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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For the 2	2016 cale	ndar year, or tax year beginning	, 2	016, and	ending			, 20				
8	Check if a	pplicable:	C Name of organization Ukraine Partne	rship Foundation				D Employ	rer identification nu	ımber			
	Address cl	hange	Doing business as						27-4595107				
	Name cha	ınge	Number and street (or P.O. box if mail is it	not delivered to street address	5) R	oom/suite		E Telepho	ne number				
	Initial retur	m	14027 Willow Breeze Ct.		Į.		!		(314) 952-4449				
	Final return	al return/terminated City or town, state or province, country, and ZIP or foreign postal code											
	Amended		Chesterfield, MO 63017				ł	G Gross re	eceipts \$	338,860			
$\bar{\Box}$				Wilbur J. Privott			Hial is this a pa		subordinates? Yes				
		punumgi	14027 Willow Breeze Ct. Chesterfie						s included? Yes	_			
	Tax-exem	ot status:	✓ 501(c)(3)) ◀ (insert no) ☐ 4947(a)(1101	527			a list. (see instruction				
j	Website:		missions.org) 4 (misertine) Lis 4347(a)(<u> </u>	<u> </u>	H(c) Group		•	•			
K			Corporation Trust Association	Other ▶	L Year o	f formation			of legal domicile:	MO			
_	art I	Summ			2 100 0	, ionialion	- 2011	1 in Otate	or regul dorriene.	IVIO			
			scribe the organization's mission (or most significant activ	ities: 1	To suppo	rt encours	oo and f	octor the training	o and			
0	1		-		-								
Governance	9	development of Christian leaders and organizations and to support related mission projects inititally focusing on the Ukraine.											
Ĕ	2 0	Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.											
Š			-	-	-			1	its het assets.	_			
Ö	t .		of voting members of the governing					3		5			
ş	1		of independent voting members of					4	 -	5			
Activities &	1		nber of individuals employed in cal	-		-		5		0			
ਰਿ			nber of volunteers (estimate if nece					6		30			
•			elated business revenue from Part					7a		0			
	<u> </u>	vet unrei	ated business taxable income from	1 Form 990-1, line 34	<u> </u>	-:-i		7b		0			
				·	•		Prior Ye		Current Ye	<u>ar </u>			
Revenue			ions and grants (Part VIII, line 1h)			· }		443,385		343,529			
			service revenue (Part VIII, line 2g)		: .	·							
ě			nt income (Part VIII, column (A), lin			·				(4,669)			
-			enue (Part VIII, column (A), lines 5,		-	·							
			nue-add lines 8 through 11 (must					443,385		338,860			
		Grants ar	344,303		439,983								
	14 E	3enefits	paid to or for members (Part IX, co										
S	15 9	Salaries, o	other compensation, employee bene	compensation, employee benefits (Part IX, column (A), lines 5-10)									
Expenses	16a F	Profession	nal fundraising fees (Part IX, colun	nn (A), line 11e)									
ğ	b T	Fotal fun	draising expenses (Part IX, column	(D), line 25) >		[_							
Ù	17 (Other exp	oenses (Part IX, column (A), lines 1	1a-11d, 11f-24e) .		. [_		11,904		10,045			
	18 7	Fotal exp	enses. Add lines 13-17 (must equ	al Part IX, column (A), li	ne 25)	. [356,207		450,028			
	19 F	Revenue	less expenses. Subtract line 18 fro	om line 12		. [87,178	(111,168)			
P 563						Beg	inning of Cur	rent Year	End of Yea	ir			
50 E	20 1	rotal ass	ets (Part X, line 16)					432,542		344,696			
of Assets or and Balances	21 7	Fotal liab	ilities (Part X, line 26)			. 🗀							
울근		Vet asset	s or fund balances. Subtract line 2	21 from line 20				432,542		344,696			
Pa	art II	Signat	ure Block										
			ry, I declare that I have examined this return						ny knowledge and	belief, it is			
tru	e, correct,	and compl	ete. Declaration of preparer other than edic	er) is based on all information	of which p	preparer ha	s any knowle	dge /	1				
				O				7//3	3//7				
Siç	gn	Sign	ature of officer				Dat	e' /	7				
He	re	w	ilbur J. Privott										
			or print name and title										
Pa	id	Print/Ty	pe preparer's name Prep	parer's signature		Date	, ,	Check	of PTIN				
	eparer	Ro	bert L. Fasani	sel lan.	GA	7/1	0/17	self-em		622			
	e Only							s EIN ▶	43-1298795				
			ddress > 1023 Executive Parkw		ouis. Me	0 6314			14) 724-8178				
Ma	y the IRS		this return with the preparer show			· · · ·			Yes	X No			
For	Paperwo	ork Redu	ction Act Notice, see the separate in	structions.		Cat. No. 1	11282Y			90 (2016)			

