Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For th	ne 2023 calend	dar year, or tax y	year beginr	ning		, 20	023, ar	nd endin	g		,	20			
В	Check i	f applicable:	С								D Employ	er identi	ification numb	er		
	Ad	ldress change	Ukraine Ch	ildren'	s Aid	Fund T	nc				20-	1902	805			
		ame change	P.O. Box 2		5 1110	i i dila, i	110.				E Telepho					
		-	Ellicott C	ity MD	2104	3-2047					· '					
	Ini	tial return	пттсосс с	LCY, III	, 2101	5 2047					410	-995·	-1522			
	Fina	al return/terminated														
	An	nended return									G Gross r	eceipts	\$	62,6	664.	
	Ap	plication pending	F Name and addre	ss of principal	officer: T	offron D	Pina			H(a) Is this	a group retur	n for sub	ordinates?	Yes	X No	
	ш .		Same As C	Ahove	U	errrey D	. Killy			H(b) Are all	subordinates ' attach a list	included	1?	Yes	No	
$\overline{}$	Tay	exempt status:	X 501(c)(3)	501(c) (```	(insert no.)	4947(a)(1	1) or	527	If "No,"	' attach a list	. See ins	tructions.			
÷					,	(IIISEIT IIU.)	4347 (a)(1) 01	_							
<u>J</u>			w.ukrainec	<u>hildren</u>							exemption nu					
K		of organization:	X Corporation	Trust	Association	n Other		L Yea	ar of formati	on: 200	4 M s	State of le	egal domicile:	MD		
Pa	rt I	Summar	y													
	1	Briefly descri	be the organizat	ion's missio	on or mo	st significant	activities:	Гор	rovide	e huma:	nitari	an a	id and			
a		support	for the ch	ildren	and y	oung peo	ple of	Ukra	aine,	includ	ding fo	ood,	clothi	ng,		
ĕ			and medica												1	
<u>=</u>			other area													
ē	2	Check this bo				inued its ope		dispos	ed of mo	re than 2	5% of its	net as	sets.			
පි		Number of vo	oting members of									3			3	
∘ఠ			dependent voting									4			1	
<u>.8</u>			of individuals er									5			- 1	
Activities & Governance			of volunteers (e									6			10	
ᅙ			ed business reve									7a			0.	
_			l business taxab			• • •						7b			0.	
			· suomitoco turtus				,				rior Year		Currer	at Vos		
	8	Contributions	and grants (Par	t VIII lina	1h)							120	Ourici			
Pe			rice revenue (Pa								609,7	20.		<i>JJ</i> ,	742.	
Revenue			ncome (Part VIII,					V						0	022	
ě										•				0,	922.	
ш.			e (Part VIII, colu								600 5	100			664	
			e – add lines 8 t								609,7				664.	
			imilar amounts p	•			-				9,0	00.		57,2	285.	
	14	Benefits paid	to or for member	ers (Part IX	, column	ı (A), line 4).										
	15	Salaries, other	er compensation	, employee	benefits	(Part IX, col	umn (A), li	ines 5	-10)					39,0	050.	
ses	16a	Professional -	fundraising fees	(Part IX, co	olumn (A	(), line 11e).										
Expenses			sing expenses (F													
ᄶ						· -										
_			ses (Part IX, colu								15,4				752.	
			es. Add lines 13-								24,4	34.	1	.71 <u>,</u> (<u>087.</u>	
	19	Revenue less	expenses. Subt	tract line 18	from lin	ne 12					585,2	94.	-1	08,	423.	
- S										Beginnir	ng of Curren	t Year	End o	f Yea	r	
and	20	Total assets ((Part X, line 16).								636,7		.5	52.!	592.	
A§9 Bal	21	Total liabilitie	s (Part X, line 2	6)							1,0			25.	254.	
Net Assets Fund Balanc	22									_	•					
			fund balances.	Subtract III	ie ZT ITOI	III IIIIe 20				•	635,7	bΙ.	5	21,	338.	
	rt II	Signatur														
Unde	er penalt	ties of perjury, I de	eclare that I have examerer (other than officer)	nined this retur	n, including	accompanying s	chedules and s	statemer	nts, and to t	the best of m	ny knowledge	and beli	ef, it is true, co	orrect, a	and	
				,			,									
		Cianatura of	officer							Data						
Siç	jn 💮	Signature of	officer							Date						
Hè	re	Jeffre	ey D. Ring						C	hairma	ın					
		Type or print	name and title													
		Print/Type p	reparer's name		Preparer's	signature		С	Date		Check	if	PTIN			
Pa	id				Self-	Prepared		1	11/14/	2.4	self-employ	ed				
	iu epare	Firm's name			2011			1 -	//		p.oy	-				
He	e On	1									Firm's FIN					
U 3	. Jii	Firm's addre	ess								Firm's EIN					
											Phone no.					
Ma	the I	RS discuss th	is return with the	e preparer :	shown al	bove? See in	structions.						. Yes		No	

