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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

For the 2012 calendar year, or tax year beginning SEPTEMBER 1 2012, and ending 20 13 R Check if applicable C Name of organization U.S.-UKRAINE FOUNDATION D Employer identification number $\overline{ }$ Address change Doing Business As U.S.-UKRAINE FOUNDATION 52-1778729 Name change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Initial return 1660 L STREET NW 1000 202-524-6555 City, town or post office, state, and ZIP code \Box Terminated Amended return WASHINGTON, DC 20036-5634 G Gross receipts \$ 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 NADIA K. McCONNELL, 1660 L ST NW -#1000, WASHINGTON, DC 20036-5634) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 If "No," attach a list (see instructions) **✓** 501(c)(3) 501(c) (Tax-exempt status Website: ▶ www.usukraine.org H(c) Group exemption number ▶ Form of organization 🗸 Corporation 🔲 Trust Association ☐ Other ▶ L Year of formation M State of legal domicile VA Part I Summary 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. 2 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 6 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 5 6 Total number of volunteers (estimate if necessary) 6 12 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 638 Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year** Contributions and grants (Part VIII, line 1h) . 8 708.008 632,080 9 Program service revenue (Part VIII, line 2g) 355,321 13,201 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 5,904 835 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, \$\frac{45}{2}\$ 10c, and 11e) 11 (10,110 (33,029)Total revenue - add lines 8 through 11 (must equal Patt VIII, column (A), dine) 12) 12 1,059,123 613,087 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 13 166,599 166,928 Benefits paid to or for members (Part IX, column (A) line 40G 14 0 Salaries, other compensation, employee benefits (Part IX, column A)-lines 15 193.422 143,932 Professional fundraising fees (Part IX, column (A), line 11e) 16a 9,950 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 624,111 313,282 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 994,082 624,142 19 Revenue less expenses. Subtract line 18 from line 12 65,041 (11,055)Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 319.384 291,540 21 Total liabilities (Part X, line 26) . . . 192,641 175,852 22 Net assets or fund balances. Subtract line 21 from line 20 126.743 115,688 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 Destaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature UP/COO Here Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Paid Check I If self-employed **Preparer** Firm's name Firm's EIN ▶ Use Only Firm's address ▶ Phone no 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 (2012)

| Part | <u> </u> |
|------|--|
| 1 | Check if Schedule O contains a response to any question in this Part III |
| • | BUILDING PEACE AND PROSPERITY BY SUPPORTING DEMOCRACY, A FREE MARKET AND HUMAN RIGHTS FOR UKRAINE. |
| | |
| | |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| _ | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| | services? |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by |
| 7 | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others |
| | the total expenses, and revenue, if any, for each program service reported. |
| | |
| 4a | (Code: 01) (Expenses \$ 252,044 including grants of \$ 152,606) (Revenue \$ 12,563) |
| | EDUCATION PROGRAM |
| | |
| | 60 Ukrainian local government officials and NGO leaders benefit from 9-day training/exchanges conducted by US community |
| | partners. |
| | |
| | Educational grants provided to 202 students. |
| | |
| | |
| | |
| | |
| | |
| 4b | (Code: 02) (Expenses \$ 112,563 including grants of \$ 0) (Revenue \$ 638) |
| | INFORMATIONAL SERVICES PROGRAM |
| | |
| | Conducted a two-day international business conference attended by people in Washington, DC on November 30 and |
| | December 1, 2012. |
| | |
| | Conducted other meetings and presentations for the public regarding Ukraine's democratic development. |
| | |
| | Inform the public regarding Ukraine's governance and civil society via e-newsletters, postal mailings, websites and social networks. |
| | |
| | |
| | |
| 4c | (Code: 03) (Expenses \$ 42,678 including grants of \$ 9,322) (Revenue \$) |
| | PUBLIC POLICY PROGRAM |
| | |
| | Financial grant support for the Pylyp Orlyk Institute for Democracy, a public policy organization in Kyiv, Ukraine. |
| | |
| | Supported Ukraine's advancement toward European Union integration by working with U.S. and Ukrainian policymakers through |
| | the U.S. Federally-supported Ukraine 2020 Program. Issued policy recommendations in Sept-Dec 2012. |
| | |
| | |
| | |
| | |
| | |
| 4d | Other program services (Describe in Schedule C.) |
| 40 | Other program services (Describe in Schedule O.) (Expenses \$ 5,116 including grants of \$ 5,000) (Revenue \$ 0) |
| 4e | (Expenses \$ 5,116 including grants of \$ 5,000) (Revenue \$ 0) Total program service expenses ▶ \$412,401. |
| | 3 4 16,40 I. |

| Part I | 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 | 1 | ✓ | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | 1 | <u> </u> |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | 1 |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, 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 | | √ |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | ✓ |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | √ |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. | | ٠, | · |
| 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 | | √ |
| 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 | | <u>,</u> |
| 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? If "Yes," complete Schedule D, Part IX | 11d | | √ |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | 1 | |
| | 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 | 11f | | 1 |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | 12a | 1 | |
| 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 and XII is optional | 12b | | ✓ |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | ✓ |
| | 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 | 1 | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV. | 15 | _ | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | 1 | |
| 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 | • | 1 |
| 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 | • |
| 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 | | • | 1 |
| 20 a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 19 20a | | 1 |
| _ | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | V |

| Part | V Checklist of Required Schedules (continued) | | | |
|----------|---|------------|----------|----------|
| | | | 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 | 21 | √ | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | √ |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | ✓ |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 | 24a | | √ |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24b 24c | | √ |
| d 25a | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 | 24d 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? If "Yes," complete Schedule L, Part I | 25b | | ✓ |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II. | 26 | | ✓ |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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 | | ✓ |
| 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): | | | |
| a b | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a 28b | | √ |
| 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 | | <u>·</u> |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | √ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | <u>·</u> |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | 1 |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | 1 |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | 1 |
| 35a b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a 35b | | √ |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | 1 |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | | | |
| 38 | Part VI | 37 | ✓ | <u> </u> |
| | | For | 990 | (2012) |

| Part | V Statements Regarding Other IRS Filings and Tax Compliance | | | |
|----------|---|-----|----------|----------|
| | Check if Schedule O contains a response to any question in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 13 | | | |
| b | 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 | 1 | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 5 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | ✓ | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | ✓ |
| 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: ► | | | |
| _ | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | ļ | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | <u> </u> |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | _5b | | - |
| C So | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | | , |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | 6a | | <u> </u> |
| - | 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 | 1 | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | 1 | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | · | |
| | required to file Form 8282? | 7c | | ✓ |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | 1 |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . | 7f | | ✓ |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | 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 | | | |
| | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | | | |
| _ | organization, have excess business holdings at any time during the year? | 8_ | | L |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| a b | Did the organization make any taxable distributions under section 4966? | 9a | | |
| 10 | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 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: | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | 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. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | <u> </u> | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| þ | 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 | | | |
| _ | | | | |
| C 140 | Enter the amount of reserves on hand | 4.4 | | |
| 14a h | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | ļi | |

| Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below | | | | | |
|--|---|------------|----------|--|--|
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O contains a response to any question in this Part VI | iee ins | struct | ions. | |
| Section | on A. Governing Body and Management | <u> </u> | • | <u>. </u> | |
| | | | Yes | No | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 6 | <u> </u> | | | |
| | If there are material differences in voting rights among members of the governing body, or | 1 1 | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | |] | |
| _ | committee, explain in Schedule O. | | | | |
| ь 2 | Enter the number of voting members included in line 1a, above, who are independent . 1b 6 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | . . | | | |
| 2 | any other officer, director, trustee, or key employee? | 2 | | 1 | |
| 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 | | 1 | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | 1 | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | ✓ | |
| 6 | Did the organization have members or stockholders? | 6 | | 1 | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | _ | | | |
| ь | one or more members of the governing body? | 7a | | - | |
| U | stockholders, or persons other than the governing body? | 7b | | ✓ | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | 70 | | <u> </u> | |
| | the year by the following: | | | | |
| а | The governing body? | 8a | \ | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | ✓ | | |
| 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 | | | , | |
| Section | on B. Policies (This Section B requests information about policies not required by the Internal Reven | 9 | odo l | ✓_ | |
| 0000 | on b. Policies (This Section & requests information about policies not required by the internal never | ue C | Yes | No | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | 1 | |
| b | 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? | 10b | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | ✓ | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | |
| 12a b | Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i> | 12a 12b | | ✓ | |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | 120 | | | |
| • | describe in Schedule O how this was done | 12c | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | ✓ | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | 1 | |
| 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? | | | | |
| a b | The organization's CEO, Executive Director, or top management official | 15a 15b | | ✓ | |
| U | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | 130 | | _ | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | | |
| | with a taxable entity during the year? | 16a | | ✓ | |
| b | If "Yes," 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 organization's exempt status with respect to such arrangements? | | | | |
| Socti | on C. Disclosure | 16b | | <u> </u> | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ► NONE | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section | 1 501(| c)(3)s | onlv) | |
| | available for public inspection. Indicate how you made these available. Check all that apply. | | ,,,,,,, | , / | |
| | ✓ Own website ☐ Another's website ✓ Upon request ☐ Other (explain in Schedule O) | | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of | finter | est p | olicy, | |
| 20 | and financial statements available to the public during the tax year. | _ 6 . 1 | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records organization: > JOHN A KUN, U.S-UKRAINE FOUNDATION, 1660 L STREET NW, #1000, WASHINGTON, DC 20036-56 | | ; | | |
| | SOUND A NOW, C.S-CARAINE FOUNDATION, 1000 L STREET NW, #1000, WASHINGTON, DC 20036-58 | .54 | | | |

| Form | aan | 1201 | 21 |
|------|-----|------|----|
| | | | |

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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 employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| Check this box if heither the organization not | r any relate | a orga | anız | atic | n c | ompe | ensa | ited any currer | it officer, directo | r, or trustee. |
|--|-------------------------------|--------------------------------|---|----------|--|---------------------------------------|--------------|-----------------|--------------------------|-----------------------------|
| - | | | | ((| C) | | | | | |
| (A) | (B) | | | | ition | | | (D) | (E) | (F) |
| Name and Title | Average | | (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | Reportable | Reportable | Estimated |
| | hours per | | | | | | | compensation | compensation from | amount of |
| | week (list any hours for | or Inc | J. | g | 8 | 9,₹ | 75 | from the | related organizations | other compensation |
| | related | dire | Ê | Officer | yer | P es | Former | organization | (W-2/1099-MISC) | from the |
| | organizations below dotted | ctor | 9 | | Key employee | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | | (W-2/1099-MISC) | | organization and related |
| | line) | Individual trustee or director | 파 | | yee | ğ | | | | organizations |
| | | tee | Institutional trustee | | - | Highest compensated employee | | | | _ |
| | | | • | | | Ē | | | | |
| (4) | | | | | | | | | | |
| (1) NADIA K. McCONNELL | 40 | , | | | | | | | | |
| PRESIDENT | | ✓ | | | | | - | 0 | 0 | |
| (2) JOHN A. KUN | 40 | | | , | ١, | , | | _ | | |
| VICE PRESIDENT/COO | | | | ✓ | ✓ | ✓ | | 76,644 | 0 | |
| (3) MARKIAN BILYNSKYJ | 40 | | | , | ١, | |] | | | |
| VICE PRESIDENT | | | _ | ✓ | ✓ | | - | 16,000 | 0 | <u></u> |
| (4) WILLIAM GREEN MILLER | ļ | , | | | | | | | | |
| DIRECTOR | | ✓ | <u> </u> | <u> </u> | <u> </u> | | <u> </u> | 0 | 0 | |
| (5) JIM O'BEIRNE | <u> </u> | | | | | | | | | |
| DIRECTOR | | ✓ | | | _ | | <u> </u> | 0 | 0 | |
| (6) IRYNA KUROWYCKYJ | | | | | | | | | | |
| DIRECTOR | | ✓ | | _ | | | | 0 | 0 | |
| (7) RENATA A. ZAJAC | ļ | _ | | | | | | | | |
| DIRECTOR | | ✓ | | | | | <u>.</u> | 0 | 0 | |
| (8) JACK HELLER | | | | | } | | | | | |
| DIRECTOR | | ✓ | | | | | | 0 | 0 | |
| (9) | ļ | | | | | | - | | | |
| (10) | | | | | | | | | | |
| 3 | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |
| <u> </u> | t | | | ' | | l | | | | I |

| Párt | VII Section A. Officers, Directors, Trust | ees, Key E | mplo | yees | s, a | nd F | lighe | st C | ompensated E | mployees | (contini | ued) | | |
|---------|--|--|------|-----------------------|---------|--------------|------------------------------|-----------------------|--|--------------------------------------|------------------------------|------------------------------|--|----------|
| | (A) (B) Name and title Average hours per (C) Position (do not check more than box, unless person is bot officer and a director/trus | | | | | | | n an | (D) Reportable compensation | (E) Reportat compensatio | ortable Estimation from amou | | | |
| | | week (list any hours for related organizations below dotted line) | | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | related organizati (W-2/1099-P | ons | comp from organ and | ther ensation m the nization related izations | |
| (15) | | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | | |
| (17) | | | | | | | | - | | | | | | - |
| (18) | | | | | _ | | | | | | | | | |
| (19) | | | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | | | |
| (21) | | | | | | | | - | | | | · · · | | |
| (22) | | | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | _ | | |
| (24) | | | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | | | |
| 1b c | Sub-total | VII, Sectio | | • | • | | • | > > > | 92,644 0 92,644 | | 0 | | | 0 |
| 2 | Total number of individuals (including but reportable compensation from the organi | not limited | | | | | | e) w | | ore than \$1 | |) of | | |
| 3 | Did the organization list any former of employee on line 1a? If "Yes," complete s | ficer, direc | | | | | | emp | oloyee, or high | est compe | ensated | 3 | | No ✓ |
| 4 | For any individual listed on line 1a, is the organization and related organizations individual | | | | | | | | | | | | | 1 |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization | | | | | | | | | ation or inc | | | | <u> </u> |
| Section | on B. Independent Contractors | | | _ | | | | | | | | | | • |
| 1 | Complete this table for your five highest compensation from the organization. Repyear. | | | | | | | | | | | | | × |
| | (A) Name and business add | ress | | | | | | | (B) Description of s | ervices | | (C) Compens | ation | |
| NONE | MORE THAN \$100,000 | | | | | | | | <u> </u> | | | | | |
| | | | | | | | | | | - | | | | |
| | | | | | | | | | | · | | | | · |
| 2 | Total number of independent contractor received more than \$100,000 of compens | | | | | | | th | ose listed abo | ove) who | · | | | |

