | | | | | Page 9 |
|--|-----------|---|------------------|----------------------|--|---|---|
| | · | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| Contributions, gifts, grants and other similar amounts | | Federated campaigns 1a | 0 | | | | |
| g o | b | Membership dues <u>1b</u> | 0 | | | | |
| gifts, ilar an | | Fundraising events 1c | 0 | | | | |
| اقتع | | Related organizations 1d | 0 | | | | |
| Sir | е | Government grants (contributions). | 121,975 | | 1 | | |
| 널 | f | All other contributions, gifts, grants, | | | 1 | | |
| Contributions, and other simi | | and similar amounts not included above 11 | 193,086 5,071 | | 1 | | |
| 등등 | | Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f | 3,071 | 220 122 | | | |
| | - 11 | Total: Add lines 1a-11 | Business Code | 320,132 | | | |
| Program Service Revenue | | WORK TRAVEL EXCHANGES | 561000 | 251,302 | 251 202 | | |
| e e | 2a | NIH PROJ SUPPORT-UKRAINI | 541200 | 2,555 | 251,302 2,555 | 0 | 0 |
| 8 | b | ADVERTISING/PUBLIC RELAT | 541800 | 2,384 | 2,333 | 2,384 | 0 |
| Š | C | ••••• | 341000 | 2,304 | | 2,364 | 0 |
| Š | d | ••••• | | | - | | |
| gra | f | All other program service revenue . | 0 | 0 | 0 | 0 | 0 |
| Po | g | Total. Add lines 2a-2f | | 256,241 | | | |
| | 3 | Investment income (including dividends | s, interest, and | 6,309 | 0 | 0 | 6 200 |
| | | other similar amounts) | | 0,309 | 0 | 0 | 6,309 0 |
| - | 4 5 | Income from investment of tax-exempt bone Royalties | a proceeds | 0 | 0 | | 0 |
| | Ū | (i) Real | (II) Personal | | | <u>_</u> | |
| 1 | 60 | One of Boots | 0 | | | | |
| | | Less rental expenses 0 | 0 | | 1 | | |
| | | Rental income or (loss) | 0 | | | | |
| | | Trontal moonic or (1000) | | 0 | 0 | 0 | 0 |
| 1 | | Gross amount from sales of (i) Securities | (ii) Other | | | ······································ | |
| | 1 a | assets other than inventory 75,898 | 0 | | | | |
| | h | Less: cost or other basis | | | | | |
| | - | and sales expenses . 75,898 | o | ŀ | | | |
| } | С | Gain or (loss) 0 | 0 | | | | |
| } | | Net gain or (loss) | 🕨 | 0 | 0 | 0 | 0 |
| Other Revenue | 8a | Gross income from fundraising events (not including \$ | | | | | |
| - la | _ | See Part IV, line 18 a | 0 | 1 | | | |
| Ě | | Less: direct expenses b | vents 🕨 | | | | |
| ٠ ا | C | Net income or (loss) from fundraising e | vents | 0 | 0 | 0 | 0 |
| | 9a | Gross income from gaming activities. | ام | | | | |
| | | See Part IV, line 19 a | 0 | | | | |
| | | Less: direct expenses b Net income or (loss) from gaming activ | itios | | | | |
| | | | illes | 0 | 0 | 0 | 0 |
| | ıva | Gross sales of inventory, less | 4,401 | | | | |
| | L | returns and allowances a Less: cost of goods sold b | 2,282 | | | | |
| İ | | Net income or (loss) from sales of inventor | | 2,119 | 2,119 | 0 | 0 |
| ŀ | | Miscellaneous Revenue | Business Code | 2,113 | 2,119 | | <u> </u> |
| ŀ | 11a | UNDEALIZED LOCG CEOUDE | 523000 | -2,909 | 0 | 0 | -2,909 |
| | ı id k | | 323000 | -2,303 | | | -2,909 |
| | 2 | | | | | | |
| | 4 | All other revenue | 0 | 0 | 0 | 0 | 0 |
| | | Total. Add lines 11a-11d | | -2,909 | | | |
| - 1 | ~ | Total revenue. See instructions. | · · · · [] | 581,892 | 255,976 | 2,384 | 3,400 |

