Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Α	For t	the 2	2018 calend	lar year, or tax year beg	inning		, 2018, and en	nding	, 20		
В	Check	if app	plicable:	C Name of organization UN	TED HELP UKRAINE,	INC.			D Employer identification no.		
	Addre	ss cha	ange	Doing business as					47-1837509		
	Name	chan	ge	Number and street (or P.O.	box if mail is not delivered to street add	Iress)		Room/suite	E Telephone number		
	Initial	return	1	3930 WALNUT S	TREET			200	(703)778-0381		
Ī			/terminated		ce, country, and ZIP or foreign postal co	ode			G Gross receipts		
П	Amen			FAIRFAX, VA 2		,,,,			\$ 70,181		
H						VIIV		H(a) Is this a group retur			
ш	Applic	Ilication pending F Name and address of principal officer: MARYNA BAYDYUK									
_	_		.	501(c)(3)	. –		~~	H(b) Are all subordina			
<u> </u>) (insert no.) 4947(a)	(1) or 52	27	_	ch a list. (see instructions)		
J	Webs			.UNITEDHELPUKRA				H(c) Group exempti			
			anization: X		Association Other	L	Year of formation: 2	M State of le	egal domicile: VA		
Pâ	art I		Summar	•							
	'				ssion or most significant activit						
بو		Ē	PEOPLE O	F UKRAINE AFFEC	TED BY RUSSIA'S INV	ASION INTO	O EASTERN UK	RAINE AND ANI	NEXATION OF		
Governance		9	CRIMEA.								
eru		_									
Š	2	2 (Check this b	ox ▶ ☐ if the organizati	on discontinued its operations	or disposed of	f more than 25% o	of its net assets.	1		
<u>م</u>	;	3 1	Number of v	oting members of the go	verning body (Part VI, line 1a)			3	3 9		
es	4	4 1	Number of ir	ndependent voting memb	ers of the governing body (Pa	rt VI, line 1b)			1 9		
ξį	!	5 7	Total numbe	r of individuals employed	in calendar year 2018 (Part V	$^{\prime}$, line 2a)			5 0		
Activities &	- 6	6 7	Total numbe	r of volunteers (estimate	if necessary)			6	30		
٩	7	7a ⊺	Total unrelat	ted business revenue fro	m Part VIII, column (C), line 12	<u> </u>		7	'a 0		
		b N	Net unrelate	d business taxable incor	ne from Form 990-T, line 38			7	'b 0		
								Prior Year	Current Year		
	8	B (Contributions	s and grants (Part VIII, lir	ne 1h)			82,6	55 70,181		
e	9				ine 2g)			•	0		
en.	10				(A), lines 3, 4, and 7d)				0		
Revenue	1				lines 5, 6d, 8c, 9c, 10c, and 11		1	2,4			
_	1:				1 (must equal Part VIII, column		_	85,1			
	1:				rt IX, column (A), lines 1-3)			80,4			
	1				: IX, column (A), line 4)			80,4	0		
es	19				ree benefits (Part IX, column (/				0		
Expenses	- "			• ,	(, column (A), line 11e)	• • • • •			0		
ă	١.,			ising expenses (Part IX,			5,300				
ш	- 1 -				lines 11a-11d, 11f-24e)			2,3			
	18				ıst equal Part IX, column (A), li		• • • • • • •	82,7			
	19	9 F	Revenue les	s expenses. Subtract lin	e 18 from line 12	• • • • • •	• • • • • • •	2,3			
sor								Beginning of Current Yea	-		
sset	<u> </u>			(, ,	• • • • • • • • • • • • • •		• • • • • •	42,9	<u> </u>		
Net Assets or	<u> </u>			es (Part X, line 26)			• • • • • •	11,7			
		_			ct line 21 from line 20	• • • • • •	• • • • • • •	31,2	38 34,505		
	art II			re Block							
					eturn, including accompanying schedule officer) is based on all information of wh			nowledge and belief, it is			
						-					
Ci.				NA BAYDYUK					11-14-2019		
Sig		_ !	Signatur	re of officer				D	ate		
He	re			NA BAYDYUK, CURI	RENT PRESIDENT						
			Type or	print name and title							
_			Print/Type pre	eparer's name	Preparer's signature		Date	Check X if	PTIN		
Pa	-		ADAM KN	IIHTILA	ADAM KNIHTILA		11-14-2019	self-employed	P01037066		
	epar		Firm's name	► PRACTIO	CAL ACCOUNTING SOLUT	TIONS		Firm's EIN ▶			
Us	e O	nly	Firm's addres	s ► 10705 (COURTHOUSE RD STE 1	16		Phone no.			
				Freder	icksburg VA 22407			540-	-642-4138		
May	the /	IRS	discuss this	return with the preparer	shown above? (see instruction	ıs)			X Yes ☐ No		

