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

OMB No. 1545-0047

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

Open to Public

		nue Service	<sup>y</sup>   ▶ 1	he organization may have to use a copy of this retu	m to satisf	fy state rep	orting req	uirements.	Inspecti	ion
Ā	For th	e 2009 ca	alendar	year, or tax year beginning 10/01		nd ending		9/30	, 20 10	
В	Check if a	applicable	Please	C Name of organization THE NATIONAL COUNCIL	L FOR EU	IRASIAN A	AND EA:	D Employ	er identification	ı number
	Address	change	use IRS label or	Doing Business As				52	11210	163
	Name ch		print or type.	Number and street (or P O. box if mail is not delivered to street a	ddress)	Room/suite		E Telepho		
	Initial ret		See	Box 353650	1			( <b>206</b> )	829-24	<u> 45</u>
	Terminat		Specific Instruc-	City or town, state or country, and ZIP + 4						
		d return	tions.	Seattle, WA 98195			,	G Gross red	eipts \$	<u> 360,012</u>
		on pending	F Nan	ne and address of principal officer. Robert Huber			H(a) Is thus	s a group return	for affiliates? Yes	s 🛭 No
				53650, Seattle, WA 98195			H(b) Are	all affiliates ir	ncluded? 🔲 Ye:	s 🗌 No
1	Tax-exe	empt status	s: <b>[Z</b> ] 5	601(c) ( <b>3</b> ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527			If "N	lo," attach a	list (see instruct	ions)
		ite: ► wv			T			exemption num		
		organization	<del></del>	oration ☐ Trust ☐ Association ☐ Other ►	L Year	of formation.	1978	M State of	legal domicile.	DC
P	art I	Summ					_			
	1 1	Briefly de	escribe	the organization's mission or most significant	activities:	NCEEE	R was cr	eated in 1	978 to devel	op
0	l _	and sus	tain loi	ng-term, high-quality programs for post-doct	oral rese	arch on th	ne social	, political,	, economic,	
Activities & Governance				, and historical development of Eurasia and	Central a	nd Easter	n Europe	e. From br	oad,	
Ē	-			Schedule O, Statement 2)						
Š	1			f the organization discontinued its operations or dispos		than 25% of	its net ass	1 - 1		
ಷ	1			ig members of the governing body (Part VI, lin	=			. 3		14
ties	I .			pendent voting members of the governing boo	ly (Part VI	, line 1b)		. 4		14
Ž				employees (Part V, line 2a)	<b>,</b>			. 5	<u>.                                </u>	4
Ą				volunteers (estimate if necessary) / ED	<u> </u>			- 6		0
				elated business revenue from Part VIII, column		2		. 7a		0
	D	Net unre	iated bi	usiness taxable income from Form 990-T, liner ්පි! ILIN ഉന 2011 ්		<del></del>	Prior Y	.   7b	Current Y	0
	l		_	(c) JOH & 0 FOIL (l)	ol .			698,051	Current re	
9	8	Contribu	tions ar	nd grants (Part VIII, line 1h)	<u> </u>	· ·				17,623
Revenue	9	Program	service	revenue (Part VIII, line-2g) DEN UT		· ·		826,260 126		342,229 160
æ				me (Part VIII, column_(À), lines 3; 4, and 7d)	 	· ·		0		160 0
				Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, a dd lines 8 through 11 (must equal Part VIII, colun		12) -	1	524,437		360,012
	1					12)		457,585		434,459
	1		nts and similar amounts paid (Part IX, column (A), lines 1–3)					0		107,70 <u>3</u>
Se	1		Benefits paid to or for members (Part IX, column (A), line 4)							332,065
Expenses	1		aries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  fessional fundraising fees (Part IX, column (A), line 11e)					304,312		
Ä	1			expenses (Part IX, column (D), line 25)		o –				
•	1		_	(Part IX, column (A), lines 11a-11d, 11f-24f)	•••••			371,050	- 3	384,830
1	1		-	Add lines 13–17 (must equal Part IX, column		5,		132,947		151,354
,				penses. Subtract line 18 from line 12	(ry, iiio 2.	<b>"</b> : : [		391,490		291,342
2 6	1					Beg	unning of C		End of Ye	
Assets or	20	Total ass	sets (Pa	ırt X, lıne 16)				662,922	3	369,381
Ass	21		-	Part X, line 26)				86,293		84,094
N N	22		,	and balances. Subtract line 21 from line 20.				576,629		285,287
Pa	art II	Sign	ature	Block						
		Under pe	enalties of	perjury, I declare that I have examined this return, including	accompany	ing schedule	s and state	ments, and to	the best of my !	knowledge
		and belie	er, it is tru	e, correct, and complete. Declaration of preparer (other that	n officer) is I	based on all	intormation	of which pre	parer has any kr	nowledge
Sig	gn		P/U	a caver				011	3/001	
He	re	, ,	ature of o				Dat	e /	,	
		1 <b>b</b> —		er, Treasurer						
_		Туре	or print	name and title						
		Preparer'			Date	Check self-	c if	Preparer's id	lentifying number	
Pai	d	signature	• 🖊		1		yed ▶ 🗌	(See instructi	uraj	
	parer's	<u> </u>					<del></del>	<u> </u>		
	Only	Firm's na   if self-err	ame (or yo nployed),	ours			EIN	<u> </u>		
_		address,	and ZIP			· · · · · · ·	Phone n	o <b>&gt;</b> (	)	
Ma	y the I	IRS disci	uss this	return with the preparer shown above? (see i	nstruction	ıs) <u></u>	<u> </u>	· · · · · ·	Yes	No_No_
For	Privac	cv Act an	d Paper	work Reduction Act Notice, see the separate ins	tructions.		Cat No 1	1282Y	Form <b>99</b>	<b>30</b> (2009)

Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission.  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,  (Continued on Schedule O, Statement 3)
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 \$ 759,989 including grants of \$ 434,459) (Revenue \$ 820,824)  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 reserch 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.
	(Code:) (Expenses \$
<b>4</b> C	(Oude) (Expenses \$
4d	Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )  Total program service expenses \$ 759.989