Part IX Statement of Functional Expenses

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

| | All other organizations must complete colunot include amounts reported on lines 6b, | (A) but are not | t required to comp | olete columns (B), (| C), and (D). |
|----------|---|-----------------|--------------------------|------------------------------------|-------------------------|
| | , 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 68,246 | 68,246 | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 0 | 0 | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | 111,402 | 111,402 | | |
| 4 | Benefits paid to or for members | 0 | 0 | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 36,155 | 0 | 36,155 | 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) | 104,596 | 92,047 | 12,130 | 0 419 |
| 7 | Other salaries and wages | 104,330 | 92,047 | 12,130 | 419 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | o | 0 | o | 0 |
| 9 | Other employee benefits | 0 | 0 | 0 | 0 |
| 10 | Payroll taxes | 10,761 | 0 | 10,761 | 0 |
| 11 | Fees for services (non-employees): | | | _ | |
| | Management | 0 | 0 | 0 | 0 |
| | Legal | 7,194 | 0 | 7,194 | 0 |
| | Accounting | 7,134 | 0 | 0 | |
| | Lobbying | 0 | | | 0 |
| f | Investment management fees | 0 | 0 | 0 | 0 |
| g | Other | 121,034 | 114,979 | 6,055 | 0 |
| 12 | Advertising and promotion | 0 | . 0 | 0 | 0 |
| 13 | Office expenses | 39,038 | 17,353 | 11,877 | 9,808 |
| 14 | Information technology | 592 | 0 | 592 | 0 |
| 15 | Royalties | 18,190 | 0 | 18,190 | 0 |
| 16 17 | Occupancy | 39,995 | 39,521 | 447 | 27 |
| 18 | Payments of travel or entertainment expenses | | · · | | |
| 10 | for any federal, state, or local public officials | 0 | 0 | 0 | 0 |
| 19 | Conferences, conventions, and meetings . | 14,360 | 13,579 | 759 | 22 |
| 20 | Interest | 8,602 | 0 | 8,602 | 0 |
| 21 | Payments to affiliates | 0 | 0 | 0 | 0 |
| 22 | Depreciation, depletion, and amortization . | 1,591 | 0 | 0 1,591 | 0 |
| 23 | Insurance | 1,001 | | 1,391 | <u>.</u> |
| 24 | Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed | | | | |
| | 5% of total expenses shown on line 25 below.) | | | | |
| а | | 8 | | 0 | |
| b | | | | | |
| C | | | | | · |
| d | | | | | |
| e f | All other expenses | 0 | 0 | 0 | 0 |
| 25 | Total functional expenses. Add lines 1 through 24f | 581,756 | 457,127 | 114,353 | 10,276 |
| 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 | | | | 154 |

| Ра | rt X | Balance Sheet | | | |
|------------------|------|--|--------------------------|-----|--------------------|
| | • | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash non-interest-bearing | 0 | 1 | 0 |
| | 2 | Savings and temporary cash investments | 6,810 | 2 | 9,729 |
| | 3 | Pledges and grants receivable, net | 0 | 3 | 0 |
| | 4 | Accounts receivable, net | 73,663 | 4 | 94,190 |
| | 5 | Receivables from current and former officers, directors, trustees, key | | | |
| | • | employees, and highest compensated employees. Complete Part II of | | | |
| | | Schedule L | 0 | 5 | 0 |
| | 6 | Receivables from other disqualified persons (as defined under section | | | |
| | | 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete | | | |
| | | Part II of Schedule L | 0 | 6 | 0 |
| ß | 7 | Notes and loans receivable, net | 0 | 7 | 0 |
| Assets | 8 | Inventories for sale or use | 0 | 8 | 0 |
| AS | | | 0 | 9 | 0 |
| | 10a | Prepaid expenses and deferred charges | | | |
| | 104 | other basis. Complete Part VI of Schedule D | | | |
| | h | Less: accumulated depreciation 10b 0 | 0 | 10c | 0 |
| | 11 | Investments—publicly traded securities | 232,500 | | 161,406 |
| | 12 | Investments—other securities. See Part IV, line 11 | | 12 | 0 |
| | 13 | Investments—program-related. See Part IV, line 11 | | 13 | 0 |
| | 14 | Intangible assets | | 14 | 0 |
| | 15 | Other assets. See Part IV, line 11 | | 15 | 0 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 312,973 | | 265,325 |
| | 17 | Accounts payable and accrued expenses | | | 147,434 |
| | 18 | Grants payable | | 18 | 0 |
| | 19 | Deferred revenue | | | 62,485 |
| | 20 | Tax-exempt bond liabilities | 0 | | 0 |
| Ś | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | 0 | | 0 |
| Liabilities | 22 | Payables to current and former officers, directors, trustees, key | | | |
| <u>.</u> | 22 | employees, highest compensated employees, and disqualified | | | |
| <u>::</u> | | persons. Complete Part II of Schedule L | 19,182 | 22 | 0 |
| | 23 | Secured mortgages and notes payable to unrelated third parties | 0 | | 0 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 0 | | 0 |
| | 25 | Other liabilities. Complete Part X of Schedule D | 0 | | 0 |
| | 26 | Total liabilities. Add lines 17 through 25 | 257,703 | | 209,919 |
| | | Organizations that follow SFAS 117, check here ▶ ☑ and | | | |
| or Fund Balances | | complete lines 27 through 29, and lines 33 and 34. | | | |
| ä | 27 | Unrestricted net assets | (190,585) | 27 | (137,705) |
| Baj | 28 | Temporarily restricted net assets | 0 | 28 | 0 |
| ק | 29 | Permanently restricted net assets | 245,855 | 29 | 193,111 |
| Ē | | Organizations that do not follow SFAS 117, check here ▶ □ | | | |
| 2 | | and complete lines 30 through 34. | | | |
| ts | 30 | Capital stock or trust principal, or current funds | | 30 | |
| Net Assets | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| Ä | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| Žet | 33 | Total net assets or fund balances | | 33 | |
| _ | 34 | Total liabilities and net assets/fund balances | | 34 | |