Par		Service Accomplishments		X
1	Briefly describe the organization's mis	a response or note to any line in this Part IIIssion:		Л
•	· · · · · · · · · · · · · · · · · · ·	aid and support for the children ar	nd voung people of Ukrai	ne
		ng, shelter and medical services, edu		110,
		on and any other area of demonstrated		
	amaronoos ana provonero	and any concr area or association	- 10041	
2	Did the organization undertake any signi	ificant program services during the year which were not listed	on the prior	
			Yes X	No
	If "Yes," describe these new services on			
3		g, or make significant changes in how it conducts, any pr	ogram services? Yes X	No
	If "Yes," describe these changes on Sch			
4	Describe the organization's program s	service accomplishments for each of its three largest prognizations are required to report the amount of grants and	gram services, as measured by expens	ses.
	and revenue, if any, for each program	n service reported.	anocations to others, the total expens	, ,
4a	(Code:) (Expenses \$	77,855. including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
Δc	: (Code:) (Expenses \$	including grants of \$) (Revenue \$)
-10		including grante or 4		
				
4d	Other program services (Describe on			
	(Expenses \$		renue \$)	
4e	Total program service expenses	77,855.		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
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		Х
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		Х
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? <i>If "Yes," complete Schedule C, Part III.</i>	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III.	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		Х
b	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 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 E	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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		X
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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		Х

Form 990 (2023) Ukraine Children's Aid Fund, Inc. 20-1902805 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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		Х
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
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? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in noncash 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? <i>If "Yes," complete Schedule M.</i>	30		Х
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? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37		Х
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140
b	Enter the number of Forms W-2G included on 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?	1.		
ВΛΛ	(garnbling) winnings to prize winners?	1c	990 ((0000

Form 990 (2023) Ukraine Children's Aid Fund, Inc.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			res	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 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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)?	4a		Х
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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		Х
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		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year	_		37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	7f		Λ
h	as required?	7g		
8	Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7h		
	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:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	130		
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		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1.		v
	excess parachute payment(s) during the year?	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would			
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	TEF 401051 00100100	_		

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 on 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 No Yes 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent.... 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? See Schedule 0 Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Χ Did the organization have members or stockholders?..... 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates?..... 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule 0 Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Χ 12b to conflicts?.... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ 14 Did the organization have a written document retention and destruction policy?..... 14 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? X a The organization's CEO, Executive Director, or top management official...... 15a **b** Other officers or key employees of the organization..... 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MDSection 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 Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records. Jeffrey D. Ring 5300 Dorsey Hall Drive, #201 Ellicott City MD 21042 410-995-1522

