Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A For the 2015 calendar year, or tax ye		2015 calenda	ar year, or tax year beginning January 1st , 2015,	and ending	Dece	mber 3	31st , 20 15				
В	B Check if applicable: C Name of organization		C Name of organization		D Empl	oyer ide	ntification number				
	Address o	change United Help Ukraine, Inc.			47-1837509						
	Name cha	ange	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telephone number						
=	Initial retu		330 Tannery Dr.		8578915757						
=	Final retur Amended		terminated City or town, state or province, country, and ZIP or foreign postal code				F Group Exemption				
=		n pending	Gaithersburg MD 20878			nber ▶	•				
_		ting Method:	✓ Cash	н	Check I	▶ ∏ if	the organization is no				
	Vebsite	J	unitedhelpukraine.org				ch Schedule B				
			ck only one) — ☑ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) c				-EZ, or 990-PF).				
			✓ Corporation ☐ Trust ☐ Association ☐ Other				,				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or	more, or if total	assets						
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ			₽ •	117,732				
	art I		e, Expenses, and Changes in Net Assets or Fund Balanc			rtions					
	arer		the organization used Schedule O to respond to any question								
_	1		ons, gifts, grants, and similar amounts received			1	101,340				
	2		ervice revenue including government fees and contracts			2	0 101,040				
	3	•	ip dues and assessments			3	1,150				
		Investment	·			4	1,130				
	4		1			4	U				
	5a		ount from sale of assets other than inventory		0						
	b		or other basis and sales expenses			_	0				
	C										
	6	Gaming and fundraising events									
Φ	а		ome from gaming (attach Schedule G if greater than	0							
Revenue	١.		000)								
š	b	ŭ (<u> </u>									
æ		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b									
					26,866						
	C		t expenses from gaming and fundraising events <u>6c</u>	<u> </u>	11,625						
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and sub									
		line 6c)				6d	15,242				
	7a	Gross sale	s of inventory, less returns and allowances		0						
	b		of goods sold		0						
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) $$. $$. $$. $$. $$.				7с	0				
	8	Other revenue (describe in Schedule O)			8	0					
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. ▶	9	117,732				
Expenses	10	Grants and	I similar amounts paid (list in Schedule O)			10	108,609				
	11	Benefits pa	aid to or for members			11	0				
	12	Salaries, o	ries, other compensation, and employee benefits			12	0				
	13	Profession	sional fees and other payments to independent contractors			13	0				
	14	Occupancy	pancy, rent, utilities, and maintenance			14	0				
	15		Printing, publications, postage, and shipping			15	0				
	16	Other expenses (describe in Schedule O)				16	1,476				
	17		enses. Add lines 10 through 16			17	110,085				
Net Assets	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)			18	7,647				
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree					-,•				
			r figure reported on prior year's return)			19	3,946				
et /	20	=	nges in net assets or fund balances (explain in Schedule O)			20	0,010				
ž	21		·			21	11,593				
For				. No. 10642I	. ,		Form 990-EZ (2015				

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	t II Balance Sheets (see the instructions f	01 1 41111)				
	Check if the organization used Schedule	O to respond to an	ny question in this	Part II		<u>/</u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[8,628	22	12,369
23	Land and buildings		[0	23	0
24	Other assets (describe in Schedule O)		[0	24	0
25	Total assets		[8,628	25	12,369
26	Total liabilities (describe in Schedule O)		[4,682	26	776
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	3,946	27	11,593
Par	III Statement of Program Service Accom	plishments (see th	e instructions for	Part III)		
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part III 🗹		Expenses
What	is the organization's primary exempt purpose?	humanitarian relief t	o Ukraine		١,	quired for section (c)(3) and 501(c)(4)
Desc	ribe the organization's program service accomplis	shments for each o	f its three largest r	orogram services	1	anizations; optional for
as m	leasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the				ers.)
28	Medical aid program. Major goal of the program is to	provide medical sup	plies and equipmen	t to Ukrainian		
	hospitals. See Schedule O for more details.					
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🗌	288	27,317
29	Humanitarian aid program. Major goal of the program	n is to provide help to	internally displace	d people		
	from Crimea and Eastern Ukraine and provide humai	nitarian aid that helps	s save lives of Ukrai	nian soldiers.		