| Pai | t XI Financial Statements and Reporting | | | |
|-----|--|------|----------|----------|
| | • | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | , | | |
| | Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | _ | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | √ | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | , | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | ✓ | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | | |
| | Schedule O. | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were | | | : |
| | issued on a consolidated basis, separate basis, or both: | | | |
| | ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | |
| | the Single Audit Act and OMB Circular A-133? | За 🛚 | | / |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | _ |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | 3b | | |

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047 Open to Public

Department of the Treasury

Inspection Internal Revenue Service Name of the organization Employer identification number **U.S.-UKRAINE FOUNDATION** 1778729 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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.) R 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 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a
Type I **b** ☐ Type II c ☐ Type III~Functionally integrated d ☐ Type III–Other e 🗹 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? 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 supported organization(s). h (i) Name of supported (iii) Type of organization (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 (see instructions)) support? US? Yes No Yes Yes

Total

| Par | (Complete only if you chec | j anizations D ked the box (| escribed in on line 5, 7, o | Sections 17 or 8 of Part I. | 0(b)(1)(A)(iv)) | and 170(b)(1 |)(A)(vi) |
|------------------|--|--|--------------------------------------|---------------------------------------|---|-------------------------------------|-------------------------|
| Sec | tion A. Public Support | | | | | | |
| Ca | lendar year (or fiscal year beginning in) 🕨 | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 3,476,649 | 1,732,679 | 420,763 | 396,092 | 320,132 | 6,346,315 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 | 0 3,476,649 | 0 1,732,679 | 0 420,763 | 396,092 | 0 320,132 | 6,346,315 |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount | | | | 000,002 | 020,102 | 170,289 |
| 6 | shown on line 11, column (f) | | | | | | 6,176,026 |
| | tion B. Total Support | ا له در /del> | · | | | الــــــــــــــــــــــــا | 0,170,020 |
| | lendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 7 | Amounts from line 4 | 3,476,649 | 1,732,679 | 420,763 | 396,092 | 320,132 | 6,346,315 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 26,085 | 25,160 | 11,556 | 8,710 | 6,309 | 77,820 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried 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.) | 40,962 | 43,099 | 34,466 | 16,906 | -790 | 134,643 |
| 11 | Total support. Add lines 7 through 10 . | and the latest and th | <u> </u> | المصيب | | | 6,558,778 |
| 12 | Gross receipts from related activities, etc | | | | | 12 | 7,734,420 |
| 13 Sec | First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su | re | <u>.</u> . | | | | n 501(c)(3) ► □ |
| <u>000</u> 14 | Public support percentage for 2009 (line t | | | L column (f) | | 14 | 94.16 % |
| | | | | , | | 15 | 94.16 % 88.67 % |
| 15 16a | Public support percentage from 2008 Sch 331/3 % support test—2009. If the organization | | | on line 13 and l | | | |
| 104 | and stop here. The organization qualifies | | | | | | ► ☑ |
| ь | 33½ % support test—2008. If the organiz | | | | | | |
| - | box and stop here. The organization qua | | | | | | |
| 17a | 10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 organization meets the "facts-and-circumstances" and the organization meets the organization me | 09. If the organi acts-and-circum | zation did not d nstances" test, | check a box on licheck this box | line 13, 16a, or and stop here. | 16b, and line 14 Explain in Part | is 10% or IV how the |
| b 18 | 10%-facts-and-circumstances test-2008 more, and if the organization meets the "facts-and-circumstance organization meets the "facts-and-circumstance organization did organizati | acts-and-circum inces" test. The o | stances" test, c organization qua | heck this box a difies as a public | and stop here. By supported org | Explain in Part ganization | V how the |

| Caba | dula A /Farm 000 as 000 F7/ 0000 | | | | | | - 0 |
|----------|--|------------|-----------------|----------|----------|----------|---------------------|
| _ | till Support Schedule for Orga (Complete only if you checke | | | | 1)(2) | | Page 3 |
| Sec | tion A. Public Support | | | | | | |
| | alendar year (or fiscal year beginning in) 🕨 | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | : | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons . | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c from line 6.) | | | | | } | |
| Sec | tion B. Total Support | | | <u> </u> | <u> </u> | <u></u> | <u></u> |
| Ca | ılendar year (or fiscal year begınning in) 🕨 | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 9 10a | Amounts from line 6 | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | · | | | | : | |
| с 11 | Add lines 10a and 10b | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for to organization, check this box and stop I | nere | | | | | on 501(c)(3) ▶ □ |
| Sec | tion C. Computation of Public Sup | port Perce | ntage | | | | |