| Part | VIII | Chack if Schodule O | | roope | nno to any avosi | tion in this Port \ | /111 | | |
|--|----------|--|-------------------------|---------------|-------------------|---------------------|--|---|---|
| | | Check if Schedule O | contains a | respo | inse to any quest | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| nts nts | 1a | Federated campaigns | | 1a | 3,170 | | | | |
| 3rai our | b | Membership dues . | | 1b | 0 | | | | |
| ts, (Am | С | Fundraising events . | | 1c | 223,930 | | | | |
| Giff ilar | d | Related organizations | | 1d | 0 | 1 | | | |
| ns, Sim | е | Government grants (con | | <u>1e</u> | 169,171 | | | | |
| ıtio er (| f | All other contributions, gi | | | | | | | |
| rib Oth | | and similar amounts not inc | | 1f | 235,809 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | 9 | Noncash contributions includ | | • | | | | | |
| | <u>h</u> | Total. Add lines 1a-1 | 1 | • • | Business Code | 632,080 | | | |
| Program Service Revenue | 2a | WORK TRAVEL EXCHA | ANGES | | 561000 | 12,563 | 12,563 | 0 | 0 |
| Rev | ь | ADVERTISING/PUBLIC | | S | 541800 | 638 | 12,363 | 638 | 0 |
| <u>i</u> | c | | | T | 041000 | 0 | 0 | 0 | 0 |
| šerv | d | | | | | 0 | 0 | 0 | 0 |
| Ē | e | | | | | 0 | 0 | 0 | 0 |
| ogra | f | All other program sen | vice revenu | е. | | 0 | 0 | 0 | 0 |
| <u> </u> | g | Total. Add lines 2a-2 | <u>f</u> | | ▶ | 13,201 | | | |
| | 3 | Investment income | | | | | | | |
| | _ | and other similar amo | • | | • | 357 | 0 | 0 | 357 |
| | 4 | Income from investmen | | | · . | 0 | 0 | 0 | 0 |
| | 5 | Royalties | (ı) Real | | (ii) Personal | <u>0</u> | 0 | 0 | 0 |
| | 6a | Gross rents | (7.104 | | (//, 0.00// | | | | |
| ; | b | Less: rental expenses | | | | j | | | |
| | c | Rental income or (loss) | | | | i | | | |
| | d | Net rental income or (| | | ▶ | 0 | 0 | 0 | 0 |
| | 7a | Gross amount from sales of | (i) Securiti | es | (II) Other | | | | |
| | | assets other than inventory | | 8,703 | | İ | | | |
| | b | Less cost or other basis | | | | | | | |
| | | and sales expenses | | 8,22 <u>5</u> | | | İ | | |
| | C | Gain or (loss) | | 478 | · | | | | |
| | d | Net gain or (loss) . | | | > | 478 | 0 | 0 | 478 |
| Other Revenue | 8a b | Gross income from fuevents (not including \$ of contributions reporte See Part IV, line 18 . Less: direct expenses | 223,9: ed on line 10 | c). · a | 0.,02. | | | | |
| | | Net income or (loss) f | | | events . 🕨 | (33,276) | | 0 | (33,276) |
| | 9a | Gross income from gasee Part IV, line 19 . | | | | | | | |
| | С | Less: direct expenses Net income or (loss) f | rom gamin | g acti | | 0 | 0 | 0 | 0 |
| | 10a | Gross sales of in returns and allowance | | | 2320 | | | | |
| | b | Less: cost of goods s | | | | | | | |
| | | Net income or (loss) f | | of inv | | 8 | 8 | 0 | 0 |
| | <u> </u> | Miscellaneous R | | | Business Code | | | | |
| | 11a | UNREALIZED GAIN - S | | | 523000 | 239 | 0 | 0 | 239 |
| | b | | | | 0 | 0 | 0 | 0 | 0 |
| | d | All other revenue . | | | 0 | 0 | 0 | 0 | 0 |
| | e | Total. Add lines 11a- | | | | 239 | | | <u>\</u> |
| | 12 | Total revenue. See in | | | | 613,087 | 12,571 | 638 | (32,202) |
| | • | | | | | | | | Form 990 (2012) |

Part IX Statement of Functional Expenses

| Section 501(c)(3) and 501(c)(4) organizations must complete al | columns. All other organizations must complete column (A). |
|--|--|

| | Check if Schedule O contains a respons | se to any question i | in this Part IX .. | | 🔲 |
|--------|--|-----------------------|------------------------------------|-------------------------------------|--------------------------------|
| | t include amounts reported on lines 6b, 7b, , and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and | | | | |
| _ | organizations in the United States See Part IV, line 21 | 91,691 | 91,691 | | |
| 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 | | | | |
| 4 | Benefits paid to or for members | 75,237 | 75,237 | | |
| 4 5 | Compensation of current officers, directors, | 0 | 0 | | |
| · | trustees, and key employees | 59,645 | 10,285 | 49,360 | • |
| 6 | Compensation not included above, to disqualified | 35,043 | 10,265 | 49,360 | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | اه | ام | o | n |
| 7 | Other salaries and wages | 70,185 | 68,229 | 0 | 1,956 |
| 8 | Pension plan accruals and contributions (include | | | | .,,,,,, |
| | section 401(k) and 403(b) employer contributions) | o | o | 0 | 0 |
| 9 | Other employee benefits | 5,415 | 0 | 5,415 | 0 |
| 10 | Payroll taxes | 8,687 | 0 | 8,687 | 0 |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | 452 | 0 | 452 | 0 |
| b | Legal | 0 | 0 | 0 | 0 |
| ¢ | Accounting | 3,663 | 0 | 3,663 | . 0 |
| d | Lobbying | 0 | 0 | 0 | 0 |
| е | Professional fundraising services. See Part IV, line 17 | 0 | | | 0 |
| f | Investment management fees | 0 | 0 | 0 | 0 |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | | | | _ |
| 12 | Advertising and promotion | 72,957 | 72,957 0 | 0 | 0 |
| 13 | Office expenses | 900 35,236 | 5,111 | 12,982 | 900 17,143 |
| 14 | Information technology | 6.640 | 1,545 | 3,519 | 1,576 |
| 15 | Royalties | 0.040 | 0 | 3,319 | 0 |
| 16 | Occupancy | 41,858 | 0 | 41,858 | |
| 17 | Travel | 48.935 | 35,454 | 8,423 | 5,058 |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 0 | 0 | 0 | 0 |
| 19 | Conferences, conventions, and meetings . | 90,467 | 51,892 | 188 | 38,387 |
| 20 | Interest | 10.950 | 0 | 10,950 | 0 |
| 21 | Payments to affiliates | 0 | .0 | 0 | 0 |
| 22 | Depreciation, depletion, and amortization . | 0 | 0 | 0 | 0 |
| 23 | Insurance | 1,224 | 0 | 1,224 | 0 |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | | | | |
| а | | 0 | 0 | 0 | 0 |
| b | | 0 | 0 | 0 | 0 |
| c | | 0 | | 0 | 0 |
| d | | 0 | 0 | 0 | 0 |
| e | All other expenses | 0 | 0 | 0 | 0 |
| 25 | Total functional expenses. Add lines 1 through 24e | 624,142 | 412,401 | 146,721 | 65,020 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and | | | | |
| | fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) | | | | |