d	d Other program services (Describe in Schedule O.)								
	(Eynenses \$	including grants of	¢	\ (Revenue \$	1				

4e Total program service expenses ▶

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Form 990 (2018) UNITED HELP UKRAIN
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а				37
	complete Schedule D, Part VI	11a		X
b	,	446		v
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	,	11c		Х
d	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		Λ
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е		11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		Λ
•	the organization's separate or consolidated infanishar statements for the tax year include a roomote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	• • •		21
124	Schedule D, Parts XI and XII	12a		Х
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule £	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a		20a		X
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		X

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Form 990 (2018) UNITED HELP UKRAINE, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		_X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		v
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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?	25b		Х
26	If "Yes," complete Schedule L, Part I	230		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			- 21
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			37
05-	or IV, and Part V, line 1	34		X X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Λ_
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		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	งอม		Λ_
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	50		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>		
	19? Note . All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	

18) UNITED HELP UKRAINE, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax										
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)										
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,										
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?										
b	If "Yes," enter the name of the foreign country: ▶										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X							
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the										
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or										
	gifts were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods										
	and services provided to the payor?	7a		X							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was										
	required to file Form 8282?	7с		X							
d	If "Yes," indicate the number of Forms 8282 filed during the year										
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • • • • • • • • • • • •	7h		X							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
	sponsoring organization have excess business holdings at any time during the year?	8									
9	Sponsoring organizations maintaining donor advised funds.										
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b									
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b										
11	Section 501(c)(12) organizations. Enter:										
a	Gross income from members or shareholders										
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124									
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.										
b	Enter the amount of reserves the organization is required to maintain by the states in which										
-	the organization is licensed to issue qualified health plans										
С	Enter the amount of reserves on hand										
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х							
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or										
	excess parachute payment(s) during the year	15		Х							
	If "Yes," see instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х							
	If "Yes," complete Form 4720, Schedule O.										

Form 990 (2018) **Part VI G**

Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"								
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.								
	Check if Schedule O contains a response or note to any line in this Part VI								
	Section A. Governing Body and Management								

	A. Governing Body and management							
			Yes	No				
1a								
	If there are material differences in voting rights among members of the governing body, or							
	if the governing body delegated broad authority to an executive committee or similar							
	committee, explain in Schedule O.							
b								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with							
	any other officer, director, trustee, or key employee?							
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		v				
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X					
6	Did the organization have members or stockholders?	6	Λ					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	70	Х					
h	one or more members of the governing body?	7a	Λ					
b		7h	Х					
8	stockholders, or persons other than the governing body?	7b	Λ					
0	the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	OD	-23					
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
I0a	Did the organization have local chapters, branches, or affiliates?	10a		Х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,							
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"							
	describe in Schedule O how this was done	12c						
13	Did the organization have a written whistleblower policy?	13		X				
14	Did the organization have a written document retention and destruction policy?	14		X				
15	Did the process for determining compensation of the following persons include a review and approval by							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37				
а	The organization's CEO, Executive Director, or top management official	15a		X				
b	Other officers or key employees of the organization	15b		X				
٠	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	46		37				
L-	with a taxable entity during the year?	16a		X				
D								
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure	100						
17	List the states with which a copy of this Form 990 is required to be filed Maryland							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)							
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website Don request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and							
	financial statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records:							
	YULIYA NESTERCHUK (703)778-0381. 3930 WALNUT STREET, FAIRFAX, VA 22030							