om 99	u (2010)
Part	
1	Check if Schedule O contains a response or note to any line in this Part III
1	To support, encourage and fosterthe training and development of Christian leaders and organizations and to support related
	mission projects inititially focused on the Ukraine.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	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:) (Expenses \$ 417,418 including grants of \$ 407,373) (Revenue \$)
	Program:
	Financial and advisory support provided to the Ukraine Baptist Theological Seminary (located in Lviv, Ukraine) for the training and
	development of students at the seminary. Information regarding the seminary can be found at http://upfmissions.org/ubtshistory/.
	The support provided furthered the education and development of approximately 400 students that were enrolled at the seminary
	during 2016.
	Long term objectives:
	To further the development of Baptist Christian churches, initially focused on the Ukraine.
4b	(Code:) (Expenses \$ 32,610 including grants of \$ 32,610) (Revenue \$)
	Program:
	Scholarships for qualifying students.
	Tuition for 3 qualifying students was paid for in 2016.

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4c	(Code. ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	***************************************
	***************************************
	***************************************
	***************************************
Art	Other program continue (Decembe in Cabadula O.)
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program service expenses

Part	Checklist of Required Schedules			
		<u></u>	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	1	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	1	
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	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, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
þ	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other habilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? 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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a		1
Ū	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	1	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	<b>V</b>	
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		1
			. <u>99</u> 0	(2016)

Part	Checklist of Required Schedules (continued)		,	—
20 -	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No V
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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		1
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 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
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		<b>✓</b>
	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		1
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		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part 1	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	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 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 conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			<b>√</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	37	✓	
		Form	n 990	(2016)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	:	<u> </u>	<u>.                                     </u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	<u>)</u>	}	}
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	기		1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1	1	
_	reportable gaming (gambling) winnings to prize winners?	1c	1	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		{	1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2	<u>)</u>		L
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
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	İ	}
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	!		
	(FBAR).			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			<u> </u>
	gifts were not tax deductible?	6b		Ì
7	Organizations that may receive deductible contributions under section 170(c).			<del>                                     </del>
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	}		
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			<del>' -</del>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		7
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	n/ n/	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		- 11/	<u></u>
	sponsoring organization have excess business holdings at any time during the year?	8	-	
9	Sponsoring organizations maintaining donor advised funds.	-		ļ — .
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	-	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	35		
а	Initiation fees and capital contributions included on Part VIII, line 12	1 1	. 1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:	1 1	.	
''a	Gross income from members or shareholders	1 1	1	
b	Gross income from other sources (Do not net amounts due or paid to other sources	1 1	. 1	
_	against amounts due or received from them.)	( (	. ]	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	j	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	IZa		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1 1	. 1	
	Is the organization licensed to issue qualified health plans in more than one state?	122		
а	· · · · · · · · · · · · · · · · · · ·	13a		
b	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which	}	j	
U	the approximation to be seen alternative modified books along	1	ì	
_	100	<b>↓                                    </b>		
C	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<b>√</b>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	- 1	