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	✓	
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	✓	
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 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		1
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	<b>✓</b>	-
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		<b>√</b>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	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 to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18_		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		1

Par	t V 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	✓	
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		<b>✓</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
	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		
	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		✓
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		<b>✓</b>
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, 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		<b>✓</b>
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):			د ـ ر
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
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 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		<b>✓</b>
	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? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		✓
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		✓
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		✓
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		✓
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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	<b>√</b>	•

Par	Statements Regarding Other INS Finings and Tax Compliance			
		1	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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	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 2a 4	01		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_	✓	-
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		<b>✓</b>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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 account)?	4a		1
b	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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			İ
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		<b>✓</b>
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 and services provided to the payor?	7a		
h	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		
d	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 benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		<u> </u>
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?	8		
9	Sponsoring organizations maintaining donor advised funds.	Ť		
-	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:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	- 1		
40	amounts due or received from them.)			
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b	12a		

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			ļ
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		<b>✓</b>
3	Did the organization delegate control over management duties customarily performed by or under the direct	j		
	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		<b>✓</b>
6	Does the organization have members or stockholders?	6		1
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
, a	of the governing body?	7a		1
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		1
_				_ <del>-</del>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	8a	1	-
	The governing body?	8b		
_	Each committee with authority to act on behalf of the governing body?	OD		
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			,
<u></u>		9a		
	tion B. Policies (This Section B requests information about policies not required by the Inte enue Code.)	erriai		
1167	enue Gode.)			
		40-	Yes	No ✓
	Does the organization have local chapters, branches, or affiliates?	10a		<b>V</b>
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?	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.	L		
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	✓	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	<b>✓</b>	
13	Does the organization have a written whistleblower policy?	13	✓_	
14	Does the organization have a written document retention and destruction policy?	14	✓	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		✓
b	Other officers or key employees of the organization	15b		<b>√</b>
_	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
.54	with a taxable entity during the year?	16a		1
L	. • .			<u> </u>
D	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			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	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			
.0		ij(J)S (	JIIIY)	
	available for public inspection. Indicate how you make these available. Check all that apply			
46	Own website  Another's website  Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	ot inte	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds of	the	
	organization: ► National Council for Eurasian and East European Research, (206)829-2445			

# 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 employee."
- 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	mpensate	any c	urre			cer, d	irec	tor, or trustee.		
(A)	(B)			(6	C)			(D)	(E)	(F)
Name and Title	Average		on (d			that ap		Reportable	Reportable compensation	Estimated amount of
	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 or other compensation from the organization and related organizations
Mark Beissinger	1			Π				4 200	0	0
Director	] ]			1				1,200	U	י
Valerie Bunce	1							1,200	o	0
Director	<b>_</b>			1				1,200		
Maria Carlson	1						l	1,200	o	0
Chair			ļ	✓		ļ	ļ	.,		
Bruce Grant	1			١.			1	1,000	o	0
Director				✓	-		├	,		
Ted Hopf	1			,			1	400	0	0
Vice-Chair Nancy Kollman	ļ.	-		✓	-		$\vdash$	-		
Director	1			1				1,000	0	0
Martha Lampland			-	-	-	-	$\vdash$			
Director	1			1				1,000	0	0
Mieke Meurs	1.			<b> </b>			1			
Director	1			1				400	0	0
Douglas Northrop	1							4 000		•
Director	]			✓				1,000	0	0
Joanna Regulska	1							1,000	0	0
Director	<b>.</b>			✓				1,000	· ·	0
Daniel Orlovsky	1		}					1,000	o	0
Director	ļ <u></u>		_	✓			<u> </u>	.,000		
Richard Combs	1							1,000	o	0
Director	· · · · · · · · · · · · · · · · · · ·	1	_	✓	_		<u> </u>	.,,		
Susan Linz	1	ł		١.,			}	1,000	0	0
Director				✓		<b>_</b>	ļ	,		
Edward Schatz	1			١,			1	0	0	0
Director Date of Huban		-		✓	-		-			
Robert Huber	40	1			/	,		118,500	o	36,654
Executive Director	-	1	$\vdash$	$\vdash$	✓	<b>✓</b>		-		
	1									

Pa	1 VII Section A. Officers, Directors, Tru	ıstees, Key	/ Emp	loy	ees,	, an	d Hig	hest	Compensate	d Employees (co	ntinue	<u>d)</u>	
	(A)	(B)			-	C)			(D)	(E)	_	(F)	
	Name and title	Average hours per week	টি Individual trustee P or director	nstitutional trustee	Officer	রি Key employee	ক Highest compensated জ্ব employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	comp fr org	stimated nount of other pensation the anization d related anization	of ion e on ed
<u>1b</u>	Total					<u></u>		<b>•</b>	130,900	0		36,	654
2	Total number of individuals (including but i reportable compensation from the organization)		to the	ose	list	ed a	above	) wh	no received mo	ore than \$100,0			
3	Did the organization list any <b>former</b> office employee on line 1a? <i>If "Yes," complete S</i>							oyee	e, or highest o	ompensated	3	Yes	No ✓
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.										4	1	
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," comp	comp olete	oen: S <i>ch</i>	satı edu	on 1 de J	from a for s	any <i>uch</i>	unrelated org	anization for	5		<b>✓</b>
Se	ction B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization.	ompensate	d ind	epe	nde	nt c	contra	ctor	rs that received	d more than \$1	00,000	of	-
	(A) Name and business add	fress							(B) Description of s	ervices	(C) Compen		
		·											
								<u> </u>					
													-
_													
2	Total number of independent contractors (i more than \$100,000 in compensation from					to t	those	liste	ed above) who	received			

