efile	e Pu	ıblic Visı	al Render ObjectId: 202333189349305868 - Submission: 2023-	11-14	TIN: 52-2264611
Form	00	20	Return of Organization Exempt From Incom	e Tax	OMB No. 1545-0047
Form	33	J U	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except pr		^{ons)} 2022
			▶ Do not enter social security numbers on this form as it may be made		
Depar	ment	t of the	Go to <u>www.irs.gov/Form990</u> for instructions and the latest infor	mation.	Open to Public Inspection
Treasu		venue			Inspection
A erv i	êr th	ne 2022 ca	alendar year, or tax year beginning 01-01-2022 , and ending 12-31-2022		
		applicable: change	C Name of organization KYIV SCHOOL OF ECONOMICS	D Employer	identification number
_		hange		52-22646	511
O Ini			Doing business as		
_		rn/terminated	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone	number
ОАр	olicat	ion pending	2403 Avenue X		
			City or town, state or province, country, and ZIP or foreign postal code Brooklyn, NY 11235	G Gross rece	ipts \$ 46,917,078
			F Name and address of principal officer: H(a) Is the H	nis a group retu	
			SVITLANA SKOROKHOD Mykoly Shnaka St 3 sub	ordinates?	🗌 Yes 🔽 No
			Kviv 03113 H(b) Are	all subordinate: ided?	s 🗌 Yes 🔤 No
I Tax	-exe	mpt status:	If "I		t. See instructions.
1 W	ehsi	te: www	✓ 501(c)(3) └ 501(c)() ◀ (insert no.) └ 4947(a)(1) or └ 527 H(c) Gro	up exemption n	umber 🕨
K Forn	n of o	organization:	✓ Corporation Trust Association Other ► L Year of form	mation: 2000	State of legal domicile: DC
De	irt I	Sum	mon/		
Γc		Sum Briefly des	cribe the organization's mission or most significant activities:		
θ			I of Economics forges links between economics, academics and government deicision n policy in Ukraine and all areas of Former Soviet Union.	nakers to streng	gthen and develop sound
anc					
Governance					
NOE			s box 🕨 🗋		1 1
	4 Number of5 Total num		f voting members of the governing body (Part VI, line 1a)	•	3 13
Activities &			if independent voting members of the governing body (Part VI, line 1b)	•	4 13 5 0
11 MI			ber of volunteers (estimate if necessary)	· .	6
Ac			elated business revenue from Part VIII, column (C), line 12		7a 0
	b	Net unrel	ated business taxable income from Form 990-T, Part I, line 11		7b 0
			Р	rior Year	Current Year
en	8		ions and grants (Part VIII, line 1h)	3,396,03	
Revenue	9	5	service revenue (Part VIII, line 2g)	1,111,65	2 576,660
Ъ			nt income (Part VIII, column (A), lines 3, 4, and 7d)		165,810
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,507,69	
	13		d similar amounts paid (Part IX, column (A), lines 1–3)	170,24	
	14	Benefits _l	paid to or for members (Part IX, column (A), line 4)		0
8	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,115,87	5 1,716,705
Exp enses	16a	a Professio	nal fundraising fees (Part IX, column (A), line 11e)		0
ž			aising expenses (Part IX, column (D), line 25) >314,914		
			penses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,809,73	
	18		enses. Add lines 13–17 (must equal Part IX, column (A), line 25) less expenses. Subtract line 18 from line 12	4,095,84 411,84	
ar es	19	Revenue		g of Current Yea	
Net Assets or Fund Balances					
Ass Bal			ets (Part X, line 16)	2,958,40	
und			lities (Part X, line 26)	2,951,47	
	rt II		s or fund balances. Subtract line 21 from line 20	6,92	8 14,217,239
Under	pen	alties of p	ature Block erjury, I declare that I have examined this return, including accompanying schedules a		
knowl any k			f, it is true, correct, and complete. Declaration of preparer (other than officer) is based	on all informat	ion of which preparer has
C 1		Signatu		023-11-09 ate	
Sign Here		Svitlan	a Skorokhod CFO		
			print name and title		

4.10.2024, 17:36		Kyiv School Of Economics - Full F	-iling- Nonprofit	Explorer - ProPublica	а	
Paid	Print/Type preparer's name	Preparer's signature	Date 2023-11-14	Check if PTIN P0198	6966	
reparer	Firm's name 🕨 PEK PARTNERS INC			self-employed Firm's EIN > 81-44305	555	
lse Only	Firm's address > 2403 AVE X			Phone no. (212) 602-1	829	
	Brooklyn, NY 11235					
,	iss this return with the preparer sho				🛛 Yes 🗌 No	
or Paperwork I	Reduction Act Notice, see the se	parate instructions.	Cat. I	No. 11282Y	Form 99	0 (2022
		Page 2				
orm 990 (2022)						Page
. ,	tement of Program Service	Accomplishments				Tage
		e or note to any line in this Part III			<u> </u>	<
- ,	ribe the organization's mission: nomics forges links between econor	mics, academics and government de	eicision makers t	o strengthen and dev	elop sound ecc	onomic
	and all areas of Former Soviet Unior					
2 Did the org	anization undertake any significant	program services during the year w	hich were not lis	sted on		
•	orm 990 or 990-EZ?				🗹 Yes 🗌	No
	scribe these new services on Sched anization cease conducting, or make	lule O. e significant changes in how it condu	ucts, any progra	m		
services?					🗌 Yes	🗹 No
-	scribe these changes on Schedule C		I			
Section 50:		complishments for each of its three are required to report the amount or reported.				
4a (Code:) (Expenses \$	30,155,208 including grants of \$) (Revenue \$)	
Provide chari	table aid and assistance to the Citizens ar	nd students of Ukraine, to overcome the r	avages of war and	to provide for their gene	ral humanitarian	needs.
4b (Code: ENGLISH LAI) (Expenses \$ NGUAGE BACHELOR AND MASTERS PROG	1,801,445 including grants of \$ RAM IN ECONOMICS, PUBLIC POLICY, IT / including grants of \$) (Revenue \$	576,660)	
) (Expenses ¢) (nevenue ¢	,	
4d Other prog	ram services (Describe in Schedule	0)				
(Expenses	,	ing grants of \$) (Revenue	\$)	
4e Total prog	ram service expenses 🕨	31,956,653				
					Form 99	90 (2022
		Page 3				
orm 990 (2022)						Page 3
. ,	ecklist of Required Schedule	S				, uge i
					Yes	No
1 Is the orga Schedule A		(3) or 4947(a)(1) (other than a priv		? If "Yes," complete	1 Yes	
2 Is the orga		dule B, Schedule of Contributors? Se		🗐	2 Yes	
		ct political campaign activities on be		osition to candidates	3	No
4 Section 50	01(c)(3) organizations. Did the or	rganization engage in lobbying activ	ities, or have a	section 501(h)		
election in	effect during the tax year? If "Yes,"	complete Schedule C, Part II		• • •	4	No
5 Is the orga	nization a section 501(c)(4), 501(c) ts, or similar amounts as defined in)(5), or 501(c)(6) organization that i Rev. Proc. 98-19? If "Yes," complete	receives membe e Schedule C. P	rship dues, art III..		
200000000000000000000000000000000000000				· · · · · · ·	5	No
		ed funds or any similar funds or acconnection of amounts in such funds or acconnection of amounts in such funds or acconnection of a such funds or acconnection of a such funds or acconnection of the such funds of the suc				
Schedule D	,Part I				6	No
7 Did the ora	anization receive or hold a conserva	ation easement, including easements	s to preserve op	en space,	1	1

7 Did the organization receive or hold a conservation easement. including easements to preserve open space.

https://projects.propublica.org/nonprofits/organizations/522264611/202333189349305868/full

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	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
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	Yes	
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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
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	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🗐	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🛚 🗐	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	Yes	
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	Yes	
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	Yes	
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		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	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		No

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————— Page 4 —

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L,</i> Part I	25b		No
26	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	26		No

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	member of any of these persons? If "Yes," complete Schedule L, Part II			NO
27	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, 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," comp Schedule L</i> ,Part III			No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part instructions for applicable filing thresholds, conditions, and exceptions):	IV		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes complete Schedule L, Part IV	," 28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," co Schedule L, Part IV	mplete 28c		No
29	Did the organization receive more than $25,000$ in non-cash contributions? If "Yes," complete Schedule M .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conserv contributions? If "Yes," complete Schedule M	ation 30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations see 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	tions	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or I' Part V, line 1	/, and 34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	entity 35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable relate organization? If "Yes," complete Schedule R, Part V, line 2	d 36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization ar is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	nd that 37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? All Form 990 filers are required to complete Schedule O.	Note. 38	Yes	
Pa	It 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			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	0		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b	0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable ga (gambling) winnings to prize winners?	ming 1c		
		F	orm 99	0 (2022)
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Pa	t V 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 Statements, filed for the calendar year ending with or within the year covered by this return 2a		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
3a	Did the organization have unrelated business gross income of $1,000$ or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
	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	No
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	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
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	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		

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е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	_		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		No No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. 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 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	•		
11	Section 501(c)(12) organizations. Enter:	-		
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.	•		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.	l F	=orm 99	0 (202
	Page 6			
Fe	000 (2022)			-
-	 990 (2022) tVI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. 	lo" resį	oonse to	Page
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u> </u>	
	ction A. Governing body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	3		No
	of officers, directors or trustees, or key employees to a management company or other person?	3		No

4 Did the organization make any signif	ficant changes to its governing	documents since the prior Form 990 was filed
--	---------------------------------	--

d?. 4 No Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 No 5 Did the organization have members or stockholders? 6 No 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a members of the governing body? 7a No . Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b No b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by 8 the following: 8a Yes а

b Each committee with authority to act on behalf of the governing body?

