ObjectId: 202413209349306601 - Submission: 2024-11-15

TIN: **52-2264611**OMB No. 1545-0047

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2023

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

Open to Public Inspection

		applicable: change	C Name of organization KYIV SCHOOL OF ECONOMICS				identification number
_		hange				52-22646	511
O Ini			Doing business as				
		rn/terminated ed return	Number and street (or P.O. boy if m	nail is not delivered to street address)	Room/suite	E Telephone	number
		ion pending	2403 Avenue X	iali is not delivered to screet address)	Room/suite		
			Brooklyn, NY 11235	intry, and ZIP or foreign postal code		G Gross rece	eipts \$ 52,825,850
			F Name and address of princip SERHII IVANIUTA	al officer:	H(a)	Is this a group retu	ırn for
			Mykoly Shpaka St 3			subordinates?	☐Yes ☑No
			Kyiv 1135 UP		Н(b)	Are all subordinate included?	s ☐ Yes ☐No
I Tax	(-exe	mpt status:	501(c)(3) 501(c)()(in	sert no.) 4947(a)(1) or	527 H(c)	If "No," attach a lis Group exemption n	
J W	ebsi	te: ww	w.kse.ua			Croup champaon in	
K Form	n of o	organization:	Corporation Trust Asse	ociation Other	L Year	of formation: 2000	M State of legal domicile: DC
Pa	art I	Sum	mary		'	'	
Governance		Kyiv Schoo	scribe the organization's mission of of Economics forges links betwoording in Ukraine and all areas of	een economics, academics and g			
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9,0			0				
	2	Check thi	is box $\ igsqcup$ of voting members of the governi	ng hody (Part VI line 1a)			3 13
Activities &	4		of independent voting members o	• , , , ,		• •	4 13
MIT I	5		nber of individuals employed in ca		•	• •	5 0
Ð	6		nber of volunteers (estimate if ne	, , , ,	•		6
A			elated business revenue from Par	**			
	<i>,</i> a	iotai uiii					
	h	Net unrel	ated husiness taxable income fro				7a 0
	b	Net unrel	ated business taxable income fro			Prior Year	7b 0
				m Form 990-T, Part I, line 11 .		Prior Year	7b 0 Current Year
enu	8	Contribut	ions and grants (Part VIII, line 1h	m Form 990-T, Part I, line 11 .		46,174,60	7b 0 Current Year 8 50,189,381
wenue	8 9	Contribut Program	tions and grants (Part VIII, line 1h service revenue (Part VIII, line 2g	m Form 990-T, Part I, line 11 .)			7b 0 Current Year 8 50,189,381 1,261,514
Revenue	8 9 10	Contribut Program Investme	cions and grants (Part VIII, line 1h service revenue (Part VIII, line 2g ent income (Part VIII, column (A),	m Form 990-T, Part I, line 11 .)		46,174,60 576,66	7b 0 Current Year 8 50,189,381 1,261,514 547,653 547,653
Revenue	8 9 10 11	Contribut Program Investme Other rev	cions and grants (Part VIII, line 1h service revenue (Part VIII, line 2g ent income (Part VIII, column (A), venue (Part VIII, column (A), lines	m Form 990-T, Part I, line 11 .)	· · · ·	46,174,60 576,66 165,81	7b 0 8 50,189,381 0 1,261,514 547,653 827,302
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Paid	-									
	oarer	Firm's name PEK Partners	s Inc	Firm's EIN 81-4430	0555					
Jse	Only	Firm's address 2403 AVE X		Phone no. (212) 60	2-1829					
		Brooklyn, NY	11235							
lay th	ne IRS discu	ss this return with the pre	eparer shown above? See Instructions	5	🗹 Yes 🗌 No					
or Pa	aperwork	Reduction Act Notice, se	ee the separate instructions.	Cat. No. 11282Y	Form 99	90 (2023				
			D 2							
			Page 2							
rm 9	990 (2023)					Page				
Part	t III Sta	tement of Program S	Service Accomplishments							
		ck if Schedule O contains ribe the organization's mi	·	Part III		. U				
-	•	•		nment deicision makers to strengthen and	develop sound ed	conomic				
				nd assistance to overcome ravages of war i						
	Did the org	anization undertake any s	ignificant program services during the	e year which were not listed on						
	the prior Fo	rm 990 or 990-EZ? .			☐ Yes 【	No				
	•	scribe these new services								
	-	anization cease conductin	g, or make significant changes in how	it conducts, any program	Yes	No				
		· · · · · · · · · · · · · · · · · · ·			∪ res •	NO				
	•	3		ts three largest program services, as meas	sured by expense	s.				
		L(c)(3) and $501(c)(4)$ organically organically $E(c)(3)$		amount of grants and allocations to others,	the total expens	es,				
	una revena	e, ii diiy, ioi edeli prografi	T Service reported.							
а	(Code:) (Expenses		• • • • • • • • • • • • • • • • • • • •)					
	Provide char	table aid and assistance to the	: Citizens and students of Ukraine, to overco	ome the ravages of war and to provide for their g	enerai numanitarian	neeas.				
b	(Code:) (Expenses	\$ 4,147,398 including grants	s of \$ 355,911) (Revenue \$	1,145,265)					
-	•	. , ,	TERS PROGRAM IN ECONOMICS, PUBLIC PO		2,2 12,222 ,					
С	(Code:) (Expenses	\$ including grants	s of \$) (Revenue \$)					
d		ram services (Describe in	•) (Danama	`					
<u> </u>	(Expenses	ram service expenses	including grants of \$ 30,714,836) (Revenue \$)					
=	rotal prog	iam service expenses	30,714,830		Form 9	90 (202:				
						•				
			Page 3							
rm 9	990 (2023)		Page 3			Page				
		ecklist of Required S				Page				
Part	tiv <u>Che</u>		chedules		Yes	Page No				
Part	Is the orga	nization described in secti	chedules on 501(c)(3) or 4947(a)(1) (other tha	an a private foundation)? <i>If "Yes," complet</i>						
Part	Is the orga	nization described in secti	chedules on 501(c)(3) or 4947(a)(1) (other tha	an a private foundation)? <i>If "Yes," complet</i>	e Yes					
Part 1 2 3	Is the orga Schedule A Is the orga Did the orga	nization described in secti	chedules on 501(c)(3) or 4947(a)(1) (other that the control of th	an a private foundation)? <i>If "Yes," complet</i> tors? See instructions.	e 1 Yes 2 Yes	1				
Part 1 2 3	Is the orga Schedule A Is the orga Did the orga	nization described in secti	chedules on 501(c)(3) or 4947(a)(1) (other that	an a private foundation)? <i>If "Yes," complet</i> tors? See instructions.	e 1 Yes 2 Yes					
Part 1 2 3	Is the orga Schedule A Is the orga Did the orga for public o	nization described in section of the	on 501(c)(3) or 4947(a)(1) (other that the set of the schedule B, Schedule of Contribution or indirect political campaign activities activities and the schedule C, Part I	an a private foundation)? If "Yes," complet	e 1 Yes 2 Yes	No				
Part 1 2 3	Is the orga Schedule A Is the orga Did the orga for public o	nization described in section of the	chedules on 501(c)(3) or 4947(a)(1) (other that the control of th	an a private foundation)? If "Yes," complet	e 1 Yes 2 Yes	No				
Part 1 2 3 4	Is the orga Schedule A Is the orga Did the orga for public o Section 50 election in Is the orga	nization described in section of the complete section required to complete sections of the complete sections. In (c)(3) organizations. The complete section is a section sect	chedules on 501(c)(3) or 4947(a)(1) (other that the control of th	an a private foundation)? If "Yes," complet	Yes 1 Yes 2 Yes 3	No No				
Part 1 2 3 4	Is the orga Schedule A Is the orga Did the orga for public o Section 50 election in Is the orga	nization described in section of the complete section required to complete sections of the complete sections. In (c)(3) organizations. The complete section is a section sect	chedules on 501(c)(3) or 4947(a)(1) (other that the control of the	an a private foundation)? If "Yes," complet	Yes 1 Yes 2 Yes 3	No No				
Part 1 2 3 4 5	Is the orga Schedule A Is the orga Did the orga for public of Section 50 election in Is the orga assessmen	nization described in section of the complete	chedules on 501(c)(3) or 4947(a)(1) (other that the second secon	an a private foundation)? If "Yes," complet tors? See instructions. So	e 1 Yes 2 Yes 3 4 5	No No				
Part 1 2 3 4 5	Is the orga Schedule A Is the orga Did the orga for public of Section 50 election in Is the orga assessmen	nization described in section of the complete section	chedules on 501(c)(3) or 4947(a)(1) (other that the second of the second	an a private foundation)? If "Yes," complet tors? See instructions. Les on behalf of or in opposition to candidat in the complete section 501(h) if the complete Schedule C, Part III to so accounts for which donors have the rids or accounts? If "Yes," complete	e 1 Yes 2 Yes 3 4 5	No No				

8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III </i>	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? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
	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		No
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		No
12a	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	
14a	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? If "Yes," complete Schedule F, Parts I and IV	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		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	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
	Page 4		Form 99	0 (2023)
	990 (2023)			Page 4
Pai	tiv 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	163	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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	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, Part I</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 member of any of these persons? If "Yes," complete Schedule L, Part II	26		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, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28 a	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes,"</i>			_
	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
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		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 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		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 entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	rt 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	<u></u>	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Yes	0 (2023)
			01111 99	(2023)
	Page 5			
Form	990 (2023)			Page 5
Pa	rt 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			
b				
3а	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Did the organization have unrelated business gross income of \$1,000 or more during the year?	2b 3a		No
4a	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			No
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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)? If "Yes," enter the name of the foreign country:	3a		No No
b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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)? 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).	3a 3b 4a		No
ь 5а	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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)? 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). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	3a 3b 4a 5a		No No
b 5a b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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)? 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). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	3a 3b 4a 5a 5b		No
b 5a b c	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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)? 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). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	3a 3b 4a 5a		No No
b 5a b c 6a	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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)? 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). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	3a 3b 4a 5a 5b 5c 6a		No No No
b 5a b c 6a	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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)? 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). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	3a 3b 4a 5a 5b 5c		No No No
b 5a b c 6a b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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)? . 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). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	3a 3b 4a 5a 5b 5c 6a 6b		No No No
b 5a b c 6a b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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)? . 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). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	3a 3b 4a 5a 5b 5c 6a 6b		No No No
b 5a b c 6a b 7 a b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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)? 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). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	3a 3b 4a 5a 5b 5c 6a 6b		No No No