Form 99	30 (2016)		1	age 6
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See ins	structi	ions.
	Check if Schedule O contains a response or note to any line in this Part VI			V
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.	5		
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		ï. ✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  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?	4 5 6		<b>&gt; &gt; &gt; &gt;</b>
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		<b>/</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	✓	
ь 9	Each committee with authority to act on behalf of the governing body?	8b	<b>✓</b>	1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever		ode.)	<u> </u>
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		<b>√</b>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		1
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	1	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		<b>✓</b>
13	Did the organization have a written whistleblower policy?	13		
14 15	Did the organization have a written document retention and destruction policy?	14		<u>√</u>
а	The organization's CEO, Executive Director, or top management official	15a		✓
b	Other officers or key employees of the organization	15b		<b>✓</b>
16a	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 with a taxable entity during the year?	16a		<b>√</b>
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		<u> </u>
Secti	on C. Disclosure	1.00	1	
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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.	erest p	oolicy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Wilbur J. Privott 14027 Willow Breeze Ct. Chesterfield, MO 63017 (314) 952-4449	cords:	<b>&gt;</b>	

Page	1

Form	COL	1201	

Part VII	Compensation of Officers, Directors,	Trustees,	Key Employees,	Highest C	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 org	aniz	atic	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles er and	Pos neck	rson	that the both is soft run Highest compensated employee	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
(1) Wilbur J. Privott - President and Director	6	1		1		<u>_</u>		. 0	0		0
(2) Joseph C. Eason - Secretary and Director	1	1		1				0	0		_ <u>_</u>
(3) John F. White - Director	11	1			-			0	0		0
(4) Tom McCarthy - Director	11	1						0	0	<del></del>	<u>ت</u> 0
(5) Robert Fasani - Director	11	1					-	0	0	<del> </del>	0
(6) John Smith - Director	11	,					-	0	0		<u>.</u> 0
(7)		Ť			-		-				
(8)			-				-				
(9)				-	-		<del> -</del>			<del></del>	
(10)		-		-	-					<del></del>	_
(11)			 	-			-			<del></del>	
(12)			<del> </del>	-		-	-				_
(13)	ļ		-	$\vdash$	-		-				
(14)			-			-	-				

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	Name and title Average			(C) Position (do not check more than o box, unless person is both officer and a director/trust					(D) Reportable compensation	(E) Reportable		Est	(F) imated ount of	
		hours for hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-M	ns	comp fro orga and	other pensation om the unization related nizations	1
(15)											_	<del></del>	<del></del>	
(16)														
(17)								-						
(18)														
(19)											1		<del></del>	
(20)						-	 				1			
(21)					-						1	·		
(22)				-			-				十			
(23)														
(24)												<del> </del>		
(25)														
1b c d	Sub-total	VII, Sectio		•	•		•	<b>&gt; &gt;</b>	0		0			0
2	Total number of individuals (including but reportable compensation from the organi	not limited					above	e) w		<del></del>		) of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5	ficer, direc							oloyee, or high			3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$1	50,	000				complete Sch		r such	•		<u> </u>
5	Did any person listed on line 1a receive of for services rendered to the organization	r accrue co	mpe	nsat	tion				related organiz	zation or ind	ıvıdual			<u>~</u> ✓
Section	on B. Independent Contractors				_									
1	Complete this table for your five highest of compensation from the organization. Repyear.													ıх 
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compens	ation	
None								_						
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed ab	ove) who				

