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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public

Open to Public

Department of the Treasury Internal Revenue Service

Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990 **AUGUST 31** 20 16 For the 2015 calendar year, or tax year beginning SEPTEMBER 1 2015, and ending D Employer identification number Check if applicable C Name of organization U.S.-UKRAINE FOUNDATION Doing business as Address change 52-1778729 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change 1090 VERMONT AVENUE NW Initial return 202-789-4467 600 City or town, state or province, country, and ZIP or foreign postal code Final return/terminat Amended return WASHINGTON, DC 20005-4905 F Name and address of principal officer NADIA K. McCONNELL H(a) Is this a group return for subordinates? Tes 🔽 No Application pending 1090 VERMONT AVE NW - SUITE 600, WASHINGTON, DC 20005-4905 H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions)) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status Website: ▶ www.usukraine.org H(c) Group exemption number 🕨 Form of organization Corporation Trust L Year of formation 1991 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. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 4 Total number of volunteers (estimate if necessary) 6 20 Total unrelated business revenue from Part VIII, column (C), line 12 7a 400 Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** CANNED AUG Contributions and grants (Part VIII, line 1h). 544,216 Program service revenue (Part VIII, line 2g) 51,277 52,549 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 353 280 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 2,104 85 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 876,766 597<u>,130</u> 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 624,076 290,793 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 116,028 138,277 Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 107,473 167,605 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 847,577 596,675 19 Revenue less expenses. Subtract line 18 from line 12 29,189 455 End of Year Beginning of Current Year 20 Total assets (Part X, line 16) 278,393 255,445 21 Total liabilities (Part X, line 26) 150,626 127,223 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of perjury, I deglare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge, and belief, it is true, correct, and complete Declaration of preparer other than officer) is based on all information of which preparer has any knowledge Sign Here TOHN Type or print name and title Print/Type preparer's name Preparer's signature Paid Check I if self-employed **Preparer** Firm's name Firm's EIN ▶ **Use Only** Phone no

Cat No 112821

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

JUL 17 2017

__Yes-√ No Borm 990 (2015)

Form 99	0 (2015) Page 2
Part	
1	Check if Schedule O contains a response or note to any line 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?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by 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 \$ 135,486 including grants of \$ 121,114) (Revenue \$ 0)
	EDUCATION PROGRAM
	66 UKRAINIAN LOCAL GOVERNMENT OFFICIALS AND NGO LEADERS BENEFIT FROM 9-DAY TRAINING/EXCHANGES CONDUCTED BY U.S. COMMUNITY PARTNERS, SPONSORED BY THE OPEN WORLD LEADERSHIP CENTER. GRANTS AWARDED: \$77,864
	EDUCATIONAL GRANTS PROVIDED TO 169 STUDENTS IN UKRAINE GRANTS AWARDED: \$43,250
4b	(Code: 02) (Expenses \$ 135,461 including grants of \$ 0) (Revenue \$ 0)
	INFORMATIONAL SERVICES PROGRAM
	CONDUCTED MEETINGS AND PRESENTATIONS FOR THE PUBLIC REGARDING UKRAINE'S DEMOCRACY AND THE CRISIS FACING THE COUNTRY AND ITS LEADERSHIP. COLLABORATED WITH MANY NON-PROFITS TO HOLD THESE INFORMATIONAL ACTIVITIES.
	INFORMED THE PUBLIC REGARDING UKRAINE'S GOVERNANCE AND CIVIL SOCIETY VIA E-NEWSLETTERS, POSTAL MAILINGS, WEBSITES AND SOCIAL NETWORKS.
	(Code: 03) (Expenses \$ 172,595 including grants of \$ 162,072) (Revenue \$ 0)
	HEALTH CARE AND HUMANITARIAN AID PROGRAM
	WORKED WITH CIVIL SOCIETY GROUPS AND VOLUNTEERS TO IMPROVE MEDICAL CARE, A BASIC HUMAN RIGHT, IN UKRAINE. SUPPORTED MEDICAL CLINICS AND HOSPITALS BY PROVIDING MEDICAL SUPPLIES AND CASH GRANTS FOR THEIR PURCHASE.
4d	Other program services (Describe in Schedule O.) (Expenses \$ 22,475 including grants of \$ 7,607) (Revenue \$ 0)
4e	Total program service expenses • \$466.017

Form 99				Page 3
Part	V Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	√	140
2 3	Is the organization required to complete <i>Schedule B</i> , <i>Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I </i>	3	1	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		1
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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	A. Land		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	✓	1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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	<u> </u>	1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓_	-
J	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	√	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	√	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (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	19	-	· /

Form 99	0 (2015)		ŀ	age 4
Part	Checklist of Required Schedules (continued)			
	Did the consciention of the first of the fir		Yes	No
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a 20b		✓
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	•	1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		_
	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 25a	24a		1
	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), 501(c)(4), and 501(c)(29) 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		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
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		√
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	✓	
31	conservation contributions? If "Yes," complete Schedule M	30		√
32	Part I	31		√
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	32		√
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		V ✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		▼
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R</i> ,			
20	Part VI	37	<u> </u>	1
38	19? Note. All Form 990 filers are required to complete Schedule O.	38	1	

Part				
	Check if Schedule O contains a response or note to any line in this Part V		· .	
10	Enter the number reported in Box 2 of Form 1000 Fator 0 if not applicable	32400-5	Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3 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	√	5025(E. 133)
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	(4.3)		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4	10.0		
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)	Ric		
3a	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" to line 3b, 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	1		
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶	***	1	
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c_		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
h	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		/
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
· a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	11.		
	and services provided to the payor?	7a	1 SCARLES	√
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	10752-5284	1908: TIA 1
d e	If "Yes," indicate the number of Forms 8282 filed during the year		1000	
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		1
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
ĥ	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. Did a donor advised fund maintained by the	X 22		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b	SIZ TE	3340
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.)		X	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	26627	18 18 18 18 18 18 18 18 18 18 18 18 18 1
12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.		1	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans		1	
C	Enter the amount of reserves on hand		里期	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	000	(2015)
		Forr	n ササU	(2015)