| | whether or not the business is regularly carried on | | | | | | | | | | | |
|------------|---|-----------------------------------|-------------------------------|--|---------------------------------------|-----------------|---------------------|-------------------------|------|--|--|--|
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | | | | | | |
| 14 | First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | | | | | | |
| Sec | tion C. Computation of Public Su | | - | | | | | | | | | |
| 15 | Public support percentage for 2009 (lin | (f)) | 15 | <u>%</u> | | | | | | | | |
| 16 | Public support percentage from 2008 | Schedule A, Pa | art III, line 15 | <u> </u> | <u> </u> | _16 | <u> </u> | | | | | |
| <u>Sec</u> | tion D. Computation of Investme | <u>nt Income Pe</u> | ercentage | | | | | | | | | |
| 17 | Investment income percentage for 200 | 9 (line 10c, co | lumn (f) divide | d by line 13, c | olumn (f)) | 17 | | | % | | | |
| 18 | Investment income percentage from 20 | | | | | 18 | | | % | | | |
| 19a | 331/3 % support tests - 2009. If the org | anızatıon dıd n oox and stop h | ot check the bere. The organ | ox on line 14, a | and line 15 is n s as a publicly s | nore t | han 33½ orted orga | %, and line Inization ▶ | _ | | | |
| b | 33% % support tests-2008. If the organine 18 is not more than $33%$ %, check this | nization did not s box and stop | check a box or here. The orga | n line 14 or line nization qualifie | 19a, and line 1 s as a publicly | 6 is m suppo | ore than orted orga | 33⅓ %, and nızation ► | | | | |
| 20 | Private foundation. If the organization | did not check | a box on line | 14, 19a, or 19b | , check this bo | ox and | d see inst | ructions > | | | | |
| | | | | | Scho | edule A | \ (Form 990 | or 990-EZ) 2 | :009 | | | |
| | | | | | | | | | | | | |

| • | | |
|-------------|---|---|
| Part IV | Form 990 or 990-EZ) 2009 Supplemental Information. Complete this part to provide the explanations required by Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See | Page 4 y Part II, line 10; ee instructions. |
| RE: Part II | Il Section B - Line 10 | |
| Amounts | shown reflect unrealized gains (or losses). | |
| | | |
| | | |
| | | |
| | | |
| | ······································ | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