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

https://projects.propublica.org/nonprofits/organizations/522264611/202333189349305868/full

8b

Yes

	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			

Section 6104 requires an organization to make its Form 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.
 Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20	State the name, address, and telephone nun	nber of	the person who possesses the organization's books and records:
	Svitlana Skorokhod Mykoly Shpaka St 3	Kyiv,	01135 UP

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

Page 7 -

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax

year. • List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount

of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from

the organization and any related organizations.
List all of the organization's former officers, key employees, or 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 the instructions for the order in which to list the persons above.

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 per week (list any hours for related organizations below dotted line)	one of or Ind	(C) ition (do not ch box, unless pe ficer and a dire Institutional Trustee;		n is	both a	in	(D) Reportable compensation from the organization (W-2/1099- MISC/1099- NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099- NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MYKHAILO SHNEIDER	40.00			х		x		44,828	0	0
CEO	0.00			^		^		44,020	0	0
	40.00									

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(2) SVITLANA DENYSENKO				х	х			36,993	0	
DIRECTOR OF CF	0.00			~	^			50,555	0	
(3) SVITLANA SKOROKHOD	40.00									
CFO				х	х			34,988	0	
	40.00									
(4) ROMAN BASALYHA				х	х			27,346	0	
Operations Director	0.00									
(5) TYMOFII BRIK	40.00			v				44.004		
RECTOR	. 0.00			Х	Х			14,091	0	
(6) VITALIY GORDUZ	40.00									
CFO					х			11,768	0	
	0.00									
(7) NATALIA SHAPOVAL				х	х			3,441	0	
EXECUTIVE VICE PRESIDENT	0.00			~	^			5,441	0	
(8) VOLODYMYR POPERESHNIUK	2.00									
DIRECTOR		х						0	0	
	0.00									
(9) ALEX LISSITSA	2.00	х						0	0	
DIRECTOR	0.00							-	-	
(10) OLEKSANDR ZHOLUD	2.00									
DIRECTOR		х						0	0	
	0.00									
(11) SVYATOSLAV VAKARCHUK		х						0	0	
DIRECTOR	0.00									
(12) JOHN HERBST	2.00	~								
DIRECTOR	. 0.00	х						0	0	
(13) TOMAS FIALA	2.00			-						
DIRECTOR	• •••••	х						0	0	
	0.00									
(14) ROGER MYERSON		х						0	0	
DIRECTOR	0.00									
(15) TORBJRN BECKER	2.00									
DIRECTOR		х						0	0	
	0.00									
(16) PETER CHERNYSHOV		х						0	0	
DIRECTOR	0.00									
(17) OLENA BILAN	2.00									
CO-CHAIR	. 0.00	Х		х				0	0	

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Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list	one	(C) ition (do not ch box, unless pe ficer and a dire	neck ersoi	n is l	both a	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation from the organization and related organizations	
	any hours for related organizations below dotted line)		Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)		
(18) MAKAR PASENIUK	2.00	~		х				0	0	0	
CO-CHAIR	0.00			^				0	0	U	
(19) ANNA NAGURNEY	2.00			v				0			
CO-CHAIR	0.00	X		Х				U	U	0	
(20) OLEKSANDR KRAVCHENKO	2.00										
CO-CHAIR	0.00	X		х				0	0	0	
(21) TYMOFIY MYLOVANOV	40.00										
PRESIDENT	0.00	•••••		Х				0	0	0	

									1	
·										
16	Sub Tatal				► I					
c	Sub-Total	ts to Part VII,	Section A			173,455		0		C
2	Total number of individuals (in of reportable compensation fro			listed above) who	received r	nore than \$1	00,000			
_	S							T	Yes	No
3	Did the organization list any for line 1a? If "Yes," complete Sch			e, key employee, o	highest o	compensated	employee on	3		No
4	For any individual listed on line						n the			
	organization and related orgar individual	nizations grea	ter than \$150,000	? If "Yes," complete	Schedule	e J for such		4		No
5	Did any person listed on line 1	a receive or a	accrue compensatio	on from any unrela	ed organ	ization or ind	ividual for	-		INO
	services rendered to the organ	nization?If "Ye	es," complete Sche	dule J for such pers	ion			5		No
	ection B. Independent Co									
1	Complete this table for your find from the organization. Report							mpens	ation	
		(A Name and bus				Desc	(B) cription of services		(C Comper	
	Total number of independent cor compensation from the organiza		uding but not limit	ed to those listed a	bove) wh	o received m	ore than \$100,00	00 of		
									Form 99	0 (2022)
				– Page 9 ––––						
	n 990 (2022)									Page 9
Pa	art VIII Statement of Rev Check if Schedule O c		ponse or note to a	ny line in this Part '	/111					
			<u>,</u>	(A)		(B)	(C)		(D	
				Total revenue	e	elated or exempt	Unrelated business		Rever	d from
		-				unction evenue	revenue	ta	ix under 512 -	
	Federated campaigns	1a								
Gifts	tributions, , Grants, Membership dues	1b								
Dthe	erAmt	10								
Simi Ar f io	Fundraising events	1c								
	3,585,986	1								
d	Related organizations	1d								
e	Government grants (contributions)	1e								
	All other contributions, gifts, grants, and similar amounts not included above	1f								
	42,588,622									
g	Noncash contributions included in lines 1a - 1f:\$	1g								
	659,563									
h	Total. Add lines 1a-1f		. ► 46,174,60	08						
			Business Code		<u> </u>					
đ	2a Tuition		61171	0	00	576,660				
	-		•	•	•		•	•		

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en la				
2				
a				
Service Reven				
 f All other program service revenue. g Total. Add lines 2a-2f	26,660			
3 Investment income (including dividends, interest, and oth				
similar amounts)				
4 Income from investment of tax-exempt bond proceeds				
5 Royalties				
(i) Real (ii) Person				
6a 6a b Less: rental				
expenses 6b				
c Rental income or (loss) 6c				
d Net rental income or (loss)	•			
(i) Securities (ii) Other				
7a Gross amount from sales of 7a				
assets other				
Less: cost or				
Less: cost or other basis and sales expenses 7b Gain or (loss) 7c d Net gain or (loss)				
Gain or (loss) 7c				
d Net gain or (loss)	<u> </u>			
5 Gross income from fundraising events				
(not including \$ 3,585,986 of contributions reported on line 1c).				
See Part IV, line 18				
b Less: direct expenses 8b				
c Net income or (loss) from fundraising events	•			
9a Gross income from gaming activities.				
See Part IV, line 19 9a				
b Less: direct expenses 9b				
c Net income or (loss) from gaming activities	• 			
10aGross sales of inventory, less				
returns and allowances 10a				
b Less: cost of goods sold 10b]			
C Net income or (loss) from sales of inventory . Business Co	de			
	165,810	165,810		
b				
				ļ
OtherRevenueMiscAmt				
d All other revenue				
d All other revenue	<u> </u>			
	165,810			
12 Total revenue. See instructions	46,917,078	742,470	0	0

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Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Dert IV \square

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		y mic in this Fallin	(B)		<u></u> (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	28,793,902	28,793,902		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,716,705	1,378,164	287,635	50,906
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees			-	
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	366,854	46,166	84,642	236,046
14	Information technology				
	Royalties				
16	Occupancy	92,957	69,703	23,254	
	Travel	28,057		917	27,140
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	77,451	77,451		
23	Insurance				
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a Impairment of assets	1,532,583	1,532,583		
	b				
	c .				
	d				
	e All other expenses	152,486	58,684	92,980	822
	Total functional expenses. Add lines 1 through 24e	32,760,995	31,956,653	489,428	314,914
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ►				
_					Form 990 (2022)

Page 11 – _ Form 990 (2022) Page 11 Part X **Balance Sheet** \Box Check if Schedule O contains a response or note to any line in this Part IX $% \left({{{\rm{A}}} \right) = {{\rm{A}}} \right)$. **(B)** End of year **(A)** Beginning of year Cash-non-interest-bearing . 1 1 • • . . • • . 8,579,256 2 Savings and temporary cash investments 309,554 2 •

https://projects.propublica.org/nonprofits/organizations/522264611/202333189349305868/full