Part	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. S. Check if Schedule O contains a response or note to any line in this Part VI	See instr	uctions.
Section	on A. Governing Body and Management	····	· · <u>\</u>
0000	on A. Cotoning Body and Management	Y	es No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a5		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	✓
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	
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?	7a	/
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during 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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9	1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever		
40	Diliti		res No
10a b	Did the organization have local chapters, branches, or affiliates?	10a	1
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? If "No," go to line 13	12a 12b	/
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	
13	Did the organization have a written whistleblower policy?	13	1
14 15	Did the organization have a written document retention and destruction policy?	14	/
	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	-
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	45	
16a	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?	16b	
Secti	on C. Disclosure		
17	List the states with which a copy of this Form 990 is required to be filed ► NONE		_ _
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	n 501(c)	(3)s only)
19	✓ Own website ☐ Another's website ✓ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	terest po	olicy, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords:	•

		-
1	² aa	e i

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Emplo	yees, Highes	t 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 neither the organization no	r any relate	d <u>org</u>	aniz	atio	n c	ompe	nsa	ited any currer	nt officer, director	, or trustee.
(A) Name and Title	(B) Average hours per	ge box, unless person is both an officer and a director/trustee)						(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	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 organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) NADIA K. McCONNELL	40				 					
PRESIDENT		✓	<u> </u>				<u> </u>	\$ 0	\$ 0	\$ 0
(2) IRYNA KUROWYCKYJ DIRECTOR	11	1						\$ 0	\$ 0	\$ 0
(3) WILLIAM GREEN MILLER DIRECTOR	2	1						\$ 0		\$ 0
(4) RENATA A ZAJAC DIRECTOR	1	1						\$ 0	\$ 0	\$ 0
(5) JIM O'BEIRNE DIRECTOR	1	1						\$ 0		\$ 0
(6) JOHN A. KUN VICE PRESIDENT/COO	40			1	1	1		\$ 77,022		\$ 0
(7) MARKIAN BILYNSKJ VICE PRESIDENT	40			1	1			\$ 8,900		\$ 0
(8)										
(9)										
(10)										
(11)				-						
(12)		-		-	-		-			
(13)		-	-	-					1	
(14)	 		-		-					

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
	(C) Position								1	(173)		
	(A) Name and title	(B) Average		_	eck	more	than o		(D) Reportable	(E) Reportable		(F) Estimated
	Name and title	hours per	office				ıs both or/trust		compensation	compensation		amount of
		week (list any hours for	익콧	'n	Q	8	릶	Form	from the	related organization	ns	other compensation
		related	direc	tirtut	Officer	y en	ploy] a	organization	(W-2/1099-M		from the
		organizations below dotted	tor	iona		Key employee	ee con) ·	(W-2/1099-MISC)			organization and related
		line)	Individual trustee or director	Institutional trustee		99	npen		!			organizations
			ñ	tee		•	Highest compensated employee					
(15)								-			_	
(16)				-				-			_	
(17)								-			_	
					_			-				
								_			_	
						_						
(20)												
(21)		1										
(22)												
(23)				-		-		-	 			
				-	<u> </u>			-		<u> </u>	- -	
(24)												
(25)								}	ļ			
1b	Sub-total		· .	•	•			•	\$ 85,922		\$0	\$ 0
C	Total from continuation sheets to Part				•		•	>	\$ 0		\$0	\$0
<u>d</u>	Total (add lines 1b and 1c)							<u>.</u>	\$ 85,922		\$0	\$0
2	Total number of individuals (including but reportable compensation from the organic			iose	e list	ted :	above	e) w	rho received m	ore than \$10	00,000	of
3	Did the organization list any former of	ficer. direc	tor. c	or tr	ust	ee.	kev e	emp	olovee, or high	nest comper	nsated	Yes No
-	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ind	ivid	ıal		. <i></i>			3 🗸
4	For any individual listed on line 1a, is the											
	organization and related organizations individual	greater in	an p	150,	.000		. 16	s,		ieaule J Tol	sucn	4
5	Did any person listed on line 1a receive of											
Scoti	for services rendered to the organization on B. Independent Contractors	tii Yes, C	Jornpi	ere	SCI	ieal	ile J l	or s	such person	· · · ·	· · ·	5 /
1	Complete this table for your five highest	compensat	ed inc	deni	end	ent	contr	act	ors that receive	ed more that	\$100	000 of
•	compensation from the organization. Rep											
	(A) Name and business add	Iress							(B) Description of s	ervices		(C) Compensation
NONE	OVER \$100,000			_								
								-	 			
								_				
2	Total number of independent contractor received more than \$100,000 of compens							o th	nose listed ab	ove) who		

Part	VIII	Statement of Revenue										
No. of Contract of		Check if Schedule O	contains	a res	oonse or note to				<u> </u>			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
Grants	1a	Federated campaigns		1a	4,149							
Gra	b	Membership dues .		1b	0							
Gifts, ilar An	C	Fundraising events .		1c	0							
ia Gi	d	Related organizations		1d	0							
Sin	e f	Government grants (con All other contributions, gi		<u>1e</u>	91,301							
utic her	'	and similar amounts not inc		1f	200 200			37 1 78 E 15 12 E				
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contributions include			300,266 148,500							
Contributions, and Other Sim	h	Total. Add lines 1a-1:			•	544.216	A. A					
			<u> </u>	· ·	Business Code							
ven	2a	ADVERTISING/PUBLIC	RELATION	IS	541800	400	0	400	0			
Re	b	PROJECT ADMIN TRAI	VSLATIONS	3	561000	52,149	52,149	0	0			
vice	С											
Program Service Revenue	d											
'am	е											
rogi	f	All other program sen			L	0	地震を記録されてよる事を作ぶるない動物	Name of the Street of the Street	MARKAR SERVICE			
<u>م</u>	<u>g</u>	Total. Add lines 2a-2 Investment income	includina	· ·	▶	52,549	94055 (\$ -5)		THE PROPERTY OF THE PROPERTY O			
	3	and other similar amo			enus, interest,	200		_	200			
	4	Income from investment				280	0	0	280			
	5				-	0	0	0	0			
			(ı) Real	<u> </u>	(ii) Personal							
ļ	6a	Gross rents										
	b	Less: rental expenses										
	С	Rental income or (loss)										
	d	Net rental income or (loss)			<u> ▶</u>	0	0	0	0			
	7a	Gross amount from sales of	(i) Securit	ies	(II) Other							
	b	assets other than inventory Less. cost or other basis										
	c	and sales expenses . Gain or (loss)	<u> </u>									
	d	Net gain or (loss)			>	0	0	0	0			
Other Revenue	8a	Gross income from fu events (not including \$ of contributions reporte	ed on line 1									
ther		See Part IV, line 18 .										
Ò	b	Less: direct expenses Net income or (loss) for				A STATE OF THE PROPERTY OF THE	(c. 15,4,5,1,4,1,					
	9a	Gross income from ga		ties.	events .							
	Ь	Less: direct expenses										
	С	Net income or (loss) f			vities ▶	0	0	0	0			
	10a	Gross sales of in	•									
		returns and allowance		_				rando en la				
	b	Less: cost of goods s Net income or (loss) fi			enton/							
	C	Miscellaneous R		יייוו וכ	Business Code							
	11a	UNREALIZED GAIN - S			523000	85	0	0	85			
	b	PARTALIZED GAIN : 3	LOURITIES		323000		0	0	0			
	c	•••••••••••••••••••••••••••••••••••••••				0	0	0	0			
	d	All other revenue .				0	0	0	0			
	е	Total. Add lines 11a-	11d		>	85	SHAME THEFT	Will water				
	12	Total revenue. See in	structions	<u> </u>	<u> </u>	597,130	52.149	400	365			
		• —							Form 990 (2015)			

