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**Return of Organization Exempt From Income Tax** 

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements For the 2011 calendar year, or tax year beginning **SEPTEMBER 1** 2011, and ending **AUGUST 31** 20 12 C Name of organization U.S.-UKRAINE FOUNDATION D Employer identification number Check if applicable Doing Business As U.S.-UKRAINE FOUNDATION 52-1778729 Address change Number and street (or P O box if mail is not delivered to street address) E Telephone number Room/suite Name change THOMAS CIRCLE NW, 10TH FLOOR CAPLIN MAILROOM 900-B 202-223-2228 Initial return City or town, state or country, and ZIP + 4 Terminated **WASHINGTON, DC 20005-5802** G Gross receipts \$ 1,186,053 Amended return F Name and address of principal officer Application pending H(a) Is this a group return for affiliates? Yes No H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) 501(c)(3) ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status 501(c) ( www.usukraine.org Website: ▶ H(c) Group exemption number ▶ Form of organization Corporation Trust Association ☐ Other ▶ 1991 M State of legal domicile L Year of formation VA Summary Part I Briefly describe the organization's mission or most significant activities: BUILDING PEACE AND PROSPERITY BY SUPPORTING DEMOCRACY, A FREE MARKET AND HUMAN RIGHTS FOR UKRAINE. ACTIVITIES ARE CONDUCTED THROUGH Activities & Governance EDUCATION, TRAINING, INFORMATIONAL OUTREACH AND PEOPLE-TO-PEOPLE EXCHANGES. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . . . 3 6 6 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 5 Total number of volunteers (estimate if necessary) . . . . 6 15 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 130 Net unrelated business taxable income from Form 990-T, line 34 **Current Year** Contributions and grants (Part VIII, line 1h). 363,710 708,008 9 Program service revenue (Part VIII, line 2g) 266,530 355,321 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 5,023 5,904 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 4,400 (10,110)12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 639,663 1,059,123 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . 176,719 166,599 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 142,373 193,422 Professional fundraising fees (Part IX, column (A), line 11e) . . 0 9,950 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 314,275 624,111 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 633,367 994,082 19 Revenue less expenses. Subtract line 18 from line 12 6,296 65,041 **Beginning of Current Year** End of Year 20 244,105 Total assets (Part X, line 16) 319,384 21 Total liabilities (Part X, line 26) . 182,403 192,641 22 Net assets or fund balances. Subtract line 21 from line 20, 61,702 126,743 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of office Here JOHN Type or print name and title Preparer's signature Print/Type preparer's name Date PTIN Paid Check | If self-employed Preparer Firm's EIN ▶ Firm's name Use Only May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)



| Form 99<br>Part |  | Page 2  |
|-----------------|--|---|
| r ar u          | Check if Schedule O contains a response to any question in this Part III   |   |
| 1               | Briefly describe the organization's mission:   | <u>· · · · </u> <u>-   -   -   -   -   -   -   -   -   - </u> |
| •               | BUILDING PEACE AND PROSPERITY BY SUPPORTING DEMOCRACY, A FREE MARKET AND HUMAN RIGHTS FOR U  | KRAINE.   |
|                 |  |   |
|                 |  |   |
|                 |  |   |
| 2               |  | ⊒Yes ☑No  |
| _               | If "Yes," describe these new services on Schedule O.   |   |
| 3               |  | ☐ Yes ☑ No  |
|                 | If "Yes," describe these changes on Schedule O.  |   |
| 4               | Describe the organization's program service accomplishments for each of its three largest program services, a expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. |   |
| 4a              | (Code: 01 ) (Expenses \$ 523,575 including grants of \$ 154,313 ) (Revenue \$ EDUCATION PROGRAM:   | 355,191 )   |
|                 | 72 Ukrainian local government officials and NGO leaders benefit from 9-day training/exchanges conducted by US con partners.  | nmunity   |
|                 | 1300 university students from abroad benefit from U.S. culture and work practices through their participation in the S Travel Program, under the authority of the U.S. State Department's Bureau or Educational and Cultural Affairs.  | ummer Work  |
|                 | Educational grants were provided to 198 students.  | •••••   |
|                 |  |   |
| 4b              | (Code: 02 ) (Expenses \$ 154,958 including grants of \$ 12,286 ) (Revenue \$ PUBLIC POLICY PROGRAM:  | <u> </u>  |
|                 | The Foundation supported Ukraine's goal for European integration through the Ukraine 2020 Project, which brought t   | ogether   |
|                 | government officials, public policy experts, business groups, non-profit organizations and individuals interested in U   | <del></del>   |
|                 | European future. There were several Task Force meetings held during the year in Washington and Kyiv. The work we   |   |
|                 | result in the subsequent release of policy recommendations in the areas of education & culture, energy, foreign polic  | y, and national   |
|                 | security & defense for the governments of Ukraine and the U.S.   |   |
|                 | ·  |   |
|                 | Financial support for the Pylyp Orlyk Institute for Democracy, a public policy organization in Kyiv, Ukraine.  |   |
|                 |  |   |
|                 |  |   |
| 4c              | (Code: 03 ) (Expenses \$ 73,832 including grants of \$ 0 ) (Revenue \$ INFORMATIONAL SERVICES PROGRAM:   | 0 )   |
|                 | Conducted an international business conference attended by 150 people in Washington, DC on December 1, 2011.   |   |
|                 | Conducted other meetings and presentations for the public regarding Ukraine's democratic development.  |   |
|                 | Educates the public regarding Ukraine's governance and civil society via e-newletters, postal mail, websites and soci  | al networks.  |
|                 |  |   |
|                 |  |   |
|                 |  |   |
|                 |  |   |
| 4d              | Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )   |   |

752,365

4e Total program service expenses ▶

| Part   | V 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   |     |          |            |
| 2      | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | 2   | <b>√</b> |            |
| 3      | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to  | -   | <b>V</b> |            |
| _      | candidates for public office? If "Yes," complete Schedule C, Part I   | 3   |          | 1          |
| 4      | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>  | 4   |          | 1          |
| 5      | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5   |          | 1          |
| 6      | Did the organization maintain any donor advised funds or any similar funds or accounts for which 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   |          | 1          |
| 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   |          | 1          |
| 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   |          | 1          |
| 10     | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  | 10  |          | 1          |
| 11     | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.   |     |          |            |
| а      | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI   | 11a |          | 1          |
| b      | 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   | 11b |          | 1          |
| C      | 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   | 11c |          | 1          |
| d      | 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? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>  | 11d |          | 1          |
| e<br>f | 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 (ASC 740)? If "Yes," complete Schedule D, Part X. | 11e | ✓        | 1          |
| 12 a   | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII   | 12a | ✓        |            |
| b      | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional  | 12b |          | 1          |
| 13     | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13  |          | <b>√</b>   |
| 14 a   | 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV   | 14b | <b>√</b> |            |
| 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, Parts II and IV.  | 15  | 1        |            |
| 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, Parts III and IV   | 16  | <u>∨</u> |            |
| 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 (see instructions)   | 17  |          | <b> </b> ✓ |
| 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  | 1        | <u> </u>   |
| 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  |          | /          |
| 20 a   | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a |          | 1          |
| b      | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b |          |            |

| Part | Checklist of Required Schedules (continued)   |             |          | aye      |
|------|---|-------------|----------|----------|
|      | Did the association was at the AS 000 of a set of 1   |             | Yes      | No       |
| 21   | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   |             | 1        |          |
| 22   | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States  | 21          | <b>-</b> | <u> </u> |
|      | on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22          |          | <b>✓</b> |
| 23   | Did the organization answer "Yes" to Part VII, Section A, 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  |             |          | ,        |
| 24a  | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than   | 23          |          | ✓        |
|      | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b   | ĺ           |          |          |
|      | 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         |          | 1        |
| C    | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 04-         |          | ,        |
| d    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24c<br>24d  |          | 1        |
| 25a  | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a         |          | 1        |
| b    | 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?   |             |          |          |
| 26   | If "Yes," complete Schedule L, Part I   | 25b         |          | <b>-</b> |
|      | 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27          |          | 1        |
| 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):   | , ,         | * f      |          |
| а    | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28a         |          | 1        |
| b    | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28b         |          | <b>/</b> |
| С    | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 28c         |          | 1        |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29          |          | <b>✓</b> |
| 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          |          | <b>✓</b> |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,   |             |          |          |
| 32   | Part I  | 31          |          | <b>✓</b> |
| 02   | complete Schedule N, Part II  | 32          | _        | 1        |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33          |          | 1        |
| 34   | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1   | 34          |          | 1        |
| 35a  | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a         |          | ✓        |
| b    | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b         |          | ✓        |
| 36   | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>   | 36          |          | ✓        |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization  |             |          | <u> </u> |
|      | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,  |             |          | ,        |
| 38   | Part VI   | 37          |          | <b>✓</b> |
|      | 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O  | 38          |          |          |
|      |   | <del></del> | 000      |          |

Form **990** (2011)

|              |  |     |          | . ago o     |
|--------------|--|-----|----------|-------------|
| P <u>art</u> |  |     |          | _           |
|              | Check if Schedule O contains a response to any question in this Part V   | • • | Yes      | . L         |
| 1a           | Enter the number reported in Boy 2 of Form 1006. Enter 10 of not applicable  |     | res      | NO          |
| b            | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 13  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0           | -   |          |             |
| C            | Did the organization comply with backup withholding rules for reportable payments to vendors and   |     |          |             |
| •            | reportable gaming (gambling) winnings to prize winners?  | 1c  |          |             |
| 2a           | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  |     | Ť        |             |
|              | Statements, filed for the calendar year ending with or within the year covered by this return 2a 5   |     |          |             |
| b            | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .   | 2b  | 1        |             |
|              | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  |     |          |             |
| 3a           | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a  |          | <b>V</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  | ✓        |             |
| b            | If "Yes," enter the name of the foreign country: ► UKRAINE   |     |          |             |
| _            | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.   |     |          | <u> </u>    |
| 5a           | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a  |          | <b>✓</b>    |
| b            | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b  |          | <b>✓</b>    |
| c<br>6a      | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c  | <u> </u> | -           |
| Va           | organization solicit any contributions that were not tax deductible?   | 60  |          |             |
| b            | If "Yes," did the organization include with every solicitation an express statement that such contributions or   | 6a  |          | <b>V</b>    |
| -            | gifts were not tax deductible?   | 6b  |          |             |
| 7            | Organizations that may receive deductible contributions under section 170(c).  | OD. |          |             |
| a            | 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  |          |             |
| b            | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b  |          |             |
| C            | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was   |     |          |             |
|              | required to file Form 8282?  | 7c  | <u>.</u> |             |
| d            | If "Yes," indicate the number of Forms 8282 filed during the year  |     |          |             |
| е            | Did the organization 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  |          | ļ           |
| g            | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g  | <u> </u> | ļ           |
| h<br>o       | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h  |          |             |
| 8            | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting  |     |          |             |
|              | <b>organizations.</b> 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   | i        | -           |
| 9            | Sponsoring organizations maintaining donor advised funds.  |     |          |             |
| а            | Did the organization make any taxable distributions under section 4966?  | 9a  |          | ∦ <b></b> - |
| b            | Did the organization make a distribution to a donor, donor advisor, or related person?   | 9b  |          | 1           |
| 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 . 10b  |     |          |             |
| 11           | Section 501(c)(12) organizations. Enter:   |     | ŀ        |             |
| a            | Gross income from members or shareholders  |     |          |             |
| þ            | Gross income from other sources (Do not net amounts due or paid to other sources   |     |          |             |
|              | against amounts due or received from them.)  | _   |          | <u> </u>    |
| 12a          | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a |          |             |
| b<br>12      | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  |     |          |             |
| 13           | Section 501(c)(29) qualified nonprofit health insurance issuers.   | 12- |          |             |
| а            | Is the organization licensed to issue qualified health plans in more than one state?   | 13a |          |             |
| b            | Enter the amount of reserves the organization is required to maintain by the states in which   |     |          |             |
| -            | the organization is licensed to issue qualified health plans   |     |          |             |
| С            | Enter the amount of reserves on hand   |     |          |             |
| 14a          | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a |          |             |
| b            | If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O  | 14h | 1        | $T^{-}$     |

