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# **CANNED** MAR 2 5 2021

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (Rev January 2020)

Department of the Treasury Internal Revenue Service

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047
2019

Do not enter social security numbers on this form as it may be made public.

• Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Form **990** (2019)

638p

<u>A</u>	For the	2019 ca	endar year, or tax year b	eginning			, an	<u>d ending</u>	_					
В	Check if a	applicable	C Name of organization	Fund-for the	European	University at St	Petersburg	1	D Emplo	yer ide	ntification	number		
	Address (	change	Doing business as											
	<b>N</b>		Number and street (or PO	box if mail is no	ot delivered to	street address)	Room/suite	Э	59-3780	793				
ш	Name ch	ange	37 Willow Grove Road						E Teleph	one nur	mber			
	Initial retu	ım	City or town			State	ZIP code	(724) 720 0605						
$\overline{\Box}$	<b>5</b> 11		Brunswick			ME	04011		(734) 730-9695					
ш	rınai return	/terminated	Foreign country name	Foreigi	n province/st	ate/county	Foreign po	stal code						
	Amended	return							G Gross	receipts	\$	2,	125,186	
$\overline{\Box}$			F Name and address of princ	nol officer										
ш	Application	n pending	· ·	•					this a group ret			Yes	B X No	
			William G Rosenberg 3	/ Willow Gro	ve Road,	Brunswick, ME	04011	<b>-</b> ∤/H(b) A	re all subordi	nates in	cluded?	Yes	B No	
i	Tax-exer	npt status	X 501(c)(3) 501(c)	( )	◀ (insert no	) 4947(a)(1)	or 5	الجو	f "No," attach	alıst (s	ee instructi	ions)		
$\overline{}$	Website	: ► N/A						—  <sub>was</sub> c	·		h <b>N</b>			
<u> </u>		•				· · ·	<del>                                     </del>	1 H(C)	roup exempt	on num	ber -			
K	Form of	organization	X Corporation Tru	st Assoc	ation	Other ►	\ _   L	Year of form	nation 200	05	M State of	legal domicil	e Mi	
F	Part I	Su	mmary				- 6							
	1		escribe the organization	s mission or	most sign	nificant activitie	s S	ee Sched	lule O					
8		•					•							
Ĕ														
Governance							-	<b>シ</b> につこ	IV/CD-				- <b>-</b>	
8	2		nis box 🕨 🔲 ıf the org				or dispos	ed-ot-wo	rennan 25	% offit	ts net as:	sets.		
9	3	Number	of voting members of th	e governing	body (Par	t VI, line 1a)	ω		<del></del>	2 له ر			8	
ς, Q	4	Number	of voting members of the of independent voting m mber of individuals empl	embers of the	he govern	ing body (Part '	VISme 1b	DD 1	7 ታበሳስ	19214	<u> </u>		. 8	
<del>.</del>	5	Total nu	mber of individuals empl	oyed in cale	ndar year	2019 (Part V, II	ne®a) ′	71 N.I.	1 2020	1 3 5	5		0	
Activities &	6	Total nu	mber of volunteers (estin	nate if neces	ssary)					of 6			8	
ĕ	7a		related business revenue			n (C), line 12	1 0	GDFI	N, UT	7:	a		0	
	l b		elated business taxable i		•	` '			1, 01	J7			0	
	<del> </del> -		natou suomeos tamas n			.,			Prior Year		<del></del>	Current Ye		
_	8	Contribi	itions and grants (Part V	III line 1h\		11101 1001	10,03	20		208,205				
3	9					•		<u> </u>		10,00			200,203	
ē	13		service revenue (Part V			100.00	<u> </u>							
Revenue	10		ent income (Part VIII, col		1,4	428,92			367,762					
_	] 11		venue (Part VIII, column	<u> </u>			<u> </u>		0					
	12		enue—add lines 8 through				e 12)		1,4	438,95	52		575,967	
	13	Grants a	and similar amounts paid	(Part IX, co	iumn (A),	lınes 1–3)		L	155,545				181,908	
	14	Benefits	paid to or for members	(Part IX, colu	ımn (A), lı	ne 4)					0			
Š	15	Salaries,	other compensation, emp	loyee benefits	s (Part IX,	column (A), lines	s 5–10)				0			
Expenses	16a	Professi	onal fundraising fees (Pa	art IX. colum	n (A), line	11e) .	•		0					
ē	b		idraising expenses (Part		• • •	•	14.2	10					0	
ŭ	17		penses (Part IX, column							319,88	<u>u</u>	300,683		
	18		penses Add lines 13-17							475,42			482,591	
	19		e less expenses Subtrac			Zolullii (A), iiile	20).			963,52				
- 6		Revenue	e less expenses Subtrac	Lille 10 IIO	11 111111111111111111111111111111111111	•	· ·						93,376	
Net Assets or	00	Tatal and	anta (Dant V. Juna 40)					Begin	ning of Curr		<del></del>	End of Yea		
888	20		sets (Part X, line 16)					-		300,91	o	16,0	026,749	
4 4	21		pilities (Part X, line 26).							575,00			13,500	
			ets or fund balances Sub	otract line 21	from line	20 .			13,7	725,91	10]	16,0	013,249	
	art II		nature Block /											
Und	ler penalti	es of peŋuŋ	, I declare that have examined	this return, incl	uding accom	panying schedules	and stateme	nts, and to	the best of my	knowle	edge			
and	belief, it is	s true, corre	ct, and complete ideclaration of	preparer (other	r than officer)	is based on all info	rmation of w	hich prepar	er has any kn	owledge				
Sig	n			$V \sim$	7					041	12/2	<u> </u>		
He			Signature of officer						Dat	е ′				
ne	16		William G Rosenberg	(			Vı	ce Presid	lent					
			Type or print name and title				<u> </u>	<del>:</del>						
	,	Print	/Type preparer's name	<del> </del>	Preparer's	signature	<del></del> -	Da	ite T			PTIN		
Pa	id				' '	-				Check	· 🔲 🗗			
	eparer	Jam	es H Bennett, CPA		James H	Bennett, CPA		3,	12/2020	self-e	mployed	P0044754	47	
	e Only		's name Bennett & As	sociates CP	As PLLC				Firm's EIN	▶ 27-	-3488128	<u></u> В		
Ja	o Only		's address ► 100 Huronvie			48103					34) 622-8			
							`		Phone no	(/3			<del></del>	
Ma	v tne iH	S discus	s this return with the prej	parer shown	above? (	see instructions	3) .					X Yes	No	

	990 (2019)	rund for the European University at St. Fetersburg	59-3760793	Page Z
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		X
1	•	describe the organization's mission hedule O		
2	Did the	organization undertake any significant program services during the year which were not listed on		
•		r Form 990 or 990-EZ?	Yes	X No
	•	describe these new services on Schedule O		
3	Did the	organization cease conducting, or make significant changes in how it conducts, any program		
	service	s?	Yes	X No
		describe these changes on Schedule O		
4	expens	e the organization's program service accomplishments for each of its three largest program services es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allow the service reported.  I expenses, and revenue, if any, for each program service reported.		
4a	(Code	) (Expenses \$ 356,162 including grants of \$ 181,908 ) (Revenue	e \$	)
	Travel	grants to scholars affiliated with the European University at St Petersburg to meet program		
	and adı	ministrative needs through short term visits to universities outside of Russia, and to U.S.		
		s and scholars to enroll in European University programs or offer lectures and seminars in		
	St Pete	ersburg		
				-
				<del></del>
4b	(Code	) (Expenses \$ including grants of \$ ) (Revenue	∍\$	)
		••••••••••••••••		
		•••••••••••••••••••••••••••••••••••••••		
4c	(Code	) (Expenses \$ including grants of \$ ) (Revenue	e \$	)
		•••••••••••••••••••••••••••••••••••••••		
4d		rogram services (Describe on Schedule O )		
_	(Expen		0)	<del></del>
46	Total pr	ogram service expenses   356.162	•	

# Part IV Checklist of Required Schedules

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
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		X
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		Х
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		x
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		Х
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	х	
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		Х
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		х
	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	11e		Χ
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	11f 12a	х	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	120	^	
-	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	-	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		一	
	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	x	
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		х
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	х	
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	_	X
. •	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	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	х	