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 88	99 as		
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fil 1098-C?	le a Form		
	1090-C:	. /"		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by t	-he		
Ū	sponsoring organization have excess business holdings at any time during the year?			
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			
b				
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.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	041? 12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	120		
b	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	· · 13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	134		
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			
_	miles are organization to incompact to induct quantities maken plants			
	Enter the amount of reserves on hand			NI.
	Did the organization receive any payments for indoor tanning services during the tax year?	-		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			
15	parachute payment(s) during the year?	or excess		No
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment incom If "Yes," complete Form 4720, Schedule O.	ne? • • 16		No
17		tios that		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activity would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	orm 99	0 (2023
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activity would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	Form 99	0 (2023
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activity would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17	Form 99	0 (2023
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activity would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	Form 99	
Form	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activity would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069. Page 6	and for a "No" respructions.	oonse to	Page (
Form Par	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activity would result in the imposition of an excise tax under section 4951, 4952, or 4953? . If "Yes," complete Form 6069. Page 6 Page 6 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule 0. See institutions.	and for a "No" respructions.	oonse to	Page (
Form Par	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activity would result in the imposition of an excise tax under section 4951, 4952, or 4953?	and for a "No" respructions.	oonse to	Page (
Form Par	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activity would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069. Page 6 Page 6 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See inst. Check if Schedule O contains a response or note to any line in this Part VI	and for a "No" respructions.	oonse to	Page 6
Form Par	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activity would result in the imposition of an excise tax under section 4951, 4952, or 4953?	and for a "No" respructions.	oonse to	Page 6
Form Par	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activity would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069. Page 6 Page 6 Rection 4951, 4952, or 4953? Page 6 Rection 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activity would result in the section 4951, 4952, or 4953? Rection 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activity when the section 4951, 4952, or 4953? Rection 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activity when the supplied in the section 4951, 4952, or 4953? Rection 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activity when the supplied in any activity any section 4951, 4952, or 4953? Rection 501(c)(21) organizations. Rection 4951, 4952, or 4953? Rection 501(c)(21) organizations. Rection 4951, 4952, or 4953? Rection 501(c)(21) organizations. Rection 4951, 4952, or 4953? Rection 501(c)(21) organization 4951, 4952, or 4953? Rection 501(c)(21	and for a "No" respructions.	oonse to	Page 6
Form Par Se 1a	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activity would result in the imposition of an excise tax under section 4951, 4952, or 4953?	and for a "No" respructions.	oonse to	Page 6
Form Par Se 1a b	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activity would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069. Page 6 1990 (2023) Revernance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instances (Check if Schedule O contains a response or note to any line in this Part VI	and for a "No" respructions. 13 13 any other 2	oonse to	Page 6
Form Par See 1a b 2 3	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activity would result in the imposition of an excise tax under section 4951, 4952, or 4953?	and for a "No" respructions. 13 13 any other 2 supervision 3	oonse to	No No No
Form Par See 1a b 2 3 4	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activity would result in the imposition of an excise tax under section 4951, 4952, or 4953?	and for a "No" respructions. 13 13 any other 2 supervision 3 filed? . 4	oonse to	No No No No
Form Par See 1a b 2 3 4 5	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activity would result in the imposition of an excise tax under section 4951, 4952, or 4953?	and for a "No" respective state of the state	oonse to	No No No No No
Form Par See 1a b 2 3 4 5 6	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activity would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069. Page 6 Page 6 Revernance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See inst Check if Schedule O contains a response or note to any line in this Part VI Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Ib Did any officer, director, trustee, or key employee have a family relationship or a business relationship with a officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	and for a "No" respectively. 13 any other 2 supervision 3 filed? 4 5 6	oonse to	No No No No
Form Part	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activity would result in the imposition of an excise tax under section 4951, 4952, or 4953?	and for a "No" respectively. 13 any other 2 supervision 3 filed? 4 5 6	oonse to	No No No No No
Form Par See 1a b 2 3 4 5 6 7a	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activity would result in the imposition of an excise tax under section 4951, 4952, or 4953?	and for a "No" respective structions. 13 13 any other 2 supervision 3 filed? . 4 5 6 ne or more 7a	oonse to	No No No No No No
Form Par See 1a b 2 3 4 5 6 7a	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activity would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069. Page 6 1990 (2023) Rovernance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See inst Check if Schedule O contains a response or note to any line in this Part VI Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Ib Did any officer, director, trustee, or key employee have a family relationship or a business relationship with a officer, director, trustee, or key employees to a management company or other person? Did the organization delegate control over management duties customarily performed by or under the direct of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was Did the organization have members or stockholders? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint on members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockhol	and for a "No" response ructions. 13 13 any other 2 supervision 3 filed? . 4 5 6 ne or more 7 a ders, or 7 b	oonse to	No
Form Par Se 1a b 2 3 4 5 6 7a b 8	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activity would result in the imposition of an excise tax under section 4951, 4952, or 4953?	and for a "No" response ructions. 13 13 any other 2 supervision 3 filed? . 4 5 6 ne or more 7 a ders, or 7 b	oonse to	No
Form Par Se 1a b 2 3 4 5 6 7a b 8	Section 501(c)(211) organizations. Did the trust, or any disqualified or other person engage in any activity would result in the imposition of an excise tax under section 4951, 4952, or 4953?	and for a "No" respructions. 13 13 any other 2 supervision 3 filed? . 4 5 . 6 ne or more . ders, or . the year by	Yes	No
Form Par	Section 501(c)(211) organizations. Did the trust, or any disqualified or other person engage in any activity would result in the imposition of an excise tax under section 4951, 4952, or 4953?	and for a "No" respructions. 13 13 any other 2 supervision 3 filed? . 4 5 6 ne or more . ders, or . the year by . 8a . the	Yes	No No No No No No No No No

	ction B. Policies (This Section B req	uests informa	ition a	<u>about policies</u>	not I	require	ed b	y the Internal Re	evenue C	Code	2.)	
										\Box	Yes	No
	Did the organization have local chapters, If "Yes," did the organization have written	•			he sc	· ·	• of c:			0a		No
	and branches to ensure their operations a	re consistent w	ith the	e organization's	exem	pt purp	ose	s?	1	0b		
	Has the organization provided a complete form?									1a	Yes	
	Describe on Schedule O the process, if an		-						-	_		
	Did the organization have a written conflict Were officers, directors, or trustees, and I	•	•							2a	Yes	
	conflicts?								 	2b	Yes	
С	Did the organization regularly and consist Schedule O how this was done					the po	·	? If "Yes," describe		2c	Yes	
13	Did the organization have a written whistl	, ,							. 1	L3	Yes	
14	Did the organization have a written docur								<u> </u>	L 4	Yes	
15	Did the process for determining compensations, comparability data, and contemp								Jent			
	The organization's CEO, Executive Directo								-	5a 	Yes	
b	Other officers or key employees of the org						•		1	5b	Yes	
16a	If "Yes" to line 15a or 15b, describe the p Did the organization invest in, contribute taxable entity during the year?	assets to, or pa	rticipa	ate in a joint ve	nture	or simi	lar a	rrangement with a		c-		No
b	If "Yes," did the organization follow a writ					· · nizatior	to e	evaluate its partici		6a		No
	in joint venture arrangements under appli status with respect to such arrangements	cable federal ta	ıx law,	, and take step	s to sa	feguar	d the	organization's ex	empt	6b		
Se	ction C. Disclosure											
17	List the states with which a copy of this Fo											
18	Section 6104 requires an organization to 501(c)(3)s only) available for public inspe	ction. Indicate	how y	ou made these	availa	ble. Ch	eck	all that apply.	ction			
	Own website Another's website											
19	Describe in Schedule O whether (and if so policy, and financial statements available	o, how) the orga to the public du	anizati ıring tl	ion made its go he tax year.	vernin	g docu	men	ts, conflict of inter	est			
20	State the name, address, and telephone r Serhii Ivaniuta Mykoly Shpaka St 3 Kyi	number of the p	erson	who possesses	the o	rganiza	tion	's books and recor	ds:			
Form	990 (2023)			- Page 7 —								
Par	t VII Compensation of Officers, I											Page 7
	and Indopendent Contracto		ıstee	es, Key Empl	oyee	s, Hig	hes	st Compensate	d Emplo	yee	s,	Page 7
	and Independent Contractor Check if Schedule O contains a res	ors						-		-		Page 7
Se	and Independent Contractor Check if Schedule O contains a resection A. Officers, Directors, Trusto	ors ponse or note t	o any	line in this Par	t VII .					-		Page 7
1a Co	Check if Schedule O contains a res	ponse or note tees, Key Em	o any	line in this Par	t VII . hest	Comp	ens	ated Employee	 es	<u>.</u>		
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(3) TYMOFII BRIK	40.00			· ·		20 207	0	
RECTOR	0.00			Х		28,287	0	0
(4) MICHAEL SHNEIDER	40.00				V	22 540	0	
CEO	0.00				Х	22,540	0	U
(5) SVITLANA SKOROKHOD	40.00			· ·		4.706	0	
CFO	0.00			Х		4,706	0	0
(6) TYMOFIY MYLOVANOV	40.00		Х			1 772	0	0
PRESIDENT	0.00		^			1,772	0	U
(7) ALEX LISSITSA	2.00	х				0	0	0
DIRECTOR	0.00	^				U	0	U
(8) JOHN HERBST	2.00	Х				0	0	0
DIRECTOR	0.00	^				U	0	U
(9) VOLODYMYR POPERESHNIUK	2.00	х				0	0	0
DIRECTOR	0.00	^				U	0	U
(10) OLEKSANDR ZHOLUD	2.00	х				0	0	0
DIRECTOR	0.00	^				U	0	U
(11) SVYATOSLAV VAKARCHUK	2.00	х				0	0	0
DIRECTOR	0.00	X				U	0	U
(12) TORBJRN BECKER	2.00	х				0	0	0
DIRECTOR	0.00	^				U	0	U
(13) ROGER MYERSON	2.00	Х				0	0	0
DIRECTOR	0.00	^				U	0	U
(14) PETER CHERNYSHOV	2.00	Х				0	0	0
DIRECTOR	0.00	^				U	0	U
(15) ANNA NAGURNEY	2.00		_			0	0	0
CO-CHAIR	0.00	Х	Х			U	0	0
(16) OLEKSANDR KRAVCHENKO	2.00	х	Х			0	0	0
CO-CHAIR	0.00	^	^			U	0	0
(17) MAKAR PASENIUK	2.00	х	V			0	0	0
CO-CHAIR	0.00	X	Х			0	0	0