Par	t VII	Statement of Revenue						
					(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	b	Federated campaigns	1a 1b 1c	0				
s, gifts nilar a	d	Fundraising events Related organizations	1d	0				
outions her sir		Government grants (contributions).  All other contributions, gifts, grants,		17,623				
Contrit		and similar amounts not included above  Noncash contributions included in lines 1a-1  Total. Add lines 1a-1f	f: \$	0	17,623			
	"	Total. Add lines 1a-11	Busines	Code	17,023			
Program Service Revenue	2a b	•••••						
n Servic	d							
rogram	e	All other program service revenue			842,229	842,229	0	0
	<u>g</u> 3	Total. Add lines 2a-2f  Investment income (including divided)			842,229			
	4	other similar amounts)		. ▶	160	0	0	160
	5	Royalties	(ii) Perso	. Donal	0	0	0	0
	b	Gross Rents Less. rental expenses Rental income or (loss)	0 0	0				
	đ	Net rental income or (loss)  Gross amount from sales of assets other than inventory		ther	0	0	0	0
		Less. cost or other basis and sales expenses	0	0				
		Gain or (loss)		. ▶	0	0	0	0
evenue!	8a	Gross income from fundraising events (not including \$	<u>o.</u> c).	_				
Other Rev		See Part IV, line 18	. b	0 0	0	0	0	0
	9a	Gross income from gaming activities See Part IV, line 19	es.	0				
		Less: direct expenses.  Net income or (loss) from gaming	. <b>b</b>	. ▶	0	0	0	0
		Gross sales of inventory, les returns and allowances	. a	0				
		Less: cost of goods sold  Net income or (loss) from sales of ir	ventory	0 . ►	0	0	0	0
	11a	Miscellaneous Revenue	Business	Code				
	b							
		All other revenue		. •	0			
	12	Total revenue. See instructions.		. ▶	860,012	842,229	0	160

# Part IX Statement of Functional Expenses

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

	All other organizations must complete col	umn (A) but are no	t required to comp	olete 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	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	255,806	255,806		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	178,653	178,653		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
<b>4</b> 5	Benefits paid to or for members	155,153	15,515	139,638	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)	0 132,304	0 75,466	0 56,838	0
7 8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,910	5,958	2,952	0
9	Other employee benefits	17,204	2,461	14,743	0
10	Payroll taxes	18,494	4,889	13,605	0
11	Fees for services (non-employees):	0	o	ام	0
	Management	0	0	0	0
	Legal	35,769	0	35,769	
d	Accounting	0	0	0	0
	Lobbying	0			0
	Investment management fees	0	0	0	0
	Other	3,269	0	3,269	0
	Advertising and promotion	0	0	0	0
13	Office expenses	19,255	9,059	10,196	0
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	36,541	0	36,541	0
17	Travel	21,985	7,054	14,931	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 .	500	0	500	0
20	Interest		0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	7,932	2,760	5,172	0
23	Insurance	1,932	2,700	3,172	<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	Director's Compensation	22,842	0	22,842	0
b	Stipends	24,100	24,100	0	0
C	Fellowships	65,790	65,790	0	0
d	Fellow Travel	61,656	61,656	0	0
е	Subcontracts	33,366	27,634	5,732	0
f	All other expenses	51,825	23,188	28,637	0
25	Total functional expenses. Add lines 1 through 24f	1,151,354	759,989	391,365	0
<b>26</b>	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				

Part X	Balance Sheet	(A)		(B)
		Beginning of year		End of year
1	Cash—non-interest-bearing	112,761	1	274,334
2	Savings and temporary cash investments	0	2	27,585
3	Pledges and grants receivable, net	497,981	3	32,997
4	Accounts receivable, net	7,000	4	7,000
5	Receivables from current and former officers, directors, trustees, key			
1	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
<u>م</u> ا 2	Notes and loans receivable, net	0	7	0
Assets 8 8	Inventories for sale or use	0	8	0
و اله	Prepaid expenses and deferred charges	11,500	9	18,578
10a	Land, buildings, and equipment: cost or 10a			
	other basis. Complete Part VI of Schedule D			
l b	Less: accumulated depreciation	0	10c	
11	Investments—publicly traded securities	0	11	0
12	Investments—other securities. See Part IV, line 11	27,445	12	·-·
13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets	0	14	0
15	Other assets. See Part IV, line 11	6,235	15	8,887
16	Total assets. Add lines 1 through 15 (must equal line 34)	662,922	16	369,381
17	Accounts payable and accrued expenses	84,168	17	81,669
18	Grants payable	0	18	
19	Deferred revenue	0	19	
20	Tax-exempt bond liabilities	0	20	
	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
Liabilities 22 21	Payables to current and former officers, directors, trustees, key			
<u>تَ</u> ا	employees, highest compensated employees, and disqualified			
دّ	persons. Complete Part II of Schedule L	0	22	
23	Secured mortgages and notes payable to unrelated third parties	0	23	
24	Unsecured notes and loans payable to unrelated third parties	0	24	
25	Other liabilities. Complete Part X of Schedule D	2,125	_	2,425
26	Total liabilities. Add lines 17 through 25	86,293	26	84,094
	Organizations that follow SFAS 117, check here ▶ ☑ and	33,233		0.,00.
SS	complete lines 27 through 29, and lines 33 and 34.		- 1	
<u>    27   </u>	Unrestricted net assets	71,623	27	78,909
e 27 6 28		505,006	28	206,378
29	Temporarily restricted net assets	0	29	0
5 29	Organizations that do not follow SFAS 117, check here ▶ □			<u>~</u>
Net Assets or Fund Balance	and complete lines 30 through 34.	_		
<b>2</b> 30	Capital stock or trust principal, or current funds		30	
စ္တိ 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
₹ 32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	576,629	33	285,287
34	Total liabilities and net assets/fund balances	662,922		369,381

Pai	t XI Financial Statements and Reporting				
			Yes	No	
1	Accounting method used to prepare the Form 990:   Cash Z 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 2b	<b>V</b>		
b	Were the organization's financial statements audited by an independent accountant?				
C	c 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?				
	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				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	İ			
	the Single Audit Act and OMB Circular A-133?	3a	✓		
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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