| Form 98  |  | <del></del> - |                | Page <b>U</b>                                |
|----------|--|---------------|----------------|--|
| Part     |  |               |                |  |
|          | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S<br>Check if Schedule O contains a response to any question in this Part VI                                       |               |                |  |
| Section  | on A. Governing Body and Management  | <u> </u>      | •              | . 🗸  |
| 0001     | on A. doverning body and management  |               | Yes            | No   |
| 1a       | Enter the number of voting members of the governing body at the end of the tax year   1a 6   | 48            |                |  |
|          | If there are material differences in voting rights among members of the governing body, or   |               |                |  |
|          | if the governing body delegated broad authority to an executive committee or similar   |               |                |  |
|          | committee, explain in Schedule O.  |               | H              |  |
| b        | Enter the number of voting members included in line 1a, above, who 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             |                | <b>✓</b>                                     |
| 3        | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .     | 3             |                | <b>√</b>                                     |
| 4        | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4             |                | <b>✓</b>                                     |
| 5        | Did the organization become aware during the year of a significant diversion of the organization's assets? .   | 5             |                | <b>√</b>                                     |
| 6<br>7a  | Did the organization have members or stockholders?   | 6             |                | _  |
| 74       | one or more members of the governing body?   | 7a            |                |  |
| b        | Are any governance decisions of the organization reserved to (or subject to approval by) members,  | <del></del> - |                | \ <u> </u>                                   |
| _        | stockholders, or persons other than the governing body?  | 7b            |                | ✓  |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken during   |               | 1:111          | .44  |
|          | the year by the following:   |               | 1374           | 1 1 2  |
| а        | The governing body?  | 8a            | ✓              | ļ  |
| b        | Each committee with authority to act on behalf of the governing body?  | 8b            | ✓              | ļ  |
| 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               | 9             |                | 1  |
| Secti    | on B. Policies (This Section B requests information about policies not required by the Internal Reven  | iue C         | ode.)          |  |
|          |  |               | Yes            | No   |
| 10a      | Did the organization have local chapters, branches, or affiliates?   | 10a           |                | ✓  |
| Ь        | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 100           |                |  |
| 11a      | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 10b<br>11a    | /              |  |
| b        | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |               |                | 10 m   |
| 12a      | Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>  | 12a           | Britis (CA)    | 1  |
| <u>.</u> | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b           |                | <b>                                     </b> |
| C        | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  |               |                |  |
|          | describe in Schedule O how this was done   | 12c           |                | ]  |
| 13       | Did the organization have a written whistleblower policy?  | 13            |                | 1  |
| 14       | Did the organization have a written document retention and destruction policy?   | 14            | Lat S. Lates A | ✓  |
| 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?       |               |                |  |
| _        |  | 1             | CHENNY.        |  |
| a        | The organization's CEO, Executive Director, or top management official   | 15a<br>15b    |                | 1  |
| b        | 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           | 11.            | ✓  |
| b        | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its   |               |                |  |
|          | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the  |               | 346            |  |
|          | organization's exempt status with respect to such arrangements?  | 16b           | <u> </u>       | <u> </u>                                     |
|          | on C. Disclosure   |               |                |  |
| 17<br>19 | List the states with which a copy of this Form 990 is required to be filed ► NONE  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section                           | n 501         | O)(3)-         | only)  |
| 18       | available for public inspection. Indicate how you made these available. Check all that apply.  | 11 00 11      | الارن)(ع)      | only)  |
|          | ✓ Own website ☐ Another's website ✓ Upon request   |               |                |  |
| 19       | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict or  | of inte       | rest r         | ooliev                                       |
|          | and financial statements available to the public during the tax year.  |               | }              | - U.O.y.                                     |
| 20       | State the name, physical address, and telephone number of the person who possesses the books and records   | of the        | •              |  |
| ,        | organization: ► JOHN A. KUN, U.SUKRAINE FOUNDATION, 1 THOMAS CIR NW, # 900-B, WASHINGTON, DC 2000  |               |                | 228  |

| Form | 990 | (201) | 1) |
|------|-----|-------|----|

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

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.

- 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, if any. See instructions for definition of "key employees."

Officers, Directors, Trustees, Key Employees, and Highest Compensated 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 neither the organization nor | any related   | d orga                         | anız                  | atio                          | n c                            | ompe   | nsa                 | ited any curren                        | t officer, director                      | r, or trustee.   |
|--|---|--------------------------------|-----------------------|-------------------------------|--------------------------------|--|---------------------|--|--|--|
| (A)<br>Name and Title                            | (B)<br>Average<br>hours per<br>week                                     | (do n<br>box, office           | ot ch<br>unles        | Pos<br>neck<br>is pe<br>d a d | ition<br>more<br>rson<br>irect | than on the thick the thic | one<br>n an<br>tee) | (D) Reportable compensation from       | (E) Reportable compensation from related | (F) Estimated amount of other  |
|  | (describe<br>hours for<br>related<br>organizations<br>in Schedule<br>O) | Individual trustee or director | Institutional trustee | Officer                       | Key employee                   | Highest compensated employee   | Former              | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)         | compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) NADIA K. McCONNELL PRESIDENT                 | 40  | <b>√</b>                       |                       | /                             | /                              |  |                     | 0                                      | 0  | 0  |
| (2) JOHN A. KUN VICE PRESIDENT/COO               | 40  | •                              |                       | <u>▼</u>                      | <b>▼</b>                       | 1  |                     | 69,983                                 | 0  | 0  |
| (3) MARKIAN BILYNSKYJ VICE PRESIDENT             | 40  |                                |                       | 1                             | /                              |  |                     | 16,000                                 | 0  | 0  |
| (4) WILLIAM GREEN MILLER DIRECTOR                | 3   | 1                              |                       | ·                             |                                |  |                     | 0                                      | 0  | 0  |
| (5) JIM O'BEIRNE<br>DIRECTOR                     | 2   | 1                              |                       |                               |                                |  |                     | 0                                      | 0  | 0  |
| (6) IRYNA KUROWYCKYJ<br>DIRECTOR                 | 2   |                                |                       |                               |                                |  |                     | o                                      | 0  | 0  |
| (7) RENATA A. ZAJAC<br>DIRECTOR                  | 2   | 1                              |                       |                               |                                |  |                     | 0                                      | 0  | 0  |
| (8) JACK HELLER DIRECTOR                         | 3   | 1                              |                       |                               |                                |  |                     | 0                                      | 0  | 0  |
| (9)  |   |                                |                       |                               |                                |  |                     |  |  | !  |
| (10)   |   |                                |                       |                               |                                |  |                     |  |  |  |
| (11)   |   | _                              |                       |                               |                                |  |                     |  |  |  |
| (12)   | ]   |                                |                       |                               |                                |  |                     |  |  |  |
| (13)   |   |                                |                       |                               |                                |  |                     |  |  |  |
| (14)   |   |                                |                       |                               |                                |  |                     |  |  |  |

| , u and     | dection A. Onicers, Directors, Trust   | ces, ney L  | IIIPIO                            | 7003                    | , aı                        | IU I         | ilgiles   | 31 0        | ompensateu L                           | inployees (c                                 | Ornari   | ueu)   |
|-------------|--|---|-----------------------------------|-------------------------|-----------------------------|--------------|---|-------------|--|--|----------|--|
|             | (A)<br>Name and title  | (B) Average hours per week  | box, u                            | ot ch<br>unles<br>r and | Pos<br>eck<br>s pe<br>d a d | rson         | e than one that the the that the that the the the the the the the the the th | an<br>tee)  | (D) Reportable compensation from       | (E)<br>Reportable<br>compensation<br>related | from     | (F) Estimated amount of other  |
|             |  | (describe<br>hours for<br>related<br>organizations<br>in Schedule<br>O) | Individual trustee<br>or director | Institutional trustee   | Officer                     | Key employee | Highest compensated employee  | Former      | the<br>organization<br>(W-2/1099-MISC) | organizatio<br>(W-2/1099-M                   |          | compensation<br>from the<br>organization<br>and related<br>organizations |
| (15)        |  |   |                                   |                         |                             |              | - 4   |             | -                                      |  |          |  |
| (16)        |  |   |                                   |                         |                             |              |   |             |  |  |          |  |
| (17)        |  |   |                                   |                         |                             |              |   | -           |  |  |          |  |
| (18)        |  |   |                                   |                         |                             |              |   |             |  |  |          |  |
| <u>(19)</u> |  |   |                                   |                         |                             |              |   |             |  |  |          |  |
| (20)        |  |   |                                   |                         |                             |              |   |             |  |  |          | <del></del>  |
| (21)        |  |   |                                   |                         |                             |              |   |             |  |  | $\dashv$ |  |
| (22)        |  |   |                                   |                         |                             |              |   |             |  |  |          | <del></del>  |
| (23)        |  |   |                                   |                         |                             |              |   |             |  |  |          |  |
| (24)        |  |   |                                   |                         |                             |              |   |             |  |  |          | <del></del>  |
| (25)        |  |   |                                   |                         |                             |              |   |             |  |  |          |  |
| 1b          | Sub-total  |   |                                   |                         |                             | •            |   | <b>&gt;</b> | 85,983                                 |  | 0        | 0  |
| c<br>d      | Total from continuation sheets to Part Total (add lines 1b and 1c)                             |   |                                   | •                       | •                           | •            |   | <b>&gt;</b> | 85.983                                 |  | 0        | 0  |
| 2           | Total number of individuals (including but reportable compensation from the organi             | not limited   | to th                             |                         |                             |              |   | e) w        |  | ore than \$10                                |          |  |
| 3           | Did the organization list any former of employee on line 1a? If "Yes," complete to             | ficer, direc  | tor, c                            | or tr                   | uste                        | ee,          | key e   | emp         | oloyee, or high                        | est compe                                    | nsate    | Yes No   |
| 4           | For any individual listed on line 1a, is the organization and related organizations individual | sum of re   | portal                            | ole (                   | con                         | npe          | nsatio  |             |  |  |          | e <b>150 Mar</b>   |
| 5           | Did any person listed on line 1a receive of for services rendered to the organization          |   |                                   |                         |                             |              |   |             |  | ation or ind                                 |          | al 5   |
| Section     | on B. Independent Contractors  |   |                                   |                         |                             |              |   |             | · · · · · · · · · · · · · · · · · · ·  |  |          |  |
| 1           | Complete this table for your five highest compensation from the organization. Repyear.         |   |                                   |                         |                             |              |   |             |  |  |          |  |
|             | (A)<br>Name and business add   | ress  |                                   |                         |                             |              |   |             | (B)<br>Description of s                | ervices                                      |          | (C)<br>Compensation  |
| NONE        | MORE THAN \$100,000  |   |                                   |                         |                             |              |   |             |  |  |          |  |
|             |  |   |                                   |                         |                             |              |   |             |  |  |          |  |
| 2           | Total number of independent contractor received more than \$100,000 of compens                 |   |                                   |                         |                             |              |   | th          | nose listed ab                         | ove) who                                     |          |  |