	See Schedule O for more details.	<u>-</u> -				
	(Grants \$) If this amount	includes foreign gra	nts. check here .	▶ □	298	75,278
30	Wounded warriors program. Major goal of the progra		· · · · · · · · · · · · · · · · · · ·			,
	and families of wounded and killed in the war (spous			·		
	See Schedule O for more details.					
		includes foreign gra	ents, check here	•	30a	6,014
31	Other program services (describe in Schedule O)					
٠.	, ,	includes foreign gra			31a	
32	Total program service expenses (add lines 28a t				32	
Par						,
			n one even if not com	nensated—see the i	nstru	ctions for Part IV)
	•			•	nstru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to a	ny question in this	Part IV	nstru 	ctions for Part IV)
	Check if the organization used Schedule	O to respond to an	ny question in this (c) Reportable compensation	Part IV (d) Health benefits, contributions to employ	 /ee (e)	Estimated amount of
	•	O to respond to a	ny question in this (c) Reportable compensation (Forms W-2/1099-MISO	Part IV (d) Health benefits, contributions to employ benefit plans, and	 /ee (e)	
1 Rı	Check if the organization used Schedule (a) Name and title	O to respond to as (b) Average hours per week	ny question in this (c) Reportable compensation	Part IV (d) Health benefits, contributions to employ benefit plans, and	 /ee (e)	Estimated amount of
	Check if the organization used Schedule (a) Name and title	O to respond to as (b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	/ee (e)	Estimated amount of
Boa	Check if the organization used Schedule (a) Name and title Islan Zamaray rd Member and President	O to respond to at (b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	 /ee (e)	Estimated amount of
Boa 2. Ok	Check if the organization used Schedule (a) Name and title Islan Zamaray Ind Member and President Issana Osipova	O to respond to at (b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation N	/ee (e)	Estimated amount of other compensation
Boa 2. Ok Boa	Check if the organization used Schedule (a) Name and title Islan Zamaray Ind Member and President Issana Osipova Ind Member and Vice President	O to respond to an (b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	/ee (e)	Estimated amount of
Boa 2. Ok Boa 3. Ro	Check if the organization used Schedule (a) Name and title Islan Zamaray rd Member and President Islan Osipova rd Member and Vice President Islan Islan Osipova	O to respond to an (b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation N		Estimated amount of other compensation
Boa 2. Ok Boa 3. Ro Boa	Check if the organization used Schedule (a) Name and title Islan Zamaray rd Member and President Isana Osipova rd Member and Vice President Iddion Iwanczuk rd Member and Secretary	O to respond to an (b) Average hours per week devoted to position 10	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation N	/ee (e)	Estimated amount of other compensation
Boa 2. Ok Boa 3. Ro Boa 4. Isr	Check if the organization used Schedule (a) Name and title Islan Zamaray rd Member and President Islan Osipova rd Member and Vice President Islan Iwanczuk rd Member and Secretary mail Shahtakhtinski	O to respond to an (b) Average hours per week devoted to position 10	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation N	/A //A	Destimated amount of other compensation 0 0 0
Boa 2. Ok Boa 3. Ro Boa 4. Isr Boa	Check if the organization used Schedule (a) Name and title Islan Zamaray Ind Member and President Issana Osipova Ind Member and Vice President Indion Iwanczuk Ind Member and Secretary Inail Shahtakhtinski Ind Member and Attorney	O to respond to an (b) Average hours per week devoted to position 10 10	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation N		Estimated amount of other compensation
Boa 2. Ok Boa 3. Ro Boa 4. Isr Boa 5. Yu	Check if the organization used Schedule (a) Name and title Islan Zamaray Ind Member and President Issana Osipova Ind Member and Vice President Indion Iwanczuk Ind Member and Secretary Inail Shahtakhtinski Ind Member and Attorney Iliya Nesterchuk	O to respond to an (b) Average hours per week devoted to position 10 10	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	/A /A	Estimated amount of other compensation 0 0
Boa 2. Ok Boa 3. Ro Boa 4. Isr Boa 5. Yu Boa	Check if the organization used Schedule (a) Name and title Islan Zamaray rd Member and President Islan Osipova rd Member and Vice President Islan Iwanczuk rd Member and Secretary mail Shahtakhtinski rd Member and Attorney Iliya Nesterchuk rd Member and Treasurer	O to respond to an (b) Average hours per week devoted to position 10 5 5	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	/A //A	Destimated amount of other compensation 0 0 0