		, ,	Ŭ			
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		137,120	4	511,193
	5	Loans and other receivables from any current or for trustee, key employee, creator or founder, substant controlled entity or family member of any of these	ial contributor, or 35%		5	
	6	Loans and other receivables from other disqualified section 4958(f)(1)), and persons described in section	persons (as defined under		6	
s	7	Notes and loans receivable, net			7	
et	8	Inventories for sale or use			8	· · · · · · · · · · · · · · · · · · ·
Assets	9	Prepaid expenses and deferred charges		16,485	9	2,342,018
1	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D)a 3,159,445			
	b	Less: accumulated depreciation 10)b		10c	3,159,445
	11	Investments—publicly traded securities .	I		11	
	12	Investments-other securities. See Part IV, line 11		519,128	12	
	13	Investments-program-related. See Part IV, line 11			13	· · · · · · · · · · · · · · · · · · ·
	14	Intangible assets			14	· · · · · · · · · · · · · · · · · · ·
	15	Other assets. See Part IV, line 11		1,976,113	15	851,605
	16	Total assets. Add lines 1 through 15 (must equal	line 33)	2,958,400	16	15,443,517
	17	Accounts payable and accrued expenses		180,775	17	668,678
	18	Grants payable			18	
	19	Deferred revenue		468,587	19	358,687
	20	Tax-exempt bond liabilities			20	
s	21	Escrow or custodial account liability. Complete Part	IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former employee, creator or founder, substantial contributo or family member of any of these persons		22		
Ξ	23	Secured mortgages and notes payable to unrelated	third parties		23	
	24	Unsecured notes and loans payable to unrelated thi	rd parties	172,299	24	38,394
	25	Other liabilities (including federal income tax, payal and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	bles to related third parties,	2,129,811	25	160,519
	26	Total liabilities. Add lines 17 through 25		2,951,472	26	1,226,278
and Balances		Organizations that follow FASB ASC 958, check complete lines 27, 28, 32, and 33.	k here 🕨 🗹 and			
ala	27	Net assets without donor restrictions	· · · · · · · ·	-736,285	27	12,216,353
nd B	28	Net assets with donor restrictions		743,213	28	2,000,886
F	20	Organizations that do not follow FASB ASC 956 complete lines 29 through 33.			20	
s or	29 20	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building or equip			30	
Ass	31	Retained earnings, endowment, accumulated incom	e, or other funds		31	
Net Assets	32	Total net assets or fund balances	· · · · · · · ·	6,928	32	14,217,239
Z	33	Total liabilities and net assets/fund balances		2,958,400	33	15,443,517
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Part XI	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1 Total	revenue (must equal Part VIII, column (A), line 12)	1		46,	917,078
2 Total	expenses (must equal Part IX, column (A), line 25)	2		32,	760,995
3 Reve	nue less expenses. Subtract line 2 from line 1	3		14,	156,083
4 Net a	assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .	4			6,928
5 Net u	unrealized gains (losses) on investments	5			
6 Dona	ated services and use of facilities	6			
7 Inves	stment expenses	7			
8 Prior	period adjustments	8			
9 Othe	r changes in net assets or fund balances (explain in Schedule O)	9			54,228
10 Net a	assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		14,	217,239
Part XII	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No

🗌 Cash 🗹 Accrual 🗌 Other **1** Accounting method used to prepare the Form 990:

04.10.	2024, 17:36 Kyiv School Of Economics - Full Filing- Nonprofit Explorer -	ProPublica			
-	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.	-			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2	а	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both:	ed on a			
	\Box Separate basis Consolidated basis \Box Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	2	ь	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa consolidated basis, or both:	ite basis,			
	□ Separate basis				
с	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2	с	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in So	chedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R. Part 200, Subpart F?	Uniform	a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	equired	b		
			F	orm 99	0 (2022

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Additional Data

Return to Form

Software ID: Software Version:

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Form 990, Special Condition Description:

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		he organiza L OF ECONOMI								Emplo	yer identific	ation number
	СПООГ									52-226		
	rt I organiz		for Public Char a private foundatio							See inst	ructions.	
1		A church, c	onvention of churc	hes, or as	sociation	of churches	described in s	ection 1	70(b)(1)	(A)(i).		
2		A school de	escribed in section	170(b)(1)(A)(ii)). (Attach Sch	nedule E (Form	n 990).)				
3		A hospital	or a cooperative ho	spital ser	vice orga	nization desci	ribed in sectio	n 170(b)(1)(A)(iii).		
4			esearch organizati and state:	on operat	ed in con	junction with	a hospital des	cribed ir	section 1	L70(b)(1)(A)(iii). E	nter the hospital's
5		170(b)(1)	ation operated for ((A)(iv). (Complet	e Part II.))	-					al unit descri	bed in section
6 7			state, or local gove		-							al auchta daaarihad in
'	\Box		10(b)(1)(A)(vi).				s support from	i a gove	rnmental u	nit or fro	om the gener	al public described in
8		A commun	ity trust described	in sectio	1 170(b)	(1)(A)(vi).	(Complete Par	t II.)				
9			ural research organ rant college of agri									ege or university or
10		An organiza from activi investment	ation that normally ties related to its e	receives: xempt fur ated busin	(1) more actions—s iess taxal	e than 331/3% subject to cert ole income (le	of its suppor tain exception	t from co s, and (2	ontribution:) no more	s, memb than 33	ership fees, a 1/3% of its s	
1		An organiz	ation organized and	d operated	d exclusiv	ely to test fo	r public safety	See se	ction 509	(a)(4).		
12		more publi		nizations (described	in section 5	09(a)(1) or s	section	509(a)(2)). See s e	ection 509(a	e purposes of one or a)(3). Check the boy
а		organizatio		egularly a	appoint o							giving the supported inization. You must
b		manageme	supporting organi nt of the supportin plete Part IV, Se	g organiz	ation vest							
с			unctionally integ organization(s) (se								onally integra	ited with, its
d		Type III r functionally	• • • • •	ntegrate ganizatio	d. A supp n general	orting organi Ily must satis	ization operate fy a distributio	ed in con n requir	nection wit	th its su		nization(s) that is no uirement (see
е		Check this	box if the organiza	tion recei	ved a wri	tten determir	ation from the		at it is a Ty	pe I, Typ	oe II, Type III	functionally
f	Enter		or Type III non-fu of supported orga	-	-		-					
g			ving information ab								· · · · <u> </u>	
	(i) №	Name of supported and supporte		i) EIN	orga (descril 1- 10) Type of anization bed on lines above (see ructions))	(iv) Is the c in your gove			monet	Amount of ary support nstructions)	(vi) Amount of other support (see instructions)
							Yes	N	0			
Tota	1											
		work Reduc or 990-EZ.	tion Act Notice, s	ee the I	nstructio	ons for	Cat. No. 112	85F			Schedule	A (Form 990) 202
						Pa	ge 2 ———					
Sche	dule A	(Form 990)	2022									Doge
	rt II	Suppor	rt Schedule for									Page 1)(A)(vi) alify under Part III
-		If the o	rganization failed									,
	ection endar	<u>A. Public</u> vear	Support	(1) 20	0	(1) 2010	1-2-000	0	(4) 2023		(-) 2022	
(or L (fiscal Gifts, g	year begini rants, contri	hing in) butions, and eceived. (Do not	(a) 201	.0	(b) 2019	(c) 202	U	(d) 2021		(e) 2022	(f) Total

	include any "unusual grant.")				
2	Tax revenues levied for the				
	organization's benefit and either paid				
	to or expended on its behalf				
3	The value of services or facilities				
	F	-	-	-	-

	0004 47 00						
	.2024, 17:36 rurnished by a governmental unit to g	Kyıv	School Of Econo	mics - Full Filing-	Nonprofit Explore	er - ProPublica	1
	the organization without charge						
	Total. Add lines 1 through 3 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) Public support. Subtract line 5 from						
	line 4.						
	ection B. Total Support endar year						
	fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8	Amounts from line 4 Gross income from interest,						
8	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on.						
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.).						
11	Total support. Add lines 7 through						
12	10 L Gross receipts from related activities, et	tc. (see instruct	ions)		 	12	I
	First 5 years. If the Form 990 is for the						ganization, check
	this box and stop here	5			,		-
S	ection C. Computation of Public	Support Per	centage				
	Public support percentage for 2022 (line		-			14	
	Public support percentage for 2021 Sch					15	
	33 1/3% support test-2022. If the o						
b	and stop here. The organization qualifi 33 1/3% support test-2021. If the	es as a publiciy organization did	supported organ I not check a box	on line 13 or 16a	a, and line 15 is 33		
-	box and stop here. The organization of						- 0
17a	10%-facts-and-circumstances test- and if the organization meets the "facts						
	meets the "facts-and-circumstances" te			-	•		
b	10%-facts-and-circumstances test						
	more, and if the organization meets th			•	-		· _
18	meets the "facts-and-circumstances" to Private foundation. If the organization						🕨 🗆
10	instructions		-				► 🗆
							A (Form 990) 2022
			Page	3			
Sche	edule A (Form 990) 2022						Page 3
P	art III Support Schedule for						
	(Complete only if you on the organization fails to						nder Part II. If
S	ection A. Public Support					,	
	endar year fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities furnished in						
	any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are						
3	not an unrelated trade or business						
4	under section 513						
-	organization's benefit and either paid						
5	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						
6	the organization without charge Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
h	3 received from disqualified persons Amounts included on lines 2 and 3						
5	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line						
	13 for the year.						
с 8	Add lines 7a and 7b Public support. (Subtract line 7c						
	from line 6.)						
	ection B. Total Support endar year	Ι				(e) 2022	
		(a) 2018	(h) 2019	(c) 2020	(d) 2021	1	(f) Total