Part	VIII	Statement of Revenue  Check if Schedule O contains a response or note to any line in this Part VIII									
		Check if Schedule C	) contains a r	esponse or note to	o any line in this (A) Total revenue	Part VIII  (B)  Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
Contributions, Gifts, Grants and Other Similar Amounts	1a b c	Federated campaigns Membership dues Fundraising events	1	b		revenue		512-314			
iifts ar A	d	Related organizations	<del></del>	d	1		<u> </u>				
imi imi	е	Government grants (con		e			}				
ar S	f	All other contributions, g	1				}				
₹ ₹		and similar amounts not inc	تــــا	f 316,796							
No.	9 h	Noncash contributions included Total. Add lines 1a-1			343,529		l				
		Total: Food lifted 12-1	<u> </u>	Business Code	343,329						
Ven	2a	***************************************									
<b>26</b>	ь			ì							
Ž.	C					<del> </del>		ļ			
န္	ď						<b> </b>	<del> </del>			
Program Service Revenue	e f g	All other program sen Total. Add lines 2a-2	vice revenue .	<u></u>							
	3	Investment income						1			
		and other similar amo	ounts)		9,621			9,621			
	4	Income from investmen	-				ļ				
	5	Royalties	(i) Real	(ii) Personal			ļ	<del> </del>			
	6a	Gross rents	(7)166	(10) 1 (100) (10)			}				
	b	Less: rental expenses		-							
	С	Rental income or (loss)			1		Ì				
	d	Net rental income or	<u> </u>	>							
	7a	Gross amount from sales of assets other than inventory	(i) Securities 270,9	(ii) Other							
	ь	Less: cost or other basis and sales expenses .									
	С	Gain or (loss)	285,1 (14,29								
	ď	Net gain or (loss) .			(14,290)		 	(14,290)			
Revenue	8a	Gross income from fu events (not including \$ of contributions reporte	_								
Other Re		See Part IV, line 18 .		а							
ŏ	1	Less: direct expenses Net income or (loss) fr		b events .			İ	•			
		Gross income from ga						<del>                                     </del>			
		See Part IV, line 19 .									
		Less: direct expenses Net income or (loss) f		b stuitues							
	10a	Gross sales of in						<del> </del>			
		returns and allowance			ł						
	ь	Less: cost of goods s		Ь							
	<u>C</u>	Net income or (loss) f									
	44.	Miscellaneous R	Revenue	Business Code							
	11a b					<del></del>	<del></del>	<del> </del>			
	C	********************		-	<del></del>	<del></del>	<del> </del>	<del> </del>			
,	ď	All other revenue .						t			
	е	Total. Add lines 11a-	-11d								
	12	Total revenue. See in	nstructions.	<u> </u>	338,860		L	(4,669)			
								Form <b>990</b> (2016)			

	IX Statement of Functional Expenses				
Section	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon	se or note to any lir		<u> </u>	🛘
8b, 9t	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				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	439,983	439,983		
<b>4</b> <b>5</b>	Benefits paid to or for members				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management			·	
b	Legal ,				
C	Accounting				
đ	Lobbying				<u> </u>
9	Professional fundraising services. See Part IV, line 17			<del></del>	
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) .				
12	Advertising and promotion				
13	Office expenses		<del></del>		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	10,045	10,045		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates			<del></del>	
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column		į		
	(A) amount, list line 24e expenses on Schedule O.)	<u> </u>			
a					
b	***************************************				
C					
d	All Alexander				ļ
e 25	All other expenses Total functional expenses, Add lines 1 through 24e			<del></del>	
25 26	Joint costs. Complete this line only if the	450,028	450,028	<del></del>	
<b>4</b> 0	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)				

Р	art X	Balance Sheet				
		Check if Schedule O contains a response or no	te to any line in this Par	t X		
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		432,542	2	62,622
	3	Pledges and grants receivable, net	[		3	
	4	Accounts receivable, net	[		4	
	5	Loans and other receivables from current and form				
	}	trustees, key employees, and highest comp	= -			
		Complete Part II of Schedule L	<u> </u>		5	
	6	Loans and other receivables from other disqualified persons				
		4958(f)(1)), persons described in section 4958(c)(3)(B), and co				
	1	sponsoring organizations of section 501(c)(9) voluntary				
Assets	_	organizations (see instructions). Complete Part II of Schedule			6	
SS	7	Notes and loans receivable, net			7	
4	8	Inventories for sale or use	J=	<del></del>	8	
	9 10a	Prepaid expenses and deferred charges Land, buildings, and equipment: cost or	·1· · · · · · · · · ·	<del></del>	9	<del></del>
	104	other basis. Complete Part VI of Schedule D				
	ь	Less: accumulated depreciation 10	<del></del>		10c	
	11			<del></del>	11	282,074
	12	Investments—other securities. See Part IV, line 11	F		12	202,074
	13	Investments—program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	<del></del>
	16	Total assets. Add lines 1 through 15 (must equal lin	ļ	432,542	16	344,696
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part			21	! 
Liabilities	22	Loans and other payables to current and forme	· · · · · · · · · · · · · · · · · · ·		1	
養	1	trustees, key employees, highest compensate disqualified persons. Complete Part II of Schedule L		,		
ā	00		<b>⊢</b>		22	
_	23	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated this			23	
	25	Other liabilities (including federal income tax, pay			24	<u></u>
	23	parties, and other liabilities not included on lines 17				!
	ļ	of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0		0
		Organizations that follow SFAS 117 (ASC 958), ch	neck here ▶ 🔲 and			,
ä		complete lines 27 through 29, and lines 33 and 34	<b>l.</b>			š
F	27	Unrestricted net assets			27	<del></del>
8	28	Temporarily restricted net assets			28	
힡	29	Permanently restricted net assets			29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.	check here			
ţ	30	Capital stock or trust principal, or current funds .			30	
SSE	31	Paid-in or capital surplus, or land, building, or equip	<u></u>		31	
Net Assets	32	Retained earnings, endowment, accumulated incom		432,542		344,696
ž	33	Total net assets or fund balances		432,542		344,696
	34	Total liabilities and net assets/fund balances	<del> </del>	432,542	34	344,696
						Form <b>990</b> (2016)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