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

		(C)								
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)
Name and Title	Average							Reportable	Reportable	Estimated
Name and Title	hours per		box, unless person is both an officer and a director/trustee)					compensation	compensation from	amount of
	week (list any					,		from	related	other
	hours for related	익 코	ij	Q	\$	의 표	Ъ	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	divid	stitut	Officer	y er	ghes	Forme	(W-2/1099-MISC)	(W 271000 MIGO)	organization
	below dotted	ctor t	iona		Key employee	/ee				and related
	line)	Individual trustee or director	Institutional trustee		yee	mpe				organizations
		ď	stee			Highest compensated employee				
						8				
(1) TETYANA ALDAVE	10.00									
PAST PRESIDENT		Х		X					0 0	0
(2) YULIYA NESTERCHUK	10.00									
TREASURER		Х		X					0 0	0
(3) RODION IWANCZUK	10.00									
SECRETARY		Х		X					0 0	0
(4) YURI YANKOVSKI	10.00									
VICE PRESIDENT		X		X					0 0	0
(5) OKSANA OSIPOVA	5.00									
DIRECTOR		X							0 0	0
(6) RUSLAN ZAMARAY	5.00									
DIRECTOR		Х							0 0	0
(7) JULIE GERSHUNSKAYA	5.00									
DIRECTOR		Х							0 0	0
(8) OLEKSANDRA PAVLYUK	5.00									
DIRECTOR		X							0 0	0
(9)	L									
(10)										
<u>(11)</u>										
<u>(12)</u>										
(10)										
<u>(13)</u>										
(44)					-					
<u>(14)</u>										
	1									

Part VII

UNITED HELP UKRAIN	E, INC.			47-18375	09 Page 8					
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(4)	(B)	(C)	(D)	(5)	(D)					

	(B) Average hours per week (list any hours for related organizations below dotted line)	verage urs per taleted hizations w dotted (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) C (We will be the complete of							(D) Reportable compensation from the organization (W-2/1099-MISC) (E) Reportable compensation from related organizations (W-2/1099-MISC)			n I S	
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
(20)													
<u>(21)</u>													
(22)													
(23)													
(24)													
(25)													
1b	Sub-total							▶					
c d	Total from continuation sheets to Part VII, Sectio						• •	▶	0	0			0
	Total (add lines 1b and 1c)												
_	reportable compensation from the organization	. 10 111000 1101	ou ubo	,		000			, man \$100,000 or	0			
	· · · · · · · · · · · · · · · · · · ·											Yes	No
3	Did the organization list any former officer, director		-				-		•				
_	employee on line 1a? If "Yes," complete Schedule									• • • • • • •	3		X
4	For any individual listed on line 1a, is the sum of rep organization and related organizations greater than												
	individual										4		Х
5	Did any person listed on line 1a receive or accrue co												
	for services rendered to the organization? If "Yes,"	complete So	chedule	J for	r suc	ch p	ersor	η,			5		X
	on B. Independent Contractors												
1	Complete this table for your five highest compensate compensation from the organization. Report comper												
	year. (A)								(B)			(C)	
	Name and business address								Description of	services		ensation	l <u> </u>
				_									
2	Total number of independent contractors (including	but not limite	d to the	ose lis	sted	abo	ove) w	/ho					

received more than \$100,000 of compensation from the organization

Form 990 (2018) UNITED HELP UKRAINE, INC. 47-1837509 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Total revenue Related or Unrelated Revenue exempt function business excluded from tax under sections 512-514 revenue Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts 1b c Fundraising events 1c 15,272 **d** Related organizations 1d e Government grants (contributions) . . 1e f All other contributions, gifts, grants, and similar amounts not included above 54,909 g Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f ..._... 70,181 **Business Code** Revenue b Program Service f All other program service revenue Investment income (including dividends, interest, and other similar amounts) ▶ Income from investment of tax-exempt bond proceeds . . . ▶ (i) Real 6a Gross rents **b** Less: rental expenses c Rental income or (loss) . . . (i) Securities 7a Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses **c** Gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a **b** Less: direct expenses b c Net income or (loss) from fundraising events ▶ 9a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses b c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less returns and allowances a **b** Less: cost of goods sold b

Business Code

70,181

11a h С

e Total. Add lines 11a-11d ▶

Miscellaneous Revenue

Part IX Statement of Functional Expenses

Section 501(a)(2) and 501(a)(4)	organizations must complete a	ll columns. All other organizations	must somplete solumn (A)
Section Suntains and Suntains	Uluanizations must comblete a	ii Coluitiis. Ali olitei olualiizaliolis	musi combiete column (A).