(e) 2022

(f) Total

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(or 1 9	Tiscal year beginning in) ► Amounts from line 6					x - x -	•	,	
10a	Gross income from interest,								
	dividends, payments received on securities loans, rents, royalties and								
Ь	income from similar sources Unrelated business taxable income								
D	(less section 511 taxes) from								
	businesses acquired after June 30, 1975.								
c	Add lines 10a and 10b.								
11	Net income from unrelated business activities not included on line 10b,								
	whether or not the business is regularly carried on.								
12	Other income. Do not include gain or								
	loss from the sale of capital assets (Explain in Part VI.) .								
13	Total support. (Add lines 9, 10c, 11, and 12.).								
14	First 5 years. If the Form 990 is for the	-				.,.,	-		
	this box and stop here					<u></u>			
<u>Se</u> 15	ction C. Computation of Public Public support percentage for 2022 (lir			3, column (f)) .		. 15			<u> </u>
16	Public support percentage from 2021 S					16			
Se	ction D. Computation of Invest								
17	Investment income percentage for 202								
18	Investment income percentage from 2		•			18	1 1:00 1 -	7 :	
19a	33 1/3% support tests-2022. If the more than 33 1/3%, check this box and								
b	33 1/3% support tests—2021. If the							and line	18 is
	not more than 33 1/3%, check this box								
20	Private foundation. If the organization	on did not check	a box on line 14	, 19a, or 19b, cł	neck this box and	l see instructions .	<u> </u>		
						Schedule	A (Fori	n 990)	2022
			Page 4	1					
Sche	dule A (Form 990) 2022								Page 4
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Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial 7

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	Schedule A	(Form	990)	2022
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
		10a		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.			
	in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
с	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets			
b	Did one or more disqualified persons (as defined on 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		
		9a		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
	contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		

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Schedule A (Form 990) 2022

Page 5

Farciv 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 on lines 11b and 11c below, the						
	governing body of a supported organization?	11a					
b	A family member of a person described on 11a above?	11b					
с		11c					
	VI.						

Section B. Type I Supporting Organizations

Part IV Supporting Organizations (continued)

			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit			
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting porganization.			

Section 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).				

Section D. All Type III Supporting Organizations

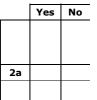
			Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing				
	documents in effect on the date of notification, to the extent not previously provided?	1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).				
	organization maintaineu a close and continuous working relationship with the supported organization(s).				
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times				
	during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.				

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
 - **a** _____ The organization satisfied the Activities Test. Complete **line 2** below.
 - \mathbf{b} _____ The organization is the parent of each of its supported organizations. Complete line 3 below.
 - c 📋 The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. Answer lines 2a and 2b below.

a 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.



b Did the activities described on line 2a, above 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

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the organization's position that its supported organization(s) would have engaged in these activities but for the
organization's involvement.

- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
 - a 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? If "Yes" or "No", provide details in **Part VI**.
 - **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.

Зb Schedule A (Form 990) 2022

2b

3a

Page 6 –

	dule A (Form 990) 2022 rt V Type III Non-Functionally Integrated 509(a)(3) Supporting C)rgani	izations	Page
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization	ust on l	Nov. 20, 1970 (explain in	
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
Ŀ	• Average monthly cash balances	1b		
c	: Fair market value of other non-exempt-use assets	1c		
c	I Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-ir instructions)	ntegrat	ed Type III supporting or	ganization (see

Schedule A (Form 990) 2022

— Page 7 –

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations	(continued)	
Section D - Distributions		Current Year
Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, ir excess of income from activity	2	

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4 Amounts paid to acquire exempt-use assets	4			
5 Qualified set-aside amounts (<i>prior IRS approval require</i>	5			
6 Other distributions (<i>describe in Part VI</i>). See instructio	ns		6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to wh details in Part VI). See instructions	ich the organization is respons	sive (<i>provide</i>	8	
9 Distributable amount for 2022 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution	ns	(iii) Distributable
Distributable amount for 2022 from Section C, line 6		Pre-2022		Amount for 2022
 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i>). See instructions. 				
3 Excess distributions carryover, if any, to 2022:				
a From 2017				
b From 2018				
c From 2019				
d From 2020				
e From 2021.				
f Total of lines 3a through e				
g Applied to underdistributions of prior years				
h Applied to 2022 distributable amount				
i Carryover from 2017 not applied (see instructions)				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2022 from Section D, line 7: \$				
a Applied to underdistributions of prior years				
b Applied to 2022 distributable amount				
c Remainder. Subtract lines 4a and 4b from line 4.				
 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i>. See instructions. 				
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.				
7 Excess distributions carryover to 2023. Add lines 3j and 4c.				
8 Breakdown of line 7:				
a Excess from 2018				
b Excess from 2019				
c Excess from 2020				
d Excess from 2021				
e Excess from 2022				

Schedule A (Form 990) (2022)

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Schedule A (Form 990) 2022

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).

 Facts And Circumstances Test

 Return Reference
 Explanation

 Schedule A (Form 990) 2022

Additional Data

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efile Public Visual Render	ObjectId: 202333189349305868 - Submission: 2023-11-14		TIN: 52-2264611
Schedule B	Schedule of Contributors		OMB No. 1545-0047
(Form 990)	Attach to Form 990, 990-EZ, or 990-PF.		2022
Department of the Treasury Internal Revenue Service	Go to <u>www.irs.gov/Form990</u> for the latest informat	tion.	
Name of the organization KYIV SCHOOL OF ECONOMICS		Employ	er identification number
		52-2264	611
Organization type (check on	e):		
Filers of:	Section:		
Form 990 or 990-EZ	□ 501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a prive	vate foundation	
	\Box 527 political organization		
Form 990-PF	\Box 501(c)(3) exempt private foundation		
	\Box 4947(a)(1) nonexempt charitable trust treated as a private f	foundation	
	\Box 501(c)(3) taxable private foundation		

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- □ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- □ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- □ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.	Cat. No. 30613X	Schedule B (Form 990) (2022)

Page 2

Schedule B (Form 990) (2022)	Page 2
Name of organization KYIV SCHOOL OF ECONOMICS	Employer identification number 52-2264611
Part I	

Contributors	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			Person		

RESTRICTED			
-			Payroll
-		\$ RESTRICTED	Noncash
	,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•			Payroll
-		\$	☐ Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
· ·			Payroll
-		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
· ·			Payroll
-		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
· ·			Payroll
-		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
· -			Payroll
-		\$	Noncash
			(Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Page 3 -

Schedule E	3 (Form 990) (2022)		Page 3	
Name of org	anization DL OF ECONOMICS	Employer identification number		
		52-2264611		
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is neede	d.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-		\$_		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-		\$_		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		s		