Open to Public Inspection

| Department of the Treasury | | | A- F 000 b 0 | - | | Open to Public | |
|----------------------------|---|--|--|---------------------------|----------------------|---|--|
| | al Revenue Service | <u> </u> | to Form 990. ► See separat | e instructions. | | Inspection | |
| | e of the organization UKRAINE FOUI | | | | Employer ident | fication number | |
| _ | | | non Advisord Condo on A | Other Circles Fo | | | |
| Га | | zations Maintaining Do anization answered "Yes | nor Advised Funds or t | Jiner Similar Fu Ine 6 | inas or Accou | ints. Complete if | |
| | ino orga | anzadon anovered 100 | (a) Donor advised fi | | (h) Funds and | other accounts | |
| | Total number at | and of year | .,, | | (b) Talias and | other accounts | |
| 1 2 | | end of year | | i i | | | |
| 3 | | ts from (during year) . | | | | | |
| 4 | | e at end of year | | | | | |
| 5 | Did the organiza | ation inform all donors and | donor advisors in writing t | hat the assets held | d in donor advis | ed | |
| • | | ganization's property, subj | | | | | |
| 6 | used only for ch | ation inform all grantees, de naritable purposes and not | onors, and donor advisors for the benefit of the dono | in writing that gran | or for any other | • | |
| | purpose conferr | ing impermissible private t | penefit? | or donor advisor. | , or for any other | · Yes No | |
| Pa | rt II Conserv | vation Easements. Comp | plete if the organization a | nswered "Yes" to | Form 990, Par | LIV. line 7. | |
| 7 | | onservation easements held | | | | , | |
| • | | of land for public use (e.g | · | | of an historically i | mportant land area | |
| | ☐ Protection of | | , roordanon or productio, | | of a certified his | | |
| | ☐ Preservation | of open space | | | or a cortinoa riic | none enactare | |
| 2 | Complete lines 2 | 2a through 2d if the organiz | ation held a qualified conse | ervation contributio | n in the form of | a conservation | |
| | easement on the | e last day of the tax year. | | | | | |
| | | | | | Held a | t the End of the Tax Year | |
| а | Total number of | conservation easements. | | | _2a | | |
| b | Total acreage re | estricted by conservation e | asements | | . 2b | | |
| С | Number of cons | servation easements on a c | ertified historic structure in | icluded in (a) | | | |
| d | | servation easements include | | | | | |
| 3 | Number of cons the tax year ► | servation easements modifi | ed, transferred, released, e | extinguished, or ter | minated by the | organization dunng | |
| 4 | Number of state | es where property subject t | to conservation easement i | s located ► | | | |
| 5 | | zation have a written polic | | | | | |
| | | enforcement of the conserv | | | | | |
| 6 | | eer hours devoted to moni | toring, inspecting, and enfo | orcing conservation | n easements du | ing the year | |
| 7 | Amount of expe | nses incurred in monitoring | g, inspecting, and enforcing | he year | | | |
| | \$ | | | | | • | |
| 8 | | ervation easement reported section 170(h)(4)(B)(ii)? . | | | | . Yes No | |
| 9 | In Part XIV, desc balance sheet, a | cribe how the organization and include, if applicable, t | reports conservation ease, he text of the footnote to t | ments in its revenu | e and expense | statement, and nts that describes | |
| D- | | 's accounting for conserva | · · · · · · · · · · · · · · · · · · · | Tuesday | ub - 0: '' ^ | | |
| Pa | rt III Organiz Complet | ations Maintaining Colle e if the organization ansv | vered "Yes" to Form 990, | Part IV, line 8. | ther Similar A | ssets. | |
| 1a | art, historical trea | on elected, as permitted ur asures, or other similar asse XIV, the text of the footnot | ets held for public exhibition | i, education, or rese | earch in furtherai | ance sheet works of nce of public service, | |
| b | historical treasui provide the follo | on elected, as permitted ur res, or other similar assets wing amounts relating to t | held for public exhibition, hese items: | education, or resea | arch in furtheran | ice of public service, | |
| | (i) Revenues ind | cluded in Form 990, Part V | 'III, line 1 | | > \$ | | |
| | | ded in Form 990, Part X . | | | | | |
| 2 | following amoun | on received or held works its required to be reported | under SFAS 116 relating to | | assets for financ | ial gain, provide the | |
| а | Revenues includ | led in Form 990, Part VIII, I | line 1 | | | | |

b Assets included in Form 990, Part X

| Par | 70 2 |
|-----|------|
| | |

| Par | t III Organizations Maintaini | ng Collections | of Art, Histori | cal Treasures, | or Other Simila | r Assets (continued) | | | | | | |
|------|---|-------------------------|--------------------|-----------------------------|------------------------------|--------------------------|--|--|--|--|--|--|
| 3 | Using the organization's acquisition, collection items (check all that apply | | other records, c | heck any of the f | following that are | a significant use of its | | | | | | |
| а | Public exhibition | | a∐ | Loan or exchan | | | | | | | | |
| b | | | | | | | | | | | | |
| С | | | | | | | | | | | | |
| 4 | Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. | | | | | | | | | | | |
| 5 | During the year, did the organization sassets to be sold to raise funds rather | r than to be mainta | ained as part of | the organization's | collection? | . Yes No | | | | | | |
| | rt IV Escrow and Custodial A IV, line 9, or reported an a | amount on Form | 990, Part X, II | ne 21. | | | | | | | | |
| | Is the organization an agent, trusted included on Form 990, Part X? | | | | ns or other assets | s not . Yes No | | | | | | |
| D | If "Yes," explain the arrangement in | Part XIV and con | riplete the follow | wing table: | | Amount | | | | | | |
| _ | Descripe belonce | | | | 1c | Amount | | | | | | |
| C | • • | | | | 1d | | | | | | | |
| a | Additions during the year | | | | 1e | | | | | | | |
| e | Distributions during the year | | | | 1f | | | | | | | |
| f | | | | | | Yes No | | | | | | |
| | If "Yes," explain the arrangement in Endowment Funds. Co | Part XIV. | | | | | | | | | | |
| Fall | Endowment Funds. Co | (a) Current year | (b) Prior year | (c) Two years b | | back (e) Four years back | | | | | | |
| _ | 5 | | (b) Frior year | | | back (e) Four years back | | | | | | |
| 1a | Beginning of year balance | | | l l | | | | | | | | |
| b | Contributions | | | | | | | | | | | |
| | Net investment earnings, gains, and losses | | | | | | | | | | | |
| | Grants or scholarships | | | | | | | | | | | |
| е | Other expenditures for facilities and programs | | | | | | | | | | | |
| f | Administrative expenses | | | | · 55.40 (200) 200 F (100) | | | | | | | |
| g | End of year balance | | | | | J | | | | | | |
| 2 | Provide the estimated percentage o | | | | | | | | | | | |
| a | Board designated or quasi-endown Permanent endowment ▶ | | 70 | | | | | | | | | |
| b | Term endowment ▶ | | | | | | | | | | | |
| C | | | | | | .L. | | | | | | |
| 3a | Are there endowment funds not in th organization by: | e possession of the | ie organization | that are held and | administered for | Yes No | | | | | | |
| | (i) unrelated organizations | | | | | 3a(i) | | | | | | |
| | an til | | | | | 3a(ii) | | | | | | |
| b | If "Yes" to 3a(ii), are the related organizations | | | | | . 3b | | | | | | |
| 4 | Describe in Part XIV the intended us | ses of the organiz | ation's endown | nent funds. | | <u> </u> | | | | | | |
| Par | t VI Investments—Land, Bu | ildings, and Eq | uipment. See | Form 990, Par | t X, line 10. | | | | | | | |
| | Description of investment | (a) Cost or ot (investm | | Cost or other pasis (other) | (c) Accumulated depreciation | (d) Book value | | | | | | |
| 1a | Land | | | | | | | | | | | |
| | Buildings | | | | | | | | | | | |
| | Leasehold improvements | | | | | | | | | | | |
| | Equipment | | | | | | | | | | | |
| е | Other | | | | | | | | | | | |
| Tota | I. Add lines 1a through 1e. (Column (d) | must equal Form 9 | 90, Part X, colun | nn (B), line 10(c).) | <u>.</u> > | | | | | | | |