THE	: NA			RASIAN AND EAST E					52 ;		112100.	<u> </u>	
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizatio	ons mus	t compl	ete this	part.) Se	e instru	ctions.		
The	orga	anization is n	ot a private foun	dation because it is:	(For lines	1 throug	gh 11, ch	eck only	one box.	)			
1		A church, co	onvention of chu	rches, or association	of churc	hes desc	ribed in s	section 1	70(b)(1)(A	A)(i).			
2		A school des	scribed in <b>sectio</b>	on 170(b)(1)(A)(ii). (Att	tach Sch	edule E.)							
3				nospital service organ			ın <b>sectic</b>	n 170(b)	(1)(A)(iii).				
4		•	•	tion operated in conj						170(b)(1	n(A)(iii).	Enter t	the
•			ime, city, and st	•			-				,, ,, ,,		
5	П		-	the benefit of a colle							ıl unıt de	escribed	d ir
•	_		(b)(1)(A)(iv). (Co		90 0, 0,			<b>.</b>	J, 4 90.				
6	П			ernment or governme	ental unit	describe	d in sect	ion 170(	h)(1)/Δ)(v)				
7	_		•	receives a substantia				_			the gen	oral out	مارد
•				(1)(A)(vi). (Complete P		ita auppe	nt nom a	governin	iciitai uiii	t or mons	the gen	erai pui	JIIC
8	$\Box$		= = :	d in <b>section 170(b)(1)</b>	=	:omnlete	Part II \						
9	$\exists$		<u>-</u>	receives: (1) more that		•	•	m contrib	utions m	amharch	in face	and arc	100
3		_	-	ed to its exempt funct							•	_	
				ent income and unre									
			-	after June 30, 1975.				-			,		
10	$\Box$	, ,	_	nd operated exclusive				•	•	(2)(4)			
11	$\exists$	_	•	and operated exclusive	•	•	-				r to co	m, out	+h.
	ш			blicly supported organ									
				at describes the type									
		a Type		_		e III–Fun			•		] Type		
_				tify that the organizat			-	•					
e	ш			on managers and other									
			section 509(a)(2)	<del>-</del>	i tilali Oli	c or more	publicly	Supporte	o organiz	ations de	SCHEC	111 3601	IOI
f						45 - 1DC -	. 4. 44	- T	. T	<b>T</b>			
•		_	zation received , check this box	a written determinati			that it is	атуре	ı, Type II,	, or Type	ili sup	porting	_
~		-	•				ontributu	· · ·					ᆫ
g		following pe		the organization acce	spied any	gitt or c	OHUIDUU	א וווטווו ווכ	any or the				
				r indirectly controls	مام سمطفره	+	سدد ممطفم				Г	Yes N	lo.
				r indirectly controls, en ning body of the supp		-		ın persor	is describ	bea in (ii)	11g(i)		<u> </u>
			-	• •		~			•		11g(ii)		
				erson described in (i) a of a person described		 (u) abovo			•		11g(iii)		
h			_	ation about the suppo					• •		[1.18611]		
	Name	of supported	(ii) EIN	(iii) Type of organization		organization	<del> /</del>	ou notify	(vi) to	s the	frii) A	mount of	-
(1)		janization	(3, 2.11	(described on lines 1-9	in col (i) lis	sted in your		nization in	organizati			pport	
				above or IRC section (see instructions))	governing	document?		of your port?		zed in the			
				(see ilisuucuolis)/	Yes	No	Yes	No	Yes	No			
	-				169	NO	163	NO	162	NU			
								<del></del>					
									1 1				
					<del> </del>		<del> </del>	<del> </del>		_	_		_
			<del></del> -					<del> </del>	<del></del>				
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					<del> </del>			<del>                                     </del>	<del> </del>				
			ı	1	1		i	j .	1		1		

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (a) 2005 (c) 2007 (d) 2008 (e) 2009 Calendar year (or fiscal year beginning in) (b) 2006 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 859,853 6,367,564 996,073 1,518,826 1,468,501 1,524,311 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on 0 0 0 0 0 its behalf . . . . . . . . . The value of services or facilities furnished by a governmental unit to the 0 organization without charge 1.524.311 996,073 1,518,826 1.468.501 859.853 6,367,564 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . Public support. Subtract line 5 from line 4. 6,367,564 Section B. Total Support (d) 2008 (a) 2005 (c) 2007 (e) 2009 Calendar year (or fiscal year beginning in) (b) 2006 (f) Total 996,073 1,518,826 1,468,501 1,524,311 859,853 6,367,564 7 Amounts from line 4 . . . R Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 1,839 -16 985 126 160 3,094 sources Net income from unrelated business activities, whether or not the business is 0 0 0 0 0 regularly carried on . . . . . . 10 Other income. Do not include gain or loss from the sale of capital assets 0 O O 0 O (Explain in Part IV.) . . . . . . 6,370,658 Total support. Add lines 7 through 10 . 11 0 12 12 Gross receipts from related activities, etc. (see instructions) 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) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 99.95 % Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 14 99.95 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 . . . . . . 16a 33% % support test - 2009. If the organization did not check the box on line 13, and line 14 is 33% % or more, check this box 331/4 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/4 % or more, check this 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions >

Par	Support Schedule for Organ (Complete only if you checke				)(2)		
	tion A. Public Support	d the box of	1 11110 3 01 1 0				
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</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 7a	Total. Add lines 1 through 5	,					
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C B	Add lines 7a and 7b						
ec	line 6.) j tion B. Total Support						<u>.                                    </u>
	lendar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
) )a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b  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)						
ļ	First five years. If the Form 990 is for to organization, check this box and stop to organization.	nere .		nd, third, fourth			
ec	tion C. Computation of Public Sup						
_	Public support percentage for 2009 (line	e 8, column (f	) divided by lir	ne 13, column (	(f))	15	%
5 6	Public support percentage from 2008 Stion D. Computation of Investmen					16	%

Schedule A (F	orm 990 or 990-EZ) 2009 Page
Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

### 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

• Complete if the organization is described below.