| Pari   |            | Statement of Revenue                              |                     |                      |  |   | Page 9  |
|--|------------|---|---------------------|----------------------|--|---|---|
|  | <b>-</b>   | Otatoment of Fierenae                             |                     | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| nts  | 1a         | Federated campaigns 1                             | 2,462               |                      |  |   |   |
| ìrai   | b          | Membership dues 11                                | 0                   |                      |  |   |   |
| S, C   | С          | Fundraising events                                | 104,325             |                      | l                                      |   |   |
| Gift   | d          | Related organizations 10                          | 0                   |                      |  |   |   |
| Contributions, Gifts, Grants and Other Similar Amounts | е          | Government grants (contributions) 1               | 300,451             |                      | j                                      |   |   |
| rtio   | f          | All other contributions, gifts, grants,           |                     |                      |  |   |   |
| jg Ť   |            | and similar amounts not included above 1          |                     |                      | 1                                      |   |   |
| ont<br>nd (  | g          | Noncash contributions included in lines 1a-1f:    |                     |                      | Ì                                      |   |   |
|  | h          | Total. Add lines 1a-1f                            |                     | 708,008              |  |   |   |
| Program Service Revenue                                | _          |   | Business Code       |                      |  |   |   |
| eve  | 2a         | WORK TRAVEL EXCHANGES                             | 561000              | 352,191              | 352,191                                | 0                                       | 0   |
| e<br>E   | b          | OPEN WORLD EXCHANGES                              | 561000              | 3,000                | 3,000                                  | 0                                       | 0   |
| Σį   | C.         | ADVERTISING/PUBLIC RELATIONS                      | 541800              | 130                  | 0                                      | 130                                     | 0   |
| Se   | d          |   | ·                   |                      |  |   | <del></del>   |
| ram  | e          |   |                     |                      |  |   |   |
| go   | f          | All other program service revenue.                |                     |                      | 1                                      | <u></u> i                               |   |
| <u>-</u>   | g          | Total. Add lines 2a-2f                            |                     | 355,321              |  |   |   |
|  | 3          | Investment income (including div                  |                     |                      |  |   |   |
|  |            | and other similar amounts)                        | -                   | 4,420                | 0                                      | 0                                       | 4,420   |
|  | 4          | Income from investment of tax-exempt              | ·                   | 0                    | 0                                      | 0                                       | 0   |
|  | 5          | Royalties   |                     | 0                    | 0                                      | 0                                       | 0   |
|  |            |   | (ii) Personal       |                      |  |   |   |
|  | 6a         | Gross rents                                       |                     |                      |  |   | ,   |
|  | b          | Less: rental expenses                             |                     |                      |  |   |   |
|  | C          | Rental income or (loss)                           |                     |                      |  |   |   |
|  | d          |   |                     | 0                    | 0                                      | 0                                       | 0   |
|  | 7a         | Gross amount from sales of (i) Securities         | (ii) Other          |                      |  |   |   |
|  |            | assets other than inventory 14,79                 | 9                   |                      |  |   |   |
|  | b          | Less: cost or other basis and sales expenses 13,2 |                     |                      |  |   |   |
|  | _          |   |                     |                      |  |   |   |
|  | ر<br>2     | Gain or (loss) 1,4                                |                     | 404                  |  |   |   |
|  | ď          | Net gain or (loss)                                | · <u>· · · · • </u> | 1,484                | 0                                      | 0                                       | 1,484   |
| nue  | 82         | Gross income from fundraising                     | 1                   |                      |  |   |   |
|  | - Oa       | events (not including \$ 104,325                  |                     |                      | ]                                      |   |   |
| ev   |            | of contributions reported on line 1c).            |                     |                      |  |   |   |
| Other Reve   |            | See Part IV, line 18                              | a 103,541           |                      |  |   |   |
| the  | ۱ ۲        |   | b 113,655           | -                    |  |   | :   |
| Ò  |            | Less: direct expenses                             |                     | (10,114)             | <u> </u>                               | 0                                       | (20.114)  |
|  |            | Gross income from gaming activities               |                     | (10,114)             |  | 0                                       | (10,114)  |
|  | ""         | See Part IV, line 19                              |                     |                      | İ                                      |   |   |
|  | ь          | Less: direct expenses                             | b 0                 |                      |  |   |   |
|  | C          | Net income or (loss) from gaming a                | ~                   | 0                    | 0                                      |   | 0   |
|  | _          | Gross sales of inventory, less                    |                     |                      | · · · · · · · · · · · · · · · · ·      |   |   |
|  |            | returns and allowances                            |                     |                      |  |   |   |
|  | ь          | Less: cost of goods sold                          | b 0                 |                      |  |   |   |
|  | C          | Net income or (loss) from sales of i              | -                   | 0                    | 0                                      | 0                                       |   |
|  | — <u> </u> | Miscellaneous Revenue                             | Business Code       | <del></del>          | i                                      |   |   |
|  | 11a        | UNREALIZED GAIN - SECURITIES                      | 523000              |                      | 0                                      | 0                                       |   |
|  | b          | ***************************************           |                     |                      |  |   |   |
|  | C          |   |                     |                      |  |   |   |
|  | ď          | All other revenue                                 |                     |                      |  |   |   |
|  | e          | Total. Add lines 11a–11d                          |                     | 4                    |  |   | <u> </u>  |
|  | 12         | Total revenue. See instructions.                  | L L                 | 1,059,123            | 355,191                                | 130                                     | (4,206)   |
|  |            |   |                     | .,000,120            | 000,101                                | 130                                     | - 000 (22.00)   |

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

|         | Check if Schedule O contains a respon-  | se to any question    | in this Part IX              |                                     | 🗆                              |
|---------|---|-----------------------|------------------------------|-------------------------------------|--------------------------------|
|         | t include amounts reported on lines 6b, 7b,<br>, and 10b of Part VIII.  | (A)<br>Total expenses | (B) Program service expenses | (C) Management and general expenses | (D)<br>Fundraising<br>expenses |
| 1       | Grants and other assistance to governments and  |                       |                              |                                     |                                |
|         | organizations in the United States. See Part IV, line 21  | 91,028                | 91.028                       |                                     |                                |
| 2       | Grants and other assistance to individuals in the United States. See Part IV, line 22   | 0                     | 0                            |                                     |                                |
| 3       | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16                                    | 75,571                | 75,571                       |                                     |                                |
| 4<br>5  | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees  | 91,485                | 23,647                       | 67,838                              | 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                     | 0                            | 0                                   | 0                              |
| 7       | Other salaries and wages  | 86,776                | 72,272                       | 6,576                               | 7,928                          |
| 8       | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 1,498                 | 0                            | 1,498                               | 0                              |
| 9       | Other employee benefits   | 0                     | 0                            | 0                                   | 0                              |
| 10      | Payroll taxes   | 13,663                | 0                            | 13,663                              | 0                              |
| 11      | Fees for services (non-employees):  |                       |                              |                                     |                                |
| а       | Management  | 0                     | 0                            | 0                                   | 0                              |
| b       | Legal   | 0                     | 0                            | 0                                   | 0                              |
| С       | Accounting  | 8,000                 | 0                            | 8,000                               | 0                              |
| d       | Lobbying  | 0                     | 0                            | 0                                   | 0                              |
| е       | Professional fundraising services. See Part IV, line 17   | 9,950                 |                              |                                     | 9,950                          |
| f       | Investment management fees  | 0                     | 0                            | 0                                   | 0                              |
| g       | Other   | 172,522               | 172,497                      | 25                                  | 0                              |
| 12      | Advertising and promotion   | 2,400                 | 0                            | 0                                   | 2,400                          |
| 13      | Office expenses   | 45,260                | 10,889                       | 12,103                              | 22,268                         |
| 14      | Information technology  | 4,820                 | 1,204                        | 3,616                               | 0                              |
| 15      | Royalties   | 0                     | 0                            | 0                                   | 0                              |
| 16      | Occupancy   | 42,540                | 0                            | 42,540                              | 0                              |
| 17      | Travel  | 275,496               | 264,772                      | 4,955                               | 5,769                          |
| 18      | Payments of travel or entertainment expenses for any federal, state, or local public officials  | 0                     | 0                            | 0                                   | 0                              |
| 19      | Conferences, conventions, and meetings .  | 62,260                | 40,485                       | 652                                 | 21,123                         |
| 20      | Interest  | 9,487                 | 0                            | 9,487                               | 0                              |
| 21      | Payments to affiliates  | 0                     | 0                            | 0                                   | 0                              |
| 22      | Depreciation, depletion, and amortization .   | 0                     | 0                            | 0                                   | 0                              |
| 23      | Insurance   | 1,326                 | 0                            | 1,326                               | 0                              |
| 24      | Other expenses. Itemize expenses not covered  |                       |                              |                                     |                                |
|         | above. (List miscellaneous expenses in line 24e. If   | j                     |                              |                                     |                                |
|         | line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)   |                       |                              |                                     |                                |
|         | (A) amount, list line 24e expenses on Schedule O.)  |                       |                              |                                     |                                |
| а       |   | 0                     | 0                            | 0                                   | 0                              |
| b       |   | 0                     | 0                            | 0                                   | 0                              |
| C       |   | 0                     | 0                            | 0                                   | 0                              |
| d       | All other expenses  | 0                     | 0                            | 0                                   | 0                              |
| e<br>25 | All other expenses  Total functional expenses. Add lines 1 through 24e  | 994,082               |                              | <u>`</u>                            |                                |
| 25      | Joint costs. Complete this line only if the   | 994,082               | 752,365                      | 172,279                             | 69,438                         |
| 26      | organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   ☐ if following SOP 98-2 (ASC 958-720) |                       |                              |                                     |                                |