	Check if Schedule O contains a response or note to	any line in this Part IX			
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
_	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	58,366	58,366		
4	Benefits paid to or for members	30/300	30,300		
5	Compensation of current officers, directors,				
3	trustees, and key employees				
6					
0	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	3,982			3,982
12	Advertising and promotion				
13	Office expenses	135		135	
14	Information technology	422		422	
15	Royalties				
16	Occupancy	950			950
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	130		130	
20	Interest	130		130	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,270		1,270	
24	Other expenses. Itemize expenses not covered	1,270		1,270	
24	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.)	360			260
_		368		240	368
b	CC FEES	249		249	
C	CFC APPLICATION	930		930	
d	PO BOX	112		112	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e .	66,914	58,366	3,248	5,300
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)				

Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	42,985	1	34,505
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ά	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	42,985	16	34,505
	17	Accounts payable and accrued expenses	11,747	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
Ë		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	11,747	26	0
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🇓 and			
es		complete lines 27 through 29, and lines 33 and 34.			_
anc	27	Unrestricted net assets	31,238	27	34,505
Bal	28	Temporarily restricted net assets		28	
힏	29	Permanently restricted net assets		29	
Ę		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
S O		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
<u>Se</u>	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	31,238	33	34,505
	34	Total liabilities and net assets/fund balances	42,985	34	34,505

Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			•
1	Total revenue (must equal Part VIII, column (A), line 12)		70,1	181
2	Total expenses (must equal Part IX, column (A), line 25)		66,9	914
3	Revenue less expenses. Subtract line 2 from line 1		3,2	267
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		31,2	238
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		34,5	505
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			• 🗆
			Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🔀 Accrual 🗌 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	, ,	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	_		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
_	Schedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			7.7
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	_		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	_3b	200 (2010;
EEA		⊢orm	990 (2	2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Employer identification number

UNI	TED	HELP UKRAINE, INC.					47-18375	09	
Pa	ırt I	Reason for Public Charity	y Status (All or	ganizations must co	omplete	this part	.) See instruction	IS.	
The	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 chu	rches described in sect	ion 170(b)	(1)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative hospital s	service organizatio	n described in section 1	70(b)(1)(A	A)(iii).			
4		A medical research organization ope	rated in conjunctio	n with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the		
	_	hospital's name, city, and state:							
5		An organization operated for the bene	efit of a college or ι	university owned or opera	ated by a g	jovernmen	tal unit described in		
	_	section 170(b)(1)(A)(iv). (Complete	Part II.)						
6	Ц	A federal, state, or local government	or governmental u	nit described in section	170(b)(1)	(A)(v).			
7									
		described in section 170(b)(1)(A)(vi		•					
8	Ц	A community trust described in secti							
9		An agricultural research organization				•	•	ege	
		or university or a non-land-grant colle university:	ege of agriculture (s	see instructions). Enter the	e name, cn	iy, and stat	e of the college or		
10	X	An organization that normally receive	s: (1) more than 33	3 1/3% of its support from	n contributi	ons, memb	ership fees, and gros	S	
		receipts from activities related to its e	exempt functions - s	subject to certain excepti	ons, and (2	2) no more	than 33 1/3% of its		
		support from gross investment income	e and unrelated bu	siness taxable income (le	ess section	1511 tax) f	rom businesses		
		acquired by the organization after Ju	ne 30, 1975. See s	section 509(a)(2). (Com	plete Part	III.)			
11		An organization organized and opera	ated exclusively to	test for public safety. Se	e section	509(a)(4).			
12		An organization organized and opera-	ted exclusively for t	the benefit of, to perform	the functio	ns of, or to	carry out the purpos	es	
		of one or more publicly supported org	-				•		
		Check the box in lines 12a through 12						•	
	а	Type I. A supporting organization		· · · · · · · · · · · · · · · · · · ·		•		ving	
		the supported organization(s) the			ity of the c	lirectors or	trustees of the		
	_	supporting organization. You mu	-		:th :ta aa	artad aras	ni-ation(a) by basin	~	
	b	Type II. A supporting organization control or management of the supporting organization.	•			_		_	
		organization(s). You must comp		•	150115 tilat t		nanage the supporter	u	
	С	Type III functionally integrated			nection w	ith, and fu	nctionally integrated	with	
	•	its supported organization(s) (se		•				,	
	d	Type III non-functionally integr	•	•				ion(s)	
		that is not functionally integrated.						. ,	
		requirement (see instructions). Y	ou must complet	e Part IV, Sections A a	nd D, and	Part V.			
	е	Check this box if the organization	received a written	determination from the IF	RS that it is	a Type I,	Type II, Type III		
		functionally integrated, or Type II	l non-functionally ir	ntegrated supporting orga	anization.				
	f	Enter the number of supported organ	izations						
	g	Provide the following information about	ut the supported or	ganization(s).					
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	-	(v) Amount of monetary support (see	(vi) Amor	
				above (see instructions))	docum		instructions)	instruct	•
					Yes	No			
					100	110			
(A)									
(B)									
(C)									
(D)									
(E)									
-									
Tota	ai 💮						l		