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— Page 8 *—*

Form 990 (2023)

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 any hours for related organizations below dotted line)	one of	ition (do not che box, unless per ficer and a direction of the last the las	neck ersor ector	n is r/tru	both austee)	an	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
(18) TOMAS FIALA	2.00	· ·		· ·				0	0	0
DIRECTOR	0.00	X		Х				U	U	0
(19) OLENA BILAN	2.00							_	_	_
CO-CHAIR	0.00	X		Х				0	0	0
(20) SERHII IVANIUTA	0.00									
CFO	0.00	····		Х				0	0	0
(21) NATALIA SHAPOVAL	40.00									
EXECUTIVE VICE PRESIDENT	0.00				Х			0	0	0

													+	
										l		1		
	ub-Total	s to Part VI	 I. Section A											
	otal (add lines 1b and 1c) .								136,258			0		
2	Total number of individuals (in of reportable compensation from	cluding but om the orga	not limited to nization 0	those	listed above) v	vho rec	eived ı	more	than \$1	00,000				
													Yes	No
	Did the organization list any fo				, key employe	e, or hi	ghest	comp	ensated	employ	ee on			
	line 1a? If "Yes," complete Sch	edule J for s	such individu	al .			•	•		•	•	3		No
	For any individual listed on line									n the				
	organization and related organization and related organization	izations gre	ater than \$1:	50,000?	r Ir "Yes," com	piete S •	cneaui • •	e) ro •	or sucn			_		
												4		No
,	Did any person listed on line 1 services rendered to the organ				,		_			ividual f	for	_		
_			cs, complet	.c Juiel	aut y IUI SUCII	pci 3011	•	•		• •	•	5		No
Se	Complete this table for your five		omnonostadi	indor -	dont contract	no +l '	roo-:	(0d =	oro the	, #100 f	000 25 5	nns==	ation	
	Complete this table for your fix from the organization. Report											npens	auon	
			(A)							(B)			((
		Name and bu	usiness address	i					Desc	ription o	f services		Compe	nsation
	otal number of independent con ompensation from the organizal		cluding but no	ot limite	ed to those list	ed abo	ve) wh	o rec	eived m	ore thar	n \$100,0		Form 99	0 (202
C	ompensation from the organizat	cion	cluding but no	ot limite		ed abo	ve) wh	o rec	ceived m	ore than	n \$100,0		Form 99	
orm	990 (2023) Statement of Rev	renue			- Page 9 —			o rec	eived m	ore than	n \$100,0		Form 99	
orm	ompensation from the organizat	renue			- Page 9 —					ore than				Page
orm	990 (2023) Statement of Rev	renue			- Page 9 —	Part VIII		o rec			n \$100,0		Form 99	Page
orm	990 (2023) Statement of Rev	renue			Page 9 —	Part VIII	Re	(B) elatec		· ·	(C) nrelated usiness		(D Rever	Page) nue d from
orm	990 (2023) Statement of Rev	renue			Page 9 —	Part VIII	Re f	(B)	 I d or pt on	· ·	(C)		 (D Reve	Page) nue d from section
rm Par	990 (2023) Statement of Rev	renue			Page 9 —	Part VIII	Re f	(B) elateo exem	 I d or pt on	· ·	(C) nrelated usiness		 (D Rever excluded	Page) nue d from section
rm Par	990 (2023) Statement of Rev Check if Schedule O c	r enue ontains a re			Page 9 —	Part VIII	Re f	(B) elateo exem	 I d or pt on	· ·	(C) nrelated usiness		 (D Rever excluded	Page) nue d from section
rm Par	990 (2023) The VIII Statement of Rev Check if Schedule O co	r enue ontains a re			Page 9 —	Part VIII	Re f	(B) elateo exem	 I d or pt on	· ·	(C) nrelated usiness		 (D Rever excluded	Page) nue d from section
rm Par	990 (2023) The VIII Statement of Rev Check if Schedule O control Check if Schedule O	renue ontains a re			Page 9 —	Part VIII	Re f	(B) elateo exem	 I d or pt on	· ·	(C) nrelated usiness		 (D Rever excluded	Page) nue d from section
rm Par	990 (2023) The VIII Statement of Review Check if Schedule O control of Contr	renue ontains a re			Page 9 —	Part VIII	Re f	(B) elateo exem	 I d or pt on	· ·	(C) nrelated usiness		 (D Rever excluded	Page) nue d from section
Par Fits Nother Hills Here	990 (2023) The VIII Statement of Rev Check if Schedule O control Check if Schedule O	renue ontains a re			Page 9 —	Part VIII	Re f	(B) elateo exem functi	 I d or pt on	· ·	(C) nrelated usiness		 (D Rever excluded	Page) nue d from section
Fontrifts Therefore d R	990 (2023) rt VIII Statement of Rev Check if Schedule O co	renue ontains a re			Page 9 —	Part VIII	Re f	(B) elateo exem functi	 I d or pt on	· ·	(C) nrelated usiness		 (D Rever excluded	Page) nue d from section
rm Par	990 (2023) The VIII Statement of Rev Check if Schedule O control Check if Schedule O	renue ontains a re			Page 9 —	Part VIII	Re f	(B) elateo exem functi	 I d or pt on	· ·	(C) nrelated usiness		 (D Rever excluded	Page
Form Parities of Record of	990 (2023) To VIII Statement of Rev Check if Schedule O co The Check if Schedule O c	renue ontains a re			Page 9 —	Part VIII	Re f	(B) elateo exem functi	 I d or pt on	· ·	(C) nrelated usiness		 (D Rever excluded	Page) nue d from section
Par Footh Re G G R R R R R R R R R R R R R R R R	990 (2023) The VIII Statement of Rev Check if Schedule O contributions, Grants, Hembership dues	renue ontains a re 1a 1b 1c 1d 1e	sponse or no		ny line in this F (A) Total rever	Part VIII	Re f	(B) elateo exem functi	 I d or pt on	· ·	(C) nrelated usiness		 (D Rever excluded	Page) nue d from section
Par	990 (2023) To VIII Statement of Rev Check if Schedule O co The Check if Schedule O c	renue ontains a re 1a 1b 1c 1d 1e	sponse or no	ote to an	ny line in this F (A) Total rever	Part VIII	Re f	(B) elateo exem functi	 I d or pt on	· ·	(C) nrelated usiness		 (D Rever excluded	Page) nue d from sections
Par	990 (2023) To VIII Statement of Rev Check if Schedule O co The Check if Schedule O c	renue ontains a re 1a 1b 1c 1d 1e	sponse or no	ote to an	Page 9 Total reverse	Part VIII	Re f	(B)	 I d or pt on	· ·	(C) nrelated usiness		 (D Rever excluded	Page) nue d from sections

Bow	5 7							
9								
arviv.								
8	D 1							
Program Sarvice	2 :							
à	_							
	f All other program			4.064.5				
_	9 Total. Add lines 3 Investment income			1,261,5	14	<u> </u>	1	<u> </u>
	similar amounts) .		•		547,6	53 547,653	3	
	4 Income from inves 5 Royalties	tment of tax-ex		nd proceeds				
	5 Royaldes I I	(i) R	-	(ii) Personal	<u> </u>			
	6a Gross rents	6a			1			
	b Less: rental	6b						
	expenses c Rental income or	6c			1			
	(loss) d Net rental incom-	e or (loss)						
		(i) Secu	ırities	(ii) Other				
	7a Gross amount from sales of	7a						
	assets other than inventory							
Revenue	b Less: cost or other basis and	7b						
e Se	sales expenses							
		7c						
Other	d Net gain or (loss) Gross income from for	-	· —					
0	(not including \$	of						
	contributions reporte See Part IV, line 18		8a					
	b Less: direct exper	nses	8b					
	c Net income or (lo	ss) from fundrai	sing eve	nts				
	9a Gross income from	gaming activities	5.					
	See Part IV, line 19		9a					
	b Less: direct exper c Net income or (los		9b	26				
	C Net income of (10.	33) Hom gaming						
	10aGross sales of inv returns and allow		10-					
	b Less: cost of good		10a 10b		\dashv			
	C Net income or (lo		اــــــا f invento	ory				
	115		[Business Code	20	027 203		
	11a _{Other} Income			90009	99 827,30	827,302		
	b							
	-							
Oth	er k evenueMiscAmt							
Jul	S. ACTOMOPHISCAINE							
	d All other revenue							
	e Total. Add lines 1	l1a-11d			827,30	02		
	12 Total revenue. 9	See instructions			52,825,8	2,636,469	0	0
					. ,			Form 990 (2023)
					- Page 10 			
E	n 000 (2022)							
	n 990 (2023) art IX Statemen	t of Function	al Exp	enses				Page 10
	Section 501	(c)(3) and 501(d	(4) org	anizations must co	omplete all columns	. All other organizatio	ns must complete co	lumn (A).
_					y line in this Part IX	(B)	(c)	<u> </u>
	not include amount 8b, 9b, and 10b of l		ıınes 6b	·	(A) Total expenses	Program service	Management and	Fundraising