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Page 4 Schedule B (Form 990) (2022) Page 4 Name of organization Employer identification number Schedule B (Form 990) (2022) Page 4 Page 4 <	04.10.2024, _	17:36 Kyiv School Of Economics - Full Filing- Nonprofit Explorer - ProPublica						
(a) No. from Part I Description of noncash property given FMV (or estimate) (d) Date received (a) No. from Part I	No. from	(b) Description of noncash p	property given	FMV (or estimate)				
(a) (b) FMV (or estimate) (c) Part I Description of noncesh property given FMV (or estimate) (d) (s) (d) Date received (s) (s) (d) (s) (s) (s) (s) <td>No. from</td> <td>(b)</td> <td></td> <td>(c) FMV (or estimate) (See instructions)</td> <td></td>	No. from	(b)		(c) FMV (or estimate) (See instructions)				
Page 4 Schedule B (Form 990) (2022) Page 4 Schedule B (Form 990) (2022) Page 4 Part III Exclusively religious, charitable, etc., contributions to organization sdescribed in sectors 691(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contribution. Complete columns (a) through (a) and the following line entry. For organizations complete rolizations complete columns (a) through (b) and the following line entry. For organizations complete rolizations complete columns (a) through (b) and the following line entry. For organizations complete rolizations complete columns (b) through (c) and the following line entry. For organizations complete of part III if additional space is needed. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (b) Form (e) Transfer of gift (d) Description of how gift is held (a) (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) (b) Purpose	No. from	(b) Description of noncash p	property given	(c) FMV (or estimate) (See instructions)				
Schedule B (Form 990) (2022) Page 4 Imme of organization KITV SCHOOL OF ECONOMICS Schedule B (Form 990) (2022) Exclusively religious, charitable, etc., contributions to organizations described in section 501c)(7), (8), or (10) that total more throw as 10,000 for hey part film, only one contributions (b) (a) that of 501c)(7), (8), or (10) that total more thromation ance. See instructions.) \$ Non: from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Colspan="2">Colspan="2">Colspan="2">Page 4 (a) Transfer of gift (c) Use of gift (d) Description of how gift is held Colspan="2">Colspan="2" Colspan="2"	-		Page 4	\$\$_	Schedule B (Form 990) (2022)			
Name of organization Employer identification number Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(27), (8), or (10) that total more organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) Employer identification number (a) (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (b) from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) (b) Purpose of gift (c) Use of gift <	Sebedule	R (Form 000) (2022)			Pogo 4			
Pert III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) * \$	Name of or	rganization						
No. from Part I Part I (b) Purpose of gift (c) Use of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP 4 (e) Transfer of gift Transferee's name, address, and ZIP 4 (e) Transfer of gift (f) Description of how gift is held (e) Transfer of gift (f) Description of how gift is held (e) Transfer of gift (f) Description of how gift is held (f) Description of how gift is held (f) Description of how gift is held (h) Purpose of gift (c) Use of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP 4 (e) Transfer of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (f) Transfer of gift (h) Purpose of gift (c) Use of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift (f) Description of how gift is held (h) Purpose of gift (c) Use of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (f) Description of how gift is held (h) Description of how	Part III	than \$1,000 for the year from any one contr organizations completing Part III, enter the year. (Enter this information once. See inst	ibutor. Complete columns (a total of exclusively religious ructions.) * \$	scribed in section 501(c)(7), a) through (e) and the following, charitable, etc., contributio	ng line entry. For			
(a) (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Transferee's name, address, and ZIP 4 (e) Transfer of gift (d) Description of how gift is held Transferee's name, address, and ZIP 4 (e) Transfer of gift (d) Description of how gift is held Image: Comparison of transferee's name, address, and ZIP 4 (e) Transfer of gift (d) Description of how gift is held Image: Comparison of transferee's name, address, and ZIP 4 (e) Transfer of gift (d) Description of how gift is held Image: Comparison of transferee's name, address, and ZIP 4 (e) Transfer of gift (d) Description of how gift is held Image: Comparison of transferee's name, address, and ZIP 4 (e) Transfer of gift (d) Description of how gift is held Image: Comparison of transferee's name, address, and ZIP 4 (e) Transfer of gift (d) Description of how gift is held Image: Comparison of transferee's name, address, and ZIP 4 (e) Transfer of gift (d) Description of how gift is held Image: Comparison of transferee's name, address, and ZIP 4 (e) Transfer of gift (d) Description of how gift is held Image: Comparison of transferee's name, address, and ZIP 4 (e) Transfer of gift (d) Description of how gift is held Image: Comparison of transferee's name, address, and ZIP 4 (e) Transfer of gift	No. from	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held			
Part I	-	Transferee's name, address, and Z	(e) Transfer of gi		to transferee			
Transferee's name, address, and ZIP 4 Relationship of transferor to transferee (a) (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I	(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held			
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Transferee's name, address, and ZIP 4 Relationship of transferor to transferee (a) (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I	No. from	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held			
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No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held	ſ							
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Schedule B (Form 990) (2022)

Additional Data

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Name of	the organ						Employ	er identification	number
KYIV SCHO	OL OF ECONO	MICS					52-2264	611	
Part I				Advised Funds o			Accour	nts.	
	Complet	e if the org	anization answere	<u>d "Yes" on Form 99</u> (a) D	<u>90, Part IV, line</u> Jonor advised fund		(b)	Funds and other	accounts
L Total	number at e	end of year .							
Aggre	egate value	of contributic	ons to (during year)						
	•	-	m (during year)						
	-		ır						
				advisors in writing than n's exclusive legal com				_	Yes 🗌 No
chari	itable purpo	ses and not f	or the benefit of the	and donor advisors in donor or donor advis	or, or for any othe	er purpose cor			Yes 🗌 No
Part II		vation Eas		d "Yes" on Form 99	90, Part IV, line	7.			
L Purpo				e organization (check					
	Preservatio	n of land for	public use (e.g., recr	reation or education)	Preserventer	vation of an hi	istorically	important land	area
	Protection	of natural ha	bitat		Preserv	vation of a cer	tified his	toric structure	
	Preservatio	n of open sp	ace						
		a through 2c last day of t		neld a qualified conse	rvation contribution	on in the form			<u>())</u>
							<u>н</u> 2а	eld at the End o	of the Year
	acreage res								
		tricted by co	nservation easement	·		2	2b		
c Numb	ber of conse			s			26 2c		
d Numb	ber of conse	rvation ease	ments on a certified h ments included in (c)	historic structure inclu acquired after July 2	uded in (a)				
d Numb histor Num	ber of conse ric structure	rvation ease rvation ease listed in the	ments on a certified h ments included in (c) National Register .	historic structure inclu acquired after July 2	uded in (a) 25, 2006, and not	on a	2c 2d	ration during the	
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a 🗌 Public exhibition				u	J Loan	or exchange pro	grams		
b Cabalariy racear	h			e 🗌	Othe	r			
Scholarly resear	n					-			
	future generations								
Provide a description of Part XIII.	the organization's c	ollections and	l explain ho	ow they fu	rther the	e organization's e	exempt purpo	se in	
During the year, did th	e organization solicit	or receive do	nations of a	art, histori	cal treas	sures or other sin	nilar		
assets to be sold to ra								🗌 Yes	🗆 No
	Custodial Arrang		" on Form	990, Pa	rt IV, lir	ne 9, or reporte	ed an amou	nt on For	m 990, Part X
 a Is the organization an included on Form 990, 								🗌 Yes	O No
b If "Yes," explain the a	angement in Part XI	II and comple	ete the follo	wing tabl	e:		Α	mount	
c Beginning balance						1c			
d Additions during the y						_			
 Distributions during th 	,								
F Ending balance						1f			
a Did the organization in	lude an amount on I	Form 990, Pa	rt X, line 21	L, for escr	ow or cu	stodial account li	ability?	C Yes	🗆 No
If "Yes," explain the ar	-	II. Check here	e if the exp	lanation h	as been	provided in Part	XIII		
Part V Endowment		word "Voc	" on Form	000 Pa	⊷+ T\/ lin	20.10			
Complete in t	e organization and	(a) Currei		(b) Prior y		(c) Two years back	(d) Three ye	ars back (e) Four years back
a Beginning of year balan	e								
c ontributions									
Net investment earning	, gains, and losses								
Grants or scholarships									
• Other expenditures for t	acilities								
and programs									
Administrative expenses									
g End of year balance			1.1						
Provide the estimated Board designated or q	-	rrent year end	i balance (I	ine 1g, co	iumn (a)) held as:			
 Permanent endowmen Term endowment 	•								
The percentages on lir	as 2a 2b and 2c sh	ould oqual 10	n 0⁄2						
a Are there endowment				n that are	held an	d administered fo	or the		
organization by:	·		5						Yes No
(i) Unrelated organiza					• •	• •		3a(i	-
(ii) Related organizatib If "Yes" on 3a(ii), are f			· · ·	 Schodulo	•••	• •		3a(i 3b	i)
Describe in Part XIII th	5		•					30	
	ngs, and Equipme	-	in 3 endowi	nent fund.	5.				
· · · · · ·	e organization and		" on Form	990, Pa	rt IV, lir	ne 11a. See Fo	rm 990, Pai	t X, line	10.
Description of property	(a) Cost or o (investr		(b) Cost or	r other basis	s (other)	(c) Accumulated	depreciation	(d)	Book value
	(117656	licite)							
Land									
Buildings				3	,159,445				3,159,44
c Leasehold improvement	j								
d Equipment									
Other							_		
tal. Add lines 1a through	.e. (Column (d) must	t equal Form	990, Part X	, column	(B), line	10(c).) • •	•		3,159,44
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			Pa	ge 3 —					
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hedule D (Form 990) 2022									
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art VII Investment	- Other Securiti								
art VII Investment Complete if t	e organization and	swered "Yes	" on Form	990, Pa					2.
art VII Investment Complete if t (a) De		swered "Yes or category	" on Form	990, Pa	(b) Book		m 990, Par (c) Method c or end-of-ye	of valuation	2.
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Art VII Investment Complete if ti (a) De (i) Financial derivatives	e organization ans scription of security o noluding name of sec	swered "Yes or category	" on Form		(b) Book		(c) Method o	of valuation	2.
Art VII Investment Complete if ti (a) De (i) Financial derivatives) Closely-held equity inter	e organization ans scription of security o noluding name of sec	swered "Yes or category	" on Form	990, Pa	(b) Book		(c) Method o	of valuation	2.
Art VII Investment: Complete if t (a) De (i) Financial derivatives) Closely-held equity inter)Other	e organization ans scription of security o noluding name of sec	swered "Yes or category	" on Form		(b) Book		(c) Method o	of valuation	2.
Art VII Investment: Complete if t (a) De (i) Financial derivatives Closely-held equity inter Other	e organization ans scription of security o noluding name of sec	swered "Yes or category	" on Form		(b) Book		(c) Method o	of valuation	:
art VII Investment Complete if t (a) De	e organization ans scription of security o noluding name of sec	swered "Yes or category	" on Form 	990, Pa	(b) Book		(c) Method o	of valuation	2.