| Pa                          | art X | Balance Sheet   |                          |     |                    |
|-----------------------------|-------|---|--------------------------|-----|--------------------|
|                             |       |   | (A)<br>Beginning of year |     | (B)<br>End of year |
|                             | 1     | Cash—non-interest-bearing   | 480                      | 1   | 445                |
|                             | 2     | Savings and temporary cash investments  | 12,033                   | 2   | 4,442              |
|                             | 3     | Pledges and grants receivable, net  | 0                        | 3   | 100,000            |
|                             | 4     | Accounts receivable, net  | 80,845                   | 4   | 76,627             |
| - 1                         | 5     | Receivables from current and former officers, directors, trustees, key  |                          |     |                    |
| l                           |       | 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)), persons described in section 4958(c)(3)(B), and contributing |                          |     |                    |
| ŀ                           |       | employers and sponsoring organizations of section 501(c)(9) voluntary   |                          |     |                    |
| ıχ                          |       | employees' beneficiary organizations (see instructions)   | 0                        | 6   | o                  |
| Assets                      | 7     | Notes and loans receivable, net   | 0                        | 7   | 0                  |
| As                          | 8     | Inventories for sale or use   | 0                        | 8   | 0                  |
|                             | 9     | Prepaid expenses and deferred charges   | 0                        | 9   | 0                  |
|                             | 10a   | Land, buildings, and equipment: cost or   |                          |     |                    |
|                             |       | other basis. Complete Part VI of Schedule D 10a 0   |                          |     |                    |
|                             | b     | Less: accumulated depreciation 10b 0  | 0                        | 10c | 0                  |
|                             | 11    | Investments—publicly traded securities  | 150,747                  | 11  | 137,870            |
|                             | 12    | Investments—other securities. See Part IV, line 11  | 0                        | 12  | 0                  |
|                             | 13    | Investments—program-related. See Part IV, line 11   | 0                        | 13  | 0                  |
|                             | 14    | Intangible assets   | 0                        | 14  | 0                  |
|                             | 15    | Other assets. See Part IV, line 11  | 0                        | 15  | 0                  |
| $\rightarrow$               | 16    | Total assets. Add lines 1 through 15 (must equal line 34)   | 244,105                  |     | 319,384            |
| i                           | 17    | Accounts payable and accrued expenses   | 132,836                  |     | 164,390            |
|                             | 18    | Grants payable  | 0                        | 18  | 0                  |
| l                           | 19    | Deferred revenue  | 45,949                   | 19  | 26,337             |
|                             | 20    | Tax-exempt bond liabilities   | 0                        | 20  | 0                  |
|                             | 21    | Escrow or custodial account liability. Complete Part IV of Schedule D.  | 0                        | 21  | 0                  |
| Liabilities                 | 22    | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.           |                          |     |                    |
| 夏                           |       | Complete Part II of Schedule L  | 0                        | 22  | 0                  |
| וַבֿי                       | 23    | Secured mortgages and notes payable to unrelated third parties  | 0                        | 23  | 0                  |
|                             | 24    | Unsecured notes and loans payable to unrelated third parties  | 0                        | 24  | 0                  |
| 1                           | 25    | Other liabilities (including federal income tax, payables to related third  |                          |     |                    |
|                             |       | parties, and other liabilities not included on lines 17-24). Complete Part X  | 3,618                    |     | 1,914              |
|                             |       | of Schedule D   |                          | 25  |                    |
|                             | 26    | Total liabilities. Add lines 17 through 25  | 182,403                  | 26  | 192,641            |
| ses                         |       | Organizations that follow SFAS 117, check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.                                       |                          |     |                    |
| au                          | 27    | Unrestricted net assets   | (130,582)                | 27  | (71,449)           |
| ag                          | 28    | Temporarily restricted net assets   | 0                        | 28  |                    |
| ᅙ                           | 29    | Permanently restricted net assets   | 192,284                  | 29  | 198,192            |
| Net Assets or Fund Balances |       | Organizations that do not follow SFAS 117, check here ► □ and complete lines 30 through 34.   |                          |     |                    |
| 13 0                        | 30    | Capital stock or trust principal, or current funds  | 0                        | 30  |                    |
| se                          | 31    | Paid-in or capital surplus, or land, building, or equipment fund  | 00                       |     |                    |
| As                          | 32    | Retained earnings, endowment, accumulated income, or other funds  | 0                        | 32  |                    |
|                             |       | Table and annual and and belonger   | 04 700                   | 22  | 120 742            |
| Ne t                        | 33    | Total net assets or fund balances   | 61,702                   | 33  | 126,743            |

☐ 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 

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

За

3b

Form 990 (2011)

☐ Separate basis

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

Department of the Treasury

Internal Revenue Service

Name of the organization

## **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 Inspection

Employer identification number

**U.S.-UKRAINE FOUNDATION** 52-1778729 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) 1 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.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I **b** ☐ Type II c Type III-Functionally integrated d ☐ Type III-Other e 🔲 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). 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? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes Nο 11g(i) (ii) A family member of a person described in (i) above? . . . . . 11g(n) (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). (i) Name of supported (ii) EIN (III) Type of organization (IV) Is the organization (v) Did you notify (vii) Amount of (vi) Is the organization (described on lines 1-9 in col (i) listed in your the organization in organization in col col (i) of your support? above or IRC section governing document? (i) organized in the US? (see instructions)) Yes No Yes No Yes No (A) (B) (C) (D) (E) Total

| Scheđu | le A (Form 990 or 990-EZ) 2011               |                         |                  |                   |                   |                  | Page <b>2</b> |
|--------|--|-------------------------|------------------|-------------------|-------------------|------------------|---------------|
| Part   |  |                         |                  |                   |                   |                  |               |
|        | (Complete only if you checked th             |                         |                  |                   |                   |                  | lify under    |
|        | Part III. If the organization fails to       | qualify unde            | r the tests lis  | ted below, pl     | ease complet      | te Part III.)    |               |
|        | on A. Public Support                         |                         |                  |                   |                   |                  |               |
| Calen  | dar year (or fiscal year beginning in) 🕨     | (a) 2007                | <b>(b)</b> 2008  | (c) 2009          | (d) 2010          | (e) 2011         | (f) Total     |
| 1      | Gifts, grants, contributions, and            |                         |                  |                   |                   |                  |               |
|        | membership fees received. (Do not            |                         |                  |                   |                   |                  |               |
|        | ınclude any "unusual grants.")               | 420,763                 | 396,092          | 320,132           | 363,710           | 708,008          | 2.208,705     |
| 2      | Tax revenues levied for the                  |                         |                  |                   |                   |                  |               |
|        | organization's benefit and either paid       |                         |                  |                   |                   |                  |               |
|        | to or expended on its behalf                 | 0                       | o                | o                 | o                 | o                | 0             |
| 3      | The value of services or facilities          |                         |                  |                   |                   |                  |               |
|        | furnished by a governmental unit to the      |                         |                  |                   |                   |                  |               |
|        | organization without charge                  | 0                       | o                | o                 | o                 | o                | 0             |
| 4      | Total. Add lines 1 through 3                 | 420,763                 | 396,092          | 320,132           | 363,710           | 708,008          | 2.208,705     |
| 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         |                         |                  |                   | İ                 |                  |               |
|        | shown on line 11, column (f)                 |                         |                  |                   |                   |                  | 344,221       |
| 6      | Public support. Subtract line 5 from line 4. |                         |                  |                   |                   | .,,,             | 1,864,484     |
| Secti  | on B. Total Support                          |                         |                  | •                 | •                 |                  |               |
| Calen  | dar year (or fiscal year beginning in) ▶     | (a) 2007                | <b>(b)</b> 2008  | (c) 2009          | (d) 2010          | (e) 2011         | (f) Total     |
| 7      | Amounts from line 4                          | 420,763                 | 396,092          | 320,132           | 363,710           | 708,008          | 2.208,705     |
| 8      | Gross income from interest, dividends,       |                         |                  |                   |                   |                  |               |
|        | payments received on securities loans,       |                         |                  | 1                 |                   |                  |               |
|        | rents, royalties and income from similar     |                         |                  | 1                 |                   |                  |               |
|        | sources                                      | 11,556                  | 8,710            | 6,309             | 5,023             | 4,420            | 36,018        |
| 9      | Net income from unrelated business           |                         |                  |                   |                   |                  |               |
|        | activities, whether or not the business      |                         | ŀ                |                   |                   |                  |               |
|        | is regularly carried on                      | 0                       | o                | o                 | o                 | 0                | 0             |
| 10     | Other income. Do not include gain or         |                         |                  |                   |                   |                  |               |
|        | loss from the sale of capital assets         |                         |                  | į                 |                   |                  |               |
|        | (Explain in Part IV.)                        | 554,038                 | 279,471          | 255,451           | 270,821           | 345,211          | 1,704,992     |
| 11     | Total support. Add lines 7 through 10        |                         |                  | -                 |                   |                  | 3,949,715     |
| 12     | Gross receipts from related activities, etc. | (see instruction        | ons)             |                   |                   | 12               | 1,668,251     |
| 13     | First five years. If the Form 990 is for th  | ie organization         | 's first, second | d, third, fourth, | or fifth tax ye   | ar as a section  | 501(c)(3)     |
|        | organization, check this box and stop hei    | re                      |                  |                   |                   |                  | ▶ 🗆           |
| Secti  | on C. Computation of Public Suppor           | t Percentage            | 9                |                   |                   |                  |               |
| 14     | Public support percentage for 2011 (line 6   | 6, column (f) di        | vided by line 1  | 1, column (f))    | [                 | 14               | 47.21 %       |
| 15     | Public support percentage from 2010 Sch      | nedule A, Part I        | I, line 14 .     |                   | [                 | 15               | 63.17 %       |
| 16a    | 331/3% support test—2011. If the organiz     |                         |                  |                   | l line 14 is 33½  | 3% or more, ch   | eck this      |
|        | box and stop here. The organization qual     |                         |                  | _                 |                   |                  | . ▶ ✓         |
| b      | 331/3% support test-2010. If the organ       |                         |                  |                   |                   | 15 is 331/3% o   | or more,      |
|        | check this box and stop here. The organi     | zation qualifies        | s as a publicly  | supported org     | anization .       |                  | . 🕨 🗆         |
| 17a    | 10%-facts-and-circumstances test - 20        | <b>)11.</b> If the orga | nization did no  | ot check a box    | on line 13, 16a   | a, or 16b, and I | ne 14 is      |
|        | 10% or more, and if the organization med     |                         |                  |                   |                   |                  |               |
|        | Part IV how the organization meets the "fa   | acts-and-cırcu          | mstances" tes    | t. The organiza   | ition qualifies a | as a publicly su | pported       |
|        | organization                                 |                         |                  |                   |                   |                  | . ▶ 🗆         |
| b      | 10%-facts-and-circumstances test - 20        | <b>010.</b> If the orga | ınızatıon dıd no | ot check a box    | on line 13, 16a   | a, 16b, or 17a,  | and line      |
|        | 15 is 10% or more, and if the organizat      | ion meets the           | "facts-and-cii   | rcumstances"      | test, check th    | is box and sto   | p here.       |
|        | Explain in Part IV how the organization m    | eets the "facts         | s-and-circumst   | ances" test. Ti   | ne organizatıor   | n qualifies as a | publicly      |
|        | supported organization                       |                         |                  |                   |                   |                  | . ▶ 🗆         |
| 18     | Private foundation. If the organization die  | d not check a l         | box on line 13,  | 16a, 16b, 17a     | , or 17b, check   | this box and s   | see           |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