За

Form 990 (2016)

#### 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

2016

Open to Public Inspection

**Employer identification number** Name of the organization **Ukraine Partnership Foundation** 27-4595107 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/2% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/8% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12q. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported organization (ii) E(N (iv) Is the organization (v) Amount of monetary (vi) Amount of ed in your governing (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

Part							
	(Complete only if you checked the Part III. If the organization fails to						alify under
Secti	on A. Public Support						
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	102,095	40,498	181,376	383,385	283,530	990,884
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	102,095	40,498	181,376	383,385	283,530	990,884
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)						190,986
6	Public support. Subtract line 5 from line 4						799,898
	on B. Total Support					r	
_	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	102,095	40,498	181,376	383,385	283,530	990,884
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,045	1,784	7,793	0	9,621	21,243
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,012,127
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	re			-	ear as a section	
	on C. Computation of Public Suppor			4			
14 15 16a	Public support percentage for 2016 (line 6 Public support percentage from 2015 Sct 331/2% support test—2016. If the organic	nedule A, Part lization did not	II, line 14 check the box	c on line 13, an	d line 14 is 33		
	box and stop here. The organization qua						
b	331/3% support test — 2015. If the organithis box and stop here. The organization	qualifies as a p	oublicly suppo	rted organizati	on		▶ 🛘
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts- facts-and-circ	and-circumsta	ances" test, chest. The organiz	eck this box a	ind stop here.	Explain 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	ation meets the neets the "fact	e "facts-and-c s-and-circums	circumstances"	' test, check t The organization	this box and s	top here.
18	Private foundation. If the organization di					k this box and	

Part III	Suppor	t Sched	ule fo	or Organiz	ations De	scribed	in Sectio	n 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support	<u> </u>				···-	
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees				T		
	received. (Do not include any "unusual grants.")		l	į	l		
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the			ļ	ļ		
	organization's tax-exempt purpose	I	1	<b>!</b>	ļ		
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	ļ	1	i I	<b>[</b>		
4	Tax revenues levied for the						
	organization's benefit and either paid	į	]	)	1		
	to or expended on its behalf	Į	]	)	}		
5	The value of services or facilities						
	furnished by a governmental unit to the	1		[	į		
	organization without charge			ł	(		
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	1		1	i		
ь	Amounts included on lines 2 and 3						
_	received from other than disqualified	1	į .	1	1		
	persons that exceed the greater of \$5,000	ļ		j	}		
	or 1% of the amount on line 13 for the year	l	L	l	<u> </u>		
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)	l			ļ		
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,			}			
	payments received on securities loans, rents,		1				
	royalties and income from similar sources .			L			
b	Unrelated business taxable income (less		4	İ	į	!	
	section 511 taxes) from businesses			ļ	į į		
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business		j	Ì		i j	
	activities not included in line 10b, whether		i	}		1	
	or not the business is regularly carried on	ļ <u></u>					
12	Other income. Do not include gain or		[		į		
	loss from the sale of capital assets	ı	(	<b>(</b>	(		
40	(Explain in Part VI.)	<del></del>	<del></del>	ļ	ļ		
13	Total support. (Add lines 9, 10c, 11,	ł	}	1		İ	
14	and 12.)		n'o firmt same	of third facility	Or 66th Ann	L	0.601/0/(0)
14	First five years. If the Form 990 is for the organization, check this box and stop her	_			_		
Secti	on C. Computation of Public Suppor		· · · · ·	<del></del>	<del></del>	· · · · ·	· · · · · ·
15	Public support percentage for 2016 (line 8			3 column (fl)		15	%
16	Public support percentage from 2015 Sch		•			16	<del></del>
	on D. Computation of Investment Inc			<del></del> -	<del></del>		
17	Investment income percentage for 2016 (I			v line 13 colu	mp (fl)	17	%
18	Investment income percentage from 2015		• •	•	. , , ,	18	<del>/</del> %
19a	331/2% support tests—2016. If the organi						
	17 is not more than 331/2%, check this box						
b	331/3% support tests - 2015. If the organiz		_			_	
_	line 18 is not more than 331/3%, check this t						
20	Private foundation. If the organization de		_		•	•	_