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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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	below dotted line)	box,	unles	ss pe	ition more rson i irecto	th so r/t employee	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Jeffrey D. Ring Chairman	2	Х						0.	0.	0.
(2) Lynsey H. Ring Director	1	Х				•		0.	0.	0.
(3) Michael W. Chetelat Director	2 0	X	,		X			0.	0.	0.
(5)										
<u></u>										
<u>(7)</u>										
<u>(9)</u>		-								
(10)		-								
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Tru	istees, i	ney	Em		oye C)	es, a	anc	a Hignest Con	ipensated Emp	loyees	(conti	nued)
(A) Name and title	(B) Average hours per week (list any hours for	box, offic	unles er an	Posi neck i	ition more rson is irecto	than or s both r/truste Highe	an	Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	tions compensation		from tion
	related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	r	Key employee	Highest compensated employee	ar.			Oi gi	an Zatioi	.5
(15)												
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
<u>(23)</u>												
(24)					1	1						
<u>(25)</u>		(,	O	1		•					
1b Subtotal								0.	0.			0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c).								0.	0.			0.
2 Total number of individuals (including but not limited							/ed			pensatio	1	0.
from the organization 0											Yes	No
3 Did the organization list any former officer, direct on line 1a? If "Yes,"complete Schedule J for suc	tor, truste h <i>individu</i>	e, ke <i>al</i>	ey ei	mplo	oyee	, or h	nigh 	nest compensated	employee	. 3		X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	reportab er than \$1	le co 50,00	mpe 00?	ensa If "	ition Yes,	and " con	oth 1ple	er compensation ete Schedule J for	from	4		Х
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If "Yes	e compen	satio	n fr	om	anv	unrel	late	d organization or	individual			X
Section B. Independent Contractors	-											1
1 Complete this table for your five highest compen compensation from the organization. Report compen	sated indessation for	epen the c	dent alen	t cor dar j	ntrad year	ctors endir	tha ng w	t received more the transfer of the transfer o	nan \$100,000 of ganization's tax yea	r.		
(A) Name and business add	ress							Description o	of services	Compe	C) nsatio	n
Total number of independent contractors (including by \$100,000 of compensation from the organization)	out not limi 0	ited to	o tho	se l	ıstec	i abov	/e) \	who received more	than			

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (B) Related or (A) Total revenue (D) Unrelated Revenue exempt excluded from tax business under sections 512-514 function revenue revenue ts, Grants, Amounts 1a Federated campaigns **b** Membership dues..... 1b c Fundraising events..... 1с Gifts, **d** Related organizations 1d e Government grants (contributions) Contributions, and Other Sin f All other contributions, gifts, grants, and similar amounts not included above . . . 1f 53,742 Noncash contributions included in 1g lines 1a-1f........ h Total. Add lines 1a-1f..... 53,742 **Business Code** Program Service Revenue 2a h All other program service revenue. . . g Total. Add lines 2a-2f Investment income (including dividends, interest, and <u>8,</u>922 8,922. Income from investment of tax-exempt bond proceeds Royalties..... (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) (ii) Other (i) Securities **7a** Gross amount from sales of assets other than inventory **b** Less: cost or other basis 7a 7b and sales expenses c Gain or (loss). 7с **d** Net gain or (loss)..... 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a **b** Less: direct expenses..... 8b 9a Gross income from gaming activities. 9a **b** Less: direct expenses..... 9b c Net income or (loss) from gaming activities..... **10a** Gross sales of inventory, less..... returns and allowances. 0a 10b **b** Less: cost of goods sold. . . . c Net income or (loss) from sales of inventory..... **Business Code** Miscellaneous Revenue All other revenue Total. Add lines 11a-11d . . Total revenue. See instructions..... 12 0 0 8,922 62 664

Section 501(c)(3) and 501(c)(4)	organizations must	complete all	columns.	All other	organizations	must comp	<u>olete colur</u>	nn (A).
Check if So	hedule O contains	a resnonse	or note to	o any lin	e in this Part	+ IX		

	Check if Schedule O contains a r	esponse or note to any	/ line in this Part IX		X
Do r 6b, 7	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations 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	57,285.	57,285.		
4 5	Benefits paid to or for members	0.	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	36,275.	9,069.	27,206.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	30,213.	37003.	27,200.	
9	Other employee benefits				
10	Payroll taxes	2,775.	694.	2,081.	
11	Fees for services (nonemployees):				
	Management				
b	Legal	510.		510.	
С	Accounting	8,350.		8,350.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule OSch . O Advertising and promotion.	31,045.	Yar	31,045.	
13	Office expenses	60.		60.	
14	Information technology			00.	
15	Royalties				
16	Occupancy	20,800.		20,800.	
17	Travel	20,000.		20,000.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Insurance				
а	Website Expenses	12,683.	10,781.	1,902.	
b	Postage and Shipping	752.		752.	
С	Bank Service Charges	298.		298.	
d		90.		90.	
е	All other expenses	164.	26.	138.	
25	Total functional expenses. Add lines 1 through 24e	171,087.	77,855.	93,232.	0.
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)				