Form 990 (2012)

Balance Sheet Part X Check if Schedule O contains a response to any question in this Part X (B) (A) Beginning of year End of year Cash - non-interest-bearing 1 1 445 445 2 2 Savings and temporary cash investments 4,442 11,690 3 3 100,000 84,642 4 4 76,627 52,958 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 0 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 Assets 0 0 7 0 7 0 8 0 0 Prepaid expenses and deferred charges 9 0 9 0 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 10b o 10c Less: accumulated depreciation b 0 11 Investments—publicly traded securities 137,870 11 141,805 12 Investments—other securities. See Part IV, line 11 . . . ol 12 0 13 Investments—program-related. See Part IV, line 11 . . . 0 13 0 14 14 0 0 15 Other assets. See Part IV, line 11 0 15 0 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 319,384 16 291,540 17 Accounts payable and accrued expenses 164,390 17 140,886 18 ol 18 0 19 26,337 19 30,844 20 0 20 0 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 0 21 0 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 0 0 24 Unsecured notes and loans payable to unrelated third parties . . . 0 24 0 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 1,914 4,122 Total liabilities. Add lines 17 through 25 192,641 26 175,852 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 (71,449)(118,677)28 28 29 29 198,192 234,365 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 33 126,743 115,688 34 Total liabilities and net assets/fund balances . 319,384 291,540

| age) | 12 |
|------|----|
| | |

| 01111 00 | <u> </u> | | | | | 90 12 |
|----------|--|-------|----------|----------|--------------|--------------|
| Part | | | | | | |
| | Check if Schedule O contains a response to any question in this Part XI | | <u> </u> | <u> </u> | <u></u> | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | <u> </u> | | 61 | 3,087 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 62 | 4,142 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | L | | (11 | 1,055) |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | 12 | 6,743 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | 0 |
| 6 | Donated services and use of facilities | | | | 0 | |
| 7 | Investment expenses | 7 | | | | 0 |
| 8 | Prior period adjustments | 8 | | | | 0 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line | | i | | | |
| | 33, column (B)) | 10 | | | 11 | 5,688 |
| Part | XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | • • | <u> </u> | <u></u> | | |
| | | | _ | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other | | _ | | | .] |
| | If the organization changed its method of accounting from a prior year or checked "Other," ex | plain | ın | | | |
| | Schedule O. | | | 2a | | |
| 2a | ···· · · · · · · · · · · · · · · · · | | | | 1 | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were com | oiled | or | ì | ì | 1 |
| | reviewed on a separate basis, consolidated basis, or both: | | | | | |
| | ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | - | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | ✓ | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audite | ed on | a | | | |
| | separate basis, consolidated basis, or both: | | ł | ١ | | . 1 |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | لــــا |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o | | _ | . | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent accounts and selection of an independent accounts. | | | 2c | ✓ | |
| | If the organization changed either its oversight process or selection process during the tax year, ex | plain | ın | | | 1 |
| | Schedule O. | | - | | | اــــا |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set | torth | | _ | | |
| | the Single Audit Act and OMB Circular A-133? | | | 3a | | ✓ |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a | | | 21 | | |
| | required addit or addits, explain why in schedule o and describe any steps taken to undergo such a | uuits | | 3b | 000 | <u></u> |
| | | | | Forn | 1 990 | (2012) |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

| Name | of the organization | | <u> </u> | | | | 1 | Employer id | lentification | number | | |
|-------------|---|--|---|--|---|---|--|---|---------------------------------|-------------------------|-----------------|------------------|
| | JKRAINE FOUNDAT | | | | | | | | 52-17 | | | |
| Par | | | rity Status (All orga | | | | | | nstructio | ns. | | |
| 1 2 3 4 | ☐ A church, conv☐ A school desci☐ A hospital or a☐ A medical rese | vention of church ribed in section cooperative hos | ation because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjunc | churches ch Schede ation desc | s describe ule E.) cribed in : | ed in sec section 1 | tion 170(170(b)(1)(| (b)(1)(A)(i) (A)(iii). | | (iii). Ente | r the | |
| 5 | ☐ An organization | - | the benefit of a colle | ge or un | versity o | wned or | operated | by a go | vernment | al unit d | escrib | ed in |
| 6 7 | ☐ A federal, state ✓ An organizatio | e, or local govern | nment or government receives a substantia (A)(vi). (Complete Par | l part of | | | | | nit or from | n the ger | neral p | oublic |
| 8 | ☐ A community t | rust described i | n section 170(b)(1)(A |)(vi). (Cor | nplete Pa | ırt II.) | | | | | | |
| 9 | receipts from support from | activities related gross investme | receives: (1) more that d to its exempt funct ent income and unre lifter June 30, 1975. Se | ions—sul lated bus | bject to d siness ta | certain ex xable inc | ceptions | s, and (2) ss section | no more | than 33 | 31/3% | of its |
| 10 11 | An organization | on organized ar ine or more pub | I operated exclusively nd operated exclusive blicly supported organ describes the type of | ely for th | ne benefi describe | t of, to p | perform to to to to to to to to to to to to to | the funct a)(1) or se | ions of, ection 509 | 9(a)(2). S | | |
| e f g | other than fou or section 509 If the organization, organization, of Since August | ndation manage (a)(2). ation received a check this box 17, 2006, has the | that the organization ers and other than one written determination | is not co e or more on from | ntrolled depublicly | lirectly or supportent that it is | r indirectled organ a Type | y by one izations of the state | lescribed II, or Typ | disqualifi in sectio | ed pe on 509 | rsons 9(a)(1) |
| | | who directly or I | ndirectly controls, eit | | | | | describe | d in (ii) ar | nd | Yes | No |
| | • • | | ody of the supported | - | ion? | | | | | 11g(ı) | <u> </u> | |
| | | • | on described in (i) abo | | | | | | | 11g(ii | + | |
| | • • | • | a person described in | | | | | | | 11g(iu | <u> </u> | L |
| h | Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the o in col (i) lis governing | organization sted in your document? | (v) Did y the orgai col (i) supp | rou notify nization in of your port? | organizat (i) organi U | non in col zed in the S ? | (vii) Amou | nt of mo | netary |
| | | | | Yes | No | Yes | No | Yes | No | | | |
| (A) | | | | İ | | | | | | | | |
| (B) | | | | | | | | | | | | |
| (C) | | | | | | | | | | | | |
| (D) | | | | | | | | | | | | |
| (E) | | | | | | | | | | | | |
| Tota | I | | | | | | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 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 shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support | (f) Total 2,420,022 0 2,420,022 348,979 2,071,043 |
|--|---|
| membership fees received. (Do not include any "unusual grants.") | 0 2,420,022 348,979 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0 2,420,022 348,979 |
| furnished by a governmental unit to the organization without charge 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 348,979 |
| 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 shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support | 348,979 |
| each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support | |
| Section B. Total Support | 2,071,043 |
| | |
| | |
| Calendar year (or fiscal year beginning in) ► (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 | (f) Total |
| 7 Amounts from line 4 | 2,420,022 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 04.740 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 24,710 |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 1,145,698 |
| 11 Total support. Add lines 7 through 10 | 3,590,430 |
| 12 Gross receipts from related activities, etc. (see instructions) | 114,665 |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section | |
| organization, check this box and stop here | 🕨 🗀 |
| Section C. Computation of Public Support Percentage | |
| Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) | 57.68 % |
| Public support percentage from 2011 Schedule A, Part II, line 14 | 47.21 % |
| 16a 33¹/₃% support test—2012. If the organization did not check the box on line 13, and line 14 is 33¹/₃% or more, or box and stop here. The organization qualifies as a publicly supported organization | |
| b 331/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% | ت د |
| check this box and stop here. The organization qualifies as a publicly supported organization | |
| 17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly sorganization | line 14 is Explain in upported |
| b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and s Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as supported organization | op here. a publicly |
| Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and instructions | |