 (\cap)

(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	*	

Part VIII Investments - Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

		(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	•	

Part IX Other Assets.

Complete if the organization answered 'Yes' on F	Form 990, Part IV, line 11d. See Form 990, Part X, line 15	5.
(a) Description	(b) B	ook value
(1)Other Receivables		851,605
(1)		
(2)		
(3)		
(4)		
(5)	-	
(6)	-	
(7)	-	
(8)		
(9)	-	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)		851,605

Part X Other Liabilities.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11	e or 11f.See Form 990, Part X, line 25.
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Other Payables	160,519
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	160,519

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per I Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Return	•
	Total revenue, gains, and other support per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains (losses) on investments		
,	Donated services and use of facilities		
	Recoveries of prior year grants		
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
1	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
)	Other (Describe in Part XIII.)		
:	Add lines 4a and 4b	4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
91	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	r Retu	'n.
-	Total expenses and losses per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities 2a		
,	Prior year adjustments		
	Other losses		
	Other (Describe in Part XIII.)		
•	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
ı	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
,	Other (Describe in Part XIII.)		
:	Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
a	rt XIII Supplemental Information		
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	rt V, line	4; Part X, line 2; Part X
	Return Reference Explanation		
_	<u> </u>	Caba	dule D (Form 990) 20

Additional Data

Return to Form

Software ID: Software Version:

	al Render ObjectId: 202333189349305868 - Submission: 2023-11-14	1	N: 52-2264611		
SCHEDULE E (Form 990)	Schools		0. 1545-		
(Form 990)	Complete if the organization answered "Yes" on Form 990,	2	02	2	
	Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ.				
Department of the Treasury	Go to <i>www.irs.gov/Form990EZ</i> for the latest information.		en to Pu pection	blic	
Internal Revenue Service Name of the organizat	ion Employer ident			r	
KYIV SCHOOL OF ECONO	MICS 52-2264611				
Part I					
		Г	YE	5 NO	
	zation have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, instrument, or in a resolution of its governing body?		1 Yes	;	
brochures, cata	zation include a statement of its racially nondiscriminatory policy toward students in all its logues, and other written communications with the public dealing with student admissions,				
programs, and			2 Yes	;	
all times during newspaper or b	ation publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepag its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or through roadcast media during the period of solicitation for students, or during the registration period if it has no ram, in a way that makes the policy known to all parts of the general community it serves? If "Yes," ple	h IO			
describe. If "No	," please explain. If you need more space use Part II	· · _	3 Yes	;	
•	zation maintain the following? ng the racial composition of the student body, faculty, and administrative staff?		4a Yes		
	enting that scholarships and other financial assistance are awarded on a racially nondiscriminatory				
basis?		4	4b Yes	;	
	alogues, brochures, announcements, and other written communications to the public dealing missions, programs, and scholarships?		4c Yes	;	
d Copies of all ma	terial used by the organization or on its behalf to solicit contributions?	🗳	4d Yes		
If you answered	"No" to any of the above, please explain. If you need more space, use Part II.				
5 Does the organ	zation discriminate by race in any way with respect to:				
a Students' rights	or privileges?	. 5	5a		
b Admissions poli	zies?			No	
c Employment of	faculty or administrative staff?	. 5	5b	No No	
			5b 5c		
d Scholarships or	other financial assistance?			No	
	other financial assistance?		5c	No No	
e Educational poli	other financial assistance?	. <u>.</u>	5c 5d 5e	No No No	
e Educational poli f Use of facilities	other financial assistance?		5c 5d 5e 5f	No No No No No	
e Educational poli f Use of facilities	other financial assistance?		5c 5d 5e	No No No	
 e Educational poli f Use of facilities g Athletic program h Other extracurr 	other financial assistance? .		5c 5d 5e 5f	No No No No No	
 e Educational poli f Use of facilities g Athletic program h Other extracurr 	other financial assistance?		5c 5d 5e 5f 5g	No No No No No	
 e Educational poli f Use of facilities g Athletic program h Other extracurr 	other financial assistance? .		5c 5d 5e 5f 5g	No No No No No	
 e Educational poli f Use of facilities g Athletic program h Other extracurr If you answered 	other financial assistance?		5c 55 55 55 55 55 55 55 55 55 55 55 55 5	No No No No No	
 e Educational poli f Use of facilities g Athletic program h Other extracurr If you answered 6a Does the organ 	other financial assistance? .		5c 5d 5e 5f 5g	No No No No No	
 e Educational poli f Use of facilities g Athletic program h Other extracurre If you answered 6a Does the organizing b Has the organizing If you answered 	other financial assistance?		5c 55 5d 55 5f 55 5h 55 6a	No No No No No No	
 e Educational poli f Use of facilities g Athletic program h Other extracurre If you answered 6a Does the organize b Has the organize If you answered 7 Does the organize 	other financial assistance? . cies? . . . ns? . . . icular activities? . . . !"Yes" to any of the above, please explain. If you need more space, use Part II. zation receive any financial aid or assistance from a governmental agency? . . !"Yes" to either line 6a or line 6b, explain on Part II. zation certify that it has complied with the applicable requirements of sections 4.01 through 4.05		5c 55 5d 55 5f 55 5h 55 6a	No No No No No No	
 e Educational polities f Use of facilities g Athletic program h Other extracurre If you answered 6a Does the organiz b Has the organiz If you answered 7 Does the organion of Rev. Proc. 75 nondiscrimination 	other financial assistance?		5c 55 5d 55 5f 55 5h 55 6a	No No No No No No No	
 e Educational polities f Use of facilities g Athletic program h Other extracurre If you answered 6a Does the organiz b Has the organiz If you answered 7 Does the organion of Rev. Proc. 75 nondiscrimination 	other financial assistance?		5c 5d 5e 5f 5g 5h 6a 6b 7 Yes	No No No No No No No	
 e Educational polities f Use of facilities g Athletic program h Other extracurre If you answered 6a Does the organiz b Has the organiz If you answered 7 Does the organion of Rev. Proc. 75 nondiscrimination 	other financial assistance?		5c 5d 5e 5f 5g 5h 6a 6b 7 Yes	No No No No No No No	
 e Educational polities f Use of facilities g Athletic program h Other extracurre If you answered 6a Does the organiz b Has the organiz If you answered 7 Does the organion of Rev. Proc. 75 nondiscrimination 	other financial assistance?		5c 5d 5e 5f 5g 5h 6a 6b 7 Yes	No No No No No No No	

Return Reference

Explanation

Additional Data

Return to Form

Software ID: Software Version:

	State	ment of A	ctivities (Outside the Un	ited States	OMB No. 1545-0047	_		
orm 990)	► Compl	ete if the organiza		res" to Form 990, Part IV,	2022				
partment of the Treasury	,	Go to www.irs.go		o Form 990. nstructions and the latest i	Open to Public Inspection				
					Employer id	entification number	i.		
ame of the organization IV SCHOOL OF ECONOMICS Fart I General Information on Activities Outside the United States. Complete if the organization					52-2264611				
	Information), Part IV, line		Outside the L	Jnited States. Comple	ete if the organization	answered "Yes" on	_		
-		-		substantiate the amoun stance, and the selection	-				
	-		-			🗹 Yes 🗌 N	0		
For grantmaker outside the Unite		Part V the orgar	nization's proce	dures for monitoring the	use of its grants and	other assistance			
Activites per Regio	on. (The followin	g Part I, line 3 ta	ible can be dupli	cated if additional space is	needed.)				
(a) Region	n	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the		(e) If activity listed in (d) i program service, describe specific type of service(s) in the region				
Europe including Greenland	Iceland and	1	region 77	region) Program services	Education	1,801,44	45		
Europe including Greenland	Iceland and	1	332	Program services	Humanitarian Aid	30,155,20	08		
							_		
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Sub-total b Total from continu	nuation sheets to	2	409	9		31,956,6	53		
 b Total from continu Part I c Totals (add lines) 	s 3a and 3b)	2	409	9		31,956,6	53		
Sub-total . b Total from continu Part I . c Totals (add lines	s 3a and 3b)	2	409	9	No. 50082W Sch		53		
Sub-total . b Total from continu Part I . c Totals (add lines	s 3a and 3b)	2	409 Ictions for Forn	9	No. 50082W Sch	31,956,6	53		
Sub-total . b Total from continu Part I . c Totals (add lines r Paperwork Reduct hedule F (Form 990) 2	s 3a and 3b) tion Act Notice 2022	2 , see the Instru	409 ctions for Forn Pa	an 990. Cat.		31,956,6 edule F (Form 990) 202	- -	swered "Yes"	Page : on Form 990,
Sub-total b Total from contine Part I c Totals (add lines r Paperwork Reduct hedule F (Form 990) 2 art II Grants a Part IV, lir	s 3a and 3b) tion Act Notice 2022 nd Other As ne 15, for any	2 , see the Instru sistance to O r recipient who	400 Internations for Form Present Present Pres	n 990. Cat. age 2 s or Entities Outsid re than \$5,000. Part	e the United State	31,956,6 edule F (Form 990) 202 s. Complete if the org if additional space is	ganization an needed.		on Form 990,
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Sub-total b Total from contine Part I c Totals (add lines r Paperwork Reduct And the free form 990) 2 art II Grants and Part IV, line (a) Name of organization	s 3a and 3b) tion Act Notice	sistance to C recipient who (c) Region	A05 ctions for Form Pa Drganizations or received mo (d) P (d) P (d) (d) P (d) (d) P (d)	at are recognized as ch	e the United State II can be duplicated iount of grant (f) Mai ca disburs 	s. Complete if the or if additional space is of nonc sement 31 31,956,61 (g) Am of nonc of nonc of nonc of nonc assistan 31 31 31 31 31 31 31 31 31 31 31 31 31	ganization an needed.	 Description of noncash assistance anitarian goods 	on Form 990, (i) Method of valuation (book, FMV, appraisal, othe
sub-total b Total from contine Part I c Totals (add lines r Paperwork Reduct And the feature of the feature	s 3a and 3b) tion Act Notice	sistance to C recipient who (c) Region	A05 ctions for Form Pa Drganizations or received mo (d) P (d	at are recognized as chorovided a section 501	e the United State II can be duplicated iount of grant (f) Mai ca disburs 	s. Complete if the org if additional space is sheer of sheer of sh	ganization an needed.	n) Description of noncash assistance initarian goods ervices	on Form 990, (i) Method of valuation (book, FMV, appraisal, othe