| Part VII | Investments—Other Securities | s. See Form 990, Part | X, line 12. | |
|------------------|--|---------------------------------------|---|--|
| (a) [| Description of security or category (including name of security) | (b) Book value | (c) Method of valu Cost or end-of-year m | |
| Financial de | erivatives | | | - |
| | d equity interests | | | |
| - | | | | |
| | *************************************** | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| • | | <u> </u> | | |
| | | | | <u> </u> |
| | | | | |
| Total, (Column (| b) must equal Form 990, Part X, col (B) line 12) | · · · · · · · · · · · · · · · · · · · | | |
| Part VIII | Investments—Program Relate | d. See Form 990, Part 1 | X line 13 | |
| |) Description of investment type | (b) Book value | (c) Method of value | |
| | | | Cost or end-of-year m | arket value |
| | | | | |
| | | | | |
| | | | | <u> </u> |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | b) must equal Form 990, Part X, col (B) line 13) | 1 1 1 1 1 1 | | |
| Part IX | Other Assets. See Form 990, Pa | | | 1 |
| | | (a) Description | | (b) Book value |
| | | | | |
| | | | | |
| | | | | |
| • | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | nn (b) must equal Form 990, Part X, col. | | <u></u> | |
| Part X | Other Liabilities. See Form 990, | <u> </u> | | |
| federal inco | (a) Description of liability | (b) Amount | | |
| rederai inco | ome taxes | | _ | |
| | | | _ | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total (Calume 4 | h) muct agual Form 000 Part Y col /R) lina 25) | 1 | i | |