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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 . . **Section B. Total Support (b)** 2015 (d) 2017 (e) 2018 (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2014 (c) 2016 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 **Total support.** Add lines 7 through 10 . 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)). % 15 % 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support			, ,			
Cal	endar year (or fiscal year beginning in) >	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	25,659	140,211	98,548	89,303	70,181	423,902
2	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 • • • • •	237033	110/211	30,310	05,303	707101	123,7302
3	Gross receipts from activities that are not an unrelated trade or business under section 513 •						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	25,659	140,211	98,548	89,303	70,181	423,902
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year • •						
С	Add lines 7a and 7b • • • • • • • • • • •						
8	Public support. (Subtract line 7c from line 6.)						423,902
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	25,659	140,211	98,548	89,303	70,181	423,902
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						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in 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.)	25,659	140,211	98,548	89,303	70,181	423,902
14	First five years. If the Form 990 is for the o organization, check this box and stop here						▶ □
Se	ction C. Computation of Public Su						
15	Public support percentage for 2018 (line 8, co	olumn (f), divided by	line 13, column (f))		15	100.00 %
	Public support percentage from 2017 Schedu			• • • • • • • • •		16	100.00 %
	ction D. Computation of Investme		<u> </u>	1 (0)	Т	4-	
17 18	Investment income percentage for 2018 (line Investment income percentage from 2017 S				T T	17	0.00 %
19a	33 1/3% support tests - 2018. If the organia 17 is not more than 33 1/3%, check this box						▶ 🏻
	33 1/3% support tests - 2017. If the organiline 18 is not more than 33 1/3%, check this	zation did not check box and stop here	k a box on line 14 . The organization	or line 19a, and lin n qualifies as a pub	e 16 is more than	33 1/3%, and ganization	▶ □
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	ob, check this box a	and see instruction	S	<u> ▶ </u>

Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
 - b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- **c** Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	4		
	1		
	2		
	20		
	3a		
-	3b		
	3с		
	30		
	4a		
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	9c		
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Par	t IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44.		
L	below, the governing body of a supported organization?	11a 11b		
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
	ion B. Type I Supporting Organizations	110		
	ion B. Type I dapporting digunizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			-110
	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? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ion C. Type II Supporting Organizations			
	January Control of Summer Cont		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		
Sec	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	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).	2		
2	By reason of the relationship described in (2), did the expenization's supported expenizations have a			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	struct	ions)	
а	☐ The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		,	
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in	struct	ions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	26		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

47-1837509

1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organic	trust o	n Nov. 20, 1970 (expla	•
Section A - Adjusted Net Income	zations	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	,		
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally		ated Type III supporting	g organization (see
instructions).	.	21 11 2	

EEA Schedule A (Form 990 or 990-EZ) 2018

Scriedule A (FOIII	1990 01 990-E2) 2016 UNITED HELP URRAINE, INC.	4/-103/309	i age i
Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	ons (continued)	

e e	ction D - Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported	
	organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive	
	(provide details in Part VI). See instructions.	