		Check if Schedule O contains a response or note to any line in this Part X .			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing.	636,789.	1	68,494.
	2	Savings and temporary cash investments.		2	478,898.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	_			3	
	6	Loans and other receivables from other disqualified persons (as defined unde section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	_				
'n	7	Notes and loans receivable, net.		7	
et	8	Inventories for sale or use		8	2 500
Assets	9	Prepaid expenses and deferred charges		9	2,600.
1		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation		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	2,600.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	636,789.	16	552,592.
	17	Accounts payable and accrued expenses		17	25,254.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
<u>ie</u>	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	S, e D.	25	
	26	Total liabilities. Add lines 17 through 25.	1,028.	26	25,254.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
ā	27	Net assets without donor restrictions	635,761.	27	527,338.
m	28	Net assets with donor restrictions		28	
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
şţ	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
t A	32	Total net assets or fund balances		32	527,338.
£	33	Total liabilities and net assets/fund balances.	000/101.	33	552,592.
RΔ		TEEA0111L 08/23/23	000,.03.	ا	Form 990 (2023)

Form **990** (2023)

D	W. Dannellation of Malabane	1702000			3 -
Par	TXI 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)	-			664.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	71,0	087.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1	08,4	423.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6	35,	761.
5	Net unrealized gains (losses) on investments.	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5	27,	338.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				\square
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain				
	on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	ed on a			
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	ate			
	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 audi	t,			
	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 on Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	Uniform			
-	Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required au	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
BAA	TEEA0112L 08/23/23		Form	9 90	(2023)

SCHEDULE A (Form 990)

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.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

OMB No. 1545-0047

2023

Open to Public Inspection

Name	of the organization					Employer identific	ation number
Ukr	aine Children's Aid E	Fund, Inc.				20-190280	5
	t I Reason for Public Cha						ctions.
The o	organization is not a private found	dation because it is: ((For lines 1 through 12,	check o	nly one	box.)	
1	7. S. M. S. M. S. M. S. S. M. M. S. S. M. M. S. S. M. S. M. S. M. S. M. S. M. S. M. S. M. S. M. S. S. S. M. S.						
2	A school described in sectio		•				
3	A hospital or a cooperative h	nospital service organ	nization described in sec	tion 170	(b)(1)(A	A)(iii).	
4	A medical research organiza	ition operated in conj	unction with a hospital	describe	d in sec	tion 170(b)(1)(A)(iii). E	Inter the hospital's
	name, city, and state:						
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)						
6	A federal, state, or local gov	ernment or governme	ental unit described in s	ection 1	70(b) (1)	(A)(v).	
7	X An organization that normally r in section 170(b)(1)(A)(vi).	receives a substantial p Complete Part II.)	part of its support from a	governm	ental uni	it or from the general pu	blic described
8	A community trust described	I in section 170(b)(1)((A)(vi). (Complete Part	l.)			
9	An agricultural research organi	ization described in sec	ction 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant colle	ege
	or university or a non-land-grain university:	nt college of agriculture	e (see instructions). Enter	the nam	ie, city,	and state of the college	or
10	An organization that normall	v receives (1) more t	 han 33-1/3% of its sunr	ort from	contrib	utions membershin fe	es and gross receints
	An organization that normall from activities related to its	exempt functions, sub	oject to certain exception	ns; and	(2) no r	more than 33-1/3% of i	ts support from gross
	investment income and unre June 30, 1975. See section!			511 tax)	from b	usinesses acquired by	the organization after
11	An organization organized a	,,,,,	•	etv. See	section	1 509(a)(4).	
12	An organization organized a	•	,	,		```	ut the nurnoses of one
	or more publicly supported o lines 12a through 12d that de	organizations describe escribes the type of s	ed in section 509(a)(1) o supporting organization	r sectio and com	n 509(a) plete lir)(2). See section 509(a nes 12e, 12f, and 12g.	(3). Check the box on
а	Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	on operated, supervise gularly appoint or elec	ed, or controlled by its sup t a majority of the directo	ported or rs or trus	rganizat tees of t	ion(s), typically by giving the supporting organization	j the supported on. You must
b	Type II. A supporting organiz	zation supervised or o	controlled in connection	with its	support	ed organization(s), by	having control or
	management of the supporting	organization vested in	the same persons that c	ontrol or	manage	the supported organizat	ion(s). You
•	must complete Part IV, Section		r r r	211			
С	Type III functionally integrated organization(s) (see instruction)	. A supporting organizations). You must com	tion operated in connection plete Part IV. Sections	n with, ar 4. D. an d	na tunctio 1 E.	onally integrated with, its	supported
d	Type III non-functionally integrated. The d	rated. A supporting organization generally	· ganization operated in cor v must satisfy a distribu	nection	with its s	supported organization(s t and an attentiveness) that is not requirement (see
е	instructions). You must com	-		ا ۱۵۲ ما	المانية	a Tura I Tura II Tura	a III franchionalla
-	Check this box if the organiz integrated, or Type III non-fu	inction received a writt inctionally integrated	en determination from supporting organization	.ne 185 i 1.	nat it is	за турет, турет, тур	e iii iunctionally
f	Enter the number of supported	organizations					
g			d organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is organizat in your g	s the ion listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				docun	nent?		
				Yes	No		
(A)							
<u>(B)</u>							
(C)							
(D)							
(D)							
(E)							
Total							