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	26,741,008	26,741,008			
4	Benefits paid to or for members					
5	Compensation of current officers, directors, trustees, and	4,350,193	2,710,489	10	00,886	1,538,818
	key employees					
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					
	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):					
а	Management					
	Legal					-
					-	
	Accounting				-+	
	Lobbying				\longrightarrow	
	Professional fundraising services. See Part IV, line 17				Ļ	
	Investment management fees					
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)					
	Advertising and promotion					
	Office expenses	1,950,270	587,678	10	7,467	1,255,125
14	Information technology					
15	Royalties					
16	Occupancy	331,358	331,358			
17	Travel	17,877				17,877
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	196,013	161,963		84,050	
	Insurance		7			
	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	27	27			
	b					
•	С					
	d					
	e All other expenses	383,824	182,313	19	6,930	4,581
25	Total functional expenses. Add lines 1 through 24e	33,970,570	30,714,836	43	39,333	2,816,401
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 if following SOP 98-2 (ASC 958-720).					
	<u> </u>					Form 990 (2023)
						, ,
		- Page 11				
Forn	n 990 (2023)					Page 11
Р	art X Balance Sheet					
	Check if Schedule O contains a response or note to any	line in this Part IX				
	Check in Delication of Companies of Those to diff	o one i aitin	(A) Beginning of y	/ear	Τ.	(B) End of year
	1 Cash-non-interest-bearing		1	1	†	
	2 Savings and temporary cash investments		8	,579,256 2	+	28,176,914
	3 Pledges and grants receivable, net			3	+	
	4 Accounts receivable, net	•		511,193 4	+-	494,163
	T ACCOUNTS IECEIVADIE, HEL		i i	J 11, 100	1	−2− ,103

	5	Loans and other receivables from any current o trustee, key employee, creator or founder, subs							
		controlled entity or family member of any of the	ese pers	ions		5			
	6	Loans and other receivables from other disquali section 4958(f)(1)), and persons described in s				6			
SO.	7	Notes and loans receivable, net				7			
Assets	8	Inventories for sale or use		[8			
Ąŝ	9	Prepaid expenses and deferred charges			2,342,018	9			630,284
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	3,199,102					
	b	Less: accumulated depreciation	10b	196,013	3,159,445	10c		3,	,003,089
	11	Investments—publicly traded securities .				11			
	12	Investments—other securities. See Part IV, line		+		12			
	13	Investments—program-related. See Part IV, line		+		13			
	14	Intangible assets		+		14			
	15	Other assets. See Part IV, line 11		4	851,605	15			814,208
	16	Total assets. Add lines 1 through 15 (must eq			15,443,517	16			,118,658
	17	Accounts payable and accrued expenses		•	668,678	17	_		882,352
	18	Grants payable			250.007	18	_		105 570
	19	Deferred revenue		-	358,687	19	<u> </u>		465,579
	20	Tax-exempt bond liabilities		· ·		20	 		
es	21	Escrow or custodial account liability. Complete F		 		21			
iabilities	22	Loans and other payables to any current or forr employee, creator or founder, substantial contri or family member of any of these persons .	butor, o	r 35% controlled entity					
	23	Cocurad martanages and notes navable to unrels	tod thir	d parties		22			
	24	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·	38,394	24	-		57,925
		Other liabilities (including federal income tax, p		+	160,519	25	-		37,923
	25	and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		to related till a parties,	,	25			
	26	Total liabilities. Add lines 17 through 25 .	•		1,226,278	26		1,	,405,856
es		Organizations that follow FASB ASC 958, cl	heck he	ere 🛮 and complete					
anc	27	lines 27, 28, 32, and 33.			12.216.353	27	<u> </u> 	20	,711,916
Sale	27	Net assets without donor restrictions	•	[, ,,,,,,	27	<u> </u> 		
d E	28	Net assets with donor restrictions			2,000,886	28		2,	,000,886
r Fund Balances		Organizations that do not follow FASB ASC complete lines 29 through 33.							
0 or	29	Capital stock or trust principal, or current funds		 		29			
ets	30	Paid-in or capital surplus, or land, building or ed		 		30			
Ass	31	Retained earnings, endowment, accumulated in	-	Ļ-		31			
Net Assets	32	Total net assets or fund balances			14,217,239	32			712,802
Z	33	Total liabilities and net assets/fund balances .			15,443,517	33			,118,658
				— Page 12 ————			F0	rm 99	0 (2023)
		(2023)							Page 12
Pa	rt XI	Reconcilliation of Net Assets							
		Check if Schedule O contains a response or n	ote to a	ny line in this Part XI .				<u> </u>	✓
1	Tota	al revenue (must equal Part VIII, column (A), line	12)			1		52	,825,850
2		al expenses (must equal Part IX, column (A), line	•			2	+		,970,570
3		venue less expenses. Subtract line 2 from line 1	-			3	+		,855,280
4		assets or fund balances at beginning of year (mi				4	+		,217,239
5		unrealized gains (losses) on investments				5	-		,,
6		nated services and use of facilities				6	+		
7		estment expenses				7			
8		or period adjustments				8	+		
9		er changes in net assets or fund balances (explai		nedule O)		9			-359,717
10	Net	assets or fund balances at end of year. Combine	lines 3	through 9 (must equal Pa	rt X, line 32, column (B))	10	+	32	,712,802
	art XII			- '					
		Check if Schedule O contains a response or		any line in this Part XII .					
			'	<u> </u>	·			Yes	No
1		ounting method used to prepare the Form 990: he organization changed its method of accounting			Other				
-		edule O.			-		_		

2a	Were the organization's fina	or reviewed by an independent accountant?	2a	Yes		
	If 'Yes,' check a box below to separate basis, consolidated		ncial statements for the year were compiled or reviewed on a			
	☐ Separate basis	Consolidated basis	☑ Both consolidated and separate basis			
b	Were the organization's fina	ncial statements audited by	an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to consolidated basis, or both:		ncial statements for the year were audited on a separate basis,			
	☐ Separate basis	☐ Consolidated basis	✓ Both consolidated and separate basis			
С			committee that assumes responsibility for oversight ments and selection of an independent accountant?	2c	Yes	
	If the organization changed	either its oversight process	or selection process during the tax year, explain in Schedule C).		
За	As a result of a federal awar Guidance, 2 C.F.R. Part 200		uired to undergo an audit or audits as set forth in the Uniform	3a		No
b			it or audits? If the organization did not undergo the required any steps taken to undergo such audits.	3b		
				F	orm 99	0 (2023)
orm	990 (2023)					
Ad	ditional Data			Retur	n to Fo	orm

Software ID:

Section A. Public Support

(Form 990)

Department of the Treasury

Internal Revenue Service

ObjectId: 202413209349306601 - Submission: 2024-11-15

SCHEDULE A Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

TIN: 52-2264611 OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** KYIV SCHOOL OF ECONOMICS 52-2264611 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 8 9 An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts 10 from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported а organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of (iv) Is the organization listed (vi) Amount of (v) Amount of organization organization in your governing document? monetary support other support (see (described on lines (see instructions) instructions) 1- 10 above (see instructions)) Yes No For Paperwork Reduction Act Notice, see the Instructions for Cat. No. 11285F Schedule A (Form 990) 2023 Page 2 Schedule A (Form 990) 2023 Page 2 Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

	alendar year or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not 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						

	turnished by a governmental unit to		I	1	I	1	
4	the organization without charge Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	ection B. Total Support						
	lendar year r fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest, 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						
11	(Explain in Part VI.) Total support. Add lines 7 through						
	10		<u> 1 , </u>				
12		•	•			12	
13	First 5 years. If the Form 990 is for th this box and stop here						ganization, check
_	Section C. Computation of Public						
14	Public support percentage for 2023 (line			, column (f))		14	
15	Public support percentage for 2022 Sch					15	
16a	33 1/3% support test—2023. If the o						
	and stop here. The organization qualifi	ies as a publicly	supported organ	zation			▶□
b	33 1/3% support test—2022. If the box and stop here. The organization of	-			•	•	
17a	10%-facts-and-circumstances test-	– 2023. If the or	ganization did n	ot check a box on			10% or more,
	and if the organization meets the "facts			-	•		
	meets the "facts-and-circumstances" te 10%-facts-and-circumstances test	_			-		
D	more, and if the organization meets th						
	meets the "facts-and-circumstances" to	est. The organiza	ation qualifies as	a publicly suppor	ted organization .		🕨 🗆
18	=		•		•		▶ □
	instructions					Schedule A	
							()
_			Page	3 ———			
Sch	edule A (Form 990) 2023						Page 3
	Part III Support Schedule fo						
	(Complete only if you o						nder Part II. If
_	the organization fails to Section A. Public Support	o quality under	the tests liste	d below, please	e complete Part	11.)	
Ca	lendar year	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
(o	r fiscal year beginning in) Gifts, grants, contributions, and	(4) 2013	(5) 2020	(6) 2021	(4) 2022	(6) 2023	(i) local
-	membership fees received. (Do not						
2	include any "unusual grants.") . Gross receipts from admissions,		+				
_	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
_	organization's tax-exempt purpose						
3	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the		+				
•	organization's benefit and either paid						
5	to or expended on its behalf The value of services or facilities						
	furnished by a governmental unit to						
6	the organization without charge Total. Add lines 1 through 5					 	
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons Amounts included on lines 2 and 3		1				
•	received from other than disqualified		1				
	persons that exceed the greater of \$5,000 or 1% of the amount on line						
	13 for the year.						
8	c Add lines 7a and 7b Public support. (Subtract line 7c						
_	from line 6.)						
S	Section B. Total Support						
	lendar year	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total