| C1:   | and A. Darlette Comment   | diadi tilo to  | oto notou bon    | 511, p.0000 01   | omploto i ait                           | /                                     |               |
|-------|---|----------------|------------------|------------------|---|---------------------------------------|---------------|
|       | on A. Public Support  |                |                  |                  | 1 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | ·····                                 |               |
|       | dar year (or fiscal year beginning in)  | (a) 2007       | <b>(b)</b> 2008  | (c) 2009         | (d) 2010                                | (e) 2011                              | (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   |                |                  |                  |   | <u> </u>                              |               |
|       | 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   |                | 1                |                  |   |                                       |               |
| 8     | Public support (Subtract line 7c from   |                |                  |                  |   |                                       |               |
|       | line 6.)  |                |                  |                  |   |                                       |               |
| Secti | on B. Total Support   |                |                  |                  | <del></del>                             | ·                                     | <del></del>   |
| Calen | dar year (or fiscal year beginning in)  | (a) 2007       | <b>(b)</b> 2008  | (c) 2009         | (d) 2010                                | (e) 2011                              | (f) Total     |
| 9     | Amounts from line 6   |                |                  |                  |   | 1 '                                   |               |
| 10a   | Gross income from interest, dividends,  |                |                  |                  |   |                                       |               |
|       | payments received on securities loans, rents,   |                |                  |                  |   |                                       |               |
|       | royalties and income from similar sources   |                |                  |                  |   |                                       |               |
| b     | Unrelated business taxable income (less   |                |                  |                  |   |                                       |               |
|       | section 511 taxes) from businesses  |                | 1                |                  |   |                                       |               |
|       | acquired after June 30, 1975  |                |                  |                  |   |                                       |               |
| С     | Add lines 10a and 10b   |                |                  | -                |   |                                       |               |
| 11    | Net income from unrelated business  |                |                  |                  |   |                                       |               |
|       | activities not included in line 10b, whether  |                |                  |                  |   |                                       |               |
|       | or not the business is regularly carried on   |                |                  |                  |   | 1                                     |               |
| 12    | Other income. Do not include gain or  |                |                  |                  |   |                                       |               |
|       | loss from the sale of capital assets  |                |                  |                  | 1                                       |                                       |               |
|       | (Explain in Part IV.)   |                |                  |                  | 1                                       |                                       | ĺ             |
| 13    | Total support. (Add lines 9, 10c, 11,   |                |                  |                  |   |                                       |               |
|       | and 12.)  |                | L                |                  |   |                                       |               |
| 14    | First five years. If the Form 990 is for the  | ne organizatio | n's first, secon | d, third, fourth | n, or fifth tax y                       | ear as a section                      | on 501(c)(3)  |
|       | organization, check this box and stop he  |                |                  | <u> </u>         |   |                                       | <b>&gt;</b> 🗀 |
|       | on C. Computation of Public Suppor  |                |                  |                  |   |                                       |               |
| 15    | Public support percentage for 2011 (line 8  |                |                  |                  |   | 15                                    | %             |
| 16    | Public support percentage from 2010 Sch   |                |                  | <del></del>      | · · · · ·                               | 16                                    | %             |
|       | on D. Computation of Investment In  |                |                  |                  |   |                                       | <u> </u>      |
| 17    | Investment income percentage for 2011 (   |                |                  |                  |   |                                       | %             |
| 18    | Investment income percentage from 2010  |                |                  |                  |   |                                       | %             |
| 19a   | 33¹/3% support tests—2011. If the organ   |                |                  |                  |   |                                       | ·             |
|       | 17 is not more than 331/3%, check this box  |                |                  |                  |   | _                                     | _             |
| b     | 331/3% support tests – 2010. If the organiz   |                |                  |                  |   |                                       |               |
|       | line 18 is not more than 331/3%, check this l   |                |                  |                  |   |                                       |               |
| 20    | Private foundation. If the organization di  | d not check a  | box on line 14   | , 19a, or 19b, ( | check this box                          | and see instru                        | ictions >     |

| Schedule | A /Form | 000 0 | - 000 E  | 7 2011  |
|----------|---------|-------|----------|---------|
| Scheaule | A IFORM | 990 0 | r 990-F. | /1 /UII |

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| Part IV     | Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions). |
|-------------|---|
| PART II - L | .INE 10   |
| OTHER IN    | COME INCLUDES PROGRAM SERVICE REVENUE.  |
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### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

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

► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization rt IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

Employer identification number

|          | KRAINE FOUNDATION  | 52-1778729                               |
|----------|--|--|
| Par      | Organizations Maintaining Donor Advised Funds or Other Similar Fundamental Organization answered "Yes" to Form 990, Part IV, line 6.   | unds or Accounts. Complete if the        |
|          | (a) Donor advised funds  | (b) Funds and other accounts             |
| 1        | Total number at end of year  |  |
| 2        | Aggregate contributions to (during year)   |  |
| 3        | Aggregate grants from (during year)  |  |
| 4        | Aggregate value at end of year   |  |
| 5        | Did the organization inform all donors and donor advisors in writing that the assets   | held in donor advised                    |
|          | funds are the organization's property, subject to the organization's exclusive legal con   |  |
| 6        | Did the organization inform all grantees, donors, and donor advisors in writing that gi  |  |
|          | only for charitable purposes and not for the benefit of the donor or donor advisor, or   |  |
|          | conferring impermissible private benefit?  |  |
| Par      | t II Conservation Easements. Complete if the organization answered "Yes  |  |
| 1        | Purpose(s) of conservation easements held by the organization (check all that apply)   | to Form 990, Fait IV, line 7.            |
| •        | Preservation of land for public use (e.g., recreation or education) Preservation   | of an historically important land avec   |
|          | <u> </u>   |  |
|          | <del>_</del>   | of a certified historic structure        |
| _        | Preservation of open space   |  |
| 2        | Complete lines 2a through 2d if the organization held a qualified conservation contribu  | tion in the form of a conservation       |
|          | easement on the last day of the tax year.  |  |
|          |  | Held at the End of the Tax Year          |
| а        | Total number of conservation easements   | <b>2a</b>                                |
| b        | Total acreage restricted by conservation easements   | 2b                                       |
| C        | Number of conservation easements on a certified historic structure included in (a)   | <b>2</b> c                               |
| d        | Number of conservation easements included in (c) acquired after 8/17/06, and no  |  |
|          | historic structure listed in the National Register   | · ·   2d                                 |
| 3        | Number of conservation easements modified, transferred, released, extinguished, or to tax year ▶   | erminated by the organization during the |
| 4        | Number of states where property subject to conservation easement is located ▶  |  |
| 5        | Does the organization have a written policy regarding the periodic monitoring, i   | nspection, handling of                   |
|          | violations, and enforcement of the conservation easements it holds?  |  |
| 6        | Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation  |  |
| •        | Note: The state of the state of | on outside daming the year               |
| 7        | Amount of expenses incurred in monitoring, inspecting, and enforcing conservation ea   | sements during the year                  |
| •        | S  | isements during the year                 |
| 8        | Does each conservation easement reported on line 2(d) above satisfy the requirement  | s of section 170/h)//)/B)                |
| O        | (i) and section 170(h)(4)(B)(ii)?  |  |
|          |  | · · · · · · · · · · · · · · · · · · ·    |
| 9        | In Part XIII, describe how the organization reports conservation easements in its reven  |  |
|          | balance sheet, and include, if applicable, the text of the footnote to the organization's organization's accounting for conservation easements.  | imanciai statements that describes the   |
| Des      |  | Other Circles Assets                     |
| Par      | Organizations Maintaining Collections of Art, Historical Treasures,  |  |
|          | Complete if the organization answered "Yes" to Form 990, Part IV, line   |  |
| 1a       | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in   |  |
|          | works of art, historical treasures, or other similar assets held for public exhibition,  |  |
|          | public service, provide, in Part XIII, the text of the footnote to its financial statements t  | hat describes these items.               |
| b        | If the organization elected, as permitted under SFAS 116 (ASC 958), to report in a works of art, historical treasures, or other similar assets held for public exhibition, public service, provide the following amounts relating to these items:  |  |
|          | (i) Revenues included in Form 990, Part VIII, line 1   | ▶ \$                                     |
|          | (ii) Assets included in Form 990, Part X   |  |
| 2        | If the organization received or held works of art, historical treasures, or other simi   |  |
|          | following amounts required to be reported under SFAS 116 (ASC 958) relating to these   | e items:                                 |
| <b>a</b> | Revenues included in Form 990, Part VIII, line 1   | • · · · · • • • • • • • • • • • • • • •  |
| h        | Assets included in Form 990, Part X  | <b>▶</b> ¢                               |