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.								
(a) Type of grant or assistance	(b) Region	(c) Number of recipients		(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)	
Scholarship and other Assi	Europe including Iceland and Greenland	50	220,245	WIRE				
						Saba	dule F (Form 990) 2022	
						Sche	aule i (FUIII 330) 2022	

	Page 4		
Sche	ule F (Form 990) 2022		Page 4
Par	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	🗹 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	🗹 No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	□ _{Yes}	🗹 No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	□ _{Yes}	🗹 No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	C Yes	🗹 No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	□ _{Yes}	🗹 No

Schedule F (Form 990) 2022

— Page 5 —

Page :	(Form 990) 2022	chedule F (
Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting metho 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.					
ion	ReturnReference				

https://projects.propublica.org/nonprofits/organizations/522264611/202333189349305868/full

Additional Data

Software ID: Software Version:

efi	le Public Visual R	Object1	TIN: 52-2264611								
SCHEDULE G				Supplemental Information Regarding							
(Form 990) Euclide Functional Strength						ng or ered "Yes"	2022 Open to Public				
Internal Revenue Service For www.irs.gov/Form990 for instructions and the latest information.							Inspection				
KYIV SCHOOL OF ECONOMICS						entification number					
Pa		-			-		answered "Yes" on F	orm 990,	52-2264611 Part IV, line 1	7.	
1	Form 990-E						part. ollowing activities. Checl	c all that ar	nlv		
a	Mail solicitations	, organiza	tion ruised		rough un	•	Solicitation of nor	•			
b	 Internet and ema 	ail solicita	tions			1	f Solicitation of go	vernment g	rants		
с	Phone solicitation	าร				ç	g 🗌 Special fundraisir	ng events			
d	In-person solicita	ations									
2a							vidual (including officers on with professional func			es 🗌 No	
b	If "Yes," list the 10 h to be compensated a					draisers)	pursuant to agreements	under whi	ch the fundraise	er is	
(i)	Name and address of in or entity (fundraise		(ii) Act	ivity	fundrai cust cont) Did iser have ody or trol of butions?	(iv) Gross receipts from activity	(or re fundrai	ount paid to stained by) iser listed in ol. (i)	(vi) Amount paid to (or retained by) organization	
					Yes	No					
Tota	al					•					
	List all states in which licensing.	the orgar	nization is re	egistered	l or licen	sed to sol	icit contributions or has	been notifie	ed it is exempt t	from registration or	
For	Paperwork Reduction A	ct Notice,	see the Inst	ructions	for Form		0-EZ. Cat. No	o. 50083H	Se	chedule G (Form 990) 2022	
Sch	edule G (Form 990) 20	22								Page 2	
-	than \$15,0	ng Even 00 of fur	ndraising e	vent co			answered "Yes" on For gross income on Forr			, or reported more	
	gross recei	pts great	lei uidii \$:	(a	a)Event :		(b) Event #2	(c)01	ther events	(d) Total events (add col. (a) through	
				-	IYC Ever event typ		(event type)	(tota	al number)	col. (c))	

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4.10	0.2024, 17:36	Kyiv School Of Ecor	nomics - Full Filing- Nonpi	rofit Explorer - ProPublica	
Revenue					
	1 Gross receipts	3,585,986			3,585,986
	3 Gross income (line 1 minus line 2)	3,585,986			3,585,986
ŝ	4 Cash prizes . <td< td=""><td></td><td></td><td></td><td></td></td<>				
nse	6 Rent/facility costs	4,091			4,091
Direct Expenses	 7 Food and beverages 8 Entertainment 	49,559			49,559
rec	9 Other direct expenses	100 500			100 500
Ω	10 Direct expense summary. Add lines 4 th	100,568		•	100,568
	11 Net income summary. Subtract line 10				154,218
Pai	Int III Gaming. Complete if the orga		s" on Form 990, Part I	V, line 19, or reported	3,431,768 more than \$15,000
	on Form 990-EZ, line 6a.				<u> </u>
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	 (d) Total gaming (add col. (a) through col.(c))
	1 Gross revenue				
Expenses	2 Cash prizes				
Å	3 Noncash prizes				
Direct I	4 Rent/facility costs				
Ω	5 Other direct expenses				
	6 Volunteer labor	 Yes%_ No 	☐ Yes%_ ☐ No	<pre> Yes% No </pre>	
	7 Direct expense summary. Add lines 2 th	nrough 5 in column (d)			
	8 Net gaming income summary. Subtract	line 7 from line 1, colum	n (d)	🕨	
9 a b		ming activities in each of	these states?		Yes No
10a b	Were any of the organization's gaming lice				Yes
~					
					J
				S	chedule G (Form 990) 2022
		Pa	age 3		
Sche	edule G (Form 990) 2022				Page 3

11	Does the organization conduct gaming activities with nonmembers?	•	· 🗌 Yes	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		· 🗌 Yes	
	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and re-	cords:	•	

_____ Name 🕨

04.10.	2024, 17:3				nprofit Explorer - ProPubli	ica	
	Address	•					
15a	Does the revenue?	organization have a contract	with a third party from who	-			0
b		nter the amount of gaming r				· 🗌 Yes	∪ No
-		gaming revenue retained by					
с	If "Yes," e	nter name and address of the	e third party:				
	Name 🕨						
	Address	•					
16	Gaming n	anager information:					
	Name 🕨						
	Gaming n	anager compensation \blacktriangleright \$					
	Descriptio	n of services provided >					
	Direc	tor/officer	Employee	Independ	ent contractor		
17 a b	Is the org retain the Enter the	 v distributions: anization required under stat state gaming license? amount of distributions requianization's own exempt activ 				• 🗌 Yes	No
Par		pplemental Informatic , lines 9, 9b, 10b, 15b, 1					
	R	turn Reference		Expla	anation		
					Schedule (G (Form 990) 20	022
Ac	ditiona	l Data				Return t	to Form