Part IX Statement of Functional Expenses

Part IX Statement of Functional Expenses									
Sectio	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).								
Check if Schedule O contains a response or note to any line in this Part IX									
Do по 8b, 9b	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 domestic organizations and domestic governments. See Part IV, line 21	77,864	77,864		1.74				
2	Grants and other assistance to domestic	//,004	77,004						
3	Individuals. See Part IV, line 22	0	0		2.20				
-	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members	212,929	212,929	and the Sand Sand Sand					
5	Compensation of current officers, directors, trustees, and key employees	64,445	13,436	51,009	0				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	o	o	o				
7	Other salaries and wages	59,568	59,568	0	0				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0				
9	Other employee benefits	3,745	0	3,745	0				
10	Payroll taxes	10,519	0	10,519	0				
11	Fees for services (non-employees):								
а	Management	0	0	. 0	0				
b	Legal	0	0	0	0				
С	Accounting	4,390	0	4,390	<u> </u>				
d	Lobbying	0	0	O married to the second of the	0				
е	Professional fundraising services. See Part IV, line 17				0				
f	Investment management fees	0	0		0				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	23,151	23,151	0	0				
12	Advertising and promotion	0	0	0	0				
13	Office expenses	31,925	16,168	8,910	6,847				
14	Information technology	806	0	806	0				
15	Royalties	0	0	0	0				
16	Occupancy	27,228	0	27,228	0				
17 18	Travel	5,430	138	5,262	30				
	for any federal, state, or local public officials	0	0	0	0				
19	Conferences, conventions, and meetings .	64,775		1,020					
20 21	Interest	8,534	0						
22	Depreciation, depletion, and amortization .	0	0	0	0				
23	Insurance	1,366	0	1,366	0				
24	Other expenses. Itemize expenses not covered	7,300							
2-7	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.)			ESSE SERVICE					
а			. 0	0	0				
b			0	0	0				
C			0	0					
ď	All		0	0	0				
e	All other expenses		0	0	0				
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	\$ 596,675	\$ 466,017	\$ 122,789	\$ 7,869				
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ If following SOP 98-2 (ASC 958-720)								

i i	art X				
		Check if Schedule O contains a response or note to any line in this Pa	rt X	<u> </u>	<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	25,435	1	106
	2	Savings and temporary cash investments	38,601	2	32,952
	3	Pledges and grants receivable, net	0	3	_ 0
	4	Accounts receivable, net	67,593	4	72,575
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section		5	
		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			
ets		organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
⋖	8	Inventories for sale or use	0	-	0
	9	Prepaid expenses and deferred charges	1,600	9	4,365
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
				10-	
	b	Less: accumulated depreciation	0	10c	0
	11 12	Investments—publicly traded securities	145,164	11	145,447
	13	Investments—other securities. See Part IV, line 11	0	-	0
	14	Intangible assets	0	-	0
	15	Other assets. See Part IV, line 11	0		0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	278,393		255,445
	17	Accounts payable and accrued expenses	114,652		107,443
	18	Grants payable	0	18	0
	19	Deferred revenue	33,156	_	15,451
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
S	22	Loans and other payables to current and former officers, directors,	AND		
iji.		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0		0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
	_	parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			
	00		2,818		4,329
	26	Total liabilities. Add lines 17 through 25	150,626	26	127,223
ses		complete lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets	(86,742)	27	(89,950)
Bal	28	Temporarily restricted net assets	0	28	0
힏	29	Permanently restricted net assets	214,509	29	218,172
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-ın or capital surplus, or land, building, or equipment fund		31	
Ϋ́	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ž	33	Total net assets or fund balances	127,767	33	128,222
	34	Total liabilities and net assets/fund balances	278,393	34	255,445
					Form 990 (2015)