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.)

| Secti | on A. Public Support | | | | | | |
|--------|---|----------------------|------------------|------------------|---------------------------------------|------------------|--------------|
| Calen | dar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (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 | | İ | | | • | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid | | | | | | |
| | to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | • | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 | | | | İ | | |
| | 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 8 | Add lines 7a and 7b | | | | · · · · · · · · · · · · · · · · · · · | | |
| | line 6.) | | | | | | |
| Secti | on B. Total Support | | ! | | ! | | ' |
| | dar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 9 | Amounts from line 6 | , , | 1 | , , | , | , , | |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, | | } | | 1 | | |
| | royalties and income from similar sources . | | | | | | |
| b | Unrelated business taxable income (less | | | | 1 | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| - | Add lines 10a and 10b | | ļ - | · - | - | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | | | | <u></u> |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | <u> </u> | | |
| | and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for the | ı ne organizatioi | n's first, secon | d, third, fourth | ı, or fifth tax y | ear as a section | n 501(c)(3) |
| | organization, check this box and stop he | _ | | | • | | |
| Secti | on C. Computation of Public Suppor | rt Percentag | e | | | | |
| 15 | Public support percentage for 2012 (line | . ,, | • | . , ., | | 15 | % |
| 16_ | Public support percentage from 2011 Sci | | | <u> </u> | <u> </u> | 16 | % |
| Secti | on D. Computation of Investment In | | | | | - | |
| 17 | Investment income percentage for 2012 (| | | • | | | <u></u> % |
| 18 | Investment income percentage from 201 | | • | | | 18 | % |
| 19a | 331/3% support tests—2012. If the organ | | | | | | |
| _ | 17 is not more than 331,8%, check this box | | = | | | - | |
| b | 331/3% support tests - 2011. If the organization 18 is not mare than 331 n/4 shock this | | | | | | |
| 00 | line 18 is not more than 33½%, check this Private foundation. If the organization di | | _ | | | | _ |
| 20 | Filvate roundation. If the organization of | a not check a | DUX OIT IITIE 14 | , ıəa, u: 19D, (| JUGUN UIIS DOX | and see institu | ctions 🕨 🔲 |

| Schedule A (F | Form 990 or 990-EZ) 2012 Page |
|---------------|---|
| 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 - LI | NE 10 |
| OTHER INC | OME INCLUDES PROGRAM SERVICE REVENUE (AS PER INSTRUCTIONS, THESE AMOUNTS ARE NOT INCLUDED ON LINE 12). |
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SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

U.S.-UKRAINE FOUNDATION 52-1778729 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . Addregate value at end of year . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X

| | O /F | 0001 004 | • |
|--------|----------|-----------|---|
| cneame | 1) (Form | 990) 2012 | • |

| Part | | Collections of | Art, His | torical 7 | Freasures | , or O | ther Similar A | ssets (continued) |
|---------|---|--------------------|--------------|------------|-------------------------|---------|-------------------------|---------------------------------------|
| 3 | Using the organization's acquisition, collection items (check all that apply) | accession, and c | ther reco | rds, chec | k any of th | e follo | wing that are a | significant use of its |
| а | ☐ Public exhibition | | d | ☐ Loan | or exchang | ae prod | rams | |
| ь | Scholarly research | | | | | | | |
| С | Preservation for future generations | s | _ | | | | | |
| 4 | Provide a description of the organiza | | and expla | ain how t | hev further | the ord | nanization's exe | mpt purpose in Part |
| • | XIII. | | and onp. | | | | gariization o oxo | mpt parpose in ran |
| 5 | During the year, did the organization assets to be sold to raise funds rather | | | | | | | |
| Dari | IV Escrow and Custodial Arra | | | | | | | |
| ı en | line 9, or reported an amour | | | | janization | answe | ied ies lor | onn 990, Fan IV, |
| 10 | Is the organization an agent, trustee | | | | or contribut | | | |
| 1a | included on Form 990, Part X? | | | | | | | |
| b | If "Yes," explain the arrangement in P | art XIII and comp | lete the fo | llowing t | able: | | | |
| | | | | | | | <i>F</i> | Amount |
| C | Beginning balance | | | | | 10 | > | · |
| d | Additions during the year | | | | | 10 | 1 | |
| е | Distributions during the year | | | | | 1€ | , | |
| f | Ending balance | | | | | 11 | ; | |
| 2a | Did the organization include an amount | nt on Form 990, F | art X, line | 21? . | | | | ☐ Yes ☐ No |
| b | If "Yes," explain the arrangement in P | art XIII. Check he | re if the e | xplanatio | n has been | provide | ed in Part XIII . | 🗆 |
| Par | | | | | | | | |
| | <u> </u> | (a) Current year | | or year | (c) Two year | | | |
| 1a | Beginning of year balance | | | | | | | |
| b | Contributions | | | | | | | |
| | Net investment earnings, gains, and | | | | · · · · - | | | |
| · | losses | | 1 | | | | | |
| نہ | | | | | | | | |
| d | Grants or scholarships Other expenditures for facilities and | | | | | _ | | |
| е | programs | | | | | | | |
| | · - | | ļ | | | | | |
| f | Administrative expenses | | | | | _ | | |
| g | End of year balance | <u> </u> | <u> </u> | | L | | | |
| 2 | Provide the estimated percentage of t | | | e (line 1g | ı, column (a |)) held | as: | |
| а | Board designated or quasi-endowmen | nt ▶ | % | | | | | |
| b | Permanent endowment ▶ | % | | | | | | |
| C | Temporarily restricted endowment ▶ | | | | | | | |
| | The percentages in lines 2a, 2b, and 2 | | | | | | | |
| 3а | Are there endowment funds not in the | e possession of t | he organi | zation tha | at are held | and ad | ministered for the | ne |
| | organization by: | | | | | | | Yes No |
| | (i) unrelated organizations | | | | | | | 3a(i) |
| | (ii) related organizations | | | | | | | 3a(ii) |
| b | If "Yes" to 3a(II), are the related organ | | required o | on Sched | ule R? . | | <i>.</i> | 3b |
| 4 | Describe in Part XIII the intended uses | of the organizati | ion's endo | wment fi | unds. | | | \ |
| Part | VI Land, Buildings, and Equip | ment. See For | m 990, P | art X, lin | e 10. | | | |
| | Description of property | (a) Cost or o | | | or other basis ther) | | Accumulated epreciation | (d) Book value |
| 1a | Land | | | | | | - | |
| b | Buildings | • | | - | | - | | . |
| | Leasehold improvements | | | | - | _ | | · · · · · · · · · · · · · · · · · · · |
| c | | • | | | | | | |
| d | Equipment | • | | | - | | | |
| Total | | · | 200 0 | <u> </u> | (D) // 11 | 17-11 | | |
| ı otal. | Add lines 1a through 1e. (Column (d) n | nust equal Form S | 990, Part 7 | s, column | າ (<i>ປ</i>), iine 10 | ν(C).) | <u>.</u> ▶ | |