ζ	fiscal year beginning in) 🟲			V-7 -		, -	` '		
9	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30,								
	1975.								
c 11	Add lines 10a and 10b. 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 t	he organization's	first, second, thir	d, fourth, or fifth t	tax year as a section	on 501(c)(3) org	anizat	ion, ch	neck
	this box and stop here					<u> </u>		!	
	ection C. Computation of Public Public support percentage for 2023 (lin	Support Perce	entage	column (f))		11			
15 16	Public support percentage for 2023 (III					15 16			
	ection D. Computation of Invest] -0]			
17	Investment income percentage for 20			line 13, column (f))	17			
18	Investment income percentage from 2	•	•			18			
19a	33 1/3% support tests-2023. If the								
b	more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the							▶ U id line	18 is
b	not more than 33 1/3%, check this box	•			•			_	10 15
20	Private foundation. If the organizati								
						Schedule A	Form	990)	2023
			Page 4						
	dule A (Form 990) 2023							Р	age 4
Par	**Complete only if you checked box 12b, of Part I, complete Section 12d, of Part I, complete Sectio	a box on line 12 cections A and C. If	you checked box						
Se	ection A. All Supporting Organiz	· · · · · · · · · · · · · · · · · · ·	omplete rait v.)						
								Yes	No
1	Are all of the organization's supported								
	If "No," describe in Part VI how the sudescribe the designation. If historic an			ted If designated					
2		nd continuina relat	ionship, explain.	tear ir aesignatea	by class or purpos	se,	_		
-	3	,	,, ,			- -	1		
	Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in F	ed organization th	nat does not have	an IRS determina	ation of status unde	er section	1		
	Did the organization have any support	ed organization th	nat does not have	an IRS determina	ation of status unde	er section	1 2		
За	Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in F described in section 509(a)(1) or (2). Did the organization have a supported	ed organization the o	nat does not have rganization deter	an IRS determina mined that the su	ation of status unde oported organizatio	er section on was			
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b c 4a b c 5a	Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in a described in section 509(a)(1) or (2). Did the organization have a supported 3c below. Did the organization confirm that each the public support tests under section determination. Did the organization ensure that all surif "Yes," explain in Part VI what control was any supported organization not onchecked box 12a or 12b in Part I, answer to the organization have ultimate corroganization? If "Yes," describe in Part supervised by or in connection with its Did the organization support any forein 501(c)(3) and 509(a)(1) or (2)? If "Ye to the foreign supported organization organization add, substituted, or reorganizations added, substituted, or reorganization's organizing document at amendment to the organizing document at amendment to the organizing document? Substitutions only. Was the substituted Did the organization provide support (read organization the Part VI how the organization design supported organ 509(a)(2)? If "Ye apport to such organization the organization organized in the Univer lines 4b and 4 apported organized o	nat does not have rganization determined in section sization qualified us," describe in Pa anizations was us on put in place to below. In in deciding whe inization had such ization had such izations. In inization that does to wite the view of v	an IRS determinamined that the supported that the supported organization of control and discrete the organization of control and exclusively for ensure such use. The control and discrete to make grant control and discrete to make grant control and discrete the organization of co(c)(2)(B) purposons during the taxthe names and Eluch action; (iii) they the action was action part of a clease being the control of senting the control of senting the control of senting the control of senting the provision of senting the control of senting the provision of senting the control of the provision of the provisi	ation of status under proported organization (6)? If "Yes," answ (c)(4), (5), or (6) a ow the organization section 170(c)(2)(anization")? If "Yes to the foreign state to the foreign state to determination under the section of the	er section on was er lines 3b and ond satisfied on made the B) purposes? s" and if you upported or controlled or der sections at all support swer lines 5b supported the as by ated in the	2 3a 3b 3c 4a 4b 4c 5a 5b 5c		
b c 4a b c 5a	Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in a described in section 509(a)(1) or (2). Did the organization have a supported 3c below. Did the organization confirm that each the public support tests under section determination. Did the organization ensure that all su If "Yes," explain in Part VI what control was any supported organization not or checked box 12a or 12b in Part I, answ. Did the organization have ultimate corroganization? If "Yes," describe in Par supervised by or in connection with its Did the organization support any foreign to the foreign supported organization or the foreign supported organization or organizations added, substituted, or organizations added, substituted, or organization's organizing document and amendment to the organizing document? Substitutions only. Was the substitution of the organization organization provide support (than (i) its supported organizations, (is supported organizations, (iii) other	reed organization the Part VI how the of organization described orga	rat does not have rganization determinated in section 5 dization qualified us," describe in Pa anizations was us on put in place to hited States ("foreste below." In in deciding whe inization had such izations had such izations of the control of the vital what control ely for section 17 deported organization; and (iv) how supported organization; and (iv) how supported organization; and (iv) how are part of the chart part part of the chart part part part part part part part p	an IRS determinamined that the supported for ensure such use. Eigh supported orgonal there to make grant a control and discrete organization of colors and the action; (iii) the action was a cation part of a club action; (iii) the action was a cation part of a club action; of senaritable class ben support or benefit I.	ation of status under proported organization (6)? If "Yes," answ (c)(4), (5), or (6) a ow the organization section 170(c)(2)(panization")? If "Yes," and the section despite being the determination under the section of the section despite being the sec	er section on was er lines 3b and ond satisfied on made the B) purposes? s" and if you upported or controlled or der sections at all support swer lines 5b supported the as by ated in the o anyone other ore of its e filing	2 3a 3b 3c 4a 4b 4c 5a		

	contributor? If "Yes," complete Part I of Schedule L (Form 990) .	7		
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		
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,"			
b	provide detail in Part VI. 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 .	9a		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9b		
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,"	9c		
b	answer line 10b below. 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).			
	Schedule A	10b	990)	2023
	Schedule A	(10111	. 550)	2023
	Page 5 ———————————————————————————————————			
. .				_
	dule A (Form 990) 2023 rt IV Supporting Organizations (continued)		F	Page 5
Pai	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
Se	<i>VI.</i> ection B. Type I Supporting Organizations			
			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 organization.	2		
Se	ection C. Type II Supporting Organizations	<u> </u>		L
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection 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).			
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant	2		
3	voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
	ection 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 instructi	ons):		
a				
t				
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
ā	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		163	140
Ŀ	substantially all of its activities. 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	2a		

	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.			20					
а	Did the organization have the power to regularly appoint or elect a majority of the off the supported organizations? If "Yes" or "No", provide details in Part VI .	icers, d	irectors, or trustees of each o	f 3a					
b	Did the organization exercise a substantial degree of direction over the policies, progr supported organizations? If "Yes," describe in Part VI. the role played by the organizations?								
	supported organizations: 11 Tes, describe in Fait VI. the role played by the organization	acion in		3b	10) 2023				
			Schedule	A (Form 99	0) 2023				
	Page 6								
	. age c								
chec	dule A (Form 990) 2023				Page 6				
	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O)rgani:	zations		rage U				
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru			VI) See					
	instructions. All other Type III non-functionally integrated supporting organization								
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current (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 (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							
а	Average monthly value of securities	1a							
b	Average monthly cash balances	1b							
С	Fair market value of other non-exempt-use assets	1c							
d	Total (add lines 1a, 1b, and 1c)	1d							
е	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 Ye	ar				
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-in instructions)	ntegrate							
			Schedule	A (Form 99	90) 2023				
	Page 7								
chec	dule A (Form 990) 2023				Pago 7				
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganiz	i		Page 7				
Sec	tion D - Distributions			Current Ye	ar				
1 /	Amounts paid to supported organizations to accomplish exempt purposes		1						
2 /	Amounts paid to perform activity that directly furthers exempt purposes of supported cexcess of income from activity	organiza							
3 4	Administrative expenses paid to accomplish exempt purposes of supported organization	ns	3						
- '									

Amounts haid to acquire exempt-use assets			4	
Amounts paid to acquire exempt-use assets Oualified set-aside amounts (prior IRS approval require)		5		
Qualified set-aside amounts (prior IRS approval required		1		
Other distributions (describe in Part VI). See instruction	ns		6	
Total annual distributions. Add lines 1 through 6.	7			
Distributions to attentive supported organizations to wh details in Part VI). See instructions	8			
Distributable amount for 2023 from Section C, line 6			9	
Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2023	ns	(iii) Distributable Amount for 2023
Distributable amount for 2023 from Section C, line 6				7
Underdistributions, if any, for years prior to 2023 (reasonable cause required explain in Part VI).				
See instructions. Excess distributions carryover, if any, to 2023:				
From 2018				
From 2019				
From 2020				
From 2022			+	
Total of lines 3a through e				
Applied to underdistributions of prior years				
Applied to 2023 distributable amount				
Carryover from 2018 not applied (see instructions)				
Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
Distributions for 2023 from Section D, line 7:				
\$ Applied to underdistributions of prior years				
Applied to 2023 distributable amount				
Remainder. Subtract lines 4a and 4b from line 4.				
Remaining underdistributions for years prior to			+	
2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.				
Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.				
Excess distributions carryover to 2024. Add lines 3j and 4c.				
Breakdown of line 7:				
Excess from 2019				
Excess from 2020 Excess from 2021				
Excess from 2021				_
Excess from 2023				
			Sche	dule A (Form 990) (20
	——— Page 8 ———			
edule A (Form 990) 2023				Pac
Supplemental Information. Provide the expl. Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, Part IV, Section D, lines 2 and 3; Part IV, Section Section D, lines 5, 6, and 8; and Part V, Section D, lines S, 6, and 8; and Part V, Section D,	9b, 9c, 11a, 11b, and 11c; Pa on E, lines 1c, 2a, 2b, 3a and 3	rt IV, Section B, lines 1 3b; Part V, line 1; Part \	and 2; P /, Section	Part IV, Section C, line 1; n B, line 1e; Part V
instructions).				
E	acts And Circumstances Tes	+		
Fa	acto And Chedinstances les	L.		
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efile Public Visual Render ObjectId: 202413209349306601 - Submission: 2024-11-15 TIN: 52-2264611 OMB No. 1545-0047 Schedule B Schedule of Contributors (Form 990) ► Attach to Form 990, 990-EZ, or 990-PF. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. **Employer identification number** Name of the organization KYIV SCHOOL OF ECONOMICS 52-2264611 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization 501(c)(3) exempt private foundation Form 990-PF ↓ 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 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 Cat. No. 30613X Schedule B (Form 990) (2023) for Form 990, 990-EZ, or 990-PF.