Page 1	0 (2015)
	XI Reconciliation of Net Assets
	Check if Schedule O contains a response or note to any line in this Part XI
	Total revenue (must equal Part VIII, column (A), line 12)
	Total expenses (must equal Part IX, column (A), line 25)
	Revenue less expenses. Subtract line 2 from line 1
	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))
	Net unrealized gains (losses) on investments
	Donated services and use of facilities
	Investment expenses
	Prior period adjustments
	Other changes in net assets or fund balances (explain in Schedule O)
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line
· · 10 128,2	33, column (B))
	XII Financial Statements and Reporting
<u> </u>	Check if Schedule O contains a response or note to any line in this Part XII
Yes No	
	Accounting method used to prepare the Form 990: Cash Accrual Other
Other," explain in	If the organization changed its method of accounting from a prior year or checked "Other,"
	Schedule O.
	Were the organization's financial statements compiled or reviewed by an independent accountant
were compiled or	If "Yes," check a box below to indicate whether the financial statements for the year were co
	reviewed on a separate basis, consolidated basis, or both:
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
	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 aud
	If tes, check a box below to indicate whether the financial statements for the year were aut
	separate basis, consolidated basis, or both:
	separate basis, consolidated basis, or both:
were audited on a	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis
were audited on a	separate basis, consolidated basis, or both:
were audited on a ibility for oversight dent accountant? 2c	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent account of the selection of the audit, review, or compilation of its financial statements and selection of an independent account of the selection of th
were audited on a ibility for oversight dent accountant? 2c	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent account of the organization changed either its oversight process or selection process during the tax year,
were audited on a ibility for oversight dent accountant? ax year, explain in	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent acc If the organization changed either its oversight process or selection process during the tax year, Schedule O.
were audited on a ibility for oversight dent accountant? ax year, explain in dits as set forth in	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent account of the organization changed either its oversight process or selection process during the tax year, Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as significant organization.
were audited on a ibility for oversight dent accountant? ax year, explain in dits as set forth in	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent acc If the organization changed either its oversight process or selection process during the tax year, Schedule O.
were audited on a ibility for oversight dent accountant? ax year, explain in dits as set forth in	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent account of the organization changed either its oversight process or selection process during the tax year, Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as significant organization.

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name	of the organization					Employer identification	number	
	JKRAINE FOUNDATION					52-17		
Par							ns.	
_	organization is not a private found		•		-			
1	A church, convention of churc							
2	A school described in section		•			* *		
3 4	☐ A hospital or a cooperative ho☐ A medical research organization						(iii). Enter the	
4	hospital's name, city, and stat	•	onganotion with a noop				(). 2	
5	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6	6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	An organization that normally described in section 170(b)(1)			port from	a gover	nmental unit or from	n the general public	
8	☐ A community trust described i	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)				
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	d to its exempt ent income and	functions—subject to unrelated business	certain e taxable in	exception come (l	ns, and (2) no more ess section 511 ta	than 331/3% of its	
10	An organization organized and							
11	An organization organized and one or more publicly supported the box in lines 11a through 11	d organizations d	escribed in section 5	09(a)(1) or	section	509(a)(2). See secti	i on 509(a)(3). Check	
а	☐ Type I. A supporting organization(sorganization. You must con	s) the power to re	egularly appoint or ele					
b		zation supervise ne supporting org	d or controlled in controlled in control					
_				tad in can	nection	with and functional	v integrated with	
С	its supported organization(s)						y integrated with,	
d	☐ Type III non-functionally in that is not functionally integree requirement (see instructions)	ated. The organi	zation generally must	satisfy a	distributi	on requirement and		
е		ation received a	written determination	from the	IRS that	it is a Type I, Type I	I, Type III	
f	Enter the number of supported	-					[
g				·				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) is the organization (iv) is the distance of the control of th	governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
		Į.	1	Yes	No			
(A)								
(B)								
(C)			-					
(D)	 		,					
(E)								
Tota		7.92						

	(Complete only if you checked the Part III. If the organization fails to						lify under
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	708,008	632,080	626,136	823,032	544,216	3,333,472
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0.	0
4	Total. Add lines 1 through 3	708,008	632,080	626,136	823,032	544,216	3,333,472
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)						361,821
6	Public support. Subtract line 5 from line 4.						2,971,651
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	708,008	632,080	626,136	823,032	544,216	3,333,472
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,420	357	263	353	280	5,673
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	355,191	12,563	22,060	51,027	52,149	492,990
11		274 BY 6 710					3,832,135
12	Gross receipts from related activities, etc				STATE SERVICE OF STATES	12	158,990
13	First five years. If the Form 990 is for the	•	•	d, third, fourth	, or fifth tax ye	ear as a section	
	organization, check this box and stop he	ere					▶ □
Secti	on C. Computation of Public Suppor	rt Percentage	e				
14	Public support percentage for 2015 (line	6, column (f) di	vided by line 1	1, column (f))		14	77.55 %
15	Public support percentage from 2014 Sci					15	71.40 %
16a	331/a% support test—2015. If the organi box and stop here. The organization qua	ılıfies as a publi	icly supported	organization			. ▶ ☑
b	331/a% support test—2014. If the organ check this box and stop here. The organ					15 is 33½%	or more, . ► □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "forganization	ets the "facts-a	and-circumsta	nces" test, che	ck this box an	d stop here. E	xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization of Explain in Part VI how the organization of supported organization	tion meets the	"facts-and-ci	rcumstances"	test, check th	is box and sto	p here.
18	supported organization	id not check a l	oox on line 13,		 , or 17b, checl	k this box and	. ► ∐ see ► □

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

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

Secti	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the		 			 	
·	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5		<u>.</u>	ļ. <u>.</u>			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
			 ·				
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year]		
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	73 T S T T	10 M 4 M	WINDS TO	10 T 10 10	MAN SAL	in i
	line 6.)	建	Market 1 Till	THE STATE	LAY HAVE	Manual I	P.A.
	on B. Total Support		·	,		,	
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.				:		Š.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						-
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he				, or fifth tax ye		
Secti	on C. Computation of Public Suppor	t Percentag	е				
15	Public support percentage for 2015 (line					15	%
16	Public support percentage from 2014 Sci	nedule A, Part	III, line 15 .		<u></u>	16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2015 (17	%
18	Investment income percentage from 2014					18	%
19a	331/3% support tests—2015. If the organ 17 is not more than 331/3%, check this box	ization did not	The organization	c on line 14, ai	nd line 15 is m	ore than 331	/3%, and line
ь	33 ¹ /3% support tests—2014. If the organiz						
D	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di		_				_

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- C Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	_		
) /		Yes	No
s d	2		
r	3a		
t e			
)	3b 3c		
f	4a		252 4
7	4b		
n d !)			
" V ';	4C		
y	5a 5b	X	
o d r			
r			
?	8		
e			
h	9a 9b		26
t			Ì
n b	10a		
, 	10a 10b		33 44