| Page | 2 |
|------|---|
|      |   |

| Part   | III Organizations Maintaining  | Coll     | ections of    | Art, Hist   | orical 1   | <b>Treasures</b>      | , or Ot  | her Similar As          | sets (continued)       |
|--------|--|----------|---------------|-------------|------------|-----------------------|----------|-------------------------|------------------------|
| 3      | Using the organization's acquisition, collection items (check all that apply): |          | ssion, and of | ther recor  | ds, chec   | k any of th           | e follov | wing that are a s       | significant use of its |
| а      | ☐ Public exhibition  |          |               |             |            | or exchang            | je prog  | rams                    |                        |
| b      | ☐ Scholarly research   |          |               | e           | Other      | r                     |          |                         |                        |
| С      | ☐ Preservation for future generation:  |          |               |             |            |                       |          |                         |                        |
| 4      | Provide a description of the organiza  | tion's   | collections   | and expla   | ıın how t  | hey further           | the org  | ganization's exer       | npt purpose in Par     |
|        | XIII.  |          |               |             |            |                       |          |                         |                        |
| 5      | During the year, did the organization  |          |               |             |            |                       |          |                         |                        |
|        | assets to be sold to raise funds rather  |          |               |             |            |                       |          |                         |                        |
| Part   |  | _        |               | •           | _          | ganization            | answe    | red "Yes" to Fo         | orm 990, Part IV,      |
|        | line 9, or reported an amour   | nt on    | Form 990,     | Part X, li  | ne 21.     |                       |          | <del></del>             |                        |
|        | Is the organization an agent, trustee included on Form 990, Part X?            |          |               |             |            |                       | ions oi  | r other assets n        | ot 🗌 Yes 🗌 No          |
| b      | If "Yes," explain the arrangement in P   | art XII  | II and compl  | ete the fo  | llowing to | able:                 | <u> </u> | A                       | mount                  |
| С      | Beginning balance  |          |               |             |            |                       | 10       | ;                       |                        |
| d      | Additions during the year  |          |               |             |            |                       | 10       | 1                       |                        |
| е      | Distributions during the year  |          |               |             |            |                       | 16       | ,                       |                        |
| f      | Ending balance   |          |               |             |            |                       | 11       | 7                       |                        |
| 2a     | Did the organization include an amou   | nt on    | Form 990, P   | art X, line | 21? .      |                       |          |                         | ☐ Yes ☐ No             |
| b      | If "Yes," explain the arrangement in P   |          |               |             |            |                       |          |                         |                        |
| Part   | V Endowment Funds. Compl   |          |               |             |            |                       |          |                         |                        |
|        |  | (a)      | Current year  | (b) Pro     | or year    | (c) Two year          | rs back  | (d) Three years bac     | k (e) Four years back  |
| 1a     | Beginning of year balance  |          |               |             |            |                       |          |                         |                        |
| b      | Contributions  |          |               |             |            |                       |          |                         |                        |
| С      | Net investment earnings, gains, and  |          |               |             |            |                       |          |                         |                        |
|        | losses   | ļ        |               | ļ           |            | <del> </del>          |          |                         |                        |
| d      | Grants or scholarships   |          |               | <u>-</u>    |            | <del> </del>          |          | <br>                    |                        |
| е      | Other expenditures for facilities and programs                                 |          |               |             |            |                       |          |                         |                        |
| f      | Administrative expenses  | ļ        |               |             |            |                       |          |                         |                        |
| g      | End of year balance  | <u> </u> |               | <u> </u>    |            | L.,                   |          |                         |                        |
| 2      | Provide the estimated percentage of  |          |               |             | e (line 1g | g, column (a          | ı)) held | as:                     |                        |
| a      | Board designated or quasi-endowme  |          |               | %           |            |                       |          |                         |                        |
| b      | Permanent endowment  | %        |               |             |            |                       |          |                         |                        |
| С      | Temporarily restricted endowment ►   |          | %             | 000/        |            |                       |          |                         |                        |
| 20     | The percentages in lines 2a, 2b, and :   |          |               |             | zation th  | at are hold           | and ac   | lministared for th      | 20                     |
| 3a     | Are there endowment funds not in the organization by:                          | e pos    | session or ti | ne organi.  | zauon un   | at are nero           | and ac   | iriiiiistereu ior ti    | Yes No                 |
|        | (i) unrelated organizations  |          |               |             |            |                       |          |                         | 3a(i)                  |
|        | (ii) related organizations   |          |               |             |            |                       |          |                         | 3a(ii)                 |
| ь      | If "Yes" to 3a(ii), are the related organ                                      |          |               | required o  | n Sched    | lule R?               | •        |                         | 3b                     |
| 4      | Describe in Part XIII the intended use   |          |               |             |            |                       |          |                         |                        |
| Part   |  |          |               |             |            |                       |          |                         |                        |
|        | Description of property  |          | (a) Cost or o | ther basis  | (b) Cost   | or other basis other) |          | Accumulated epreciation | (d) Book value         |
| 1a     | Land   |          |               |             |            |                       |          |                         |                        |
| b      | Buildings  |          |               |             |            |                       |          |                         |                        |
| C      | Leasehold improvements   |          |               |             |            |                       |          |                         |                        |
| d      | Equipment  |          |               |             |            |                       |          |                         |                        |
| е      | Other  |          |               |             |            |                       |          |                         |                        |
| Total. | Add lines 1a through 1e. (Column (d) i   | must e   | equal Form 9  | 990, Part 2 | K, columi  | n (B), line 10        | O(c).)   |                         |                        |

| Part VII        | Investments—Other Securities   | See Form 990, Part X,           | line 12.  |  |
|-----------------|--|---------------------------------|---|--|
| (;              | a) Description of security or category<br>(including name of security) | (b) Book value                  | (c) Method of valuation<br>Cost or end-of-year market value |  |
| (1) Financia    | I derivatives  |                                 |   | <del>-</del>   |
| (2) Closely-    | held equity interests  |                                 |   |  |
| (3) Other       |  |                                 |   |  |
| (A)             |  |                                 |   |  |
| (B)             |  |                                 |   |  |
| (C)             |  |                                 |   | <del></del>  |
| (D)             |  |                                 |   |  |
| (E)             |  |                                 |   |  |
| (F)<br>(G)      |  |                                 |   |  |
| (H)             |  |                                 |   |  |
| (I)             |  | <u> </u>                        |   |  |
|                 | (b) must equal Form 990, Part X, col. (B) line 12)                     |                                 |   |  |
| Part VIII       | Investments—Program Related  | See Form 990 Part X             | line 13   |  |
| and the same    | (a) Description of investment type                                     | (b) Book value                  | (c) Method of valuation                                     |  |
|                 | (a) Bosonpilon of information type                                     | (b) Book value                  | Cost or end-of-year market value                            |  |
| (1)             |  |                                 |   |  |
| (2)             |  |                                 |   |  |
| (3)             |  |                                 |   |  |
| (4)             |  |                                 |   |  |
| (5)             |  |                                 |   |  |
| (6)             |  |                                 |   |  |
| (7)             |  |                                 |   |  |
| (8)             |  |                                 |   |  |
| (9)             |  |                                 |   | , <u> </u>   |
| (10)            | 4)   |                                 |   |  |
|                 | (b) must equal Form 990, Part X, col (B) line 13 )                     | 4V L 4F                         |   |  |
| Part IX         | Other Assets. See Form 990, Pa   | IT X, IINE 15.                  | (1-)  | Do alcuelus  |
| /4\             |  | y Description                   | (0)   | Book value   |
| (1)             |  |                                 |   |  |
| (2)             |  |                                 |   |  |
| (4)             |  |                                 |   | · · · <del>-</del> · · · · · · · · · · · · · · · · · · · |
| (5)             | ······   |                                 |   |  |
| (6)             |  |                                 |   |  |
| (7)             |  |                                 |   |  |
| (8)             |  |                                 |   |  |
| (9)             |  |                                 |   |  |
| (10)            |  |                                 |   |  |
|                 | ımn (b) must equal Form 990, Part X, co                                |                                 | <b>.</b>  |  |
| Part X          | Other Liabilities. See Form 990,                                       |                                 |   |  |
| 1.              | (a) Description of liability   | (b) Book value                  | 1   |  |
| <del></del>     | Income taxes   | 695                             | - 1   |  |
| (2) FICA        |  | 924                             | 7   |  |
| (3) VIRGIN      | IIA WITHHOLDINGS   | 295                             | <u>i  </u>  |  |
| (5)             |  | <u> </u>                        | -   | j  |
| (6)             |  |                                 | 1   |  |
| (7)             | <del></del>  |                                 |   |  |
| (8)             | <del></del>  |                                 | 1   |  |
| (9)             |  |                                 | 1   |  |
| (10)            |  |                                 | 1   |  |
| (11)            |  |                                 | 1   |  |
|                 | (b) must equal Form 990, Part X, col. (B) line 25 ) ▶                  | 1,914                           |   |  |
|                 |  | text of the footnote to the org | ganization's financial statements that reports the          | ne organization's  |
| liability for u | ncertain tax positions under FIN 48 (ASC 7                             | 40). Check here if the text of  | the footnote has been provided in Part XIII.                |  |

|     | XI Reconciliation of Revenue per Audited Financial Statements With Revenue       | per F | Return   |            |
|-----|--|-------|----------|------------|
| 1   | Total revenue, gains, and other support per audited financial statements         | . [   | 1        | 1,320,068  |
| 2   | Amounts included on line 1 but not on Form 990, Part VIII, line 12:              | Ī     |          |            |
| а   | Net unrealized gains on investments  | 0     |          |            |
| b   | Donated services and use of facilities   | 0,945 |          |            |
| C   | Recoveries of prior year grants  | 0     |          |            |
| d   | Other (Describe in Part XIII.)   | 0     |          |            |
| е   | Add lines 2a through 2d  |       | 2e       | 260,945    |
| 3   | Subtract line <b>2e</b> from line <b>1</b>                                       | . [   | 3        | 1,059,123  |
| 4   | Amounts included on Form 990, Part VIII, line 12, but not on line 1:             | Ī     |          | .,,,,,,,   |
| а   | Investment expenses not included on Form 990, Part VIII, line 7b 4a              | o     |          |            |
| b   | Other (Describe in Part XIII.)   | 0     |          |            |
| С   | Add lines <b>4a</b> and <b>4b</b>  | .     | 4c       | (          |
| 5   | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  |       | 5        | 1,059,123  |
| art | XII Reconciliation of Expenses per Audited Financial Statements With Expense     |       | r Return | .,,000,120 |
| 1   | Total expenses and losses per audited financial statements                       |       | 1        | 1,255,027  |
| 2   | Amounts included on line 1 but not on Form 990, Part IX, line 25:                | İ     |          | .,         |
| а   |  | 0,945 | ľ        |            |
| b   | Prior year adjustments   | 0     |          |            |
| С   | Other losses   | 0     |          |            |
| d   | Other (Describe in Part XIII.)   | 0     |          |            |
| е   | Add lines 2a through 2d  |       | 2e       | 260,945    |
| 3   | Subtract line <b>2e</b> from line <b>1</b>                                       |       | 3        | 994,082    |
| 4   | Amounts included on Form 990, Part IX, line 25, but not on line 1:               | Ì     |          | 00.,,000   |
| а   | Investment expenses not included on Form 990, Part VIII, line 7b 4a              | 0     |          |            |
| b   | Other (Describe in Part XIII.)   | 0     | į        |            |
| С   | Add lines 4a and 4b  | —⊸    | 4c       | ſ          |
| 5   | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |       | 5        | 994,082    |
|     | XIII Supplemental Information  | - 1   |          |            |