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efil	e Public Visua	al Render Ob	jectId: 2	02333189349305868 -	Submission: 2023-1	1-14	TIN: 52	-2264	611
	EDULE M		Ν	Ioncash Contri	butions		OMB No.	1545-0	047
(Fori	m 990)	► Complete if the ► Attach to Form	e organizat	ions answered "Yes" on F		29 or 30.	20	22	2
Treasu	,	► Go to <u>www.irs.</u>		990 for the latest informa	tion.		Open f Insp	o Pub ectior	
Name	al Revenue Service e of the organizat	tion				Employer ide	entification I	numbe	r
KYIV S	SCHOOL OF ECONO	MICS				52-2264611			
Pa	rt I Types	of Property							
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	noncash	(d) nod of determ contribution		ts
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Art—Works of ar Art—Historical tr Art—Fractional ir Books and public Clothing and hou goods Cars and other v Boats and planes Intellectual prop Securities—Publi Securities—Close Securities—Publi Securities—Publi Securities—Close Securities—Publi Securities—Publi Securities—Publi Securities—Publi Securities—Publi Securities—Publi Securities—Publi Securities—Publi Securities—Close Securities—Publi Securities—Publi Securities—Close Securities—Publi Securities—Publi Securities—Publi Securities—Publi Securities—Close Securities—Publi Securities—Close Securities—Publi Securities—Close Securities—Close Coulties Securities—Close Securities Securities—Close Securities	easures							
	Scientific specim Archeological art		-						
25 26	Crypto Other \blacktriangleright (<u>Curren</u> Other \blacktriangleright (<u></u>))	X	2	659,56	3 FMV			
	Other ► (Other ► (
29	Number of Form	s 8283 received by		ation during the tax year for		20			
	During the year hold for at least	; did the organizatic : three years from tl	n receive by ne date of th	 Part IV, Donee Acknowledge contribution any property reprint initial contribution, and whether the second sec	eported in Part I, lines 1 th nich isn't required to be use		it must	Yes	1 No No
b	If "Yes," describ	e the arrangement	in Part II.						
31	Does the organi	ization have a gift a	cceptance p	olicy that requires the review	of any nonstandard contr	ibutions?	31	Yes	
32a	Does the organic contributions?	ization hire or use tl	nird parties	or related organizations to so	plicit, process, or sell nonce	ash • • • •	32a		No
b	If "Yes," describ							1	NU
33	If the organizat describe in Part	•	amount in c	olumn (c) for a type of prope	erty for which column (a) i	s checked,			
For Pa	aperwork Reducti	on Act Notice, see th	e Instruction	ns for Form 990.	Cat. No. 51227J	Scl	nedule M (For	n 990)	(2022)
				Page 2					
				-					Dage 7
-	is repo	emental Informati	nn (b), the i	e the information required by number of contributions, the nformation.				ization	Page 2
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SCHEDUL (Form 990) Department of the Internal Revenue S	Treasury	Complete to pro Form 990 o	ovide information or 990-EZ or to Attach to	on for response provide any ac Form 990 or 9	Orm 990 or 9 es to specific quest Iditional informatio 90-EZ. latest information	tions on on.	OMB No. 1545-0047
Name of the org KYIV SCHOOL OF E						Employer ide	ntification number
	CONOMICS					52-2264611	
Return Reference				Explanat	tion		
Form 990 governing body review Part VI line 11	THE ORGANIZATI FOR THEIR REVIE				ORM 990 TO THE MI	EMBERS OF ITS	GOVERNING BOARD
Conflict of interest policy compliance Part VI line 12c					GES TO THE CONF CONFLICTS OF INT		ST POLICY AS NEEDED.
CEO executive director top management comp Part VI line 15a	THE ORGANIZATI COMPARABLE DA		ES COMPENSAT	TON BY REVIEV	V AND APPROVAL E	3Y INDEPENDEN	NT PERSONS USING
Other officer or key employee compensation Part VI line 15b	THE ORGANIZATI COMPARABLE DA		ES COMPENSAT	TON BY REVIEV	V AND APPROVAL E	3Y INDEPENDEN	NT PERSONS USING
Governing documents etc available to public Part VI line 19	THE ORGANIZATI	ON MAKES ITS	GOVERNING D	OCUMENTS AN	D FORM 990 AVAILA	ABLE UPON REC	QUEST.
Significant program services not listed on prior year return Part III line 2	To provide charitab their general huma		ance to the Citize	ens and students	of Ukraine, to overc	come the ravages	of war and to provide for
Explanation of other changes in net assets or fund balances Part XI line 9	The amount repres						Schedule O (Form 990) 2022
	succion Act Notice, S		5 101 FUIII 990 OF		lo. 51056K		Schedule O (FOIII 330) 2022

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efile Public Visual Rend SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	<section-header><section-header><section-header><text><text><text></text></text></text></section-header></section-header></section-header>	47															
Name of the organization KYIV SCHOOL OF ECONOMICS	s · · ·							ber									
Part I Identification	of Disregarded E	ntities. Co	mplete if	the organiz	ation answ	ered "Yes" on F	Form	990, Part	IV, line		2-2204011						
Name, address, and EIN	(a) I (if applicable) of disregar	ded entity		Prin		Legal domici	le (stat	e Total	(d) income	End-	(e) of-year assets	5	Direct	controlling			
(1) KSE CHARITABLE FOUNDATION 3 M Shpaka St Kyiv UP	I			Support a KSE Unve	and developme ersity	nt of UP						Kyiv Sch	ool of Eco	nomics		_	
(2) KYIV SCHOOOL OF ECONOMIC: 3 M Shpaka St Kyiv UP	S UNIVERSIT			Education	1	UP						KSE CH4	RITABLE	FOUNDATIO	DN .		
(3) Brologistik LLC 3 M Shpaka St Kyiv UP				Owns Sch	ool Building	UP						Kyiv Sch	ool of Ecn	omics Univ	ersity		
																_	
																_	
	npt organizations du				-		ered '			90, Pa		34 becaus				-	
Name, address, an	(a) d EIN of related organizati	on		Primary	activity	Legal domicile (st		Exempt Coo	le section		lic charity sta		Direct cor	ntrolling	Section (13) co en	n 512(b) ontrolled	
For Paperwork Reduction Ac	ct Notice, see the Ins	structions fo	or Form 9	90.		Cat. No.	50135	Y				So	hedule	R (Form	990) 2	022	
			— Page	2													
Schedule R (Form 990) 2022 Part III Identification	of Related Organiz	zations Ta	xable as	a Partners	ship. Comp	lete if the orga	anizat	ion answ	ered "Y	'es" on	Form 990	, Part IV,	line 34	, becaus	-		
Name, add	(a) ress, and EIN of	reated as a	(b) Primary	(c) Legal domicile	(d) Direct controlling	(e) Predominant income(related,	Shar to	re of Sha tal end	re of I-of-	Dispro	prtionate	Code V-UE amount in	m	eneral or anaging	Perce	entage	
				foreign	entity	excluded from tax under sections				Yes	No	Schedule K	-1 5)				
Part IV Identification					tion To		:6 +b -					Fauna 004					
because it had o		organizatio	ns treate	d as a corpo	pration or t	rust during the		ear.			-			IV, IIIe 3			
Name, address, and El	N of 1	Primary a	activity	Le dom (state o	gal nicile r foreign	Direct controllin	(pe of entity C corp, S corp,	Share of	of total	Share of end of-year	i- Pero	entage	cont	on 512(b rolled en	tity?	

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											a dada D	(=	
		Page 3 -								Sch	edule K	(Form 9	90) 2022
Schedule R (Form 990) 2022		2											Page 3
Part V Transactions With Related Organ	izations. Com	plete if th	ne organizatio	n answe	ered "Yes" o	n Form 9	990, Part	IV, line 34,	35b, or 3	36.			- 3
Note. Complete line 1 if any entity is listed in Pa													Yes No
 During the tax year, did the orgranization engage i a Receipt of (i) interest, (ii) annuities, (iii) royalt 							listed in Pa	rts II-IV?				1a	
b Gift, grant, or capital contribution to related or			· · · ·								-	1b	
c Gift, grant, or capital contribution from related						• •					·	1c 1d	
d Loans or loan guarantees to or for related organe Loans or loan guarantees by related organization		· · ·		•••	· · ·	· · ·			· ·		•	1e	
f Dividends from related organization(s)g Sale of assets to related organization(s)		· · ·				•••	· · ·		•			1f 1g	
h Purchase of assets from related organization(s)												1h	
i Exchange of assets with related organization(s)						• •			· · ·			1i 1j	
j Lease of facilities, equipment, or other assets to	related organiza	uon(s) .		• •		••••			•••			-,	
k Lease of facilities, equipment, or other assets fr	-									•		1k	
 Performance of services or membership or fundation m Performance of services or membership or fundation 						•••	· · ·				• •	1 1m	
n Sharing of facilities, equipment, mailing lists, or										· .		1n	
• Sharing of paid employees with related organization	ation(s)			•••		• •				• •		10	
p Reimbursement paid to related organization(s)	for expenses .											1p	<u> </u>
q Reimbursement paid by related organization(s)	-											1q	
r Other transfer of cash or property to related or	anization(a)											1r	
s Other transfer of cash or property for related of s				· · ·								1s	
2 If the answer to any of the above is "Yes," see t		or informati	ion on who mus	t complet	te this line, ir		overed rela		d transact	ion threshold			
(a Name of relate	a) d organization					(b) Transact type (a-		(c) Amount involv	ed	Method of de	(d) etermining	amount in	volved
						type (a	-5)						
		Page 4 -								Sch	edule R	(Form 9	90) 2022
		Tage 4											
Schedule R (Form 990) 2022													Page 4
Part VI Unrelated Organizations Taxable Provide the following information for each entity taxed											esets or (TOSS FOU	nue) that
was not a related organization. See instructions regard	ling exclusion for	certain inv	vestment partne	erships.									
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(d) Predominant income	Are all	(e) I partners ection	(f) Share of total	(g) Share of end-of-year	(h Dispropr allocat	tionate	(i) Code V-UBI amount in	Gene mana	ral or	(k) Percentage ownership
	,	(state or foreign	(related, unrelated,	501	L(c)(3) izations?	income	assets			box 20 of Schedule	part		p
		country)	excluded from tax under							K-1 (Form 1065)			
			sections 512- 514)	Yes	No			Yes	No		Yes	No	
			+ +										
			+ +										
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chedule R (Form 990) 2022			Page 5 🗕								Sch	edule R (FOIT 95	Page 5
Part VII Supplemental Info Provide additional info		to questio	ns on Sche	dule R. See in	structions.									
Return Reference						Ex	planation	1						
	•											Schedul	e R (Forn	n 990) 202
Additional Data												R	eturn to	Form

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