Page 2

Schedule B (Form 990) (2023)

Page 2

Name of organization
KYIV SCHOOL OF ECONOMICS

Employer identification number 52-2264611

SCHOOL OF ECONOMICS

Part I Contributors

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution

RESTRICTE		1	
		A DESTRICTED	Payroll
		\$ RESTRICTED	Noncash
	,		(Complete Part II for noncash contributions.)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	3,333,334,334,334		Person
-		4	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
		1	
			(Complete Part II for noncash contributions.)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-	-	┪	Payroll
		\$	Noncash
(2)	(1)	(5)	(Complete Part II for noncash contributions.)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•		┪	Payroll
		\$	Noncash
(0)	(6)	(0)	(Complete Part II for noncash contributions.)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		-	☐ Payroll
		\$	☐ Noncash
		1	
			(Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2023)
	Page 3 ———		
	3 (Form 990) (2023)	T =	Page 3
Name of or KYIV SCHO	janization DL OF ECONOMICS	Employer identification	on number
		52-2264611	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	1 ()	
(a) No. from	(b)	(c) FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions)	Date received
		•	
-		\$	-
(a)		(c)	/-1\
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions)	
		\$	
•		1	-
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noneasti property given	(See instructions)	Date received
		1	1

-					\$	
(a) No. from Part I	(b) Description of noncash	property give	n		(c) or estimate) nstructions)	(d) Date received
•					\$_	
(a) No. from Part I	(b) Description of noncash	property give	n		(c) or estimate) nstructions)	(d) Date received
-					\$_	
(a) No. from Part I	(b) Description of noncash property		n		(c) or estimate) nstructions)	(d) Date received
-					\$	
		F	Page 4 ————			Schedule B (Form 990) (2023)
Schedule	B (Form 990) (2023)					Page 4
Name of or	rganization DOL OF ECONOMICS				Employer iden	tification number
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter the year. (Enter this information once. See ins Use duplicate copies of Part III if additional specific processes in the second of the processes of th	tributor. Complete total of exclustructions.)	lete columns (a) thro sively religious, cha \$	ough (e) a	and the followin	g line entry. For
(a) No. from Part I	(b) Purpose of gift (c) Use of gift				(d) Descrip	otion of how gift is held
- Part I	Transferee's name, address, and		e) Transfer of gift Re	elationship	o of transferor to	o transferee
(a) No. from Part I	(b) Purpose of gift	_	(c) Use of gift		(d) Descrip	otion of how gift is held
-	Transferee's name, address, and		e) Transfer of gift Re	elationship	o of transferor to	o transferee
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift		(d) Descrip	otion of how gift is held
-	Transferee's name, address, and		e) Transfer of gift Re	elationship	o of transferor to	transferee
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift		(d) Descrip	otion of how gift is held
-	Transferee's name, address, and	ZIP 4	e) Transfer of gift Re	elationship	o of transferor to	o transferee

Additional Data Return to Form

Software ID: Software Version:

TIN: 52-2264611

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** KYIV SCHOOL OF ECONOMICS 52-2264611 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2a 2b b Number of conservation easements on a certified historic structure included in (a) 20 Number of conservation easements included in (c) acquired after July 25, 2006, and not on a 2d historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🕨 Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, 5 Ves [] No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Schedule D (Form 990) 2022

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

District assets to the

Page 2

Cat. No. 52283D Schedule D (Form 990) 2022

Part III	Organizations Maintaining	Collections of Art	, Historical Treasures	, or Other Similar Assets i	(continued)
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Page 2 —

3	Using the organization's acqu	uisition, accession,	and other	records, che	ck any of the	following that ar	e a significant i	use of its coll	ectio
	items (check all that apply):								

	\cup	Ривне ехпівнион						iii or exc	nange pro	grams			
b		Scholarly research				e	Ot	ner					
С		Preservation for future	e generations										
4	Provid Part X	de a description of the	-	llections and	d explain	how they	further	he orgar	nization's e	exempt purpo	se in		
5		g the year, did the orga s to be sold to raise fur									☐ Ye	s (□ No
Pai	t IV	Escrow and Cust Complete if the or- line 21.			" on Fo	rm 990, F	art IV,	line 9, d	or reporte	ed an amou	nt on F	orm 9	90, Part X,
1a		e organization an agent led on Form 990, Part i									☐ Ye	s (□ No
b	If "Ye	s," explain the arrange	ement in Part XIII	and comple	ete the fo	ollowing ta	ble:			A	mount		
С	Begin	ning balance							1c				
d	Additi	ons during the year .							1d				
e		butions during the year							1e				
f		g balance							1f		_		
2a		ne organization include		•	-	•				•		s (□ No
b		s," explain the arrange		. Check her	e if the e	explanation	has be	en provid	ed in Part	XIII			
Ра	rt V	Endowment Fund Complete if the ord		wered "Yes	" on Fo	rm 990, F	art IV,	line 10.					
		•		(a) Curre		(b) Prio				(d) Three year	ars back	(e) Fou	r years back
	-	ing of year balance .											
		outions restment earnings, gair	ns and losses										
		or scholarships											
		expenditures for facilities											
	and pro	ograms											
		strative expenses .											
_		year balance											
2		de the estimated perce I designated or quasi-e		ent year end	d balance	e (line 1g,	column	(a)) held	as:				
a b		anent endowment											
c		endowment >											
·		ercentages on lines 2a	, 2b, and 2c shou	ıld equal 10	0%.								
3а		nere endowment funds ization by:	not in the posses	ssion of the	organiza	ition that a	re held	and admi	inistered f	or the		٦	res No
		nrelated organizations										a(i)	
b		elated organizations s" on 3a(ii), are the re		ne listed as	· ·	on Schedu	 le R?					ı(ii) 3b	
4		ibe in Part XIII the inte	-					• •			<u></u>	,,,	
Pai	t VI	Land, Buildings,	and Equipme	nt.									
	D	Complete if the or						_					value
		ption of property	(a) Cost or ot (investme		(B) Cos	t or other ba	sis (otne	(c) A	ccumulated	depreciation		d) Book	value
							2 100 1	12		106 012			3,003,089
	Building	gs old improvements					3,199,10)2		196,013			3,003,089
		nent											
Tota	I. Add I	lines 1a through 1e. (C	Column (d) must	equal Form	990, Par	t X, columi	n (B), lii	ne 10(c).)	>			3,003,089
										Sch	edule D	(Forn	n 990) 2022
						Page 3 —							
Sche	dule D	(Form 990) 2022											Page 3
Par	t VII	Investments - O			" .	000 .)t. T) /	lin a dal	. C E	000 P	V line	10	
		Complete if the or	ganization ansv ion of security or		on Fo	rm 990, F	(b)	line 11t		m 990, Part (c) Method o			
			ing name of secu				Book value		Cost	or end-of-ye	ar mark	et valu	e
(1)	Financia	al derivatives					value						
(2)		-held equity interests				<u> </u>							
(A)													
(B)													
		· · · · · · · · · · · · · · · · · · ·	-										

I		I			
(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	· TV lir	ne 11c. See Fo	rm 990 P	art X line 1	3
(a) Description of investment		(b) Book value	(c)	Method of v	
(1)			C03t 01	cha or year	market value
(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.		o 11d Coo For	000 Dr	unt V line 1	Г
Complete if the organization answered 'Yes' on Form 990, Part (a) Description	IV, IIII	e 11a. See For	III 990, Pa		Book value
(1)Other Receivables from related part (1)					1,814,208
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
T. I. (C.) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I					1,814,208
Part X Other Liabilities.			00 F0 mm 0	OO Dowt V	
Complete if the organization answered 'Yes' on Form 990, Part 1. (a) Description of liability	10, 1111	e 11e 0i 11i.5	ee roiiii 9	90, Part X,	(b) Book value
(1) Federal income taxes					
					=
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)			•		
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here					
games and a substitution and a footbold and a first the control of the contro		-5/10 51 6116 10061	1143 00	p. 0 v. aca 1	

Schedule D (Form 990) 2022 Page **4**

	rt XI Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Par			Ketuiii.	
	Total revenue, gains, and other support per audited financial statements .			1	52,825,850
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
	Subtract line 2e from line 1			3	52,825,850
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	52,825,850
a	t XII Reconciliation of Expenses per Audited Financial Stater		•	Return.	
	Complete if the organization answered 'Yes' on Form 990, Par Total expenses and losses per audited financial statements	t IV, III	ie 12a.	1	33,970,570
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			-	3373707370
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
_	Subtract line 2e from line 1	•		3	33,970,570
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				33,370,370
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
•	Other (Describe in Part XIII.)	4b			
h	,			4c	
	Add lines 4a and 4h				
b c	Add lines 4a and 4b			5	33 970 570
С	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			5	33,970,570
c		4; Part	IV, lines 1b and 2b; Pa		· · · · · · · · · · · · · · · · · · ·

Additional Data Return to Form

Software ID: Software Version:

efile Public Visual Render

ObjectId: 202413209349306601 - Submission: 2024-11-15

Submission: 2024-11-15

TIN: 52-2264611 OMB No. 1545-0047

2023

Open to Public

SCHEDULE E

(Form 990)

Department of the Treasury

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ.