#### **SCHEDULE F** (Form 990)

#### Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 2011 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

**U.S.-UKRAINE FOUNDATION** 52-1778729 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 its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ✓ Yes □ No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed) 3 (f) Total expenditures for and investments (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is offices in the region employees, agents, and region (by type) (e g , fundraising, program services, a program service, describe specific type of independent investments, service(s) in region in region grants to recipients contractors in region located in the region) (1) UKRAINE **PROGRAM SERVICES GRANTS TO STUDENTS** 1 3 70,810 (2)**PROGRAM SERVICES DEMOCRACY PROJECTS** 64,560 (3) **PROGRAM SERVICES** STUDENT EXCHANGES 64,197 (4) CANADA 0 0 PROGRAM SERVICES **GRANT - ORGANIZATION** 1,632 (5) (6)(7) (8) (9) (10)(11)(12)(13)(14)(15)(16)(17)Sub-total . . . . . 1 3 201,199 Total from continuation sheets to Part I . . . . n n 0

3

c Totals (add lines 3a and 3b)

201,199

| schedule F (F | Schedule F (Form 990) 2011   |
|---------------|--|
| Part II       | Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, . |
|               | Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000                      |
|               | Dout II can be duralicated if additional charac is needed  |

| (a) Name of organization   | (1)           | (2) | (3) | (4) | (5) | (9) | (2) | (8) | (6) | (10) | (11) | (12) | (13) | (14) | (15) | (16) |  |
|--|---------------|-----|-----|-----|-----|-----|-----|-----|-----|------|------|------|------|------|------|------|--|
| (b) IRS code<br>section and EIN<br>(if applicable)                                 |               |     |     |     |     |     |     |     |     |      |      |      |      |      |      |      | ther of recipie  |
| ne of (b) IRS code (c) Region (d) Purpose of section and EIN grant (if applicable) | UKRAINE       |     |     |     |     |     |     |     |     |      |      |      |      |      |      |      | int organizations list   |
| (d) Purpose of<br>grant  | DEMOCRACY AID |     |     |     |     |     |     |     |     |      |      |      |      |      |      |      | Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt |
| (e) Amount of cash grant   | 12,286 WIRES  |     |     |     |     |     |     |     |     |      |      |      |      |      |      |      | odnized as charities   |
| (f) Manner of<br>cash<br>disbursement  | WIRES         |     |     |     |     |     |     |     |     |      |      |      |      |      |      |      | s by the foreign cour  |
| (g) Amount of<br>non-cash<br>assistance  | 0             |     |     |     |     |     |     |     |     |      |      |      |      |      |      |      | itrv. recognized as t  |
| (h) Description<br>of non-cash assistance  | 0 N/A         |     |     |     |     |     |     |     |     |      |      |      |      |      |      |      | ax-exempt  |
| (i) Method of valuation (book, FMV, appraisal, other)                              | N/A           |     |     |     |     |     |     |     |     |      |      | :    |      |      |      |      |  |

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

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

| Part III can be duplic          | Part III can be duplicated it additional space is needed. | e is needed.             |                          |                                 |   |   |  |
|---------------------------------|---|--------------------------|--------------------------|---------------------------------|---|---|--|
| (a) Type of grant or assistance | (b) Region  | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of<br>non-cash<br>assistance | (g) Description<br>of non-cash assistance | (h) Method of valuation (book) (appraisal, appraisal, other) |
| (1) SCHOLARSHIPS                | UKRAINE   | 198                      | 63,285                   | 63,285 WIRES / CASH PAY         | N/A N/A                                 | N/A                                       | N/A  |
| (2)                             |   |                          |                          |                                 |   |   |  |
| (3)                             |   |                          |                          |                                 |   |   |  |
| (4)                             |   |                          |                          |                                 |   |   |  |
| (5)                             |   |                          |                          |                                 |   |   |  |
| (9)                             |   |                          |                          |                                 |   |   |  |
| (2)                             |   |                          |                          |                                 |   |   |  |
| (8)                             |   |                          |                          |                                 |   |   |  |
| (6)                             |   |                          |                          |                                 |   |   |  |
| (10)                            |   |                          |                          |                                 |   |   |  |
| (11)                            |   |                          |                          |                                 |   |   |  |
| (12)                            |   |                          |                          |                                 |   |   |  |
| (13)                            |   |                          |                          |                                 |   |   |  |
| (14)                            |   |                          |                          |                                 |   |   |  |
| (15)                            |   |                          |                          |                                 |   |   |  |
| (16)                            |   |                          |                          |                                 |   |   |  |
| (17)                            |   |                          |                          |                                 |   |   |  |
| (18)                            |   |                          |                          |                                 |   |   |  |
| İ                               |   |                          |                          |                                 |   | Sch                                       | Schedule F (Form 990) 2011                                   |

| Scheđule F             | /Earm   | 990  | 2011 |  |
|------------------------|---------|------|------|--|
| ocnedul <del>e</del> F | (LOIII) | 990) | 2011 |  |

| Page | - 4 |
|------|-----|
|      |     |

| Part | V Foreign Forms  |       |             |
|------|--|-------|-------------|
| 1    | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)   | ☐ Yes | ☑ No        |
| 2    | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) | ☐ Yes | ✓ No        |
| 3    | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)  | ☐ Yes | ✓ No        |
| 4    | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)                   | ☐ Yes | ☑ No        |
| 5    | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)  | ☐ Yes | <b>√</b> No |
| 6    | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)  | Yes   | ☑ No        |

#### Part V

#### Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

| PART 1 - MONITORING OF GRANT FUNDS- THE FOUNDATION USES ITS STAFF TO MON ITOR FUNDS IN UKRAINE (FUNDS WIRED FROM |
|--|
| THE U.S.). IN UKRAINE, ALL CASH DISBURSEMENTS REQUIRE SIGNATURES - FROM THE PERSON PROVIDING THE CASH AS WELL AS |
| FROM THE RECIPIENT. ALL SUPPORTING DOCUMENTS ARE SUBMITTED TO THE FOUNDATION IN THE U.S. ON A MONTH BASIS, AS    |
| PART OF AN OVERALL FINANCIAL REPORT. WHEN CONTRACTORS ARE USED TO DISBURSE GRANT FUNDS IN UKRAINE, THE           |
| REQUIREMENT FOR SIGNED DOCUMENTATION IS THE SAME.  |
|  |
| PARTS I, II, III - ACCOUNTING METHOD - THE FOUNDATION USES THE ACCRUAL METHOD OF ACCOUNTING.                     |
|  |
| PART II - THE ORGANIZATION RECEIVING THE CASH GRANT IS THE PYLYP ORLYK INSTITUTE FOR DEMOCRACY.                  |
|  |
| PART III - THE NUMBER OF RECIPIENTS: 198 (THE NUMBER OF STUDENTS RECEIVING STIPENDS DURING THE PAST YEAR         |
| THROUGH 4 SCHOLARSHIP PROGRAMS.)   |
|  |
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#### **SCHEDULE G** , (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

| U.SI  | JKRAINE FOUNDATION  |                    |               |                                |  | 52.                                      | 1778729                              |
|-------|---|--------------------|---------------|--------------------------------|--|--|--------------------------------------|
|       | - Eundraising Activities                                  | Complete if the    | he organiz    | ation ansy                     | vered "Yes" to F                             | · · · · · · · · · · · · · · · · · · ·    |                                      |
| Par   | Form 990-EZ filers are in                                 |                    |               |                                | 100 101                                      | o 000, 1 art 14,                         |                                      |
| 1     | Indicate whether the organization                         |                    |               |                                | owing activities. C                          | heck all that apply.                     | <del> </del>                         |
| а     | ☐ Mail solicitations                                      |                    |               |                                | on of non-govern                             |  |                                      |
| b     | ☐ Internet and email solicitation                         | ons                | f [           |                                | on of government                             |  |                                      |
| С     | ☐ Phone solicitations                                     |                    | g [           |                                | fundraising events                           |  |                                      |
| d     | In-person solicitations                                   |                    | <b>U</b> -    |                                | <b>,</b> , , , , , , , , , , , , , , , , , , |  |                                      |
| 2a    | Did the organization have a wri                           | tten or oral agre  | ement with    | any indivi                     | dual (including off                          | cers, directors, trus                    | tees                                 |
|       | or key employees listed in Form                           |                    |               |                                |  |  |                                      |
| b     | If "Yes," list the ten highest paid                       |                    |               |                                |  | _  |                                      |
|       | compensated at least \$5,000 by                           |                    |               |                                | ŭ  |  |                                      |
|       |   | _                  |               |                                |  |  |                                      |
|       |   |                    | (40 D.4 6     |                                |  | (v) Amount paid to                       |                                      |
|       | (i) Name and address of individual or entity (fundraiser) | (ii) Activity      | custody o     | ndraiser have<br>or control of | (iv) Gross receipts from activity            | (or retained by)<br>fundraiser listed in | (vi) Amount paid to (or retained by) |
|       | or entity (fundraiser)                                    |                    | contri        | butions?                       | nom activity                                 | col (i)                                  | organization                         |
|       |   |                    | Yes           | No                             |  |  |                                      |
| 1     |   |                    |               | 1                              | 1  |  |                                      |
|       |   |                    |               |                                |  |  |                                      |
| 2     |   |                    |               |                                |  |  |                                      |
|       |   |                    |               |                                |  |  |                                      |
| 3     |   |                    |               |                                |  | - · · · · · · · · · · · · · · · · · · ·  |                                      |
|       |   | :                  |               |                                |  |  |                                      |
| 4     |   |                    |               |                                |  |  |                                      |
|       |   |                    |               |                                |  |  |                                      |
| 5     |   |                    |               |                                |  |  |                                      |
|       |   |                    |               |                                |  |  |                                      |
| 6     |   |                    |               |                                |  |  |                                      |
|       |   |                    |               |                                |  |  |                                      |
| 7     |   |                    |               |                                |  |  | _                                    |
|       |   |                    |               |                                |  |  |                                      |
| 8     |   |                    |               |                                |  |  |                                      |
|       |   |                    |               |                                |  |  |                                      |
| 9     |   |                    |               |                                |  |  |                                      |
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|       |   |                    |               |                                |  |  |                                      |
| Total | List all states in which the orga                         | <del></del>        | · · · ·       | <u> ▶</u>                      | <u> </u>                                     |  | <u> </u>                             |
| 3     | List all states in which the orga                         | anization is regis | stered or lic | ensed to s                     | solicit contribution                         | s or has been notifi                     | ed it is exempt from                 |
|       | registration or licensing.                                |                    |               |                                |  |  |                                      |
|       |   |                    | · <b></b>     |                                | ····   |  |                                      |
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|       |   |                    |               |                                |  |  |                                      |