Part	V Supporting Organizations (continued)	
b	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	Yes No 11a 11b 11c
	on B. Type I Supporting Organizations	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	Yes No
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2
Secti	on C. Type II Supporting Organizations	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	Yes No
<u>Secti</u>	on D. All Type III Supporting Organizations	1
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	Yes No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3
Secti	on E. Type III Functionally-Integrated Supporting Organizations	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions):
а	☐ The organization satisfied the Activities Test. Complete line 2 below.	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
2	Activities Test. Answer (a) and (b) below.	Yes No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	
Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the containing of the cont	g tru mpl	st on Nov. 20, 1970. See i ete Sections A through E.	nstructions. All
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see		ASSESSMENT OF THE SECOND SECON	
instructions for short tax year or assets held for part of year):			SECRETARISM SECTION
a Average monthly value of securities	1a		MAN AD SOLVE MAN AND ADDRESS OF THE PARTY OF
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other		THE PARTY WAS ASSESSED.	SHEW STREET, SALVEY
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2	130 (100 (100 (100 (100 (100 (100 (100 (Higher at 1 to 5 t
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	Ť		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	y-in	tegrated Type III supporting	a organization (see
instructions).		O many promise and promise	J = : J = : : :

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
<u>6</u>	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.	- L. Alice communication in the		
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	on the organization is res	ponsive	
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
<u> </u>	and a made a strade by a model a	400	(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(I) Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6		A PROPERTY OF THE PROPERTY OF	
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)		Park State of the	
3	Excess distributions carryover, if any, to 2015:			
<u>a</u>				
<u> </u>				
	From 2013		Control of the Contro	750
<u>d</u> e	From 2014		Tanan San Asia	
_	Total of lines 3a through e		Victoria de la composición dela composición de la composición de la composición de la composición dela composición de la composición de la composición de la composición dela composición de la composición de la composición dela composición de la c	
g	Applied to underdistributions of prior years			
 _	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7: \$			
a	Applied to underdistributions of prior years		A B Ja by Crawfin Carry of Carry and	
b	Applied to 2015 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.	STATE OF THE STATE	WARRY BOOK TO	Maria Carrie Mires t
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015		Enter the second of the way with the	

Pane	,

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
PART II - LI	INE 10
OTHER IN	COME INCLUDES DOOCDAM SEDVICE DEVENUE (AS DED INSTRUCTIONS THESE AMOUNTS ADE NOT INCLUDED ON LINE 12)
OTHERING	COME INCLUDES PROGRAM SERVICE REVENUE (AS PER INSTRUCTIONS, THESE AMOUNTS ARE NOT INCLUDED ON LINE 12).

•	
•	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name	of the or	ganization	-	Employ	er identification number
<u>U.SU</u>	KRAIN	E FOUNDATION			52-1778729
Pai	rt I	Organizations Maintaining Donor Adv Complete if the organization answered '			Accounts.
			(a) Donor advised funds		(b) Funds and other accounts
1	Total	number at end of year			
2		egate value of contributions to (during year)			
3		egate value of grants from (during year) .			
4		egate value at end of year			
5		he organization inform all donors and donor are the organization's property, subject to th			
6	only '	he organization inform all grantees, donors, a for charitable purposes and not for the beneforing impermissible private benefit?	fit of the donor or donor advisor, or f	or any	other purpose
Par	t II				<u> </u>
	_	Complete if the organization answered '	'Yes" on Form 990, Part IV, line 7.	ì	
1		ose(s) of conservation easements held by the			
		reservation of land for public use (e.g., recreat			· · · · · · · · · · · · · · · · · · ·
		rotection of natural habitat	☐ Preservation o	f a certi	fied historic structure
•		reservation of open space			
2		plete lines 2a through 2d if the organization he ment on the last day of the tax year.	eld a qualified conservation contribution		
_				F	Held at the End of the Tax Year
a		number of conservation easements acreage restricted by conservation easement	_	i-	2a
b		ber of conservation easements on a certified h		-	2b 2c
d		per of conservation easements included in	` ,		20
•					2d
3		ber of conservation easements modified, trans		L	
	tax ye		, , ,		, ,
4	Numl	per of states where property subject to conser	rvation easement is located ▶		
5	Does	the organization have a written policy regions, and enforcement of the conservation ea	garding the periodic monitoring, ins		
6	Staff a	and volunteer hours devoted to monitoring, inspect	ring, handling of violations, and enforcing	conserva	
7	Amou ▶\$	unt of expenses incurred in monitoring, inspectin	g, handling of violations, and enforcing	conserv	ration easements during the year
8	Does and s	each conservation easement reported on line ection 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of	f section	n 170(h)(4)(B)(i) · · · · · □ Yes □ No
9	balan	rt XIII, describe how the organization reports on the sheet, and include, if applicable, the text of inzation's accounting for conservation easeme	f the footnote to the organization's firents.	nancial s	pense statement, and statements that describes the
Par		Organizations Maintaining Collections Complete if the organization answered "	s of Art, Historical Treasures, or 'Yes" on Form 990, Part IV, line 8.	Other	Similar Assets.
1a		organization elected, as permitted under SFA			
		s of art, historical treasures, or other similar c service, provide, in Part XIII, the text of the fo			
b	works	organization elected, as permitted under Sis of art, historical treasures, or other similar coservice, provide the following amounts relati	assets held for public exhibition, eding to these items.	ducation	n, or research in furtherance of
	(i) Re	evenue included on Form 990, Part VIII, line 1			▶ \$
2	(ii) As	sets included in Form 990, Part X	historical treasures, or other similar	 r assets	. ▶ \$
а		nue included on Form 990, Part VIII, line 1 .			▶ \$
b	Asset	s included in Form 990, Part X			. > \$