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Secti	ion A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		Yes	No
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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).	5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 <b>Part VI</b> .	6		
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).	7		
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).	8		
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.	9a		
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 <b>Part VI</b> .	9b		
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 <b>Part VI</b> .	9c		
	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.	10a		
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.)

10b

Scriedo	ne A (Form 950 or 950-22) 2010		1	rage ວ
Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1		ł
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
	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.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
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	1 '		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		,	
2	Did the exercise is a such factor by the bounds of an arrangement of the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such as the such	1		
-	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.	1	, 1	
		2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
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	1 /		
	or management of the supporting organization was vested in the same persons that controlled or managed	1 1		
	the supported organization(s).	1 1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
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	1 1		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1 1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2				
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	1 1		
	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	1 1	ļ	
	supported organizations played in this regard.	3		
Sect	ion 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 i	nstru	ctions	 :}.
	☐ The organization satisfied the Activities Test. Complete line 2 below.			.,
a	· · · · · · · · · · · · · · · · · · ·			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	· ·	_4 41	1
С	The organization supported a governmental entity. Describe in Part VI now you supported a government entity (	see ns	structi	orisj.
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	1 1	i	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	, ,	- 1	
	how the organization was responsive to those supported organizations, and how the organization determined	1 1	1	
	that these activities constituted substantially all of its activities.	2a	j	
b	·			
J	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	1 1	ļ	
	reasons for the organization's position that its supported organization(s) would have engaged in these	( (	- 1	
	activities but for the organization's position that its supported organization(s) would have engaged in these		Į	
	-	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		- 1	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1	1	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3ь		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20, 1970 (explai	n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ			
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 instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
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 factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
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, 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	v in	tegrated Type III supporting	organization (see

Schedul	e A (Farm 990 or 990-EZ) 2016			Page 7
Part		3) Supporting Organi	zations (continued)	
Secti	on D - Distributions	·		Current Year
	Amounts paid to supported organizations to accomplish	exempt purposes		<u> </u>
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	orted		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
	Amounts paid to acquire exempt-use assets		<del></del>	
5	Qualified set-aside amounts (prior IRS approval required)			
6		·		
7	Total annual distributions. Add lines 1 through 6.		<del></del>	
8	Distributions to attentive supported organizations to whice (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
C	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of pnor years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			'
4	Distributions for 2016 from Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b	Excess from 2013			
c	Excess from 2014			
<u>d</u>	Excess from 2015			
e	Excess from 2016			L
				A (E 000 000 ET) 0040

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.)
Page 2, Pa	rt II - Unusal Grants
Contribution	ons of \$145,000 in 2014. \$60,000 in 2015 and \$60,000 in 2016 were received from one grantor. The grants are considered
unusual gi	ants and have been excluded from the total contributions from those years.
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### SCHEDULE F (Form 990)

## **Statement of Activities Outside the United States**

OMB No. 1545-0047 2016

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► 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. Inspection Employer identification number