Part IX, column (A), line 27 if "Yes," complete Schedule, Parts I and III 29 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Yes," complete Schedule, Parts I and III 29 Did the organization answer "Yes" to Part IX, Section A, line 3.4, or 5 about compensation of the organizations current and former officers, directors, fusites, key employees, and highest compensated employees "If "Yes," complete Schedule IX III IX	Part	IV Checklist of Required Schedules (continued)			
Part IX. column (A), line 27 if "Yes," complete Schedule I, Parts I and III 20 Did the organization answer "Yes" to Part IV, Section A), line 3, 4, or 5 about compensation of the organization's current and former officers, directors, flustees, key employees, and highest compensated employees." If "Yes," complete Schedule I, Part IV, 100 or 10 to 100 the organization have a tax-exempt bond sause with an outstanding principal amount of more than \$150,000 as of the last day of the year, that was seued after December 31, 2002 if "Yes," answer lines 24th through 24d and complete Schedule K. If "No." on to line 25 to 10 the organization mention an escoror account other than a refunding escrow at any time during the year to defease any transverse broads?  d) Did the organization mention an escoror account other than a refunding escrow at any time during the year?  25a Section 59(1c)(3), 591(c)(4), and 591(c)(23) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of using the year? If "Yes," complete Schedule I, Part I is the organization aware that it engaged in an excess benefit transaction with a disqualified person of using the year? If "Yes," complete Schedule I, Part I is the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I, Part IV and the particular or party to a business transaction with one of the following parties (see Schedule I, Part IV If "Yes," complete Schedule II, Part IV If "Yes," complete Schedule II, Part IV If Yes, "complet				Yes	No
23 Dut the organization answer "Yes" to Part VII, Section A, Inte 3.4, or 5 about compensation of the organization's current and former officers, directors, flustease, key employees, and highest compensated employees? If "Yes," complete Schedule J 24. Dut the organization have a tex-exempt borth size 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 24th through 24d and complete Schedule K If "No," go for line 25a.  Did the organization maintain an escrew account other than a refunding escribe at any time during the year?  Did the organization maintain an escrew account other than a refunding escribe at any time during the year?  Did the organization aware that the graged in an excess brenefit transaction with a disqualified person during the year? I like 15 is the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(C(3), 301(C)(4), 40 501(C)(3),	22				
organization's current and former officers, directors, fusileses, key employees, and highest compensated employees if "Pes," complete Schedule J. Part II Stoophers Schedule J. Part II J. Part IV Schedule J. Part IV Schedule J. Part II J. Part IV Schedule J. Part IV Schedul		·	22	X	ļ
employees? If "res," complete Schedule J 24. Did the organization have at 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 24th through 24th and complete Schedule II, "In "to", or to time 25a.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary pend exception?  c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary pend exception?  d Did the organization area as an excess benefit transaction with a disqualified person act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did 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 organizations or profess Schedule II. Part II is 1 is the organization report any amount on Part X, line 5 or 22, for receivables from or psyables to any current or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employe	23	· · · · · · · · · · · · · · · · · · ·			
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the least day of the year. If was issued after December 31, 2002 if "Yes," answer lines 24b through 24d and complete Schedule K if "No." go to line 25a.  24b Did the organization mirest any proceeds of tax-exempt bonds beyond a temporary period exception?  25d Did the organization mirest any proceeds of tax-exempt bonds beyond a temporary period exception?  25d Did the organization marrian an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  25d Did the organization marrian an escrow account other than a refunding escrow at any time during the year?  25d Did the organization with a disqualified person during the year? if "Yes," complete Schedule L, Part I prior year, and that the transaction has not been reported on any of the organization's prior Fores 980 or 990-EZ? if "Yes," complete Schedule L, Part II prior, year, and that the transaction has not been reported on any of the organization's prior fores 980 or 990-EZ? if "Yes," complete Schedule L, Part II prior, year, and that the transaction has not been reported on any of the organization's prior fores 980 or 990-EZ? if "Yes," complete Schedule L, Part II prior, year, and that the transaction has not been reported on any of the organization prior year, and year or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity including an employee thereof, or grant selection committee member, or to a 35% controlled entity including an employee thereof, or grant selection committee member, or to a 35% controlled entity including an employee thereof, or grant selection committee member, or the prior of year of year or year and selection or year and year or year or year or year and year or year or year or year or year year. Year, year year year year year year year year					
\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," enswer lines 24b though 24d and complete Schedule I, "In "No." go to line 28a.  b			23	ļ	X
24th through 24d and complete Schedule K. If "No." go to line 25a.  b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  C Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization avera that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I. Part I provided the year if "Yes," complete Schedule I. Part I provided the year if "Yes," complete Schedule I. Part II provided the year if "Yes," complete Schedule I. Part II provided the year if "Yes," complete Schedule II. Part II provided the year if "Yes," complete Schedule II. Part II provided the year if "Yes," complete Schedule II. Part II provided the year if "Yes," complete Schedule II. Part II provided the year if "Yes," complete Schedule II. Part II provided the year if "Yes," complete Schedule II. Part II provided the year if year year is a sold the year if year year is a sold the year if year year is a sold the year is year if year year year is year if year year year year year year year year	24a		į		
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c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a 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 I I I I I I I I I I I I I I I I I I		-		ļ	<u>*</u>
to defease any tax-exempt bonds?  1 Did the organization at as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 801(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 be 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 sprior Forms 990 or 990-EZ? "Yes," complete Schedule L, Part I is 10 the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (or family member of any of these persons? If "Yes," complete Schedule L, Part II is 25 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (or family member of any of these persons? If "Yes," complete Schedule L, Part II is 26 or 30 the organization or party to a business transaction with one of the following parties (see Schedule L, Part IV is 17 yes," complete Schedule L, Part IV is 30 the organization organization engage in an excess benefit transaction with a singular transaction with a sex and provided and p			24b		ļ
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  258 Section Solic((3), 501((4)), and 501((2)) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  25a	С	· · · · · · · · · · · · · · · · · · ·	240	}	
25a 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 very "it "vise," complete Schedule I, Part I	٨	·			
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I I I I I I I I I I I I I I I I I I I			240		-
b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a priory 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 I dit the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contribution, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II and the persons? If "Yes," complete Schedule L, Part II and trustructions, for applicable filing thresholds, conditions, and exceptions)  a Acurrent or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof), a family member of any of these persons? If "Yes," complete Schedule L, Part II and trustructions, for applicable filing thresholds, conditions, and exceptions)  a Acurrent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If If "Yes," complete Schedule L, Part IV and the properties of any distributions of an	200		25a		l x
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 I  25 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator of founder, substantial contributior, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   26 X  27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator of founder, substantial contributior or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III   27 X  28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV in III in	b		200		<u> </u>
990-EZ7 If "Yes," complete Schedule L, Part I  25 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III  27 X  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV as the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV as family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  28 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than 255,000 m non-cash contributions? If "Yes," complete Schedule M  30 Did the organization individual full parties of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I  30 Did the organization individuals, exchange, dispose of, or transfer more than 25% of its net assets?  31 If "Yes," complete Schedule N, Part II  32 Did the organization on 100% of an entity disregarded as separate from the organization under Regulations sections 301 17701-2 and 301 7701-37 If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part V II  34 Was the organization organization receive any payment from or engage in any transaction with a controll	_			i	
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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  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O  38 X  Part V  Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  10 Yes No  11 Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 12	-		36		х
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  The statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  The statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  The statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  The statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  The statements Regarding Other IRS Filings and Tax Compliance  The statements Regarding Other IRS Filings and Tax Compliance The statements Regarding Other IRS Filings and Tax Compliance The statements Regarding Other IRS Filings and Tax Compliance The statements Regarding Other IRS Filings and Tax Compliance The statements Regarding Other IRS Filings and Tax Compliance The statements Regarding Other IRS Filings and Tax Compliance The statements Regarding Other IRS Filings and Tax Compliance The statements Regarding Other IRS Filings and Tax Compliance The statements Regarding Other IRS Filings and Tax Compliance The statements Regarding Other IRS Filings and Tax Compliance The statements Regarding Other IRS Filings and Tax Compliance The statements Regarding Other IRS Filings and Tax Compliance The statements Regarding Other IRS Filings and Tax Compliance The statements Regarding Other IRS Filings and Tax Compliance The statements Regarding Other IRS Filings and Tax Compliance The statements Regarding Other IRS Filings and Tax Compliance The statements Regarding Other IRS Filings and Tax Compliance The statements Regarding Other IRS Filings and Tax Compliance The sta	37				
19? Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  The statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c X		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V.  Yes No  1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c X	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
Check if Schedule O contains a response or note to any line in this Part V .  The second of the number reported in Box 3 of Form 1096 Enter -0- if not applicable to the number of Forms W-2G included in line 1a Enter -0- if not applicable to the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  The second of the	_		38	Х	<u> </u>
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  Yes No  1b 0  1c X	Par				<del></del>
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c X		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable .				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			_		
gaming (gambling) winnings to prize winners?			0		
	С			Ų.	
		gaming (gambling) winnings to prize winners?			(2042)