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

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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-A. If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III. **Employer identification number** Name of organization THE NATIONAL COUNCIL FOR EURASIAN AND EAST EUROPEAN RESEARCH Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political expenditures Complete if the organization is exempt under section 501(c)(3). Part I-B Enter the amount of any excise tax incurred by the organization under section 4955 . . . . Enter the amount of any excise tax incurred by organization managers under section 4955 . • If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . . . . . . . . . Yes No b If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures, Add lines 1 and 2. Enter here and on Form 1120-POL. 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political contributions received and filing organization's promptly and directly funds If none, enter -0delivered to a separate political organization If none, enter -0-

1	n-	_	_	•
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		ion is exempt under sec	tion 501(c)(3) and	filed Form 5768	(election
	under section 501(h)).	I la constitución de la constitu			•
А В	Check ► ☐ if the filing organization Check ► ☐ if the filing organization	checked box A and "limit	oup. ed control" provisi	ons apply.	
_		bying Expenditures		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence	e public opinion (grass roots	lobbying)		
b	Total lobbying expenditures to influence				
	Total lobbying expenditures (add lines				
d	<ul> <li>Other exempt purpose expenditures</li> <li>Total exempt purpose expenditures (ac</li> </ul>				
f		-			
	columns.				
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxable am 20% of the amount on line 1e	1		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the exc			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the exc	ess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the exce	ss over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.			<del></del>
_	Grassroots nontaxable amount (enter 2				_
n	<ul> <li>Subtract line 1g from line 1a. If zero or</li> </ul>	riess, enter -u			
:	_				
i j	Subtract line 1f from line 1c. If zero or If there is an amount other than zero on	less, enter -0	_		☐ Yes ☐ No
i j	Subtract line 1f from line 1c. If zero or If there is an amount other than zero or section 4911 tax for this year?  4-Y  (Some organizations that maccolumns below.	less, enter -0- n either line 1h or line 1i, did th hear Averaging Period Unde ade a section 501(h) electio See the instructions for line	r Section 501(h) n do not have to co es 2a through 2f on	omplete all of the f	
i j	Subtract line 1f from line 1c. If zero or If there is an amount other than zero or section 4911 tax for this year?  4-Y  (Some organizations that maccolumns below.	less, enter -0- i either line 1h or line 1i, did th  car Averaging Period Unde ade a section 501(h) electio	r Section 501(h) n do not have to co es 2a through 2f on	omplete all of the f	
i j	Subtract line 1f from line 1c. If zero or If there is an amount other than zero or section 4911 tax for this year?  4-Y  (Some organizations that maccolumns below.	less, enter -0- n either line 1h or line 1i, did th hear Averaging Period Unde ade a section 501(h) electio See the instructions for line	r Section 501(h) n do not have to co es 2a through 2f on	omplete all of the f	
j 	Subtract line 1f from line 1c. If zero or If there is an amount other than zero or section 4911 tax for this year?  4-Y  (Some organizations that macolumns below.  Lobbying	less, enter -0- n either line 1h or line 1i, did th ear Averaging Period Unde ade a section 501(h) electio See the instructions for line g Expenditures During 4-Ye	r Section 501(h) n do not have to co es 2a through 2f on ar Averaging Perio	omplete all of the f page 4.)	ive
2a	Subtract line 1f from line 1c. If zero or If there is an amount other than zero or section 4911 tax for this year?  4-Y  (Some organizations that macolumns below.  Lobbying  Calendar year (or fiscal year beginning in)	less, enter -0- n either line 1h or line 1i, did th ear Averaging Period Unde ade a section 501(h) electio See the instructions for line g Expenditures During 4-Ye	r Section 501(h) n do not have to co es 2a through 2f on ar Averaging Perio	omplete all of the f page 4.)	ive
2a	Subtract line 1f from line 1c. If zero or If there is an amount other than zero or section 4911 tax for this year?  4-Y  (Some organizations that macolumns below.  Lobbying  Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount	less, enter -0- n either line 1h or line 1i, did th ear Averaging Period Unde ade a section 501(h) electio See the instructions for line g Expenditures During 4-Ye	r Section 501(h) n do not have to co es 2a through 2f on ar Averaging Perio	omplete all of the f page 4.)	ive
2a	Subtract line 1f from line 1c. If zero or If there is an amount other than zero or section 4911 tax for this year?  4-Y  (Some organizations that macolumns below.  Lobbying  Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Columns below.	less, enter -0- n either line 1h or line 1i, did th ear Averaging Period Unde ade a section 501(h) electio See the instructions for line g Expenditures During 4-Ye	r Section 501(h) n do not have to co es 2a through 2f on ar Averaging Perio	omplete all of the f page 4.)	ive
2a	Subtract line 1f from line 1c. If zero or If there is an amount other than zero or section 4911 tax for this year?  4-Y  (Some organizations that macolumns below.  Lobbying  Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column (e))  Total lobbying expenditures	less, enter -0- n either line 1h or line 1i, did th ear Averaging Period Unde ade a section 501(h) electio See the instructions for line g Expenditures During 4-Ye	r Section 501(h) n do not have to co es 2a through 2f on ar Averaging Perio	omplete all of the f page 4.)	ive

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has No (election under section 501(h)).	OT fi	led F	orm 5	768	
		(a	1)		(b)	
		Yes	No	A	moun	ıt
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:					
а	Volunteers?		<b>V</b>			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .		<b>V</b>			
C	Media advertisements?					
d	Mailings to members, legislators, or the public?		<b>V</b>			
е	Publications, or published or broadcast statements?		1			
f	Grants to other organizations for lobbying purposes?	1				5,000
g	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .	<b>-</b>	1			
h :	Other activities? If "Yes," describe in Part IV		7			
	Total. Add lines 1c through 1i				!	5,000
J 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓			
	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	-				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 50501(c)(6).	)1(c)(	5), o	r sect	ion	_
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	<u> </u>	↓
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	2	<u> </u>	$\vdash$
3	Did the organization agree to carryover lobbying and political expenditures from the prior year? till-B Complete if the organization is exempt under section 501(c)(4), section 50			3	<u> </u>	<u> </u>
r a	t III-B Complete if the organization is exempt under section 501(c)(4), section 50501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III "Yes."		ne 3			ed
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	ical	<b>0</b> -			
а	Current year		2a			
b			2b			
С	Total		2c 3			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	.:	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb					
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Pa	rt IV Supplemental Information					
Con Also Sci	nplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, I o, complete this part for any additional information needule C, Part II-B, Line 1 - Lobbying activity by nonelecting 501(c)(3) organization consisted islative staff of the House and Senate Appropriations Committee on behalf of NCEEER and or eiving funding under the Department of State's Title VIII program.	of co ther c	ntact organ	with ization	s	•••••
••••			• • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••	
• • • •						