Part									
3	Using the organization's acquisition, acceleration items (check all that apply):	ession, and ot	her reco	rds, chec	k any of th	e follov	ving that are a s	ignificant u	se of its
а	☐ Public exhibition		d	☐ Loan	or exchang	ge prog	rams		
b	☐ Scholarly research		е	☐ Other	r	_			
C	☐ Preservation for future generations								
4	Provide a description of the organization' XIII.	s collections a	and expla	ain how t	hey further	the org	anızation's exen	npt purpose	in Part
5	During the year, did the organization soli	cit or receive	donation	s of art,	historical t	reasure	s, or other simila	ar	
	assets to be sold to raise funds rather that	n to be mainta	uned as p	part of the	e organizat	ion's co	llection?	☐ Yes	□ No
Part	IV Escrow and Custodial Arrange						- <u>-</u>		
	Complete if the organization and 990, Part X, line 21.						-		orm _
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?							ot □ Yes	□ No
b	If "Yes," explain the arrangement in Part X								
	•	·					A	mount	
c	Beginning balance					10	: .		
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount or	Form 990, Pa	art X, line	21, for e	scrow or c	ustodia	l account liability	? 🗌 Yes	☐ No
	If "Yes," explain the arrangement in Part X	III. Check her	e if the ex	xplanatio	n has been	provide	ed on Part XIII .	<u> </u>	
Par	t V Endowment Funds.								
	Complete if the organization ans								
	<u> </u>) Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance								
ь	Contributions								
C	Net investment earnings, gains, and losses								_
d	Grants or scholarships				=				
e	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the c			e (line 1g	, column (a	ı)) held :	as:		
а	Board designated or quasi-endowment		_%						
b	Permanent endowment ▶9	6							
c	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c s	hould equal 10							
3а	Are there endowment funds not in the po organization by:	ssession of th	ie organi:	zation tha	at are held	and ad	ministered for th		es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organ							3b	
4	Describe in Part XIII the intended uses of t	he organizatio	n's endo	wment fu	unds.				
Part									
	Complete if the organization ans	wered "Yes"	on For	m 990, F	Part IV, lin	e 11a.	See Form 990,	Part X, lin	<u>e 10. </u>
_	Description of property	(a) Cost or oth			or other basis ther)		Accumulated epreciation	(d) Book v	alue _
1a	Land					62.45			
b	Buildings				_				
С	Leasehold improvements								
ď	Equipment								
e _	Other								
Total.	Add lines 1a through 1e. (Column (d) must	equal Form 95	90, Part)	K, column	(B), line 10	Oc.)	▶		

Part VII	Investments — Other Securities Complete if the organization ans		rm 990. Part IV. lir	ie 11b. See Form	n 990. Part X. line 12.
	(a) Description of security or category (including name of security)		(b) Book value	(c) Met	thod of valuation d-of-year market value
(1) Financia	l derivatives				·
	held equity interests				
(3) Other	• •			-	
(A)	***************************************	••••			
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)		**			
	(b) must equal Form 990, Part X, col. (B) line 12) ▶			"运动" 从 4 5 上	MANAGE MANAGEMENT
Part VIII	Investments—Program Related				
	Complete if the organization ans	wered "Yes" on Fo		e 11c. See Form	n 990, Part X, line 13.
	(a) Description of investment		(b) Book value	1	thod of valuation d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)	<u> </u>				
(6)			 		
(7)					
(8)					
	(b) must equal Form 990, Part X, col. (B) line 13)			BALL RESIDENCE STATE	
Part IX	Other Assets.	· · · · · · · · · · · · · · · · · · ·		The state of the s	AND A CASE NO LEGISLA AND AND AND AND AND AND AND AND AND AN
	Complete if the organization answ	wered "Yes" on Fo	rm 990. Part IV. lin	e 11d. See Form	990 Part X line 15
-) Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)	<u> </u>	<u> ▶</u>	
Part X	Other Liabilities.				
	Complete if the organization answ	wered "Yes" on Foi	rm 990, Part IV, Iın	e 11e or 11f. Se	e Form 990, Part X,
	line 25.	· · · · · · · · · · · · · · · · · · ·	I s Water over the man of the man of		
1.	(a) Description of liability	(b) Book value			
(1) Federal in	ncome taxes		1,217		
(2) FICA			1,930		
	WITHHOLDINGS		<u>\$ 670</u>		
(4) 401(K) F	PLAN		\$ 512		
(5)					
(6)					
(8)					
(9)					
	h) must aqual Form 000. Dort V and 700 line 05 h				
	b) must equal Form 990, Part X, col. (B) line 25.)	do the toyt of the factor	4,329 the organization	'a financial state	nto that reports Alice
organization	r uncertain tax positions. In Part XIII, provi s liability for uncertain tax positions under	45 THE TEXT OF THE 100TH	ole to the organization	i s ilitariciai stateme	ents triat reports the
organization	a mapinity for uncertain tax positions under	FIN 40 (MSC /40). Che	CK Here ii the text of t	ne roothote has bee	in provided in Part XIII

Schedul	D (Form 990) 2015 Reconciliation of Revenue per Audited Financial Statem	ente M	ith Revenue nor	Return	Page 4
rait	Complete if the organization answered "Yes" on Form 990,			neturn.	
1	Total revenue, gains, and other support per audited financial statements			1	852,073
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	• • •			032,073
а	Net unrealized gains (losses) on investments	2a	0		
b	Donated services and use of facilities	2b	254,943		
С	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIII.)	2d	0		
e	Add lines 2a through 2d			2e	254,943
3	Subtract line 2e from line 1			3	597,130
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		0		
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	597,130
Part				er Return.	
	Complete if the organization answered "Yes" on Form 990,			,	
1	Total expenses and losses per audited financial statements			1	851,618
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	اما			
a	Donated services and use of facilities	2a	254,943	1888/2017	
b	Prior year adjustments	2b	0	20 元 31	
C	Other losses		0		
ď	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d			2e	254,943
3	Subtract line 2e from line 1	i . '.		3	596,675
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-			
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (December in Boot VIII.)		0	1 December 1	
b	Other (Describe in Part XIII.)		0	11	
С 5	Add lines 4a and 4b			4c	0
	XIII Supplemental Information.	e 16.) .		5	596,675
2; Parl	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Par to provi	t IV, lines 1b and 2b de any additional in	o; Part V, line	e 4; Part X, line
	TIES HAVE BEEN INCLUDED IN AUDITED FINANCIAL STATEMENTS. AMOUI	NTS INDI	CATED WERE PAID	TO THE	
NESI'L	CIVE JONISDICATIONS AS REQUIRED.				
				•	
			······································		
					•••••