| Pa              | art II         | Fundraising Events. Com<br>than \$15,000 of fundraisin<br>gross receipts greater than  | g event contributions                        |  |                  |  |
|-----------------|----------------|--|--|--|------------------|--|
|                 |                |  | (a) Event #1  DINNER (event type)            | (b) Event #2                                     | (c) Other events | (d) Total events<br>(add col (a) through<br>col (c)) |
| Revenue         | 1              | Gross receipts   | 207,866                                      | (0.001)  | (commence)       | 207,866  |
| Re              | 2              | Less: Charitable contributions   | 104,325                                      |  |                  | 104,325  |
|                 | 3              | Gross income (line 1 minus line 2)   | 103,541                                      |  |                  | 103,541  |
|                 | 4              | Cash prizes  | 0  |  |                  | 0  |
|                 | 5              | Noncash prizes   | 0  |  |                  | 0  |
| enses           | 6              | Rent/facility costs  | 17,830                                       |  |                  | 17,830   |
| Direct Expenses | 7              | Food and beverages   | 91,025                                       |  |                  | 91,025   |
| Öİr             | 8              | Entertainment  | 0  |  |                  | 0  |
|                 | 9              | Other direct expenses . L  Direct expense summary. Add   | 4,800  | olumn (d)  |                  | ( 113,655 )  |
| Pa              | 11<br>rt III   | Net income summary. Combi Gaming. Complete if the than \$15,000 on Form 99   | ne line 3, column (d), a organizatıon answer | nd line 10                                       |                  | (10,114)   |
| Revenue         |                | and the control of th | (a) Bingo                                    | (b) Pull tabs/instant<br>bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c))       |
| Re              | 1              | Gross revenue  |  |  |                  |  |
| Ses             | 2              | Cash prizes  |  |  |                  |  |
| Direct Expenses | 3              | Noncash prizes   |  |  |                  |  |
| Direct          | 4              | Rent/facility costs  |  |  |                  |  |
|                 | 5              | Other direct expenses .  | ☐ Yes%                                       | ☐ Yes%   | ☐ Yes %          |  |
|                 | 6              | Volunteer labor  | Unes 2 through 5 in c                        | olumn (d)  | □ No             | ( )  |
|                 | 8              | Net gaming income summary  | -  |  |                  | ,  |
| 9               | a Is<br>b If ' |  | erate gaming activities                      |  |                  |  |
| 10              |                | Was " symboles   | _  | •  |                  |  |

| scneau  | Page 3   |
|---------|--|
| 11      | Does the organization operate gaming activities with nonmembers?   |
| 12      | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  |
| 13      | Indicate the percentage of gaming activity operated in:  |
| а       | The organization's facility  |
| b       | An outside facility  |
| 14      | Enter the name and address of the person who prepares the organization's gaming/special events books and   |
|         | records:   |
|         | Name ▶   |
|         | Address ▶  |
| 15a     | Does the organization have a contract with a third party from whom the organization receives gaming revenue?   |
| b       | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the   |
|         | amount of gaming revenue retained by the third party ► \$  |
| С       | If "Yes," enter name and address of the third party:   |
|         | Name ▶   |
|         | Address ▶  |
| 16      | Gaming manager information:  |
|         | Name ▶   |
|         | Gaming manager compensation ▶ \$   |
|         | Description of services provided ▶   |
|         | ☐ Director/officer ☐ Employee ☐ Independent contractor   |
| 17<br>a | Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?   |
| b       | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$   |
| Part    | Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). |
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SCHEDULEI (Form 990)

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

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

▶ Attach to Form 990.

| 2011 OMB No 1545-004 |
|----------------------|
|----------------------|

Employer identification number 52-1778729 Part I General Information on Grants and Assistance U.S.-UKRAINE FOUNDATION Department of the Treasury Internal Revenue Service Name of the organization

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|--|--|---|--|--|--|
|  |  |   |  |  | -  |
|  | No Yes No  |   |  | to 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. | ■ · · · · · · · · · · · · · · · · · · ·          |
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| org  | tion   | Ğ   | nts  | orm  | Part II can be duplicated if additional space is |
| the  | elect  | ribe  | Gra  | to F   | Pan  |
| )oes   | the selection criteria used to award the grants or assistance? | )esci   |  | 1  |  |
| 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and | ₽  | 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. | Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" |  |  |
| -  |  | 7   | Ра   |  |  |

| Part II can be duplicated it additional space is needed  | ted it additional | space is needed                  |                             |                                       |   |  |                                    |
|--|-------------------|----------------------------------|-----------------------------|---------------------------------------|---|--|------------------------------------|
| 1 (a) Name and address of organization or government   | (b) EIN           | (c) IRC section<br>if applicable | (d) Amount of cash<br>grant | (e) Amount of non-<br>cash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| (1) BIRMINGHAM SISTER CITIES<br>710 N 20TH ST, BIRMINGHAM, AL  | 63-1213470        |                                  | 101,107                     | 0                                     | 0 N/A   | N/A                                    | EDUCATIONAL                        |
| (2) IVC COLUMBUS (OH)<br>57 JEFFERSON AVE, COLUMBUS,O  | 31-6078889        |                                  | 15,986                      | 0                                     | N/A   | N/A                                    | EDUCATIONAL                        |
| (3) UKRAINIAN FED OF AMERICA<br>700 CEDAR RD, JENKINTOWN, PA   | 23-2656732        |                                  | 11,339                      | 0                                     | N/A   | N/A                                    | EDUCATIONAL                        |
| (4) KILGORE COLLEGE SBDC<br>911 NW LOOP 281, KILGORE, TX   | 75-6001909        |                                  | 8,533                       | 0                                     | O N/A   | N/A                                    | EDUCATIONAL                        |
| (5) HEARTLAND FAMILY SERVICE<br>2101 S 42ND ST, OMAHA, NE  | 47-0390618        |                                  | 8,498                       | 0                                     | V/N   | N/A                                    | EDUCATIONAL                        |
| (6) MODESTO SISTER CITIES INTL<br>PO BOX 580253, MODESTO, CA   | 77-0380517        |                                  | 850'8                       | 0                                     | W/A   | N/A                                    | EDUCATIONAL                        |
| (7) ARLINGTON SISTER CITY ASSC PO BOX 5677, ARLINGTON, VA  | 54-1708054        |                                  | 7,498                       | 0                                     | 0 N/A   | N/A                                    | EDUCATIONAL                        |
| (8) ARKANSAS COUNCIL INTL VIS 16 TOULOUSE CT, LITTLE ROCK, A   | 71-0562233        |                                  | 870,7                       | 0                                     | W/A   | N/A                                    | EDUCATIONAL                        |
| (9) ROCHESTER INTL COUNCIL DEWEY HALL, ROCHESTER, NY   | 16-0877269        |                                  | 6,931                       | 0                                     | 0 N/A   | N/A                                    | EDUCATIONAL                        |
| (10)   |                   |                                  |                             |                                       |   |  |                                    |
| (11)   |                   |                                  |                             |                                       |   |  |                                    |
| (12)   |                   |                                  |                             |                                       |   |  |                                    |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table | 501(c)(3) and gov | ernment organizat                | tions listed in the li      | ne 1 table                            |   |  | 6                                  |
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Schedule I (Form 990) (2011)

Cat No 50055P

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

| Schedule I (Fc  | Schedule I (Form 990) (2011)   |  |  | =   | of "oo'\" boxonione orito   | Page  |
|-----------------|--|--|--|---|---|---|
| Part            | Grants and Other Assistance to Individua<br>Part III can be duplicated if additional space   | ividuals in the Un<br>space is needed. | iited States, Con  | ipiete ir the organiz                         | ation answered res to   | is in the United States. Complete it the organization answered Tes to Form 990, Part IV, lifte 22. is needed. |
|                 | (a) Type of grant or assistance  | (b) Number of recipients               | (c) Amount of cash grant   | (d) Amount of non-cash assistance             | (e) Method of valuation (book, FMV, appraisal, other)   | (f) Description of non-cash assistance  |
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| Part IV         | Supplemental Information. Complete this  |  | ide the informatio   | n required in Part I,                         | part to provide the information required in Part I, line 2, and any other additional information. | litional information.   |
| PART 1 - LINE 2 | INE 2  |  |  |   |   |   |
| GRANT FU        | GRANT FUNDS ARE DISBURSED FOLLOWING THE SIGNING OF   | IING OF A GRANT AC                     | SREEMENT THAT OU   | JTLINES TIME, ACTIVII                         | Y AND BUDGET PARAMETE   | F A GRANT AGREEMENT THAT OUTLINES TIME, ACTIVITY AND BUDGET PARAMETERS. THE GRANTEE MUST SUBMIT               |
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| SUBMITTE        | SUBMITTED TO SUBSTANTIATE GRANT EXPENSES. ANY CASH DISBURSEMENTS BY THE GRANTEE MUST BE DOCUMENTED WITH SIGNATURES.                        | IY CASH DISBURSEA                      | MENTS BY THE GRAI  | NTEE MUST BE DOCUI                            | MENTED WITH SIGNATURES  |   |
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|                 |  |  |  |   |   | Schedule I (Form 990) (20)  |

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

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

| Name of the organization  | Employer identification number         |
|---|--|
| U.SUKRAINE FOUNDATION   | 52-1778729                             |
|   |  |
|   |  |
| FORM ONE DART W. CECTION D  |  |
| FORM 990 - PART VI - SECTION B  |  |
| LINE 11b - THE FOUNDATION PROVIDES THE 990 FORM AND SCHEDULES TO THE FOUNDATION'S   | GOVERNING RODY TIME IS MADE            |
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| FORM OOD DART VI SECTION C  |  |
| FORM 990 - PART VI - SECTION C  |  |
| LINE 19 - THE FOUNDATION MAKES ITS PUBLIC DOCUMENTS AVAILABLE ON-LINE AT: http://www  | usukraine.org/reports.shtml . THE      |
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| FOUNDATION ALSO MAKES ITS PUBLIC DOCUMENTS AVAILABLE UPON DEMAND.   |  |
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