# SCHEDULE D · (Form 990)

Department of the Treasury

Internal Revenue Service

### **Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2009

Open to Public Inspection

Employer identification number Name of the organization 1121063 THE NATIONAL COUNCIL FOR EURASIAN AND EAST EUROPEAN RESEARCH 52 : Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year . . . . 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) . Aggregate value at end of year . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . . . . . . . . . . . . . . . | Yes | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area ☐ Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a 2b **b** Total acreage restricted by conservation easements . . . . . . . . . . . . . . . 2c Number of conservation easements on a certified historic structure included in (a) . . . 2d Number of conservation easements included in (c) acquired after 8/17/06 . . . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ..... Number of states where property subject to conservation easement is located ▶ ...... Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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 statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: 

Pag	А	2

Par	Organizations Maintaini	ng Collections	of Art, Hi	storica	l Treasures	, or O	ther Similar A	Assets (	continued	<u>)</u>
3	Using the organization's acquisition, collection items (check all that apply	accession, and (	other reco	rds, che	ck any of the	follov	ving that are a	significai	nt use of its	S
а	Public exhibition		d		oan or excha					
b	Scholarly research		е		ther			<del></del> -		
C	Preservation for future generation	ions								
4	Provide a description of the organization Part XIV.	ation's collection	s and expl	aın how	they further	the o	rganizatıon's ex	empt pu	irpose in	
5	During the year, did the organization sassets to be sold to raise funds rather	than to be maint	ained as pa	art of the	e organization	's colle	ection?		Yes 🗌 No	0
Par	t IV Escrow and Custodial A IV, line 9, or reported an a	rrangements. ( amount on Form	Complete in 990, Par	f the or t X, line	ganization a 21.	nswei	red "Yes" to F	orm 990	, Part	
	Is the organization an agent, trustee included on Form 990, Part X?								Yes 🗌 No	0
b	If "Yes," explain the arrangement in	Part XIV and co	mplete the	followin	ng table:		· I	A		-
						-	<del></del>	Amount		_
C	Beginning balance						<del>-   </del>		<del></del>	
d	Additions during the year									_
е	Distributions during the year									
f	Ending balance						<u> </u>			_
	Did the organization include an amount "Yes," explain the arrangement in	Part XIV.							Yes L No	0
Par	t V Endowment Funds. Con		7			T				_
		(a) Current year	(b) Pno	r year	(c) Two years	back	(d) Three years ba	ck (e) Fo	ur years back	
1a	Beginning of year balance		<u> </u>							_
b	Contributions		<u> </u>		ļ					_
С	Net investment earnings, gains, and losses								·	
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f g	Administrative expenses End of year balance									_
2	Provide the estimated percentage of	f the year end ba	alance held	as:						
а	Board designated or quasi-endowm	ent <b>&gt;</b>	%							
b	Permanent endowment ▶	%								
C	Term endowment ▶ %	)								
3a	Are there endowment funds not in the organization by:	e possession of t	he organiza	ation tha	it are held and	d adm	inistered for the	•	Yes No	_
	(i) unrelated organizations							3a(i	)	
								3a(i	i)(i	
b	If "Yes" to 3a(#), are the related orga							3b		
4	Describe in Part XIV the intended us									_
Par	t VI Investments—Land, Bu	ildings, and Ed	quipment	. See F	orm 990, Pa	ırt X,	line 10.			_
	Description of investment	(a) Cost or o			st or other s (other)		Accumulated epreciation	(d) Bo	ook value	
1a	Land							_		
b	Buildings									
С	Leasehold improvements									
d	Equipment	.								
e	Other	. ,								_
Tota	I. Add lines 1a through 1e. (Column (d) i	must equal Form 9	990, Part X,	column	(B), line 10(c).)	)				_

Part VII Investments—Other Securiti	on Soo Form 000 Part V I	ine 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)		
Part VIII Investments—Program Rela		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	1	
	+	· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	.	<del></del>
Part IX Other Assets. See Form 990, I		
	(a) Description	(b) Book value
Security Deposits		8,887
	· · · · · ·	
-		
•		
Total. (Column (b) must equal Form 990, Part X, co		▶   8,887
Part X Other Liabilities. See Form 99	<del>- ' - '' - ' - ' - ' - ' - ' - ' - ' - '</del>	T
1. (a) Description of liability	(b) Amount	
Pederal income taxes  Deposits Payable	2,425	
Deposits Fayable	2,425	
		-
***************************************		1
		]
		_
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		
2. FIN 48 Footnote. In Part XIV, provide the text		tion's financial statements that reports the
organization's liability for uncertain tax positions	under FIN 48.	

Pai	t XI Reconciliation of Change in Net Assets from Form 990	to Audited	Financial State	em	ents
1	Total revenue (Form 990, Part VIII, column (A), line 12)				860,012
2	Total expenses (Form 990, Part IX, column (A), line 25)				1,151,354
3	Excess or (deficit) for the year. Subtract line 2 from line 1		· · ·		-291,342
4	Net unrealized gains (losses) on investments				0
5	Donated services and use of facilities			1	0
6	Investment expenses		<u> 6</u>		0
7	Prior period adjustments		<u>  7</u>		0
8	Other (Describe in Part XIV.)		8		0
9	Total adjustments (net). Add lines 4 through 8		9		0
10	Excess or (deficit) for the year per audited financial statements. Combi				-291,342
Pai	t XII Reconciliation of Revenue per Audited Financial State				
1	Total revenue, gains, and other support per audited financial statement	ts		1	860,012
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		ا		
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	- 0		
C	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIV.)	2d		0-	
е	Add lines 2a through 2d		🗀	<u>2e</u> 3	960 042
3	Subtract line 2e from line 1			<u>ა</u>	860,012
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	42	o		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a   4b			
D	Other (Describe in Part XIV.)			4c	۱ ،
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		· · · · · ·	<u>~~</u> 5	860,012
	t XIII Reconciliation of Expenses per Audited Financial Sta		<del></del>		
1			_	1	1,151,354
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	o		
b	Prior year adjustments	2b	0		
c	Other losses	2c	0		
d	Other (Describe in Part XIV.)	2d	0		
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	1,151,354
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		
b	Other (Describe in Part XIV.)	4b	0		
C	Add lines 4a and 4b		🚅	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,	, line 18.)	<u> </u>	5	1,151,354
Pa	t XIV Supplemental Information				
and this Scl	plete this part to provide the descriptions required for Part II, lines 3, 5, 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b part to provide any additional information.  nedule D, Part X - The organization is exempt from Federal income ta	; and Part XI	II, lines 2d and 4	4b.	Also complete
Re	renue Code.				
					•••••
					•