Boa 2. Ok Boa 3. Ro Boa 4. Isr Boa 5. Yu Boa 6. Yu	Check if the organization used Schedule (a) Name and title Islan Zamaray rd Member and President Islan Osipova rd Member and Vice President Indion Iwanczuk Ird Member and Secretary Inail Shahtakhtinski Ird Member and Attorney Iliya Nesterchuk Ird Member and Treasurer Iri Yankovski	O to respond to an (b) Average hours per week devoted to position 10 5 5	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	(e) (e) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h	Destimated amount of other compensation 0 0 0
Boa 2. Ok Boa 3. Ro Boa 4. Isr Boa 5. Yu Boa 6. Yu	Check if the organization used Schedule (a) Name and title Islan Zamaray rd Member and President Islan Osipova rd Member and Vice President Indion Iwanczuk Ird Member and Secretary Inail Shahtakhtinski Ird Member and Attorney Iliya Nesterchuk Ird Member and Treasurer Iri Yankovski Ird Member	O to respond to an (b) Average hours per week devoted to position 10 10 5 5 10	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	/A /A	Estimated amount of other compensation 0 0
Boa 2. Ok Boa 3. Ro Boa 4. Isr Boa 5. Yu Boa 6. Yu Boa 7. Ta	Check if the organization used Schedule (a) Name and title Islan Zamaray rd Member and President Islan Osipova rd Member and Vice President Idion Iwanczuk rd Member and Secretary mail Shahtakhtinski rd Member and Attorney Isliya Nesterchuk rd Member and Treasurer Iri Yankovski rd Member mara Rudolf	O to respond to an (b) Average hours per week devoted to position 10 10 5 10 5	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation N	//A //A //A //A	Destimated amount of other compensation 0 0 0 0 0
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Boa 2. Ok Boa 3. Ro Boa 4. Isr Boa 5. Yu Boa 6. Yu Boa 7. Ta Boa 8. Ni	Check if the organization used Schedule (a) Name and title Islan Zamaray Ind Member and President Islan Osipova Ind Member and Vice President Indian Iwanczuk Ind Member and Secretary Inail Shahtakhtinski Ind Member and Attorney Iliya Nesterchuk Ind Member and Treasurer Ini Yankovski Ind Member Imara Rudolf Ind Member Ind Member Ind Borisova	O to respond to an (b) Average hours per week devoted to position 10 10 5 10 5 5 10	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-	Part IV	//A //A //A //A //A	Destimated amount of other compensation 0 0 0 0 0
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Boa 2. Ok Boa 3. Rc Boa 4. Isr Boa 5. Yu Boa 6. Yu Boa 7. Ta Boa 8. Nii Boa 9. Ju	Check if the organization used Schedule (a) Name and title Islan Zamaray Ind Member and President Islan Osipova Ind Member and Vice President Indian Iwanczuk Ind Member and Secretary Inail Shahtakhtinski Ind Member and Attorney Iliya Nesterchuk Ind Member and Treasurer Ini Yankovski Ind Member Imara Rudolf Ind Member Ind Member Ind Borisova Ind Member Ind Member	O to respond to an (b) Average hours per week devoted to position 10 10 5 10 5 5 10	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	//A //A //A //A //A	Destimated amount of other compensation 0 0 0 0 0 0 0 0 0
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Boa 2. Ok Boa 3. Rc Boa 4. Isr Boa 5. Yu Boa 6. Yu Boa 7. Ta Boa 8. Nii Boa 9. Ju	Check if the organization used Schedule (a) Name and title Islan Zamaray rd Member and President Islan Osipova rd Member and Vice President Idion Iwanczuk rd Member and Secretary nail Shahtakhtinski rd Member and Attorney Iliya Nesterchuk rd Member and Treasurer Iri Yankovski rd Member mara Rudolf rd Member na Borisova rd Member lie Gershunskaya	O to respond to an (b) Average hours per week devoted to position 10 10 5 10 5 5 10 5	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	//A	Destimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0
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Boa 2. Ok Boa 3. Rc Boa 4. Isr Boa 5. Yu Boa 6. Yu Boa 7. Ta Boa 8. Nii Boa 9. Ju	Check if the organization used Schedule (a) Name and title Islan Zamaray rd Member and President Islan Osipova rd Member and Vice President Idion Iwanczuk rd Member and Secretary nail Shahtakhtinski rd Member and Attorney Iliya Nesterchuk rd Member and Treasurer Iri Yankovski rd Member mara Rudolf rd Member na Borisova rd Member lie Gershunskaya	O to respond to an (b) Average hours per week devoted to position 10 10 5 10 5 5 10 5	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	//A	Destimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0 0