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)		· · ·	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	No
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 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)			T
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for 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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .	5b		X
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			l
	organization solicit any contributions that were not tax deductible as charitable contributions?.	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			l
	gifts were not tax deductible?	6b	<b> </b>	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			ĺ
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	<b></b>	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<b> </b>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<b>.</b>		
	required to file Form 8282?	7c	$\vdash$	X
d	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	—		×
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f	-	Ŷ
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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			
а	Initiation fees and capital contributions included on Part VIII, line 12		i i	İ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			ĺ
<b>11</b>	Section 501(c)(12) organizations. Enter		i	
а	Gross income from members or shareholders		i 1	ĺ
b	Gross income from other sources (Do not net amounts due or paid to other sources		. 1	i
	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<b></b>	<del></del>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<del>  </del>	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O			l
р	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		.	l
•	the organization is licensed to issue qualified health plans		. 1	
c I4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 75		
		4.5		X
	excess parachute payment(s) during the year	15		^
	If "Yes," see instructions and file Form 4720, Schedule N			$\overline{}$
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .	16		X
	If "Vas." complete Form 4720. Schedule O		. 1	

Part VI

	Check is Scriedule O contains a response of note to any line in this Part VI			<u> </u>
Sect	ion A. Governing Body and Management	<del>.</del>		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a	8		
	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	1		
	committee, explain on Schedule O			
b	Enter the number of voting members included on line 1a, above, who are independent	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			لــــا
	any other officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			İ
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	1		ł
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1		
	stockholders, or persons other than the governing body? .	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following.	l		
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	<u></u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code.	_	
		-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	<del></del>	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	<del></del> -
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	اــــا
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	_	<u> </u>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		^	<del></del>
·	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		×
14	Did the organization have a written document retention and destruction policy?	14		$\frac{\lambda}{x}$
15	Did the process for determining compensation of the following persons include a review and approval by	1	-	<del>-^</del> -
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.	15a		X
b	Other officers or key employees of the organization	15b		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	1.00		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			1
	with a taxable entity during the year?	16a		$\overline{x}$
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	104		$\stackrel{\sim}{-}$
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard	ŀ		İ
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure	102		
17	List the states with which a copy of this Form 990 is required to be filed ► MI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section	501(c	 )	
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	ι		
	Own website Another's website X Upon request Other (explain on Schedule C	))		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p	•		
	and financial statements available to the public during the tax year	• •		
20	State the name, address, and telephone number of the person who possesses the organization's books and records	•		
	William Rosenberg (734) 769-306	4		
	37 Willow Grove Road, Brunswick, ME 04011			

Form 990 (2019)	Fund for the European University at St. Petersburg	59-3780793	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Hi	ghest 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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . .

- 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. See instructions for the order in which to list the persons above

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and title	(B) Average hours	(C)  Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensetion from the	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Prof William G Rosenberg	1 00									
President / Vice President	0 00		L	X	<u> </u>			0	0	0
(2) Prof Harley Balzer	1 00									
Vice President / Director	0 00	•	匚	X	<u> </u>			0	0	0
(3) William Newton-Smith	1 00					Į				
Director	0 00	X	<u> </u>	L	L.		L	0	0	0
(4) Richard Sobel	1 00					1				
Treasurer	0 00	X	<u> </u>	X				0	0	0
(5) Prof Kevin Platt	1.00					}	ļ			
Director / President	0 00	X		X				0	0	0
(6) Prof Stephen Hanson	1 00									
Director / Secretary	0 00		_	X	<u> </u>			0	0	0
(7) Prof Ekaterina Pravilova	1 00	4	ł							
Director	0 00	X				L	<u> </u>	0	0	0
(8) Prof Simon Franklin						1	l			
Director	0 00	X					<u></u>	0	0	0
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

P	Section A. Officers, Directors, Tru	ıstees, Key Em <sub>l</sub>	ploye	es,			ghes	t Co	ompensated Em	ployees (c	ontın	ued)		
	(A) Name and title	(B) Average hours per week	box, office	unles er an	Pos neck ss pe d a d	rson	than or both	h an Reportable		(E) Reportable compensation from related		соп	(F) ated an of other opensat	ion
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	y employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizatio (W-2/1099-M		orga	from the nization organiz	and
(15)							-	_						
(16)								-						
(17)														
(18)				-				-						
(19)	· · · · · · · · · · · · · · · · · · ·												···	-
(20)														
(21)				_		-					$\dashv$			
(22)														
(23)														
(24)														
(25)										-				
1b c	Subtotal  Total from continuation sheets to Part VII, Se  Total (add lines 1b and 1c)	ection A		l		<u>                                       </u>		<b>▶ ▶</b>	0		0			0
2	Total number of individuals (including but not lir reportable compensation from the organization		ted a	bov	e) w	vho	recei		<u> </u>	,000 of	<u>. 91</u>	_	=	0
3	Did the organization list any <b>former</b> officer, dire		/ emr	olov	ee ·	or h	ighes	st cc	ompensated				Yes	No
	employee on line 1a? If "Yes," complete Sched	ule J for such inc	dividu	ıal							}	3		X
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual								•	7		4		×
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye	•			•			_		idual		5		X
Sec	tion B. Independent Contractors	ss, complete 30	11000	<i>16 0</i>	101	Suc	n per	3011						
1	Complete this table for your five highest compe compensation from the organization Report co											ax ye	ar	
	(A) Name and business addi	ress			-				(B) Description of serv	rices	С	(C) ompen		
														0
														0
								-				-		0 0
						_							·	0
2	Total number of independent contractors (include more than \$100,000 of compensation from the			tho	se li	sted	abo	ve) 0	who received					

Fund for the European University at St. Petersburg
Statement of Revenue

rai	, Ain	Check if Schedule O co		a response o	r note to any	/ line in	this Part VIII .			
	-		•	·			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
88 W	1a	Federated campaigns .		1a		0		,		
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		. 1b	)	0				
ŌÊ	c	Fundraising events		<u>1c</u>		0	<b>.</b> .			
ir A	đ	Related organizations Government grants (contribut		10		0				
a, G	е					0				
Contributions, Giffs, and Other Similar Ar	f	All other contributions, gifts					٠.			
but		similar amounts not include		<del></del>	20	8,205				
탈현	g	Noncash contributions inclu	uded ir	l.						
S E		lines 1a-1f.		19	\$	0	200 205			
	<u>n</u>	Total. Add lines 1a–1f	· · · · ·	· · · · · · · · · · · · · · · · · · ·	Business (	Code	208,205			
œ.	2a				- Duomicoo (	-	0		· · · · · · · · · · · · · · · · · · ·	<u> </u>
Program Service Revenue	b						0			
Ser	c				-		0			
E A	ď						0			
Rea	e						0			
ē	f	All other program service re		• .			0	•		
_	g	Total. Add lines 2a-2f				•	0			
	3	Investment income (includi	ng dıvı	dends, intere	st, and					
		other similar amounts)				▶	311,105			311,105
	4	Income from investment of	tax-ex	empt bond p	roceeds	▶ [	0			
	5	Royalties .				<b>&gt;</b>	0			
				(ı) Real	(II) Perso	nal				
	6a	Gross rents .	6a	<del>, , , , , , , , , , , , , , , , , , , </del>						
	b	Less rental expenses	6b							
	C	Rental income or (loss)	6c		<u>0 </u>	0			<del></del>	
	d	Net rental income or (loss)		(ı) Secunties	(ıi) Othe	<u> </u>	0			
	/a	Gross amount from sales of assets		(i) Securities	(ii) Othe	91				
		other than inventory	7a	1,605,87	6	o				
<u> </u>	h	Less cost or other basis	<del>'</del> "	1,000,67	<del></del>	-				
∦ Revenue	-	and sales expenses	7b	1,549,21	ا	ol				
ě	С	Gain or (loss)	7c	56,65		0				
	ď	Net gain or (loss)			<u> </u>	▶	56,657			56,657
Other		Gross income from fundrais	sing				,0,0,007			33/33.
Ò		events (not including \$	•	0					_	
		of contributions reported or	line 1			ŀ			•	
		See Part IV, line 18 .		8a		0				
	b	Less: direct expenses		8b	<u>. ]                                     </u>	0				<u></u> .
	С	Net income or (loss) from for			- <b>-</b>	. •	0			
	9a	Gross income from gaming								
		•	•	9a		0			1	
	b	Less direct expenses		9b		0		<del></del>		
	C	Net income or (loss) from g		activities	<del> </del>		0			
	10a	Gross sales of inventory, le	23	1.0		اء				•
		returns and allowances		10	***	의				•
	b	Less cost of goods sold	olos s	10l	9	0				
	С	Net income or (loss) from s	ales o	inventory	Business (		0			
Miscellaneous Revenue	11a				nuainess (	9000	0	<del></del>		
scellaneo Revenue	b						0			
la Vei	C					0	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
Sce	4	All other revenue .					0			
Ë	e	Total. Add lines 11a-11d			. •	0				
	12	Total revenue. See instruc	tions.	<u> </u>	····	•	575,967	0	0	367,762
			<del></del>			•				Form <b>990</b> (2019)