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

THE NATIONAL COUNCIL FOR EURASIAN AND EAST EUROPEAN RESEARCH

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

2009	
Ŵ	d

OMB No. 1545-0047

Inspection

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

**Employer Identification number** 1121063

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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 Yes œ Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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) 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 . . (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed . 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 (P) EIN Enter total number of other organizations Sch I, Stmt 1 1 (a) Name and address of organization or government Part II

Page 2

Schedule I (Form 990) 2009

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. organization, and provide receipts for major expenses. When a grant is administered by a university or other institution, auditing reports on use of the funds are provided to the organization. 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 are as follows: Grantees provide detailed budgets to the (e) Method of valuation (book, FMV, appraisal, other) 0 (d) Amount of non-cash assistance 178,653 Use Part IV and Schedule I-1 (Form 990) if additional space is needed (c) Amount of cash grant (b) Number of recipients 23 (a) Type of grant or assistance Research Part

#### SCHEDULE J (Form 990)

**Compensation Information** 

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

Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990,

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Part IV, line 23. ► Attach to Form 990. ► See separate instructions. Open to Public Inspection

1121063

OMB No. 1545-0047

Name of the organization

Department of the Treasury

THE NATIONAL COUNCIL FOR EURASIAN AND EAST EUROPEAN RESEARCH

Employer identification number

**Questions Regarding Compensation** 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. ☐ Housing allowance or residence for personal use ☐ First-class or charter travel ☐ Travel for companions Payments for business use of personal residence ☐ Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) ☐ Discretionary spending account b If any of the boxes on line 1a are 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 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☐ Written employment contract ☐ Compensation committee ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a 4b b Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . . 4c c Participate in, or receive payment from, an equity-based compensation arrangement?..... If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 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: 5a 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a **6b** If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 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 8 

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

<sup>2</sup>age **2** 

Schedule J (Form 990) 2009

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 (ii) 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)(I)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	T	(B) Breakdown of W-2		and/or 1099-MISC compensation			Total of selection	
<b>(A)</b> Nате	1	(i) Base compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	reported in pror Form 990 or Form 990-EZ
Robert Huber	ε	118,500	0	0	12,114	24,540	155,154	144,751
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Schedule J (Form 990) 2009

űΙ
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) 2009

#### **SCHEDULE 0** · (Form 990)

# **Supplemental Information to Form 990**

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

OMB No 1545-0047

1121063

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

THE NATIONAL COUNCIL FOR EURASIAN AND EAST EUROPEAN RESEARCH

Inspection ► Attach to Form 990. Employer identification number

52

Form 990, Part VI, Section B, Line 11 - 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 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.					