Ukrai	ne Partnership Foundation	<del></del>					-4595107
Par	General Information Form 990, Part IV, line		es Outside	the United States. Comp	olete if the organi	ization ansv	vered "Yes" on
1	For grantmakers. Does the						
	assistance, the grantees' eli	gibility for the	e grants or as	sistance, and the selection	criteria used to	award the	
	grants or assistance?						☑Yes ☐No
2	For grantmakers. Describe	e in Part V t	he organizati	on's procedures for monit	oring the use o	of its grants	and other
	assistance outside the Unite		_		•		
3	Activities per Region. (The fo	llowing Part	l, line 3 table o	can be duplicated if addition	nal space is need	led.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity liste a program se describe specifi service(s) in the	ervice. ic type of	(f) Total expenditures for and Investments in the region
(1)	Russia	0	0	Program services	Training Christia	an leaders	407,373
(2)	<del></del>						
							<del></del>
(3)							
(4)							<del> </del>
(5)							· · · · · · · · · · · · · · · · · · ·
(6)							
(7)							
(8)							
(9)							
(10)							
(11)	·						
(12)			 				
(13)	<del> </del>						
(14)							
(15)							
(16)							<del></del>
(17)			-				
3a	Sub-total	0	0				407,373
Ь	Total from continuation sheets to Part I						
^	Totals (add lines 3a and 3h)	^	^	1	l		407 272

Schedule F (Form 990) 20	116							Page 2
Part II Grants	and Other A						nization answered "Ye	
1 (a) Name of organization	(b) (RS code section and EIN (if applicable)	(c) Region	received more than (d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		Russia	General support	407,373	Wire transfers / cash			
(2)	<u> </u>							
(3)	ļ							
(4)						~		
(5)	<u> </u>							
(6)				<u> </u>				
m								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
2 Enter total nu by the IRS, o	or for which the	grantee or counse	isted above that are rec I has provided a section httles	1 501(c)(3) equivale	ency letter		•	1

Schodule F (Form 990) 2016

Part III Grants and Other Part III can be dupl	Assistance to Individual licated if additional sp	duals Outside t ace is needed.	the United State	s. Complete if the	organization ansi	wered "Yes" on Form 99	0, Part IV, line 1
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV appraisal, other)
(1) Scholarships	Russia	3	32,610	Checks			
(2)							
(3)							
(4)							
(5)	1		· · - · - · - · - · - · · · · · · ·				
(6)							
(7)							
(8)							
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(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)			··········				
(18)							

Schedule F (Form 990) 2016

Page	4

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Schedu	le F	(Form	990)	2016

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

## Part V

### 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, Line 2 - Procedures for monitoring the use of grants and other assistance
In accordance with the mission of this organization, Ukraine Partnership Foundation (UPF), all grants on pages 1 and 3 are to, or for the
benefit of, the Ukraine Baptist Theological Seminary (UBTS). UBTS is a Baptist seminary that is located in Lviv, Ukraine. UBTS is registered
in LVIV and the Ukraine as a religious organization. The seminary had approximately 400 students in 2016.
The financial support provided by the Ukraine Partnership Foundation to UBTS is monitored in the following ways:
1) The Board of Directors of UPF determines the financial support that UBTS will receive and the purposes for which the funds will be
expended.
2) UPF periodically receives a budget and financial statements from UBTS.
3) A third party audit is conducted on UBTS.
4) The President of UPF, Wilbur J. Privott, works on a continual basis with the President of UBTS, Yaroslav Pyzh, to ascertain that the
financial support that is provided is used for purposes within the mission of UPF. This includes ongoing conversations regarding
the management, direction and long term objectives of the seminary.
5) The President of UPF phycially visits UTBS in the Ukraine at least twice yearly to work with UBTS and to review progress.
Similarly, serveral volunteers associated with UPF make numerous trips to UBTS and report back to UPF.
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#### **SCHEDULP 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 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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. Employer identification number Name of the organization **Ukraine Partnership Foundation** 27-4595107 Part VI, Line 11b - Processes Used By the Organization to Review This Form 990

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