# Form 990 (2019) Fund for the European University at St. Petersburg Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column	1 (A)
---	-------

	Check if Schedule O contains a response or note	art IX		X	
	not include amounts reported on lines 6b, 7b, 9b, 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				
	domestic governments See Part IV, line 21	23,050	23,050		·-···
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	15,000	15,000		<u>.                                  </u>
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	143,858	143,858		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				•
_	trustees, and key employees	0		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			
7 8	Other salaries and wages Pension plan accruals and contributions (include	9			<del> </del>
0	section 401(k) and 403(b) employer contributions).			1	
9	Other employee benefits	0			
10	Payroll taxes .				
11	Fees for services (nonemployees)	<del> </del>			
ıı a	Management	8,202		8,202	
b	Legal	0,202		0,202	
C	Accounting	10,962		10,962	
d	Lobbying	10,302		10,902	
e	Professional fundraising services. See Part IV, line 17	0			<del></del>
f	Investment management fees .	47,026		47,026	
g	Other. (If line 11g amount exceeds 10% of line 25, column	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,020	
3	(A) amount, list line 11g expenses on Schedule O)	97,200	97,200	ol	
12	Advertising and promotion .	14,210			14,210
13	Office expenses	2,107		2,107	
14	Information technology	0			
15	Royalties	0			
-16	=Occupancy - <del>= . = = = = = = = = = = = = = = = = = </del>	0			
17	Travel	3,275		3,275	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	38,749		38,749	
20	Interest	8,850	8,850		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization .	0	0	0	. 0
23	Insurance	1,898		1,898	
24	Other expenses Itemize expenses not covered	1		·	.,
	above (List miscellaneous expenses on line 24e If	-		ļ	
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	'	-	}	-
а	Danfarana at disanta anti-anti-anti-anti-anti-anti-anti-anti-	68,204	68,204		
b		00,204	00,204		<del>-</del>
C	•	0		· · · · · · · · · · · · · · · · · · ·	
d		0			
e	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e .	482,591	356,162	112,219	14,210
26	Joint costs. Complete this line only if the			1.2,2,70	
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line i	n this Part X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	19,961	1	14,951
	2	Savings and temporary cash investments	0	2	
	3	Pledges and grants receivable, net		3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, d	rector,		
		trustee, key employee, creator or founder, substantial contributor	, or 35%		<u> </u>
		controlled entity or family member of any of these persons	0	5	
	6	Loans and other receivables from other disqualified persons (as de	efined		
		under section 4958(f)(1)), and persons described in section 4958(c	c)(3)(B) 0	6	
Assets	7	Notes and loans receivable, net	0	7	0
188	8	Inventories for sale or use	0	8	
4	9	Prepaid expenses and deferred charges	. 0	9	
	10a	Land, buildings, and equipment cost or			
	,	other basis Complete Part VI of Schedule D 10a	0		
	b	Less accumulated depreciation . 10b	0 0	10c	0
	11	Investments—publicly traded securities .	401,042	11	503,297
	12	Investments—other securities See Part IV, line 11	13,879,907	12	15,508,501
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	14,300,910	16	16,026,749
	17	Accounts payable and accrued expenses .	0	17	
	18	Grants payable .	. 0	18	13,500
	19	Deferred revenue	0	19_	
	20	Tax-exempt bond liabilities	0	20	
40	21	Escrow or custodial account liability Complete Part IV of Schedu		21	
Liabilities	22	Loans and other payables to any current or former officer, director	· 1		
Ē		trustee, key employee, creator or founder, substantial contributor			
<u>e</u>		controlled entity or family member of any of these persons	. 0	22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related	I I		
		parties, and other liabilities not included on lines 17–24) Comple	_1		_
	26	Part X of Schedule D	575,000	25	0
	26	Total liabilities. Add lines 17 through 25	575,000	26	13,500
Ces		Organizations that follow FASB ASC 958, check here ► X	Ì		
au		and complete lines 27, 28, 32, and 33.			
Bal	27	Net assets without donor restrictions	-243,997	27	414,748
שַ	28	Net assets with donor restrictions	13,969,907	28	15,598,501
ī		Organizations that do not follow FASB ASC 958, check here	<b>P</b> [		
-6		and complete lines 29 through 33.	<del> </del>		
8	29	Capital stock or trust principal, or current funds	. 0	29	
SSG	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	
ğ	31	Retained earnings, endowment, accumulated income, or other fu		31	1001000
Net Assets or Fund Balances	32 33	Total lightlytes and not assets/fund halances	13,725,910	32	16,013,249
	JJ	Total liabilities and net assets/fund balances.	14,300,910	33	16,026,749

orm 9	990 (2019) Fund for the European University at St. Petersburg	59-3	<u>3780793                                    </u>	Pag	<sub>1e</sub> 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part Vill, column (A), line 12)	1		575	5,967
2	Total expenses (must equal Part IX, column (A), line 25)	2		482	2,591
3	Revenue less expenses Subtract line 2 from line 1	3		93	3,376
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13	3,725	,910
5	Net unrealized gains (losses) on investments	5	- 2	2,193	3,963
6	Donated services and use of facilities	6			
7	Investment expenses .	7			
8	Prior period adjustments	8		-	
9	Other changes in net assets or fund balances (explain on Schedule O).	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	16	3,013	3,249
⊃art	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			. [	
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
_	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	•	-	~	
	separate basis, consolidated basis, or both			1	
	X Separate basis Consolidated basis Both consolidated and separate basis			l	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			Ī	
C	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on		20	<del>^</del>	
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
Ju	the Single Audit Act and OMB Circular A-133?		За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	•	- Ja		
D	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
	required dutility addition of contention of and describe any steps taken to undergo such addits	•	עט ו		

Form **990** (2019)

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

# **Public Charity Status and Public Support**

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name of the organization				Employer identification	number
Fund for the European University at St Petersburg					80793
Part I Reason for Public Charity Status	<u> </u>				<del></del>
The organization is not a private foundation becaus  1 A church, convention of churches, or asso	,	•			
2 A school described in section 170(b)(1)(A					<b>ク</b>
3 A hospital or a cooperative hospital service	., , ,			n I	
4 A medical research organization operated	•	-		•	iter the
hospital's name, city, and state					
5 An organization operated for the benefit of section 170(b)(1)(A)(iv). (Complete Part I		d or operate	d by a go	vernmental unit desc	cribed in
6 A federal, state, or local government or go	vernmental unit described in	section 170	(b)(1)(A)(	v).	
7 An organization that normally receives a s described in section 170(b)(1)(A)(vi). (Co		from a gover	nmental ı	unit or from the gene	ral public
8 A community trust described in section 17	<b>70(b)(1)(A)(vi).</b> (Complete Pa	ırt II )			
9 An agricultural research organization descond or university or a non-land-grant college or university:					
An organization that normally receives (1) receipts from activities related to its exemply support from gross investment income and acquired by the organization after June 30	pt functions—subject to certa d unrelated business taxable	in exception income (les	s, and (2) s section (	no more than 33 1/3 511 tax) from busine	3% of its
11 An organization organized and operated e	exclusively to test for public sa	afety See se	ection 509	9(a)(4).	
12 X An organization organized and operated e of one or more publicly supported organized Check the box in lines 12a through 12d th	ations described in section 5	509(a)(1) or s	section 50	09(a)(2). See <b>sectio</b>	n 509(a)(3).
a Type I. A supporting organization operating the supported organization(s) the power organization You must complete Part	er to regularly appoint or elec-				
b X Type II. A supporting organization supe control or management of the supporting organization(s) You must complete P  Type III functionally integrated. A sup	ng organization vested in the art IV, Sections A and C.	same perso	ns that co	ntrol or manage the	supported
its supported organization(s) (see instri	uctions) You must complete	e Part IV, Se	ctions A,	D, and E.	
d Type III non-functionally integrated. A that is not functionally integrated. The crequirement (see instructions). You mu	organization generally must s	atisfy a distr	ibution red	quirement and an att	
e Check this box if the organization recei	ved a written determination f	rom the IRS	that it is a		e III
functionally integrated, or Type III non-f		rtıng organız	ation		
<ul> <li>f Enter the number of supported organization</li> <li>g Provide the following information about the</li> </ul>			•		1
(i) Name of supported organization (ii) El		0 listed in you	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		Yes	No		
(A)					
European University at St Petersburg	7	X		0	C
(B)					
(C)					
(D)					
(E)					
Total				0	C