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

Office of the Controller Sponsored Projects Finance 15 Vest 131s Sheet 4th Floor New York, YO 10027 13 5599033 S01(c)(3) S01(c)(4) S01(c			Amount of cash grant	Amount of non-cash assistance
Office of the Controller Sponsored Projects Finance	Name and address	Columbia University	6,500	0
New York, NY 10027		Office of the Controller Sponsored Projects Finance		
13-598093   RC code section   Research   Sol1(c)(3)				
RC code section fethod of valuation bescription of non-asia hassistance rurpose of grant Research  Image: Research Foundation of SUNY PO Box 9 Albamy, NY 12201 14-1863861 SIN 14-1863861 SO1(c)(3) Method of valuation bescription of non-asia hassistance rurpose of grant Research  Value and address PO Box 3220 Tucson, AZ 85722-3520		New York, NY 10027		
Method of valuation bescription of non- asia assistance varpose of grant Research  Same and address The Research Foundation of SUNY PO Box 9 Alborry, NY 12201  14-138381  RC code section Method of valuation Person of grant Research  Name and address Sponsored Programs Services Purpose of grant Research  Name and address Vargina Polytechnic Inst 1880 Prati Drive Sulte 2006  Blacksburg, NA 24600  SIN Research  Name and address Vargina Polytechnic Inst 1880 Prati Drive Sulte 2006  Blacksburg, NA 24600  SIN Sesearch  Name and address Vargina Polytechnic Inst 1880 Prati Drive Sulte 2006  Blacksburg, NA 24600  SIN Sesearch  Name and address Vargina Polytechnic Inst 1880 Prati Drive Sulte 2006  Blacksburg, NA 24600  SIN Sesearch  Name and address Vargina Polytechnic Inst 1880 Prati Drive Sulte 2006  SIN Sesearch  Name and address Vargina Polytechnic Inst 1880 Prati Drive Sulte 2006  SIN Sesearch  Name and address Vargina Polytechnic Inst 1880 Prati Drive Sulte 2006  SIN Sesearch Vargina Polytechnic Inst 1880 Prati Drive Sulte 2006  SIN Sesearch Vargina Polytechnic Inst 1880 Prati Drive Sulte 2006  SIN Sesearch Vargina Polytechnic Inst 1880 Prati Drive Sulte 2006  SIN Sesearch Vargina Polytechnic Inst 1880 Prati Drive Sulte 2006  SIN Sesearch Vargina Polytechnic Inst 2006  SIN Sesearch Vargina Polytechnic Inst 2007  SIN Sesearch Vargina Sesearch Vargin Sesearch Vargina Polytechnic Inst 2007  SIN Sesearch Vargina Se	EIN	13-5598093		
Description of non-seah assistance	RC code section	501(c)(3)		
Research Purpose of grant  Rame and address Rosearch  The Research Foundation of SUNY PO Box 9 Albamy, NY 12201 14-1368361 RC code section Rethod of valuation Description of non- asia assistance Purpose of grant Rosearch  Rosearch  Rosearch Rosea	Method of valuation			
Purpose of grant	Description of non-			
Name and address	cash assistance			
PO Box 9   Albarny, NY 1201	Purpose of grant	Research		
Albany, NY 12201 14-138361 501(c)(3) BRC code section Method of valuation Description of non- Description	Name and address	The Research Foundation of SUNY	19,434	0
### 14-1368361 ### 1501(c)(3) ### 1501(c)(4) ### 15		PO Box 9		
RC code section 601(c)(3)  Research 7,975  Research 7,975  Research 7,975  Research 7,975  Research 7,975  RC code section 610 for oncesh assistance Purpose of grant 8,000 for oncesh assistance 9,000	Albany, NY 12201			
Method of valuation bescription of non-assh assistance Purpose of grant Research  Name and address University of Arzona Sponsored Projects Services PO Box 3520 Tucson, AZ 85722-3520 Tucson, AZ 85722-3520 Tucson, AZ 85722-3520 Tucson, AZ 85722-3520 Tucson AZ 857	EIN	14-1368361		
Description of non- cash assistance Purpose of grant Research  Vame and address Sponsored Projects Services PO Box 3520 Tucson, AZ 85722-3520 EIN 74-2652889 RC code section 115 Welthod of valuation Description of non- cash assistance Purpose of grant Research  Virginia Polytechnic Inst 7,270 1880 Pratt Drive Suite 2006 Blacksburg, VA 24060 EIN 54-601805 RC code section Melthod of valuation Description of non- cash assistance Purpose of grant Research  Virginia Polytechnic Inst 7,270 0 1880 Pratt Drive Suite 2006 Blacksburg, VA 24060 S4-601805 RC code section Melthod of valuation Description of non- cash assistance Purpose of grant Research  Vame and address Virginia Polytechnic Inst 7,270 0 0 1880 Pratt Drive Suite 2006 Blocksburg, VA 24060 S4-601805 RC code section S01(c)(3) Melthod of valuation Description of non- cash assistance Purpose of grant Research  Vame and address Virginia Polytechnic Inst 7,270 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	RC code section	501(c)(3)		
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Purpose of grant   Research	Description of non-			
Name and address	cash assistance			
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Cash assistance	Method of valuation			
Purpose of grant Research  Name and address Virginia Polytechnic Inst 1880 Pratt Drive Suite 2006 Blacksburg, VA 24060  EIIN 54-8001805 501(c)(3)  Method of valuation Description of non-cash assistance Purpose of grant Research  Name and address 660 Parrington Oval Room 303 Norman, Ok 73019  EIN 73-6017987 115(a)  Method of valuation Description of non-cash assistance Research  University of Oklahoma 33,700 0000 000000000000000000000000000	Description of non-			
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FSS/Sponsored Programs Services 660 Parrington Oval Room 303 Norman, OK 73019  EIN 73-6017987 IRC code section 115(a)  Method of valuation Description of non- cash assistance Purpose of grant Research  Name and address University of Texas at Austin PO Box 7159	Purpose of grant	Research		
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RC code section 115(a)  Method of valuation Description of non- cash assistance Purpose of grant Research  Name and address University of Texas at Austin 29,795 0 PO Box 7159		Norman, OK 73019		
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Cash assistance Purpose of grant Research Name and address University of Texas at Austin 29,795 0 PO Box 7159	Description of non-			
Purpose of grant Research  Name and address University of Texas at Austin 29,795 0 PO Box 7159	•			
PO Box 7159		Research		
PO Box 7159	Name and address	University of Texas at Austin	29 795	0
	2 236.000	•	20,730	0
		Austin, TX 78713-7159		

#### Schedule I, Part IV, Statement 1

# THE NATIONAL COUNCIL FOR EURASIAN AND EAST EUROPEAN RESEARCH

			RESEARCH
EIN	74-6000203		
IRC code section	170(c)1		
Method of valuation			
Description of non-			
cash assistance			
Purpose of grant	Research		
Name and address	Middlebury College	20,817	0
	Controllers Office		
	84 South Service Road		
	Middlebury, VT 05753		
EIN	03-0179298		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-			
cash assistance			
Purpose of grant	Research		
Name and address	Minnesota State University Mankato	48,077	0
	236 Wigley Administration Center	,	
	Mankato, MN 56001		
EIN	41-1687554		
IRC code section	170(c)		
Method of valuation			
Description of non-			
cash assistance			
Purpose of grant	Research		
Name and address	Emory University	24,144	0
Maine and address	Grants and Contracts Accounting	24,144	ŭ
	1599 Clifton Road NE		
	Mailstop 1599/001/1BH		
	Atlanta, GA 30322		
EIN	58-0566256		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-			
cash assistance			
Purpose of grant	Research		
Name and address	Linuarity of Kontucky Possarsh Foundation	45.227	
Name and address	University of Kentucky Research Foundation c/o PO Box 931113	15,237	0
EIN	Cleveland, OH 44193 61-6033693		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-			
cash assistance			
Purpose of grant	Research		
<del></del>			
Name and address	W E Upjohn Institute	25,361	0
	300 South Westnedge Avenue		
EIN	Kalamazoo, MI 49007		
EIN	38-1360419 504/oV2\		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-			
cash assistance	Passamh		
Purpose of grant	Research		····
Name and address	Woodrow Wilson International Center	15,000	0
	One Woodrow Wilson Plaza		

#### Schedule I, Part IV, Statement 1

# THE NATIONAL COUNCIL FOR EURASIAN AND EAST EUROPEAN RESEARCH

1300 Pennsylvania Avenue NW

EIN

Washington, DC 20004-3027 52-1067541

IRC code section

501(c)(3)

Method of valuation Description of noncash assistance

Purpose of grant

Research

#### Schedule O, Statement 2

# 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

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 3

# THE NATIONAL COUNCIL FOR EURASIAN AND EAST EUROPEAN RESEARCH

Form: 990 Page: 2

Line Number: Part III Line 1

52-1121063

# Mission Description

#### Description

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