Schools

► Go to www.irs.gov/Form990EZ for the latest information.

	Revenue Service		// Form990E2 for the latest information.	T		spec		
	e of the organization			Employer iden	tificatio	on nu	mber	
Da	rt I			52-2264611				
Fa	Lf 1						YES	NO
1		ization have a racially nondiscriminatory pog g instrument, or in a resolution of its govern			[1	Yes	
2		ization include a statement of its racially no alogues, and other written communications	with the public dealing with student admis	ssions,				
_	programs, and	•			· :	2	Yes	
3	all times during newspaper or b solicitation prog	zation publicized its racially nondiscriminators its taxable year in a manner reasonably exproadcast media during the period of solicitars gram, in a way that makes the policy knows p," please explain. If you need more space to	xpected to be noticed by visitors to the ho ation for students, or during the registration to all parts of the general community it s	mepage, or througon period if it has neserves? If "Yes," ple	h io ease	3	Yes	
						,		
4	Does the organ	ization maintain the following?						
	Records docum	ing the racial composition of the student bo enting that scholarships and other financial 	assistance are awarded on a racially none	discriminatory		4a 4b	Yes Yes	
c		talogues, brochures, announcements, and o				40	ies	
	with student ad	Imissions, programs, and scholarships? .				4c	Yes	
d	•	aterial used by the organization or on its be d "No" to any of the above, please explain.			· ·	4d	Yes	
		to any of the above, please explain.	if you need more space, use rait ii.					
_								
5 a	-	ization discriminate by race in any way with s or privileges?	·			5a		No
b	Admissions poli	icies?				5b		No
c	Employment of	faculty or administrative staff?				5c		No
d	Scholarships or	other financial assistance?				5d		No
е	Educational pol	icies?				5e		No
f	Use of facilities	?				5f		No
g	Athletic prograr	ms?				5g		No
h		ricular activities? d "Yes" to any of the above, please explain.	If you need more space, use Part II.			5h		No
		ization receive any financial aid or assistan	3 ,		•	6a		No
b	_	zation's right to such aid ever been revoked d "Yes" to either line 6a or line 6b, explain o	·		٠ . ٢	6b		No
7	Does the organ of Rev. Proc. 75	ization certify that it has complied with the 5-50, 1975-2 C.B. 587, as modified by Rev.	applicable requirements of sections 4.01	ering racial		7	Yes	
Paper		Act Notice, see the Instructions for Form 990			dule E ((2023)
			Page 2					
Sche	dule E (Form 990	0) (2023)					Р	age 2
Par		mental Information. Provide the expla r additional information. See instructions.	nations required by Part I, lines 3, 4d, 5h,	6b, and 7, as app	licable. <i>i</i>	Also p	orovide	e
1		Return Reference	Expla	anation				

Additional Data Return to Form

Software ID: Software Version:

SCHEDULE F

efile Public Visual Render ObjectId: 202413209349306601 - Submission: 2024-11-15

TIN: 52-2264611

Statement of Activities Outside the United States

OMB No. 1545-0047

Depai Intern	tment of the Treasury al Revenue Service	•		ation answered "Y ▶ Attach to ov/Form990 for in	o Form 990.		ation.	Insped		
	V SCHOOL OF ECONOMICS art I General Informat Form 990, Part IV, I For grantmakers. Does th other assistance, the grante						52-2264611	ntification	number	
Pa				Outside the U	Inited State	s. Complete if		inswered '	"Yes" on	
1	other assistance, the grantees to award the grants or assista		ganization main eligibility for the e?	grants or assis	tance, and th	e selection crite	ria used 	☑ Y e		
outside the United		ed States.	_	-	1101 4331314	TICC .				
3			(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities of region (by type fundraising, services, investi	conducted in (e) If program nents, grants cated in the	ed.) factivity listed in (d) is a gram service, describe specific type of rvice(s) in the region	for and	expenditures investments ne region	
	Europe including Greenland	Iceland and	1		Program serv		ation		4,147,398	
	For grantmake other assistance to award the grantmake outside the United Activites per Region (a) Region (b) Region (c) R	Iceland and	Iceland and 1		Program serv	ces Huma	anitarian Aid		26,567,438	
	3a Sub-total		2	681					30,714,836	
	b Total from contin			301						
For I			2 the Instructions	681 for Form 990.		Cat. No. 5	0082W Schedu	le F (Form	30,714,836 990) 2023	
	rt II Grants a	and Other Ass		rganizations					e if the organizati	
1		(b) IRS code section and EIN (if	(c) Region	(d) P	re than \$5,0 urpose of grant	(e) Amount cash grant	of (f) Mann	er of	(g) Amount of noncash assistance	(h) [of as:

Page 2 ered "Yes" on Form 990,

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Europe including Iceland and Greenland	Humanitarian Aid	26,567,438			Humanitarian goods and services	Book
					nized as charities by the			•	

	Page 3	
Schedule F (Form 990) 2023	F	Page 3

Schedule F (Form 990) 2023

Part III can be	e duplicated if addition	onal space is r	needed.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV,
Scholarship and other Assi	Europe including Iceland and Greenland	372	355,911				appraisal, other)
7001	reciand and Greenhand						
-							
-							
						Sche	dule F (Form 990) 2023
				- Page 4			(,
Instructions for Form 92 Did the organization hav to separately file Form 3 Gifts, and/or Form 3520-3520 and 3520-A; don't Did the organization hav may be required to file F (see Instructions for Form 4 Was the organization a d fund during the tax year Shareholder of a Passive Did the organization hav may be required to file F Instructions for Form 88 Did the organization hav organization may be required to may be required to file F Instructions for Form 88	e. an interest in a foreign 520, Annual Return to R. A. Annual Information R file with Form 990). e an ownership interest in a foreign 5471, Information R file with Form 990). e an ownership interest in 5471, Information R file Yes," the organization Foreign Investment Corm 8865, Return of U.S. 555).	eturn by a U.S. T. I trust during the eport Transaction Return of Foreign in a foreign corpo Return of U.S. Per lider of a passive on may be requir inpany or Qualifie in a foreign partn in Persons with Re- corm 5713, Intern	tax year? If "Yes," the case with Foreign Trusts and Trust With a U.S. Owner out of the case with Respect to Compare in the case with Respect to Compare in the case of the Form 8621, In defecting Fund. (see Intership during the tax yespect to Certain Foreign contring countries during ational Boycott Report (a Foreign Corporation (see organization may be require nd Receipt of Certain Foreign r (see Instructions for Forms ear? If "Yes," the organizatio retain Foreign Corporations. pany or a qualified electing formation Return by a structions for Form 8621) ear? If "Yes," the organizatio n Partnerships (see the tax year? If "Yes," the see Instructions for Form Schedu	Yes N N Yes N N Yes N N Yes N	0	
Schedule F (Form 990) 2023				- Page 5	Page	5	
Part V Supplemental Provide the info amounts of inve method); and P	rmation required by I estments vs. expendit	ures per region stimated numb	n); Part II, line 1 (acc	Part I, line 3, column (f) counting method); Part I applicable. Also complete	(accounting method II (accounting	;	
ReturnReference				anation		_	
						_	
						_ _	
						<u></u>	
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Schedule F (Form 990) 2023

Additional Data

Software ID: Software Version:

efile Public Visual Render

ObjectId: 202413209349306601 - Submission: 2024-11-15 TIN: 52-2264611 OMB No. 1545-0047

SCHEDULE G (Form 990)

Department of the Treasury

Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

Supplemental Information Regarding

organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

Open to Public

Page 2

Internal Revenue Service

Schedule G (Form 990) 2023

Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization KYIV SCHOOL OF ECONOMICS **Employer identification number** 52-2264611 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events C ☐ In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? U Yes 🗌 No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (vi) Amount paid to (iii) Did (iv) Gross receipts (v) Amount paid to (or retained by) or entity (fundraiser) from activity (or retained by) fundraiser have custody or fundraiser listed in organization control of col. (i) contributions? Yes No List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50083H Schedule G (Form 990) 2023 – Page 2 *–*

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with

gross receipts greater than \$5,000.