| Part VII | Investments—Other Securities | See Form 990, Part X, | line 12. | |
|--------------------------|---|--|---|---------------------------------------|
| (8 | a) Description of security or category (including name of security) | (b) Book value | (c) Method of va Cost or end-of-year n | |
| • • | I derivatives | | | |
| | held equity interests | | | |
| (3) Other | | | | |
| (A) (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | · · · · · · · · · · · · · · · · · · · |
| (G) | | | | |
| (H) | | | | |
| <u>(I)</u> | | i | | |
| | (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 1 Coo Form 000 Don't V | Fig. 10 | |
| Part VIII | Investments—Program Related | | | |
| | (a) Description of investment type | (b) Book value | (c) Method of va Cost or end-of-year n | |
| (1) | | | - | |
| (2) | | | | |
| (3) | | | | |
| (4) | · - | | | |
| (5) | = | | | |
| (6) | | | | · |
| (7) | | | | **** |
| (8) | | | | |
| (9) | | | | |
| (10) Total. (Column | (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX | Other Assets. See Form 990, Pa | rt X, line 15. | I | |
| | |) Description | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | - |
| (4) | | ······································ | | · · · · · · · · · · · · · · · · · · · |
| (5) | | | | |
| <u>(6)</u> <u>(7)</u> | | | | |
| (8) | • | · · · · · · · · · · · · · · · · · · · | | |
| (9) | | | | |
| (10) | | | | |
| | ımn (b) must equal Form 990, Part X, co | | <u> ▶</u> | |
| Part X | Other Liabilities. See Form 990, | | | |
| 1. (1) Fodoro | (a) Description of liability Income taxes | (b) Book value | | |
| | income taxes | 1,573 | | |
| | WITHHOLDINGS | 1,304 1,245 | | |
| (4) | WITHIOLDINGS | 1,245 | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |
| (11) | (h) must equal Form 000. Days V and (D) the 05 1 | | - | |
| | (b) must equal Form 990, Part X, col. (B) line 25.) ► SC 740) Footnote. In Part XIII, provide the t | text of the footpote to the org | anization's financial statements that | t reports the 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 F | Part XIII |

| Schedul | le D (Form 990) 2012 | | Page 4 |
|---------|--|-------------|----------------|
| Part | XI Reconciliation of Revenue per Audited Financial Statements With Revenue per | Return | 1 |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 862,181 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains on investments | | |
| b | Donated services and use of facilities | | |
| C | Recoveries of prior year grants | 18.36 | |
| d | Other (Describe in Part XIII.) | | |
| e | Add lines 2a through 2d | 2e | 249,094 |
| 3 | Subtract line 2e from line 1 | 3 | 613,087 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 17.00 | 0.10/00. |
| a | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII.) | 1,372 | |
| c | Add lines 4a and 4b | 4c | 0 |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 613,087 |
| Part | XII Reconciliation of Expenses per Audited Financial Statements With Expenses p | | |
| 1 | Total expenses and losses per audited financial statements | 1 | 873,236 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1 | |
| a | Donated services and use of facilities | | |
| b | Prior year adjustments | 13,423,631 | |
| c | Other losses | | |
| d | Other (Describe in Part XIII.) | | |
| e | Add lines 2a through 2d | 2e | 249,094 |
| 3 | Subtract line 2e from line 1 | 3 | 624,142 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 | 024,142 |
| a | Investment expenses not included on Form 990, Part VIII, line 7b 4a | 1.9 100 34 | |
| b | Other (Describe in Part XIII.) | انجميا | |
| c | Add lines 4a and 4b | 4c | 0 |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 624,142 |
| | XIII Supplemental Information | | 024,142 |
| | elete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F | Part IV. II | ines 1b and 2b |
| | , line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | | |
| ınform | , , | • | • |
| PART | X - OTHER LIABILITIES | | |
| | | | |
| LINES | 1, 2 AND 3 REPRESENT FEDERAL INCOME TAXES, FICA AND STATE WITHHOLDINGS IN AUGUST 2013 A | ND PAY | ABLE TO THOSE |
| | | | |
| JURSI | DICTIONS IN SEPTEMBER 2013. | | |
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| | | | |

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047 2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

| | KRAINE FOUNDATION | | | | | 21778729 |
|------|--|-------------------------------------|--|---|---|---|
| Par | General Information Form 990, Part IV, line | | es Outside | the United States. Com | plete if the organization ans | wered "Yes" to |
| 1 | For grantmakers. Does the assistance, the grantees' eligrants or assistance? | gibility for the | | | | |
| | | | | | | |
| 2 | For grantmakers. Describe assistance outside the Unite | | the organizati | on's procedures for moni | toring the use of its grant | s and other |
| 3 | Activities per Region. (The fo | ollowing Part I | I, line 3 table | can be duplicated if additio | nal space is needed.) | |
| | (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
| (1) | JKRAINE | 11 | 5 | PROGRAM SERVICES | GRANTS - STUDENTS | 57,665 |
| (2) | | | | PROGRAM SERVICES | GRANTS -ORGANIZATIONS | 16,072 |
| (3) | | | , | PROGRAM SERVICES | DEMOCRACY PROJECTS | 30,879 |
| (4) | | | | FUNDRAISING | FUNDRAISING | 1,182 |
| (5) | CANADA | o | 0 | PROGRAM SERVICES | GRANT-ORGANIZATION | 1,530 |
| (6) | | | | | | |
| (7) | | | | | | |
| (8) | | | | | | |
| (9) | | | | | | |
| (10) | | | | | | |
| (11) | | | | | | |
| (12) | | | | | | |
| (13) | | | | | | |
| (14) | | | | | | |
| (15) | | | | | | |
| (16) | | | ····· | | | |
| (17) | | | | | | |
| 3a | Sub-total | | | 是最高和特别的可能的 | 国民国际国际公司 | 107,328 |
| b | Total from continuation sheets to Part I | 0 | | | | |
| С | Totals (add lines 3a and 3b) | L | | 可拿进了一个 | "新春世","这是一个高麗"。 | 107,328 |