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

	(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)	UKRAINE	1	4	PROGRAM SERVICES	GRANTS - STUDENTS	\$ 42,500
_(2)	UKRAINE			PROGRAM SERVICES	GRANTS - ORGANIZATIONS	\$ 169,679
(3)	UKRAINE		· · · · · · · · · · · · · · · · · · ·	PROGRAM SERVICES	DEMOCRACY PROJECTS	\$ 6,479
(4)	CANADA	0	0	PROGRAM SERIVCES	GRANT - ORGANIZATION	\$ 750
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						, ,
(17)						
3a	Sub-total	1	4			\$ 219,408
b	Total from continuation sheets to Part I	0	0			0
c	Totals (add lines 3a and 3b)	1	4	THE REPORT OF THE PARTY OF THE		\$ 219,408

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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. Part II

	(i) Method of valuation (book, FMV, appraisal, other)	FMV	FMV	FMV													
leeded.	(h) Description of non-cash assistance	RENTAL SPACE		\$ 148,500 MEDICAL SUPPLIES													
dullollal space is i	(g) Amount of non-cash assistance		\$ 0 N/A	\$ 148,500													
i be duplicated il a	(f) Manner of cash disbursement	\$ 7,607 BANK WIRES	\$ 13,572 BANK WIRES	N/A													
J'OOO. Fail II cai	(e) Amount of cash grant	\$ 7,607	\$ 13,572	\$ 0 N/A													
rait IV, III e 15, 10 any recipient who received more man \$5,000. Part if can be duplicated if additional space is needed.	(d) Purpose of grant	GENERAL SUPPORT	MEDICAL ASSISTANC	MEDICAL ASSISTANC													
y recipient wild re	(c) Region		UKRAINE	UKRAINE													
E 12, 12	(b) IRS code section and EIN (if applicable)	WRAINE															
רמורוא,	1 (a) Name of organization	(C	(2)	(D)	(d)	(9)	(0)	Æ	(8)	(g).	(01)	(0))	(E1)	(<u>G</u>)	[2]	(E))	(16):

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

Schedule F (Form 990) 2015

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)	N/A																		Schedule F (Form 990) 2015
(g) Description of non-cash assistance	\$ 0 N/A																		
(f) Amount of non-cash assistance																			
(e) Manner of cash disbursement	\$ 42,500 WIRES/CASH PAYM																		·
(d) Amount of cash grant	\$ 42,500																		
(c) Number of recipients	169																		
e 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)	(17)	(18)	

Page	4

Párt∣	V	Foreign Forms		
1	the c	the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see Instructions for Form 926)	□ Yes	☑ No
2	may Trust	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to separately file Form 3520, Annual Return To Report Transactions With Foreign ts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign t With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	☐ Yes	☑ No
3	the c	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to ain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	✓ No
4	quali <i>Infor</i> i	the organization a direct or indirect shareholder of a passive foreign investment company or a ified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, mation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing If (see Instructions for Form 8621).	☐ Yes	☑ No
5	the c	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain ign Partnerships (see Instructions for Form 8865)	☐ Yes	√ No
6	"Yes	the organization have any operations in or related to any boycotting countries during the tax year? If ," the organization may be required to separately file Form 5713, International Boycott Report (see uctions for Form 5713; do not file with Form 990)	☐ Yes	☑ No

D'a	*	V	ı

Supplemental Information

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.) CONTACT WITH RECIPIENT ORGANIZATIONS IS MAINTAINED TO ASSURE PROPER PROGRAM USE OF FUNDS.
IN UKRAINE, ALL CASH DISBURSEMENTS FROM THE FOUNDATION REQUIRE SIGNATURES FROM PERSONS RECEIVING CASH AS WELL
AS FROM INDIVIDUALS PROVIDING CASH. ALL SUPPORTING DOCUEMNTS ARE SUBMITTED TO THE FOUNDATION IN THE U.S. ON A
MONTHLY BASIS, AS PART OF AN OVERAL FINANCIAL REPORT. WHEN CONTRACTORS OR AGENTS FOR THE FOUNDATION ARE USED
THE REQUIREMENTS , AS INDICATED ABOVE, ARE ALSO FOLLOWED.
······································
PART I, II, III · ACCOUNTING METHOD · THE FOUNDATION USE THE ACCRUAL METHOD OF ACCOUNTING.

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Partl

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

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

► Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2015

Open to Publi Inspection

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 • the selection criteria used to award the grants or assistance? General Information on Grants and Assistance U.S.-UKRAINE FOUNDATION

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

Part II Grants and Other As:	sistance to Do	mestic Organiz	ations and Dom	estic Governm	ents. Complete	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form	rered "Yes" on 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.	or any recipient	that received m	ore than \$5,000.	Part II can be du	plicated if addit	ional space is needed.	
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HEARTLAND FAMILY SERVICES							
2101 S. 42nd STREET, OMAHA, NE	47-0390618		\$ 8,986	\$0	0 N/A	N/A	EDUCATIONAL
(2) BIRMINGHAM SISTER CITIES							
701 N 20th ST, BIRMINGHAM, AL	63-1213470		\$ 7,110	\$ 0	0 N/A	N/A	EDUCATIONAL
(3) GLOBAL TIES KC							
30 WEST PERSHING RD, KC, MO	43-1727811		\$ 12,404	\$ 0	\$ 0 N/A	N/A	EDUCATIONAL
(4) CINN-KHARKIV SISTER CITY PAI							
441 VINE ST, SUITE #3620, CINN, OH	31-1204552		\$ 6,487	\$ 0	0 N/A	N/A	EDUCATIONAL
(5) ROCHESTER GLOBAL CONNEC							
575 MT HOPE AVE, ROCHESTER, NY	16-0877269		\$ 8,469	\$ 0	\$ 0 N/A	N/A	EDUCATIONAL
(6) FRIENDS OF SPRINGFILED COM							
109 N. 7th ST, SPRINGFILED, IL	37-1376914		\$ 7,843	\$ 0	0 N/A	N/A	EDUCATIONAL
(7) CHICAGO SISTER CITIES INTERI							
177 N STATE ST, #500, CHICAGO, IL	36-3761640		\$ 9,518	\$ 0	0 N/A	N/A	EDUCATIONAL
(8) SANTA FE COUNCIL INT'L RELA							
413 GRANT AVE #D, SANTA FE,NM	85-0196904		\$ 5,501	\$ 0	0 N/A	N/A	EDUCATIONAL
(9) MODESTO SISTER CITIES							
PO BOX 580253, MODESTO, CA	77-0380517		\$ 5,743	\$0	\$ 0 N/A	N/A	EDUCATIONAL
(10) GLOBAL TIES ARKANSAS							
16 TOULOUSE CT, LITTLE ROCK, AR	71-0562233		\$ 5,803	\$ 0	0 N/A	N/A	EDUCATTIONAL
(11)							
,							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	501(c)(3) and gov	vernment organiza	tions listed in the li	ne 1 table			. • 10
3 Enter total number of other organizations listed in the line 1 table	rganizations listed	d in the line 1 table					0