Boa 2. Ok Boa 3. Rc Boa 4. Isr Boa 5. Yu Boa 6. Yu Boa 7. Ta Boa 8. Nii Boa 9. Ju	Check if the organization used Schedule (a) Name and title Islan Zamaray rd Member and President Islan Osipova rd Member and Vice President Idion Iwanczuk rd Member and Secretary nail Shahtakhtinski rd Member and Attorney Iliya Nesterchuk rd Member and Treasurer Iri Yankovski rd Member mara Rudolf rd Member na Borisova rd Member lie Gershunskaya	O to respond to an (b) Average hours per week devoted to position 10 10 5 10 5 5 10 5	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	//A	Destimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0

Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ~ Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the 34 Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a 35a If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ | 37a | 37a 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a If "Yes," complete Schedule L, Part II and enter the total amount involved N/A 39 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 39a N/A Gross receipts, included on line 9, for public use of club facilities N/A Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ o ; section 4912 ► o ; section 4955 ▶ 0 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b 1 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter List the states with which a copy of this return is filed ► N/A 41 **42a** The organization's books are in care of ► **Yuliya Nesterchuk** 857-891-5757 Telephone no. ▶ Located at ► 330 Tannery Dr. Gaithersburg MD ZIP + 4 ▶ 20878 **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 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," Form 990 and Schedule R may need to be completed instead of 45b

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									Yes	No	
46	Did th	ne organization engage, directly or in	ndirectly, in political c	ampaign activities	on beha	lf of or	in opposit	ion			
Dow		ndidates for public office? If "Yes," o		, Part I				. 4	<u>} </u>	/	
Part		Section 501(c)(3) organizations All section 501(c)(3) organization		stions 47, 40h a	nd 52 o	ad aa	mploto th	o tablor	for lir	200	
		50 and 51.	s must answer que	5110115 47 –490 ai	110 52, a	iu co	inpiete tin	e labies	, IOI III	162	
		Check if the organization used Scl	nadula O ta raspana	I to any guestion	in thic Da	nd \/I					
-		Officer if the organization used Sci	ledule O to respond	to any question	111 11113 1 6	ii vi		<u> </u>	Yes	No	
47	Did t	he organization engage in lobbying	activities or have a	section 501(h) elec	ction in e	effect o	during the	tax 🗀	103	140	
••		' If "Yes," complete Schedule C, Par						. 4	,	1	
48	-	the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								1	
49a		Did the organization make any transfers to an exempt non-charitable related organization?								1	
b		f "Yes," was the related organization a section 527 organization?									
50		olete this table for the organization's							tees a	nd key	
	empl	oyees) who each received more than	\$100,000 of comper	nsation from the or	rganizatio	n. If th	ere is non	e, enter	"None.	,,	
			(b) Average	(c) Reportable			benefits,	() F ::			
	(a)	Name and title of each employee	hours per week	compensation	hanafi	contributions to benefit plans, a			Estimated amousther compensation		
			devoted to position	(Forms W-2/1099-MI	SC)	compen	nsation				
none											
-											
	Total	number of other employees paid ov	or \$100 000		 √A						
51		plete this table for the organization			-		who each	receive	d mor	a thar	
31		,000 of compensation from the orga			CITE COITE	aotois	WIIO Caci	i receive	u mon	Ctilai	
	(a)	Name and husiness address of each independ	lent contractor	(b) Type of	service		(c)	Compens	ation		
	(a) Name and business address of each independent contractor			(b) Type of corvide			(c) Compensation				
none											
				_							
				-							
				_							
	Total	number of other independent contra	actors each receiving	over \$100 000	—		N	I/A			
52		the organization complete Schedu	J	•	raanizatio	ne m					
<u></u>		bleted Schedule A						. ► 🔽 Y	es 🗆	No	
Under p		of perjury, I declare that I have examined this	return, including accompan	ving schedules and stat	tements, an	d to the					
		d complete. Declaration of preparer (other than						.omougo c	50	.,0	
Sign		Signature of officer				Date)				
Here		\									
		Type or print name and title									
Paid		Print/Type preparer's name	Preparer's signature	Date			Check I if PTIN				
Prepa	arer						self-employed				
Use (l =						Firm's EIN ▶				
		Firm's address ▶ Phone no.									
May th	ne IRS	discuss this return with the preparer	r snown above? See	instructions			!	► Y	es 🗌	No	