Sche		he European Uni				59-378079	3 Page <b>2</b>
Pa	rt II Support Schedule for Org						
	. (Complete only if you check	ced the box on l	ine 5, 7, or 8 of	Part I or if the	organization fai	iled to qualify und	der
	Part III. If the organization fa	ails∖to qualify ur	nder the tests li	sted below, plea	ase complete P	Part III.)	
	tion A. Public Support					·	
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						C
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	6	0	0	0	0	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		1				0
Sec	tion B. Total Support		1				<del>_</del>
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	0	\ 0	0	0	0	0
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0
11	Total support. Add lines 7 through 10			\		7	0
	Gross receipts from related activities, etc. (s	see instructions)		1		12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	organization's first, s		n, or fifth tax year as	s a section 501(c)(	3)	<b>&gt;</b>
	tion C. Computation of Public Su						
14	Public support percentage for 2019 (line 6,		•	n) <b>\</b>	\	14	0 00%
15	Public support percentage from 2018 Sched				1	15	0 00%
	33 1/3% support test—2019. If the organization qualifies a	s a publicly support	ted organization.				▶ _
	33 1/3% support test—2018. If the organization qualifi	es as a publicly sup	ported organizatio	n .			▶ [
17a	10%-facts-and-circumstances test—201: 10% or more, and if the organization meets Part VI how the organization meets the "factorganization".	the "facts-and-circu	ımstances" test, ch	eck this box and st	<b>op here. Ex</b> plain i	n	▶□
b	10%-facts-and-circumstances test—2018 15 is 10% or more, and if the organization in Explain in Part VI how the organization mee supported organization	neets the "facts-and	l-circumstances" te	st, check this box a	nd stop here.	\	. □
18	Private foundation. If the organization did	not check a how on	line 13 165 16h	17a or 17h chack (	this hav and ass		
	Instructions	HOLOHECK & DUX OII	mie 13, 10a, 100,	ira, or iro, check i	una DUX and See	\	▶ □

# Part III Support Schedule for Organizations Described in Section 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.)

^-	4' A D. I.I'- O	diny direct the	toolo notoa bon	ow, picase con	ipicie i dit ii.		
	tion A. Public Support	(=) 2045	(h) 0046	(-) 0047	(4) 2040	(-) 0040	4D Total
	ndar year (or fiscal year beginning in)	(a) 2015\	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	l \					0
2	Gross receipts from admissions, merchandise	<del> /-</del> -		<del></del>			
	sold or services performed, or facilities	\					
	furnished in any activity that is related to the	V	٨				
	organization's tax-exempt purpose		1	<del></del>			0
3	Gross receipts from activities that are not an		\				^
4	unrelated trade or business under section 513  Tax revenues levied for the		1				0
*	organization's benefit and either paid to		1				
	or expended on its behalf		\	·			0
5	The value of services or facilities			<del></del>			
•	furnished by a governmental unit to the		\				
	organization without charge		\				0
6	Total. Add lines 1 through 5	, 0	. \ 0	0	0	0	0
-	Amounts included on lines 1, 2, and 3		\				
	received from disqualified persons		\				0
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		\				0
С	Add lines 7a and 7b	0	O	) O	0	0	0
8	Public support (Subtract line 7c from	Ü					
	line 6)			\			0
Sec	tion B. Total Support			1			
Cale	ndar year (or fiscal year beginning in)	(a) 2015	( <b>b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	0	0	\ 0	0	0	0
10a	Gross income from interest, dividends,			\ \			
	payments received on securities loans, rents,			\			
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less			\			
	section 511 taxes) from businesses			\			
-	acquired after June 30, 1975 👤 🚗 🔭	عصوات للجد	ما مد	-=	*****		= 0
С	Add lines 10a and 10b .	0	0	<b>\</b> 0	0	0	0
11	Net income from unrelated business			\			
	activities not included in line 10b, whether			,	7		
	or not the business is regularly carried on				<u> </u>		0
12	Other income Do not include gain or				\		
	loss from the sale of capital assets				1		_
	(Explain in Part VI )						0
13	Total support. (Add lines 9, 10c, 11,			•	\ ,		
44	and 12)	0]	0]	0	0		0
14	First five years. If the Form 990 is for the o	rganization's tirst, s	secona, tnira, tourti	n, or ππη tax year a	s a section 501(c)	(3)	. □
<u> </u>	organization, check this box and stop here				<u> </u>		
	tion C. Computation of Public Su			(6)		45	0.000/
15 46	Public support percentage for 2019 (line 8, c		=	(1))	. 🖊	15 16	0 00%
	Public support percentage from 2018 Sched tion D. Computation of Investmen					10	0 00%
				olumn (f)		17	0.000/
17 10	Investment income percentage for 2019 (line		•	olumn (1))	•	\17 18	0 00% 0 00%
18 19a	Investment income percentage from 2018 Sc 33 1/3% support tests—2019. If the organi			4 and line 15 is m	ore than 33 1/20/	— <del></del>	0.00%
. Ja	not more than 33 1/3%, check this box and s			•	•	and line 17 is	▶□
b	33 1/3% support tests—2018. If the organi	-			~	33 1/3% and	
	line 18 is not more than 33 1/3%, check this					4	▶ □
20	Private foundation. If the organization did r		-		· · · · ·	1	▶□

# **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)

Sect	ion A. All Supporting Organizations	<u>,</u>		
			Yes	No
1	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			ł
	class or purpose, describe the designation. If historic and continuing relationship, explain	1	X	
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			1
	organization was described in section 509(a)(1) or (2).	2	X	
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	1	X
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			1
	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 Part VI 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	X	
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		ŀ	
	despite being controlled or supervised by or in connection with its supported organizations	4b	X	
С	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	4c	X	
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)	5a		X
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		
С	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		<b>,</b>	
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			1 1
	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.	6		X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as 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		X
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		X
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			لــــا
	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		X
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.	9b		<u> </u>
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			لــــا
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	ļ	X
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			1
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		X
þ	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		X

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
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		X
b	A family member of a person described in (a) above?	11b		X
с	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		X
Secti	on 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 <b>Part VI</b> 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	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			ļ
	supervised, or controlled the supporting organization	2		<u> </u>
Secti	on 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			
	or management of the supporting organization was vested in the same persons that controlled or managed			.
	the supported organization(s)	_   1	Х	<u> </u>
Secti	on D. All Type III Supporting Organizations			T
4		·	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			1
	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	<u>-</u> -		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<del> </del>
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 <b>Part VI</b> how			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			┢
J	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	_	<u></u>	
	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 inst	ruction	e)	
a	The organization satisfied the Activities Test. Complete line 2 below	uction.	3)	
_	The organization is the parent of each of its supported organizations. Complete line 3 below			
b				
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstruci	ions).	
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		<u> </u>
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	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? Provide details in Part VI.	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 C	)rgar	nizations_	
1. Check here if the organization satisfied the Integral Part Test as a qualifying	ng trus	t on Nov 20, 1970 (explain	ın 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	0	C
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	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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	0	0
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	0	0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4	o	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2	· •	0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4		0
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		0
7 Check here if the current year is the organization's first as a non-functional	ly inte	grated Type III supporting of	organization (see
instructions)	-		- · · · · · · · · · · · · · · · · · · ·