9 Distributable amount for 2018 from Section C, line 6 10 Line 8 amount divided by Line 9 amount

10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
е	From 2017			
	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	P. lines 1 and 2: Part IV. Scotion C. line 1: Part IV. Scotion D. lines 2 and 2: Part IV. Scotion E. lines 1.0.22. 2h
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
-	
-	

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

Attach to Form 990. Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

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

Employer identification number Name of the organization 47-1837509 UNITED HELP UKRAINE, INC. Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 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 X 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 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 33 1/3% 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 (entering "N/A" in column (b) instead of the contributor name and address), 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

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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization Employer identification number

UNITED HELP UKRAINE, INC. 47-1837509

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	>>>>>>> F	\$6,250	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll UNOncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name	of the organization					Employer identi	fication number
UNI	TED HELP UKRAINE, INC	.				47-18375	
Pa			es Outside th	e United States. Complete	if the organiza	tion answered	d "Yes" on
	Form 990, Part IV, I						
1	For grantmakers. Does the organic	-		-			
	other assistance, the grantees' e					ı	
	award the grants or assistance?	• • • • • •	• • • • • • •	• • • • • • • • • • • • • • • • • • • •			∐ Yes ∐ No
2	For grantmakers. Describe in outside the United States.	Part V the orgar	nization's procec	dures for monitoring the use of	its grants and oth	ner assistance	
3	Activities per Region. (The follow	ving Part I, line	3 table can be du	uplicated if additional space is r			
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed a program se describe specific service(s) in the	rvice, type of	(f) Total expenditures for and investments in the region
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
<u>(10)</u>							
<u>(11)</u>							
<u>(12)</u>							
(13)							
(14)							
(15)							
(16)							
<u>(17)</u>							
3 a	Sub-total						
b	Total from continuation						
_	sheets to Part I						
С	Totals (add lines 3a and 3b)	I	1				

Part II											
	Part IV, line 15, fo	r any recipient who	received more than \$5,00	0. Part II can be	duplicated if addit	ional space is r	needed.				
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)		
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10) (11)											
(12)											
(13)											
(14)											
(15)											
(16)											
by	the IRS, or for which the g	grantee or counsel has pro	ove that are recognized as chariti ovided a section 501(c)(3) equiva	lency letter .			-				
3 E	3 Enter total number of other organizations or entities										

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

Part III can be duplicated	if additional space is needed.			<u> </u>			
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	EUROPE (INCLUDING						
(1)CAR PURCHASE	ICELAND AND GREENLAND)	1	6,00	OWIRE TRANSFER			воок
	EUROPE (INCLUDING						
(2)MEDICAL DEVICE	ICELAND AND GREENLAND)	1			5,015	MEDICAL DEVICE	воок
	EUROPE (INCLUDING						
(3)MEDICAL SUPPLIES	ICELAND AND GREENLAND)	1			3,000	MEDICAL SUPPLI	воок
	EUROPE (INCLUDING						
(4)AUTOMOBILE PARTS	ICELAND AND GREENLAND)	1			1,416	AUTOMOBILE PAR	воок
	EUROPE (INCLUDING						
(5)LIVING EXPENSES	ICELAND AND GREENLAND)	1	3,04	OWIRE TRANSFER			воок
	EUROPE (INCLUDING						
(6)VETERAN SPORT TRIP	ICELAND AND GREENLAND)	2	5,01	WIRE TRANSFER			воок
	EUROPE (INCLUDING						
(7)BOILER FOR CHURCH	ICELAND AND GREENLAND)	1			2,000	BOILER PURCHAS	воок
	EUROPE (INCLUDING						
(8) CHILDREN OF DECEASED SOLDIE	RECELAND AND GREENLAND)	1	1,60	OWIRE TRANSFER			воок
	EUROPE (INCLUDING						
(9)ELECTRIC SAW	ICELAND AND GREENLAND)	1			110	SAW	воок
	EUROPE (INCLUDING						
(10)BOOKS	ICELAND AND GREENLAND)	1			489	BOOKS	воок
<u>(11)</u>							
(12)							
(13)							
(14)							
(15)							
(16)							
<u> </u>							
(17)							
(18)							
\\	1					1	