(a)Event #1 **(b)** Event #2 (c)Other events (d) Total events (add col. (a) through col. (c)) (event type) (event type) (total number)

Revenue					
Reve					
	1 Gross receipts				
	2 Less: Contributions3 Gross income (line 1 minus line 2)				
	4 Cash prizes	from line 3, column (d)			T
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
Re	1 Gross revenue				
Direct Expenses	2 Cash prizes				
Syper	3 Noncash prizes				
ect E	4 Rent/facility costs				
ä	5 Other direct expenses				
		☐ Yes %	☐ Yes <u>%</u>	☐ Yes %	
	6 Volunteer labor	☐ No	☐ No	☐ No	
	7 Direct expense summary. Add lines 2 t	hrough 5 in column (d)			
	8 Net gaming income summary. Subtract	: line 7 from line 1, colum	n (d)		
9	Enter the state(s) in which the organizati				
a	Is the organization licensed to conduct ga	aming activities in each of	these states?		☐ Yes ☐ No
b	If "No," explain:				
10a b	Were any of the organization's gaming lic	· ·		,	Yes No
					1
				So	chedule G (Form 990) 2023
		P	age 3 ————		
Sche	dule G (Form 990) 2023				Page 3
11	Does the organization conduct gaming ac				· 🗆 Yes 🗆 No
12	Is the organization a grantor, beneficiary formed to administer charitable gaming?			or otner entity	; □ Yes □ No
13	Indicate the percentage of gaming activit			13a	%
a b	•			13a	%
14	Enter the name and address of the perso	n who prepares the organ	iization's gaming/special e	events books and records:	
	Name				

4	Address					
15a	Does the organization have a contract versue?				· \(\nabla \nabla \cdot \cdot \nabla \cdot \cdo\cdot \cdot	□No
b	If "Yes," enter the amount of gaming re				∪ res	
	amount of gaming revenue retained by					
c	If "Yes," enter name and address of the	third party:				
	Name					
	Address					
16	Gaming manager information:					
	Name •					
	Gaming manager compensation $ ightharpoonup \$_{}$					
	Description of services provided					
	Description of services provided					
	☐ Director/officer	Employee	☐ Independen	t contractor		
	_ Birector/officer	Employee	Писреписн	t contractor		
17	Mandatory distributions:					
а	Is the organization required under state		,	- 1		
	retain the state gaming license? Enter the amount of distributions require				· 🗌 Yes	□No
b	in the organization's own exempt activi			izations of spent		
Par	t IV Supplemental Informatio		•	line 2b, columns (iii)	and (v); ar	nd Part
	III, lines 9, 9b, 10b, 15b, 15	c, 16, and 17b, as ap	plicable. Also provide any	additional informatio	n. See inst	ructions.
	Return Reference		Explana	ation		
				Schedule G (Form 990) 20	023
Ac	lditional Data				Return t	o Form

Software Version

efile Public Visual Render

ObjectId: 202413209349306601 - Submission: 2024-11-15

TIN: 52-2264611

OMB No. 1545-0047

Open to Public Inspection

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization KYIV SCHOOL OF ECONOMICS

Employer identification number

	5	2-2264611
Return Reference	Explanation	
Form 990 governing body review Part VI line 11	THE ORGANIZATION PROVIDES A COMPLETE COPY OF THE FORM 990 TO THE MEMIFOR THEIR REVIEW PRIOR TO FILLING THE RETURN.	BERS OF ITS GOVERNING BOARD
Conflict of interest policy compliance Part VI line 12c	THE ORGANIZATION REGULARLY REVIEWS AND MAKES CHANGES TO THE CONFLIC THE BOARD ALSO CLOSELY MONITORS TRANSACTIONS FOR CONFLICTS OF INTERI	
CEO executive director top management comp Part VI line 15a	THE ORGANIZATION DETERMINES COMPENSATION BY REVIEW AND APPROVAL BY I COMPARABLE DATA.	NDEPENDENT PERSONS USING
Other officer or key employee compensation Part VI line 15b	THE ORGANIZATION DETERMINES COMPENSATION BY REVIEW AND APPROVAL BY I COMPARABLE DATA.	NDEPENDENT PERSONS USING
Governing documents etc available to public Part VI line 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FORM 990 AVAILABL	E UPON REQUEST.
Significant program services not listed on prior year return Part III line 2	To provide charitable aid and assistance to the Citizens and students of Ukraine, to overcom their general humanitarian needs.	e the ravages of war and to provide for
Explanation of other changes in net assets or fund balances Part XI line 9	The amount represents effect of translation into presentation currency.	

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

Cat. No. 51056K

Schedule O (Form 990) 2023

Additional Data

Return to Form

Software ID:

TIN: 52-2264611

OMB No. 1545-0047

2023

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service		Go	to <u>www.ii</u>	<u>rs.gov/For</u>	<u>m990</u> for in:	structions	and the	lates	t informat	ion.				pen to Inspec		С
Name of the organization KYIV SCHOOL OF ECONOMICS	•									1	Employer ide	entification	n numbe	er		
Don't T. Thomas Cont.	f Di			h		!!\/!!	F	000) D+ T\/		52-2264611					
Part I Identification	on of Disregarded E	ntities. Co	mpiete ir ti	ne organiz	(b)	ered Yes	(c)	m 990), Part IV, (d)	iine 33.	(e)		(f)		
Name, address, and E	EIN (if applicable) of disregar	ded entity		Prin	nary activity		domicile (s eign coun		Total inco	me End	-of-year assets		Direct cor enti	ntrolling		
(1) KSE CHARITABLE FOUNDATION 3 M Shpaka St Kyiv UP	NC			Support a KSE Unve	and developmer ersity	nt of	UP					Kyiv Schoo	of Econo	mics		-
(2) KYIV SCHOOOL OF ECONOM: 3 M Shpaka St Kyiv UP	ICS UNIVERSIT			Education	1		UP					KSE CHARI	TABLE FO	UNDATION		
(3) Brologistik LTD 3 M Shpaka St Kyiv UP				Owns Sch	nool Building		UP					Kyiv Schoo	of Ecnom	nics Univers	sity	
																_
																-
Part II Identification	n of Related Tax-Exe empt organizations du			. Complete	e if the orga	nization a	answere	ed "Yes	s" on Forr	n 990, Pa	rt IV, line 34	4 because	it had	one or m	ore	_
	(a) and EIN of related organizati		,	(I Primary	activity	Legal domic or foreign	ile (state	Exer	(d) mpt Code sed	etion Pul	(e) olic charity statu section 501(c)(3	is Di	(f) irect contro entity		Section (13) co	
															Yes	No
								251						<u> </u>		
For Paperwork Reduction	Act Notice, see the Ins	tructions to	— Page 2			Cat.	No. 501	135Y				Scn	eaule K	(Form 9	90) 20	123
Schedule R (Form 990) 2023																e 2
Part III Identification one or more re	n of Related Organi z elated organizations t						organiz	zation	answered	l "Yes" or	1 Form 990,	Part IV, li	ne 34, t	ecause	it had	
	(a) ddress, and EIN of ed organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomir income(rei unrelate excluded fre under sec 512-51	lated, ed, om tax tions	(f) Share of total income	(g) Share of end-of- year assets		cations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging tner?	Perce	k) entage ership
						512-51	4)			Yes	No		Yes	No		
	of Related Organia one or more related									answere	d "Yes" on F	orm 990,	Part IV,	line 34		
(a) Name, address, and related organizat	EIN of	Primary a)	(e Le	c) gal nicile r foreign	(d Direct con enti) ntrolling	Type of (C co	f entity Sh	(f) are of total income	(g) Share of end- of-year assets	Percer owne	ntage	Section contro	(i) 512(b) lled ent	(13) ity?
					ntry)	1		or tr	rust)		03300			Yes		No
						1										

		1				1	-	1		1			1
													
		Pago 3 -								Sch	edule R	(Form 9	90) 2023
		rage 5											
Schedule R (Form 990) 2023 Part V Transactions With Related Organia	rations Com	nloto if th	ne organizati	an ancwe	rod "Voc"	on Form (000 Part	IV line 34	35h or '	36			Page 3
Note. Complete line 1 if any entity is listed in Part				JII aliswe	ileu ies	OII I OIIII :	750, Fait	10, 11116 54,	, 330, 01 .			1	Yes No
1 During the tax year, did the orgranization engage in	any of the follo	wing trans	actions with or	e or more	related org	anizations	listed in Pa	rts II-IV?					
a Receipt of (i) interest, (ii) annuities, (iii) royaltiesb Gift, grant, or capital contribution to related organ	, , ,		•									1a 1b	
c Gift, grant, or capital contribution from related organ												1c	
d Loans or loan guarantees to or for related organiz											-	1d 1e	
e Loans or loan guarantees by related organization(s)													
f Dividends from related organization(s)													
g Sale of assets to related organization(s)													
h Purchase of assets from related organization(s)												1h 1i	
j Lease of facilities, equipment, or other assets to related organization(s)													
k Lease of facilities, equipment, or other assets from related organization(s)													
I Performance of services or membership or fundrais						·		11					
m Performance of services or membership or fundrai						•		1m					
 n Sharing of facilities, equipment, mailing lists, or ot o Sharing of paid employees with related organizati 						· · ·	· · ·		 			1n 1o	
 p Reimbursement paid to related organization(s) for q Reimbursement paid by related organization(s) for 	-							. 				1p 1q	
Trembursement paid by related organization(s) to	r expenses :										-	Ħ	
r Other transfer of cash or property to related organ												1r 1s	
s Other transfer of cash or property from related or 2 If the answer to any of the above is "Yes," see the												13	
(a) Name of related	organization					(b) Transact	ion	(c) Amount involv	red	Method of de	(d)	amount in	volved
Name of relaced	or garnization					type (a-		Amount mvorv	cu	Fiction of de	cerrining	amount m	voiveu
·													
										Sch	edule R	(Form 9	90) 2023
		Page 4 -											
Schedule R (Form 990) 2023 Part VI Unrelated Organizations Taxable	20 2 P=t	robin C	mnlote if th	oras	ation are	orod IIV-	" on F-:	2 000 0-1	T\/ !!~ - ?	7			Page 4
Provide the following information for each entity taxed a	s a partnership	through w	hich the organ	ization co							ssets or	gross rev	enue) that
was not a related organization. See instructions regardin (a)	(b)	(c)	(d)		(e) partners	(f)	(g)	(h	1)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or	Predominant income (related,	se	partners ection l(c)(3)	Share of total income	Share of end-of-year assets	Disproprtionate allocations?		Code V-UBI amount in box 20	Gene man part	aging	Percentage ownership
	foreign country)		unrelated, excluded from	organizations?		income	dsscts			of Schedule K-1	paraiei	ner:	
			tax under sections 512-							(Form 1065)			
			514)	Yes	No			Yes	No		Yes	No	
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Page 5												Sch	edule R	(Form 9	90) 2023	
Schedule R (Fe	orm 990) 2023														Page 5	
Part VII	Supplemental Inf	ormation														
	Provide additional info	rmation for respon	ses to question	ons on Sche	edule R. See in	structions.										
Return Reference					Explanation											
													Schedu	le R (For	n 990) 2023	
Additional Data												D	eturn t	o Form		

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