107,328

| Schedule F (I | Page 2 |
|---------------|--|
| 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. Part II can be duplicated if additional space is needed. |

| | י מונייי | III 6 13, 101 a | ny templonic with a | Tartity, mile 19, 19, any reappoint with received more than \$5,000. I are nearly be depinded in additional space is needed. | o,000. I alt II oal | ו טכי משטוולמנים וו מ | dalitoriai space is | needed. | |
|-----------|--------------------------|--|------------------------|--|--------------------------|---------------------------------------|-----------------------------------|---|---|
| - | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, apprasa, other) |
| Ξ | | | UKRAINE | DEMOCRACY AID | \$9,322 | \$9,322 BANK WIRES | 655\$ | \$559 RENTAL SPACE | FMV |
| <u>(8</u> | | | | | | | | | |
| ල | | | | | | | | | |
| 3 | | | | | | | | | |
| <u>(S</u> | | | | | | | | | |
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| (8) | | | | | | | | | |
| 6) | | | | | | | | | |
| (10) | | | | | | | | | |
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| (12) | | | | | | | | | |
| (13) | | | | | : | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | ! | |
| (16) | | | | | | | | | |
| 8 | Enter total nu | mber of recipie | ent organizations list | Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt | ognized as charitles | s by the foreign coun | itry, recognized as ta | ax-exempt | |

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

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Schedule F (Form 990) 2012

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 18. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2012

Part III Grants ar

| | | | | | | | | | | | | | | | | | | | 2012 |
|--|-------------------------|-----|-----|-----|-----|-----|-----|-----|-----|------|------|------|------|------|------|------|------|------|----------------------------|
| (h) Method of valuation (book, FMV, appraisal, other) | N/A | | | | | | | | | | | | | | | | | | Schedule F (Form 990) 2012 |
| (g) Description of non-cash assistance | 0 N/A | | | | | | | | | | | | | | | | | | Sch |
| (f) Amount of non-cash assistance | 0 | ; | | | | | | | | | | | | | | | | | |
| (e) Manner of cash disbursement | \$57,665 WIRES/CASH PAY | | | | | | | | | | | | | | | | | | |
| (d) Amount of cash grant | \$57,665 | | | | | | | | | | | | | | | | | | |
| (c) Number of recipients | 202 | | | | | | | | | | | | | | | | | | |
| of grant or assistance (b) Region (c) Number of recipients | UKRAINE | | | | | | | | : | | | | | | | | | | |
| (a) Type of grant or assistance | (1) SCHOLARSHIPS | (2) | (3) | (4) | (5) | (9) | (2) | (8) | (6) | (10) | (11) | (12) | (13) | (14) | (15) | (16) | (11) | (18) | |

| chedule | F (Forn | า ฉฉกา | 2012 |
|---------|---------|--------|------|

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 | ✓ 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 |

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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 MONITOR FUNDS IN UKRAINE (FUNDS WIRED FROM |
|---|
| THE U.S.) IN UKRAINE, ALL CASH DISBURSEMENTS REQUIRE SIGNATURES FROM PERSONS PROVIDING CASH AS WELL AS FROM THE |
| RECIPIENT. ALL SUPPORTING DOCUMENTS ARE SUBMITTED TO THE FOUNDATION IN THE U.S. ON A MONTHLY 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. |
| |
| PART 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: 202 (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 Name of the organization

Employer identification number

| U SU | KRAINE FOUNDATION | | | | | | <u>1778729</u> |
|---------|--|--------------------|---------------|--|-----------------------------------|---|---|
| Par | Form 990-EZ filers are r | | | | vered "Yes" to F | Form 990, Part IV, | line 17. |
| 1 | Indicate whether the organization | on raised funds | through any | of the follo | owing activities. C | heck all that apply. | |
| а | ✓ Mail solicitations | | e [| | on of non-govern | | |
| b | ✓ Internet and email solicitation | ons | f [| | ion of governmen | | |
| С | ☐ Phone solicitations | | g Č | | fundraising events | | |
| ď | ✓ In-person solicitations | | 5 L | _ open | rana alomig overn | • | |
| 2a | Did the organization have a wri | tten or oral agre | ement with | any indivi | dual (including of | ficers directors trus | taac |
| | or key employees listed in Form | | | | | | |
| b | If "Yes," list the ten highest pair compensated at least \$5,000 by | d individuals or | entities (fun | | • | - | |
| | (i) Name and address of individual or entity (fundraiser) | (ii) Activity | custody o | idraiser have or control of outions? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
| | | <u> </u> | Yes | No | | | |
| 1 | | | | | 1 | | |
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| 10 | | | | | | ,, , , , , | |
| Total | | | | ▶ | | | |
| 3 | List all states in which the organization or licensing. | anization is regis | stered or lic | ensed to s | colicit contribution | is or has been notifi | ed it is exempt from |
| | | | | | | | |
| DISTR | ICT OF COLUMBIA | | | | | | |
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| Pa | rt II | Fundraising Events. Com than \$15,000 of fundraisingross receipts greater tha | ng event contributions | | | |
|-----------------|-------------------------|--|--|--|-------------------------|--|
| | | | (a) Event #1 DINNER (event type) | (b) Event #2 DINNER (event type) | (c) Other events | (d) Total events (add col (a) through col (c)) |
| Revenue | 1 | Gross receipts | 261,454 | 0 | | 261,454 |
| Œ | 2 | Less: Contributions Gross income (line 1 minus | 223,930 | 0 | | 223,930 |
| | | line 2) | 37,524 | 0 | | 37,524 |
| | 4 | Cash prizes | 0 | 0 | | 0 |
| | 5 | Noncash prizes | 0 | 0 | | 0 |
| Direct Expenses | 6 | Rent/facility costs | 0 | 0 | | 0 |
| ct Exp | 7 | Food and beverages | 61,300 | 9,500 | | 70,800 |
| Dire | 8 | Entertainment | 0 | 0 | | 0 |
| | 9 | Other direct expenses . | 0 | 0 | | 0 |
| Pa | 10 11 rt III | Direct expense summary. Ad Net income summary. Comb Gaming. Complete if the than \$15,000 on Form 9 | ine line 3, column (d), a e organization answe | nd line 10 | | (70,800) (33,276) r reported more |
| Revenue | | than \$15,000 on Form 9 | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
| <u>~</u> | 1 | Gross revenue | | | | |
| uses | 2 | Cash prizes | | | | |
| rect Expenses | 3 | Noncash prizes | | | | |
| Direct | 4 | Rent/facility costs | | | | |
| | 5_ | Other direct expenses . | ☐ Yes % | ☐ Yes % | ☐ Yes % | 6 |
| | 6 | Volunteer labor | □ No | □ No | □ No | |
| | 7 | Direct expense summary. Ac | _ | • • | | () |
| 10 | a Is b If a W | nter the state(s) in which the or is the organization licensed to o "No," explain: Vere any of the organization's g | rganization operates gai perate gaming activities | ming activities: s in each of these states d, suspended or termina | ated during the tax yea | Yes No |
| | | 100, Explain. | | | | |

| Scheau | ie G (Form 990 or 990-EZ) 2012 | | Pa | ige ડ |
|--------------|--|---|-----|--------------|
| 11 12 | Does the organization operate gaming activities with nonmembers? | ☐ Yes | | No |
| - | formed to administer charitable gaming? | ☐ Yes | | No |
| 13 | Indicate the percentage of gaming activity operated in: | | | |
| a b | The organization's facility | | | % % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | _ | 70 |
| | Name ► | | | |
| | Address ▶ | · • • • • • • • • • • • • • • • • • • • | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | ☐ Yes | П | No |
| | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ | | | |
| | Name ► | | | |
| | Address► | | | |
| 16 | Gaming manager information: | | | |
| | Name▶ | - | | |
| | Gaming manager compensation ▶ \$ | | | |
| | Description of services provided ▶ | | | |
| | □ Director/officer □ Employee □ Independent contractor | | | |
| 17 a | Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | ☐ Yes | П | No |
| 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, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also co part to provide any additional information (see instructions). | line 2b, mplete t | his | |
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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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.