Part IV Foreign Forms

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

EEA Schedule F (Form 990) 2018

Schedule F (Form 990) 2018 Page 5

Part V	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

EEA Schedule F (Form 990) 2018

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

2018

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Name of the organization						Employer ide	ntification number		
UNITED HELP UKRAINE, INC.						47-183			
Part I Fundraising Activities	. Complete if t	the organi	zation an	swered "Yes" on	Form 990	, Part IV,	line 17.		
Form 990-EZ filers are no	t required to cor	mplete this	part.						
1 Indicate whether the organization rais	ed funds through	any of the fo	llowing activ	ities. Check all that ap	pply.				
a Mail solicitations		e 🗌	Solicitation	of non-government gra	ants				
b Internet and email solicitations		f 🗌	Solicitation	of government grants					
c ☐ Phone solicitations g ☐ Special fundraising events									
d In-person solicitations									
2a Did the organization have a written or	r oral agreement v	vith any indiv	idual (includ	ling officers, directors,	trustees,				
or key employees listed in Form 990,	Part VII) or entity	in connectio	n with profes	ssional fundraising se	rvices?		es 🗌 No		
b If "Yes," list the 10 highest paid individ	duals or entities (fo	undraisers) p	oursuant to a	greements under which	ch the fundra	iser is to be	e		
compensated at least \$5,000 by the o	organization.								
		(iii) Did fund	draiser have		(v) Amou		(vi) Amount paid to		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		r control of	(iv) Gross receipts from activity	(or retai fundraiser	• .	(or retained by)		
or critity (turidialoci)		contrib	utions?	nom douvity	col.		organization		
		Yes	No						
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Total									
3 List all states in which the organization	is registered or li	censed to so	licit contribu	itions or has been not	ified it is exe	mpt from			
registration or licensing.									
_									
_									

		(Form 990 or 990-EZ) 2018 UNI	TED HELP UKRAINE	, INC.		-1837509 Page 2		
Pa	rt II							
		than \$15,000 of fundraising		nd gross income on Forn	n 990-EZ, lines 1 and 6b	. List events with		
	I	gross receipts greater than		T				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
			CONCERT 1		NONE	(add col. (a) through col. (c)		
•			(event type)	(event type)	(total number)	55(4)/		
Revenue	_	_	_			_		
eve	1	Gross receipts	5,530			5,530		
ш		Lance Contributions						
	2	Less: Contributions	2,395			2,395		
	3	Gross income (line 1 minus	2 125			2 125		
		line 2)	3,135			3,135		
	4	Cash prizes						
	7	Οαδίτ βιίζεδ						
	5	Noncash prizes						
		Tronbach phizod						
S	6	Rent/facility costs						
ens(
χ̈́	7	Food and beverages						
Direct Expenses		-						
Dire	8	Entertainment						
	9	Other direct expenses	461			461		
	10	Direct expense summary. Add lines				461		
D-	11	Net income summary. Subtract line				2,674		
Pa	rt II	Gaming. Complete if the of than \$15,000 on Form 990	_	"Yes" on Form 990, Par	t IV, line 19, or reported	more		
		man \$15,000 on 1 onn 990	-LZ, iiile oa.	(In) Duill tale of the state of		(d) Tatal manipus (add		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
evel						.,		
ď	1	Gross revenue						
	-							
	2	Cash prizes						
enses		·						
per	3	Noncash prizes						
Ψ								
Direct Exp	4	Rent/facility costs						
	5	Other direct expenses						
			Yes %	Yes %	Yes %			
	6	Volunteer labor	☐ No	│	│			
	7	Direct expense summary. Add lines	s 2 through 5 in column (d)	• • • • • • • • • • • • •				
		Not remine in some surrous of Cule			_			
	8	Net gaming income summary. Sub	tract line / from line 1, colu	umn (a)				
9	En	ter the state(s) in which the organiza	tion conducts gaming activ	ities:				
a		the organization licensed to conduct				Yes No		
t		Marilla alaka		in a loop clared.				
		-,						
10a	We	ere any of the organization's gaming	licenses revoked, suspend	led or terminated during the	e tax year?	Yes No		
k	lf "	Yes," explain:						

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

<u>47-183750</u>9 UNITED HELP UKRAINE, INC. 01. Members or stockholder classes and rights (Part VI, line 6) NONE 02. Member election for additional members (Part VI, line 7a) MEMBERS CAN ELECT BOARD MEMBERS ANNUALLY. 03. Governing body decisions (Part VI, line 7b) ALL MEMBERS VOTE IS REQUIRED FOR SIGNIFICANT TRANSACTIONS. 04. Form 990 governing body review (Part VI, line 11) THE FORM 990 AND ACCOMPANYING SCHEDULES ARE REVIEWED BY AT LEAST THREE BOARD MEMBERS OF THE ORGANIZATION. 05. Governing documents, etc, available to public (Part VI, line 19) FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.