Schedule I (Form 990) (2015)

Cat No 50055P

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

Schedule I (Fc	Schedule I (Form 990) (2015)					Page 2
Part III	Grants and Other Assistance to Domestic Part III can be duplicated if additional space i	nestic Individual space is needed.	ils. Complete if the	organization answ	Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. s 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
-						
7						
က						
4						
2						
9						
^						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	he information re	equired in Part I, lin	e 2, Part III, column	(b), and any other addition	nal information.
PART I - LINE 2	NE 2					
GRANT FUR	GRANT FUNDS ARE DISBURED FOLLOWING THE SIGNING OF A	G OF A GRANT AGE	REEMENT THAT OUT	LINES TIME, ACTIVITY	AND BUDGET PARAMETERS	GRANT AGREEMENT THAT OUTLINES TIME, ACTIVITY AND BUDGET PARAMETERS. THE GRANTEE MUST SUBMIT
NARRATIVE	NARRATIVE AND FINANCIAL REPORTS FOLLOWING THE CONCLUSION OF THE GRANT PERIOD. COPIES OF RECEIPTS AND OTHER FINANCIAL DOCUMENTATION MUST BE	CONCLUSION OF	THE GRANT PERIOD.	COPIES OF RECEIPTS	S AND OTHER FINANCIAL DO	CUMENTATION MUST BE
SUBMITTE	SUBMITTED TO SUBSTANTIATE GRANT EXPENSES. ANY CASH		MENTS BY THE GRAI	NTEE MUST BE DOCUM	DISBURSEMENTS BY THE GRANTEE MUST BE DOCUMENTED WTIH SIGNATURES.	
]] !	Schedule I (Form 990) (2015)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

	KRAINE FOUNDATION				L	<u>52-17787</u>	29
Part	Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part \	rted on		(d) of determining atribution amounts
1	Art-Works of art						
2	Art - Historical treasures						
3	Art Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods		T. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	ì			
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities-Publicly traded						
10	Securities—Closely held stock .						
11	Securities-Partnership, LLC,						
	or trust interests			}			
12	Securities-Miscellaneous						
13	Qualified conservation						
	contribution—Historic						
	structures					ı	
14	Qualified conservation						
	contribution—Other						
15	Real estate-Residential						
16	Real estate—Commercial					_	
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies	✓	1		\$ 148,500	FMV	
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ► ()					 	
26	Other ► (·	
27	Other ► ()						
28	Other ► (
29	Number of Forms 8283 received						
	which the organization completed	Form 8283	i, Part IV, Donee Acknowled	dgement		_29	0
							Yes No
30a	During the year, did the organizat						
	28, that it must hold for at least th				which is no	ot required	
	to be used for exempt purposes f		e notaing period?				30a ✓
	If "Yes," describe the arrangement				_		
31	Does the organization have a	-		s the review o	of any noi	n-standard	建筑 建筑
	contributions?						31 🗸
32a	Does the organization hire or use	•	•	· •	•	ll noncash	[
							32a ✓
	If "Yes," describe in Part II.						
33	If the organization did not report ar	amount in	column (c) for a type of pro	perty for which o	column (a) i	s checked,	
	describe in Part II.						

Schedule M (Form 990) (2015)								
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.							
LINE 20 - (t) - 1 INDICATES THE NUMBER OF CONTRIBUTIONS.							
	,							
	·							

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

U.SUKRAINE FOUNDATION	52-1778729						
FORM 990 - PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS							
4d - CODE 045 - EXPENSES: \$7,987 - GRANTS: \$7,607 - REVENUES: \$0							
PUBLIC POLICY PROGRAM							
FINANCIAL SUPPORT FOR THE PYLYP ORLYK INSTITUTE FOR DEMOCRACY, A PUBLIC POLICY ORGANIZATION IN KYIV, UKRAINE							
INFORMATION PROVIDED AND MEETINGS HELD TO ASSIST UKRAINIAN POLICY MAKERS IN DEMOCRACY-BUILDING INITIATIVES							
4d - CODE 05 - EXPENSES: \$14,488 - GRANTS: \$0 - REVENUES: \$0							
FINANCIAL SUPPORT FOR THE KHARKIV REGIONAL DEVELOPMENT INITIATIVE AND TRAVEL TO UKRAINE PROJECT							
FORM 990 - PART VI - SECTION B. POLICIES							
LINE 11b - THE FOUNDATION PROVIDES THE 990 FORM AND SCHEDULES TO THE FOUNDATION'S BOARD OF DIRECTORS. TIME IS							
ALLOWED TO REVEIW THESE DOCUMENTS AT THE ANNUAL BOARD MEETING.							
FORM 990 - PART VI - SECTION C. DISCLOSURE							
LINE 19 - THE FOUNDATION MAKES ITS PUBLIC DOCUMENTS AVAILABLE ONLINE AT: http://usukraine.org/reports.shtml							
THE FOUNDATION MAKES ITS PUBLIC DOCUMENTS AVAILABLE UPON DEMAND. THE FOUNDATION NOTIFIES ITS SUPPORTERS							
THAT THESE PUBLIC DOCUMENTS ARE AVAILABLE THROUGH ITS NEWSLETTER.							
FORM 990 - PART XI - RECONCILIATION OF NET ASSETS							
LINES 6,9 - DONATED SERVICES OF \$254,943 AS REVENUE ARE EXPENSED BY THE SAME AMO	UNT IN ORDER TO HAVE NO						
IMPACT ON NET ASSETS. THIS IS CONFIRMED BY SCHEDULE D, PART XI AND PART XII (RECOM	NCILIATION OF REVENUE AND						
EXPENSES).							