2. FIN 48 Footnote. 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 |
|------|---|
| | |

| Pai | rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Fi | nancial State | ements |
|---|---|-----------------------|--|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | 581.892 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | · · · — | |
| | | 🗀 | |
| 4 | Net unrealized gains (losses) on investments | · · · - · | 1-,000/ |
| 5 | Donated services and use of facilities | · · · | |
| 6 | Investment expenses | · · · | |
| 7 | Prior period adjustments | · · · - | |
| 8 | Other (Describe in Part XIV.) | · · · - | |
| 9 10 | Total adjustments (net). Add lines 4 through 8 | | |
| | rt XII Reconciliation of Revenue per Audited Financial Statements With | | - 1 |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 812,365 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | | o | |
| b | Oh. | 230,473 | |
| - | Solitated Services and use of Identities . | 0 | |
| c d | Theoretics of prior year grants | 0 | |
| e | | | 2e 230,473 |
| 3 | | | 3 581,892 |
| 4 | Subtract line 2e from line 1 | 📠 | 301,032 |
| • | | o | |
| a b | The strict expenses not included on form 330, 1 art vin, line 75 | 0 | |
| C | Other (bescribe in tark xiv.) | | 4c 0 |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 581,892 |
| Pai | rt XIII Reconciliation of Expenses per Audited Financial Statements Wit | | |
| 1 | Total expenses and losses per audited financial statements | | 1 812,229 |
| _ | · | | |
| 2 | | i i | i i |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 230.473 | |
| а | Donated services and use of facilities | 230,473 0 | |
| a b | Donated services and use of facilities | | |
| a b c | Donated services and use of facilities | 0 | |
| a b c d | Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIV.) 2d | 0 0 0 | 2e 230,473 |
| a b c d | Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIV.) 2d Add lines 2a through 2d | 0 | 2e 230,473 3 581,756 |
| a b c d | Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIV.) 2d Add lines 2a through 2d Subtract line 2e from line 1 | 0 | |
| a b c d e 3 | Donated services and use of facilities | 0 | |
| a b c d | Donated services and use of facilities | 0 | |
| a b c d e 3 4 a | Donated services and use of facilities | 0 | |
| a b c d e 3 4 a | Donated services and use of facilities | 0 | 3 581,756 |
| a b c d e 3 4 a b c 5 | Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b | 0 | 3 581,756 4c 0 |
| a b c d a b c 5 Par | Donated services and use of facilities | 0 0 0 0 0 | 3 581,756 4c 0 5 581,756 4; Part IV, lines 1b |
| a b c d a b c 5 Par | Prior year adjustments | 0 0 0 0 0 | 3 581,756 4c 0 5 581,756 4; Part IV, lines 1b |
| a b c d a b c 5 Par | Prior year adjustments | 0 0 0 0 0 | 3 581,756 4c 0 5 581,756 4; Part IV, lines 1b |
| a b c d a b c 5 Par | Prior year adjustments | 0 0 0 0 0 | 3 581,756 4c 0 5 581,756 4; Part IV, lines 1b |
| a b c d a b c 5 Par | Prior year adjustments | 0 0 0 0 0 | 3 581,756 4c 0 5 581,756 4; Part IV, lines 1b |
| a b c d a b c 5 Par | Prior year adjustments | 0 0 0 0 0 | 3 581,756 4c 0 5 581,756 4; Part IV, lines 1b |
| a b c d a b c 5 Par | Prior year adjustments | 0 0 0 0 0 | 3 581,756 4c 0 5 581,756 4; Part IV, lines 1b |
| a b c d a b c 5 Par | Prior year adjustments | 0 0 0 0 0 | 3 581,756 4c 0 5 581,756 4; Part IV, lines 1b |
| a b c d a b c 5 Par | Prior year adjustments | 0 0 0 0 0 | 3 581,756 4c 0 5 581,756 4; Part IV, lines 1b |
| a b c d a b c 5 Par | Prior year adjustments | 0 0 0 0 0 | 3 581,756 4c 0 5 581,756 4; Part IV, lines 1b |
| a b c d a b c 5 Par | Prior year adjustments | 0 0 0 0 0 | 3 581,756 4c 0 5 581,756 4; Part IV, lines 1b |

| Schedule D (For | rm 990) 2009 | Page 5 |
|---|--|--------|
| Part XIV | Supplemental Information (continued) | |
| | | |
| | | |
| • | | |
| | | |
| | | • |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | ••••• |
| | | |
| | ······································ | |
| | | |
| | | |
| | | |
| ••••• | | |
| | | |
| | | |
| | | |
| | | • |
| | | |
| | | |
| | | |
| | | ••••• |
| | | |
| | | |
| | | |
| | | |
| | | •••• |
| | | |
| | | |
| | | |
| | | ••••• |
| | | |
| | | |
| | | |
| | | • |
| | | |
| | | ••••• |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Schedule F . (Form 990)

Totals

Statement of Activities Outside the United States

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Name of the organization Employer identification number **U.S.-UKRAINE FOUNDATION** 1778729 52 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ No For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States. Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.) (b) Number of (a) Region (c) Number of (d) Activities conducted in (e) If activity listed in (d) is (f) Total offices in the employees or region (by type) (i e, a program service, expenditures for region agents in fundraising, program services, describe specific type of region region grants to recipients located in service(s) in region the region) **UKRAINE** 1 1 **GRANT MAKING PUBLIC POLICY SUF** 4,745 **GRANT MAKING HUMANITARIAN AID** 39,995 **GRANT MAKING EDUCATIONAL** 70,847

1

1

115,587

Page 2

| Schedule F (Form 990) 2009 Page 2 Page 1 Page 2 Page 1 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990. | orm 990, | (i) Method of valuation (book, FMV, appraisal, other) | | | | | | | | | |
|--|---|---|------------|-----------|--|--|--|--|--|---|--|
| | vered "Yes" to F 5,000 | (h) Description (i) of non-cash assistance a | | | | | | | | | |
| | ie organization ansv ceived more than \$8 | (g) Amount of non-cash assistance | 0 | | | | | | | _ | |
| | tes. Complete if the one recipient rec | (f) Manner of cash disbursement | WIRES | | | | | | | | |
| | de the United Stat Check this box if no | (e) Amount of cash grant | 39,935 | | | | | | | | |
| | or Entities Outs ore than \$5,000. s needed. | (d) Purpose of grant | SCHOOL BUS | PURCHASED | | | | | | | |
| | | (c) Region | UKRAINE | | | | | | | | |
| | Other Assista 15, for any red ale F-1 (Form 9 | (b) IRS code section and EIN (if applicable) | | | | | | | | | |
| | Part Grants and Part IV, line Use Schedu | 1 (a) Name of organization | | | | | | | | | |

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities က N

Schedule F (Form 990) 2009

Page .