Open to Publi Inspection

OMB No 1545-0047

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. **%** □ Employer identification number √
Yes 52-1778729 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance J.S.-UKRAINE FOUNDATION Vame of the organization Part

| railly, life 21, 101 any recipient that received find a show. Fait in call be applicated it additional space is needed. | y recipient tinat i | eceived illole il | ומון לטיטינים ומורי | il cari de dupilca | ated II additionial | space is liceded. | |
|---|---------------------|-------------------------------|-----------------------------|---------------------------------------|---|--|------------------------------------|
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| (1) ARKANSAS COUNCIL INTL VISI | 71-0562233 | | \$ 13.199 | 0 | O N/A | N/A | EDUCATIONAL |
| (2) CHICAGO SISTER CITIES INTL | | | | | | | |
| 177 N. STATE STREET, CHICAGO, IL | 36-3761640 | | \$ 9,671 | 0 | 0 N/A | N/A | EDUCATIONAL |
| (3) FRIENDS OF SPRINGFIELD COM | | | | | | | |
| 109 N. 7th STREET, SPRINGFIELD, IL | 37-1376914 | | 260'2 \$ | 0 | 0 N/A | N/A | EDUCATIONAL |
| (4) HEARTLAND FAMILY SERVICES | | | | | | | |
| 2101 S. 42nd ST, OMAHA, NE | 47-0390618 | | \$ 8,451 | 0 | 0 N/A | N/A | EDUCATIONAL |
| (5) IVC COLUMBUS (OH) | | | | | | | |
| 57 JEFFERSON AVE, COLUMBUS,OH | 31-6078889 | | \$ 9,783 | 0 | 0 N/A | N/A | EDUCATIONAL |
| (6) IVC OF GREATER KANSAS CITY | | | | | | | |
| 30 WEST PERSHING RD, KC, MO | 43-1727811 | | \$ 6,032 | 0 | 0 N/A | N/A | EDUCATIONAL |
| (7) IOWA SISTER STATES | | | | | | | |
| 200 E. GRAND AVE, DES MOINES, IA | 42-1266418 | | \$ 4,672 | ō | 0 N/A | N/A | EDUCATIONAL |
| (8) KILGORE COLLEGE SBDC | | | | | | | |
| 911 NW LOOP281, KILGORE, TX | 75-6001909 | | \$ 8,700 | 0 | O N/A | N/A | EDUCATIONAL |
| (9) MODESTO SISTER CITIES INTL | | | | | | | |
| PO BOX 580253, MODESTO, CA | 77-0380517 | | \$ 8,775 | 0 | N/A | N/A | EDUCATIONAL |
| (10) SANTA FE COUNCIL INTL REL | | | | | | | |
| 1210 LUISA ST, SANTA FE, NM 87505 | 85-0196904 | | \$ 8,310 | 0 | N/A | N/A | EDUCATIONAL |
| (11) UKRAINIAN CULTR & HUMANIT | | | | | | | |
| 610 BOUQUET ST, CARNEGIE, PA | 30-0016612 | | \$ 7,001 | 0 | 0 N/A | N/A | EDUCATIONAL |
| (12) | | | | | | | |
| | | | | | | | _ |

Schedule I (Form 990) (2012)

Cat No 50055P

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Enter total number of other organizations listed in the line 1 table

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

1

| Schedule I (Fo | Schedule I (Form 990) (2012) | | | | | Page 2 |
|-----------------|--|---|--------------------------|--------------------------------------|--|--|
| Part III | Grants and Other Assistance to Individuals in Part III can be duplicated if additional space is | lividuals in the U I space is needed. | nited States. Com | plete if the organiz | ation answered "Yes" to | in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 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 par information. | e this part to prov | nde the information | required in Part I, | line 2, Part III, column (b | t to provide the information required in Part I, line 2, Part III, column (b), and any other additional |
| PART I - LINE 2 | VE 2 | | | | | |
| GRANT FUR | GRANT FUNDS ARE DISBURSED FOLLOWING THE SIGNING OF A GRANT AGREEMENT THAT OUTLINES TIME, ACTIVITY AND BUDGET PARAMETERS. THE GRANTEE MUST SUBMIT | ING OF A GRANT AC | SREEMENT THAT OU | ILINES TIME, ACTIVIT | Y AND BUDGET PARAMETEI | RS. THE GRANTEE MUST SUBMIT |
| NARRATIVE | NARRATIVE AND FINANCIAL REPORTS FOLLOWING THE CONCLUSION OFTHE GRANT PERIOD. COPIES OF RECEIPTS AND OTHER FINANCIAL DOCUMENTATION MUST BE | E CONCLUSION OFT | HE GRANT PERIOD. | COPIES OF RECEIPTS | AND OTHER FINANCIAL DC | CUMENTATION MUST BE |
| SUBMITTEL | SUBMITTED TO SUBSTANTIATE GRANT EXPENSES. ANY CASH DI | Y CASH DISBURSEN | MENTS BY THE GRAN | TEE MUST BE DOCUM | SBURSEMENTS BY THE GRANTEE MUST BE DOCUMENTED WITH SIGNATURES. | |
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| | | | | | | Schedule I (Form 990) (2012) |

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

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 990 - PART III- SECTON 4d | |
| | |
| ECONOMIC DEVELOPMENT PROGRAM | |
| SUPPORT FOR IVANO-FRANKIVSK'S COMMUNITY YOUTH COMMISSION AND SPORTS FACILITIES, IN | IEDASTDI ICTURE |
| SOLFORT FOR IVANO-I KANNIVSK S COMMONITE TOOTH COMMISSION AND SPORTS LACILITIES, IN | II KASINOCIONE. |
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| FORM 990 - PART VI - SECTION B | |
| LINE 11b - THE FOUNDATION PROVIDES THE 990 FORM AND SCHEDULES TO THE FOUNDATION'S (| SOVERNING RODY TIME IS MADE |
| LINE TID THE FOUNDATION FROM DESTREES TO THE FOUNDATION S. | JOVENNING DOOT. TIME IS MADE |
| AVAILABLE TO REVIEW DOCUMENTS AT BOARD MEETINGS. | · |
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| FORM 990 - PART VI - SECTION C | |
| | |
| LINE 19 - THE FOUNDATION MAKES ITS PUBLIC DOCUMENTS AVAILABLE ONLINE AT: http://usukra | ine.org/reports.shtml . |
| THE FOUNDATION ALSO MAKES ITS PUBLIC DOCUMENTS AVAILABLE UPON DEMAND. | |
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