Part	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)					
Section	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exe	empt purposes						
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported						
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations					
4	Amounts paid to acquire exempt-use assets							
	Qualified set-aside amounts (prior IRS approval required)			! 				
6	Other distributions (describe in Part VI) See instructions							
7_	Total annual distributions. Add lines 1 through 6.			C				
8	Distributions to attentive supported organizations to which the	he organization is respor	nsive					
	(provide details in Part VI) See instructions							
	Distributable amount for 2019 from Section C, line 6			C				
10	Line 8 amount divided by line 9 amount	<u> </u>		0 000				
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019				
1	Distributable amount for 2019 from Section C, line 6			C				
2	Underdistributions, if any, for years prior to 2019							
	(reasonable cause required—explain in Part VI) See							
	Instructions							
3	Excess distributions carryover, if any, to 2019							
<u>a</u>	From 2014 0							
<u>b</u>	From 2015 . 0							
C	From 2016 0							
d	From 2017 . 0							
<u>е</u>	From 2018 . 0							
	Total of lines 3a through e	0		<del>.</del>				
<u>g</u>	Applied to underdistributions of prior years  Applied to 2019 distributable amount		0					
	Carryover from 2014 not applied (see instructions)							
· ·	Remainder Subtract lines 3g, 3h, and 3i from 3f	0						
4	Distributions for 2019 from			·				
	Section D, line 7 \$ 0							
a	Applied to underdistributions of prior years		0					
	Applied to 2019 distributable amount		9	0				
	Remainder Subtract lines 4a and 4b from 4	0						
5	Remaining underdistributions for years prior to 2019, if							
	any Subtract lines 3g and 4a from line 2 For result							
	greater than zero, explain in Part VI See instructions.		0					
6	Remaining underdistributions for 2019 Subtract lines 3h							
	and 4b from line 1 For result greater than zero, explain in							
	Part VI See instructions			0				
7	Excess distributions carryover to 2020. Add lines 3j							
	and 4c	0						
8	Breakdown of line 7							
	Excess from 2015 . 0							
	Excess from 2016 0		, .					
	Excess from 2017 0			· ,				
d								
ė	Excess from 2019 0	# J .	4	4				

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 IV Sec	tion A Line 2 We only support scholarly projects and individual researchers
affiliated wit	th an organization, which is a non-profit, non-state institution of higher
learning in I	Russia We have supported this one organization since our inception in 2004,
and it was o	described in detail on our Form 1023 application for recognition of exemption
Based on th	ne financial information of the supported organization, we determined that it
was sımilar	to organizations described in section 509(a)(2)
Part IV Sec	tion A Line 4b No funds are dispensed directly for the benefit of the foreign
supported o	organization. All grants to individuals affiliated with the foreign organization
are approve	ed by the charity's Board of Directors and personally authorized for transfer
All funds dis	spensed to individuals affiliated with the foreign organization are reviewed
by the majo	rity of the charity's Board of Directors who also serve as Trustees for the
supported o	organization
Part IV Sec	tion A Line 4b Continued Trustees have fiduciary responsibility for reviewing
and approv	ing the organization's annual budgets that disclose the use of all funds raised
within Russ	ia for its support
Part IV Sec	tion A Line 4c Six out of eight members of the charity's Board of Directors
also serve	as university Trustees University Trustees have formal (legal and procedural)
control over	the European University's spending and budget. One of these six also serves
as Vice Cha	air of the Board of Trustees
	······

# **SCHEDULE D** (Form 990)

# **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.

Open to Public

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

OMB No 1545-0047

waiii e	or the organization		Employe	ar identification fidinger
	for the European University at St. Petersburg			59-3780793
Part		Advised Funds or Other Si	milar Funds or	Accounts.
	Complete if the organization answer	<u>ed "Yes" on Form 990, Part I</u>	V, line 6	
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and dor	or advisors in writing that the as	sets held in donor	advised
-	funds are the organization's property, subject			Yes No
6	Did the organization inform all grantees, dono			
•	only for charitable purposes and not for the be		_	
	conferring impermissible private benefit?	none or the derior of derior derio	or, or for any outer	Yes No
Dort	II Conservation Easements.	•	<del></del>	
Fait		-d ()\/-att an Farm 000 Dart	\ /	
	Complete if the organization answer			
1	Purpose(s) of conservation easements held by	· —		
	Preservation of land for public use (for exam	ole, recreation or education)	reservation of a hi	storically important land area
	Protection of natural habitat	F	Preservation of a ce	ertified historic structure
	Preservation of open space	<del></del>		
2	Complete lines 2a through 2d if the organization	on held a qualified conservation	contribution in the	form of a consequation
-	easement on the last day of the tax year	on hold a qualified conscivation		Held at the End of the Tax Year
а	Total number of conservation easements		}	2a
b	Total acreage restricted by conservation easei	nonto	· · ·	2b
	Number of conservation easements on a certification of conservation casements on a certification of the conservation casements on a certification of the conservation		· · ·	2c
C d	Number of conservation easements included in			20
u	historic structure listed in the National Registe		not on a	2d
3	Number of conservation easements modified,		· · · · L	
3		ilansierieu, reieaseu, extinguism	led, or terminated t	by the organization during
4	the tax year	nooniation accoment is leasted	_	
4	Number of states where property subject to co		managian bandin	
5	Does the organization have a written policy re		inspection, nandin	_ — —
_	violations, and enforcement of the conservation			Yes No
6	Staff and volunteer hours devoted to monitoring, in	specting, handling of violations, and	entorcing conserva	tion easements during the year
-				
7	Amount of expenses incurred in monitoring, inspec	ting, nandling of violations, and enfo	orcing conservation e	easements during the year
•	\$			470 () ( ( ) ( ) ( ) ( )
8	Does each conservation easement reported o	ine 2(d) above satisfy the requ	ilrements of section	
_	and section 170(h)(4)(B)(ii)?			∐ Yes ∐ No
9	In Part XIII, describe how the organization rep			
	balance sheet, and include, if applicable, the t		ation's financial sta	atements that describes the
	organization's accounting for conservation eas			
Part	III Organizations Maintaining Collect			Similar Assets.
	Complete if the organization answer			
1a	If the organization elected, as permitted under	•		
	works of art, historical treasures, or other simil	•		
	public service, provide in Part XIII the text of the			
b	If the organization elected, as permitted under	FASB ASC 958, to report in its r	evenue statement	and balance sheet
	works of art, historical treasures, or other simil	ar assets held for public exhibition	on, education, or re	esearch in furtherance of
	public service, provide the following amounts in	elating to these items		
	(i) Revenue included on Form 990, Part VIII, I	ne 1		. ▶ \$
	(ii) Assets included in Form 990, Part X			. ► \$ ► \$
2	If the organization received or held works of air			ancial gain, provide the
_	following amounts required to be reported und			James, provide the
а	Revenue included on Form 990, Part VIII, line	——————————————————————————————————————		<b>▶</b> \$
	4			. <b>&gt;</b> \$
<u> </u>	Property Reduction Act Notice and the Instruc	· · · · · · · · · · · · · · · · · · ·	<del></del>	· · · · · · · · · · · · · · · · · · ·

Sched	ule D (	(Form 990) 2019 Fund for the European University at St	Pet	ersk	ourg			59-3780793	Page 2
Par	t III	<b>Organizations Maintaining Collections of Art</b>	, Hi	stc	rical '	reasure	s, or Othe	Similar Assets (continu	ed)
3	. Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its								
	coll	ection items (check all that apply)		_	-				
а		Public exhibition	d	L	Loa	or exchar	nge program		
b		Scholarly research	e		Othe	r		••••••	
С		Preservation for future generations							

### Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990. Part X. line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part X? Yes If "Yes," explain the arrangement in Part XIII and complete the following table b **Amount** 1c C Beginning balance Additions during the year 1d 1e Distributions during the year 1f Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes X No

### Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII.