Schedule F (Form 990) 2009

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. Part III

| (a) Type of grant or assistance | e of grant or assistance | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|---|--|---|
| SCHOLARSHIPS | UKRAINE | 235 | 66,870 | WIRES | 0 | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| - | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | Schedul | Schedule F (Form 990) 2009 |

| Schedule F (Fo | | 4 |
|---|---|-----|
| Part IV | Supplemental Information | _ |
| | Complete this part to provide the information required in Part I, line 2, and any additional information. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | •• |
| | | |
| • | | |
| | | |
| | | |
| | | |
| • | | |
| | | |
| | | |
| | | |
| <i>.</i> | | |
| | | |
| | | |
| | | •• |
| | | |
| | | |
| | | |
| | ······································ | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | • • |
| | | |
| | | ٠- |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | • • |
| | | |
| • | ••••••••••••••••••••••••••••••••••••••• | •• |
| | | |
| | | |
| | | |

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

General Information on Grants and Assistance

U.S.-UKRAINE FOUNDATION

Part I

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047 2009

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Employer identification number 1778729 25 **≗**

| 1 (a) Name and address of organization or government | (p) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|--------------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| APPLIED INFO MGMT INSTITUTE 1905 HARNEY ST, OMAHA, NE 68 | N/A | | 906'8 | 0 | | | EDUCATIONAL |
| ARLINGTON SISTER CITY ASSOPE PO BOX 5677, ARLINGTON, VA 2 | 54-1708054 | | 7,625 | 0 | | | EDUCATIONAL |
| BALTIMORE-ODESSA SISTER CI 100 HOLLIDAY ST, BALT, MD 212 | N/A | | 8,453 | 0 | | | EDUCATIONAL |
| CINCINNATI-UKRAINE PARTNER 128 WILMUTH AVE, CIN, OH 4521 | N/A | | 6,956 | 0 | | | EDUCATIONAL |
| INT'L VISITORS COUNCIL OF KC 30 WEST PERSHING RD, KC, MO | N/A | | 7,036 | 0 | | | EDUCATIONAL |
| PENNSYLVANIA STATE UNIVER 227 W BEAVER AVE, ST COLL, P | N/A | | 9,301 | 0 | | | EDUCATIONAL |
| UKR CULT & HUMANIT INSTITUT 610 BOUQUET ST, CARNEGIE, P | N/A | | 968'9 | 0 | | | EDUCATIONAL |
| UKR NAT'L WOMEN'S LEAGUE (DETROIT REGL COUNC- WARRE | N/A | | 2,600 | 0 | | | EDUCATIONAL |
| WORLD AFFAIRS COUNC OF KY 200 W BROADWAY, LOUISVILLE | N/A | | 7,473 | 0 | | | EDUCATIONAL |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 9 Enter total number of section 501(c)(3) and government organizations | 1(c)(3) and govern | ment organizations | | | | | 6 |

Enter total number of other organizations

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

Cat No 50055P

Schedule I (Form 990) 2009

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Part III

| (f) Description of non-cash assistance | | | | to provide the information required in Part I, line 2, and any other additional information. | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|
| (e) Method of valuation (book, FMV, appraisal, other) | | | | I, line 2, and any other | | | | | | |
| (d) Amount of non-cash assistance | | | | on required in Part | | | | | | |
| (c) Amount of cash grant | | | | ovide the information | | | | | | |
| (b) Number of recipients | | | | | | | | | | |
| (a) Type of grant or assistance | | | | Part IV Supplemental Information. Complete this part | | | | | | |

Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Open to Public Inspection

Employer identification number

| U.SUKRAINE FOUNDATION | 52 : | 1778729 |
|---|--------------|--------------------|
| FORM 990 - PART III - 4d - OTHER PROGRAM SERVICES | | |
| ECONOMIC DEVELOPMENT PROGRAM - EXPENSES: \$17,315 GRANTS: 0 REVENUE | S: 0 | |
| Support for the Lviv architectural preservation activity for US-Ukraine travel by experts. | | |
| Promotion of Ukrainian travel industry via trade shows, website, etc. | • | |
| PUBLIC POLICY PRGRAM - EXPENSES: \$4,745 GRANTS: \$4,597 REVENUE: 0 | | |
| Financial support for the Pylyp Orlyk Institute for Democracy, a public policy organization | n in Kyiv | /, Ukraine |
| FORM 990 - PART VI - SECTION C - DISCLOSURE | | |
| LINE 19 - The Foundation makes its public documents available on-line at: http://www.us | ukraine | .org/reports.shtml |
| · | | |
| | | |
| | - | |
| | | |
| | | • |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| *************************************** | | |