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	13,879,907	18,147,103	17,955,021	17,782,329	18,565,890
b	Contributions				1,000	3,000
C	Net investment earnings, gains,		·			
	and losses	2,507,844	-327,950	2,678,725	1,179,227	280,417
d	Grants or scholarships	295,400	93,527	14,241	22,825	930,498
е	Other expenditures for facilities					
	and programs	583,850	3,845,719	2,472,402	984,710	136,480
f	Administrative expenses					
<del>-</del> g-	End of year balance	15,508,501	13,879,907	-= 18,147,103	17,955,021	÷ 17,782,329 =

2	Provide the estimated	percentage of the	e current vear	end balance (lir	ne 1a.	column (a)) held as

а	Board d	lesign	ated o	r quasi	-endowment	<b>•</b>	%
	_				_		

Permanent endowment 100%

Term endowment \( \bigs\) \( \lambda \)

The percentages on lines 2a, 2b, and 2c should equal 100%

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Describe in Part XIII the intended uses of the organization's endowment funds

	Yes	No_
3a(i)		Х
3a(ii)		X
3b		

# Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0	0		0
b	Buildings	0	0	0	0
С	Leasehold improvements .	0	0	0	0
d	Equipment	0	0	0	0
е	Other	0.	0	0	0
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part X,	column (B), line 10c)	<b>•</b>	0

(including name of security)	(b) Book value	(c) Method of va Cost or end-of-year	
(1) Financial derivatives	0		
(2) Closely held equity interests	0		······································
(3) Other CFI Multi-Strategy Equity Fund, LLC	8,120,857	F	
(A) CFI Multi-Strategy Bond Fund, LLC	7,387,644		
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	15 555 551		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12 ) ▶	15,508,501		
Part VIII Investments—Program Related.  Complete if the organization answered "Y	es" on Form 990,	Part IV, line 11c. See Form 9	90, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year	
(1)			
(2)			
(3)			<u></u>
(4)			·····
(5)			
(6)			
(7)			
(8)		· · · · · · · · · · · · · · · · · · ·	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13)	0		
Part IX Other Assets. Complete if the organization answered "Y	/es" on Form 990	Dod IV line 44d Cas Farm C	
(a) Descript		Part IV, line 11d. See Form 9	90, Part X, line 15. (b) Book value
(a) Descript		Part IV, line 110. See Form S	
(a) Descript (1) (2)		Part IV, line 110. See Form s	
(a) Descript (1) (2) (3)		Part IV, line 110. See Form s	
(a) Descript (1) (2) (3) (4)		Part IV, line 110. See Form s	
(a) Descript (1) (2) (3) (4) (5)		Part IV, line 110. See Form S	
(a) Descript (1) (2) (3) (4) (5)		Part IV, line 11d. See Form s	
(a) Descript (1) (2) (3) (4) (5) (6) (7)		Part IV, line 110. See Form s	
(a) Descript (1) (2) (3) (4) (5) (6) (7) (8)		Part IV, line 110. See Form s	
(a) Descript (1) (2) (3) (4) (5) (6) (7) (8) (9)	ion	Part IV, line 11d. See Form S	
(a) Descript (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line	ion		(b) Book value
(a) Descript  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line Part X  Other Liabilities.  Complete if the organization answered "Y	e 15.) .	<b>&gt;</b>	(b) Book value
(a) Descript  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Y line 25	e 15.) 'es" on Form 990,	<b>&gt;</b>	(b) Book value  0  Form 990, Part X,
(a) Descript  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Y line 25  1. (a) Description	e 15.) 'es" on Form 990,	<b>&gt;</b>	(b) Book value  Orm 990, Part X,  (b) Book value
(a) Descript  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Y line 25  1. (a) Description  (1) Federal income taxes	e 15.) 'es" on Form 990,	<b>&gt;</b>	(b) Book value  Orm 990, Part X,  (b) Book value
(a) Descript  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.  Complete if the organization answered "Y line 25  1. (a) Descriptio  (1) Federal income taxes  (2)	e 15.) 'es" on Form 990,	<b>&gt;</b>	(b) Book value  Orm 990, Part X,  (b) Book value
(a) Descript  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Y line 25  1. (a) Description  (1) Federal income taxes	e 15.) 'es" on Form 990,	<b>&gt;</b>	(b) Book value  Orm 990, Part X,  (b) Book value
(a) Descript  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.  Complete if the organization answered "Y line 25  1. (a) Descripto  (1) Federal income taxes  (2)  (3)	e 15.) 'es" on Form 990,	<b>&gt;</b>	(b) Book value  Orm 990, Part X,  (b) Book value
(a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) limit Part X Other Liabilities. Complete if the organization answered "Y line 25  1. (a) Description (1) Federal income taxes (2) (3) (4)	e 15.) 'es" on Form 990,	<b>&gt;</b>	(b) Book value  Orm 990, Part X,  (b) Book value
(a) Descript  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.  Complete if the organization answered "Y line 25  1. (a) Descriptio  (1) Federal income taxes  (2)  (3)  (4)  (5)	e 15.) 'es" on Form 990,	<b>&gt;</b>	(b) Book value  Orm 990, Part X,  (b) Book value
(a) Descript  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.  Complete if the organization answered "Y line 25  1. (a) Descriptio  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)	e 15.) 'es" on Form 990,	<b>&gt;</b>	(b) Book value  Orm 990, Part X,  (b) Book value
(a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Y line 25  1. (a) Description (1) Federal income taxes (2) (3) (4) (5) (6) (7)	e 15.) 'es" on Form 990,	<b>&gt;</b>	(b) Book value  O  Form 990, Part X,
(a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Y line 25  1. (a) Description (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	e 15.)  'es" on Form 990,  n of liability	Part IV, line 11e or 11f See I	(b) Book value  O Form 990, Part X,  (b) Book value  O

Par	Reconciliation of Revenue per Audited Financial Statements  Complete if the organization answered "Yes" on Form 990, Part I				
1	Total revenue, gains, and other support per audited financial statements	v, mic	120	1	2,722,904
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	• •		<del>- '</del>	2,122,904
a	Net unrealized gains (losses) on investments	2a	2,193,963	:	
b	Donated services and use of facilities	2b	2,100,000		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII )	2d			
-	Add lines 2a through 2d			2e	2,193,963
3	Subtract line 2e from line 1			3	528,941
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		- +	020,041
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	47,026		
b	Other (Describe in Part XIII )	4b	17,1020		
	Add lines 4a and 4b			4c	47,026
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	•		5	575,967
	Reconciliation of Expenses per Audited Financial Statement	s With	Expenses per l	Return	
· air	Complete if the organization answered "Yes" on Form 990, Part I		•	····	•
1	Total expenses and losses per audited financial statements	.,		1	435,565
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			-	
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII )	2d			
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	435,565
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b.	4a	47,026		
b	Other (Describe in Part XIII )	4b			
С	Add lines 4a and 4b			4c	47,026
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	482,591
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  XIII Supplemental Information.			5	482,591
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Schedule D (Fo		Fund for the Europe	ean University at St	Petersburg		59-3780793	Page 5
Part XIII	Suppleme	ental Information	(continued)				
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# **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.

OMB No 1545-0047

Open to Public

Department of the Treasury

► Attach to Form 990.

internal Revenue Service	► Go to www	v.irs.gov/Formy9	0 for instructions and the late	est information.	Inspection
Name of the organization					Employer Identification number
Fund for the European Unive					59-3780793
Part I General Information 990, Part I		vities Outside	e the United States. Com	plete if the organization	answered "Yes" on
1 For grantmakers. Doe	s the organization	maintain recor	ds to substantiate the amoun	it of its grants and	
<del>-</del>		for the grants or	r assistance, and the selectio	n criteria used to	
award the grants or ass	sistance?.			• • •	X Yes No
2 For grantmakers. Des	cribe in Part V the	e organization's	procedures for monitoring the	e use of its grants and c	other assistance
outside the United State					
3 Activities per Region (	The following Par	t I line 3 table c	an be duplicated if additional	snace is needed )	
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the	(e) If activity listed in (d)	) is (f) Total
1, 0	offices in the	employees,	region (by type) (such as,	a program service, describe specific type of	expenditures for
	region	agents, and independent	fundraising, program services, investments, grants to recipients	service(s) in the region	
		contractors in the region	located in the region)		
Russia and the			Grants to non-institutional	Scholarly research	
(1) Neighboring States	0	0	recipients in the region	ļ	143,858
(2)					
(3)	1			+	
(4)					
(5)					
(6)					
				<u> </u>	
(8)					
(9)				1	
(10)					
(11)					
(12)					
(13)					
(14)					
			`		
(15)					
(16)					
(17)					
3a Subtotal .	0	0		4	143,858
b Total from continuation	1	1	1	i	Ť

ol

143,858

sheets to Part I

c Totals (add lines 3a and 3b)

59-3780793

Fund for the European University at St Petersburg

Schedule F (Form 990) 2019

Part II

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.

1 (a) Name of organization	(the applicable)	(c) Region	(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)		•	a					:
(2)								
(3)								
(4)							•	
(5)								
(9)	•							
(2)			ů.					
(8)								
(6)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)					•			
(16)				-				
2 Enter total num by the IRS, or for	iber of recipient o	Enter total number of recipient organizations listed above that are recognized as chanties by the fo by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	ve that are recognized vided a section 501(c)(	as chantes by the f 3) equivalency lette	are recognized as charities by the foreign country, recognized as tax-exempt section 501(c)(3) equivalency letter	ized as tax-exempt ▶		

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2019

Fund for the European University at St. Petersburg

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.

Page 3

59-3780793

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement Check 143,858 (d) Amount of cash grant 25 (c) Number of recipients Russia and the Neighboring States (b) Region Stipends, fellowships, tuition, (1) travel-related assistance to (a) Type of grant or assistance 2 9 ₹ 3 9 8 (10) <u>E</u> (12) (13) 14 5 (2 (15) (16) (18) 6)

Schedule F (Form 990) 2019

Part	IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X 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, don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X 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	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting ∞untries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	Yes	X No

59-3780793

### 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 I Line 2 The Board of Directors meets at least twice a year and hears detailed
reports from the University's Rector and Provost concerning the use of grants allocated by
the Fund of the University In addition, the Rector of the European University
communicates regularly to the Board concerning the use of the Fund's grants. Six members
of the Fund's eight-member Board of Directors (Balzer, Sobel, Rosenberg, Platt, Hanson,
and Franklin) also sit on the European University's Board of Trustees and attend its
meetings in June and December Students who are U.S. Citizens or permanent residents may
apply for financial aid contingent upon their being accepted for full-time study in one of
the graduate programs offered by the European University Applications should include a
cover letter explaining the program in which an applicant will enroll and providing
background on the reasons for choosing the program, a copy of the applicant's application
to the European University, and one letter of recommendation. Applications are reviewed by
the Fellowship Committee Funds are awarded on the basis of academic performance and the
applicant's explanation of why study in Russia is integral to the academic project. Funds
for fellowship recipients are deposited in their designated bank account upon
certification by the University that the student has matriculated in St. Petersburg (in
cases where fellowship recipients are not able to cover their travel costs, arrangements
may be made for an advance payment to cover travel expenses) Funds are disbursed each
semester during the fellowship period provided the student remains in good standing at the
University Awards are made for study in a specific program for a specific period of time
Changes in an awardee's program must be approved by the Fellowship Committee Students who
must interrupt or terminate their program of study due to illness, family considerations,
academic difficulties, or other reasons will be expected to return the living expenses on
a prorated basis. It is not possible to defer a fellowship award. Students who do not
accept an award for the year in which it is granted must reapply for support in subsequent
years. An award in one year is not a guarantee of future funding

# **SCHEDULE 1** (Form 990)

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.
latest
or the
.gov/Form990
w.irs.

OMB No 1545-0047	2019	
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Open to Publi

Fund for the European University at St. Petersburg Department of the Treasury Internal Revenue Service Name of the organization

General Information on Grants and Assistance

--Part I--

Inspection Employer identification number 59-3780793

l Does the organization maintain records to substantiate the	in records to sur	ostanitiate the afficu	amount of the grants of assistance, the grantees eligibility for the grants of assistance, and	sance, me grantees e	ingioniny for the grants o	r assistance, and	:
the selection criteria used to award the grants of assistance?  Describe in Part IV the organization's procedures for monitor.	award the grants zation's procedu	or assistance? ires for monitoring t	e ? toring the use of grant funds in the United States.	the United States.			X Yes NG
Part II Grants and Other Assistance to Domestic	Assistance to	Domestic Organ	Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form	stic Governments	. Complete if the org	janization answered	"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	for any recipion	ent that received	more than \$5,000. P	art II can be duplica	ated if additional spa	ce is needed	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ASEEES							
203C Bellefield Hall Prttsburgh, PA 152	31-0785029	501(c)(3)	20,250				
(2)							
(3)							
(4)							
(9)							
(9)							
(7)							
(8)							
(6)							
(10)	•••						
(11)	·						
(12)							
	501(c)(3) and go	_	ganizations listed in the line 1 table	table	•		
3 Enter total number of other organizations listed in the line	ganizations liste	d in the line 1 table		•	٠		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.  $_{\mbox{\scriptsize HTA}}$ 

Schedule i (Form 990) (2019)

· Page 2

Fund for the European University at St. Petersburg

Schedule I (Form 990) (2019)

(f) Description of noncash assistance Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 (e) Method of valuation (book, FMV, appraisal, other) noncash assistance (d) Amount of 15,000 (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients (a) Type of grant or assistance Graduate fellowship Part III 7 က 4 S ဖ

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

Part IV

Committee Funds are awarded on the basis of academic performance and the applicant's explanation of why study in Russia is integral to concerning the use of grants allocated by the Fund of the University. In addition, the Rector of the European University communicates and December. Students who are U.S. Citizens or permanent residents may apply for financial aid contingent upon their being accepted regularly to the Board concerning the use of the Fund's grants. Six members of the Fund's eight-member Board of Directors (Balzer, Sobel, Rosenberg, Platt, Hanson, and Franklin) also sit on the European University's Board of Trustees and attend its meetings in June explaining the program in which an applicant will enroll and providing background on the reasons for choosing the program, a copy of the applicant's application to the European University, and one letter of recommendation. Applications are reviewed by the Fellowship Part I Line 2 The Board of Directors meets at least twice a year and hears detailed reports from the University's Rector and Provost for full-time study in one of the graduate programs offered by the European University Applications should include a cover letter the academic project. Funds for fellowship recipients are deposited in their designated bank account upon certification by the

University that the student has matriculated in St. Petersburg (in cases where fellowship recipients are not able to cover their travel

Fund for the European University at St Petersburg

Schedule I (Form 990) (2019)

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. Page 2 (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) a specific period of time. Changes in an awardee's program must be approved by the Fellowship Committee. Students who must interrupt or costs, arrangements may be made for an advance payment to cover travel expenses) Funds are disbursed each semester during the fellowship penod provided the student remains in good standing at the University Awards are made for study in a specific program for return the living expenses on a prorated basis. It is not possible to defer a fellowship award. Students who do not accept an award for terminate their program of study due to illness, family considerations, academic difficulties, or other reasons will be expected to the year in which it is granted must reapply for support in subsequen; years. An award in one year is not a guarantee of future noncash assistance (d) Amount of (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part III Part IV funding.

# SCHEDULE O (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.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2019
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Fund for the European University at St. Petersburg	59-3780793
Form 990, Part I, Line 1 To provide grants to selected scholars affiliated with European	
Univ for short term study at U.S. universities, to U.S. scholars to lecture at European	
Univ, and to support participation in international scholarly activities and research. In	
strict conformance with current Russian law, the Fund provides no direct support to the	
European University itself	
Form 990, Part III, Line 1 To further the development of the European Univ by providing	
grants to selected affiliated scholars for short term study at U.S. universities, to U.S.	
scholars to lecture at European Univ , to U.S. students to enroll in European Univ , and to	
support participation in international scholarly activities and research. In strict observance	
of current Russian law, no support is provided to the European University itself	
Form 990, Part VI, Section B, Line 11b A draft copy of the Form 990 is reviewed by the Board	
President before being filed	
Form 990, Part VI, Section B, Line 12c. The Board requires statements twice a year at its	·
board meeting from directors reviewing their activities and affirming adherence to the Fund's	
policy	·
Form 990, Part VI, Section C, Line 19 The organization makes its governing documents,	
conflict of interest policy, and financial statements available to the public upon request	
Form 990, Part IX, Line 11g Professional service fees to an independent contractor	
(sociologist) for services to produce three reports relating to his service as Provost, which	
has come to an end a report on the problems in university governance and his recommended	
changes, a comprehensive report on the viability of a BA (undergraduate) program at EUSP, and	
a sociological analysis of the EUSP as an institution	

Schedule O (Form 990 or 990-EZ) (2019)	P:	<u>age 2</u>
Name of the organization	Employer Identification number	
Fund for the European University at St. Petersburg	59-3780793	
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