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.)

Sec	tion A. Public Support		· · · · · · · · · · · · · · · · · · ·	·	<u> </u>		
begi	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,846.	15,716.	1,557.	609,728.	53,742.	682,589.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	,	,	,	,	,	0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,846.	15,716.	1,557.	609,728.	53,742.	682,589.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	Public support. Subtract line 5 from line 4						682,589.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1,846.	15,716.	1,557.	609,728.	53,742.	682,589.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			الاه			0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		C	062			0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.
11	Total support. Add lines 7 through 10						682,589.
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			12	0.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or fit	fth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pul	olic Support P	ercentage				
	Public support percentage for 20						100.00%
15	Public support percentage from 2	2022 Schedule A,	Part II, line 14			15	100.00%
16a	33-1/3% support test—2023. If the and stop here. The organization	ne organization die qualifies as a pub	d not check the bolicly supported or	ox on line 13, and ganization	I line 14 is 33-1/3	% or more, check	this box
b	33-1/3% support test—2022. If th and stop here. The organization	e organization did qualifies as a pub	not check a box blicly supported or	on line 13 or 16a, rganization	, and line 15 is 33	3-1/3% or more, ch	neck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts-	meets the facts-ar	nd-circumstances	test, check this b	ox and stop here	. Éxplain in Part V	'I how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-ar	nd-circumstances	test, check this b	ox and stop here	Explain in Part V	I how the
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check thi	s box and see inst	ructions

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.)

Sec	tion A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	}	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
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.							
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							
	Total. Add lines 1 through 5 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							
	Public support. (Subtract line 7c from line 6.)			- 1				
Sec	tion B. Total Support			-10 V				
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	;	(f) Total
9	Amounts from line 6		0					_
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)							
	First 5 years. If the Form 990 is organization, check this box and	stop here						
	tion C. Computation of Pul			12	\\\		45	
	Public support percentage for 20						15	<u> </u>
	Public support percentage from						16	%
	tion D. Computation of Inv					П	1	
17						 -	17	%
	Investment income percentage f					<u>I</u>	18	0/0
	33-1/3% support tests—2023. If is not more than 33-1/3%, check	this box and sto	p here. The organ	nization qualifies	as a publicly supp	orted organiz	zation	
	33-1/3% support tests—2022. If the line 18 is not more than 33-1/3%	, check this box	and stop here. Th	ne organization qu	ualifies as a public	ly supported	organizat	tion
	Private foundation. If the organizer	zalion did not che	eck a pox on line	14. 19a. or 19b. (check this box and	i see instruct	10NS	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4 a		
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.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; the triping such action; (iii) the contractions added to the contraction of the supported or the contraction of the supported organization and the supported organization of the supported organization organization.			
	authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
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.)	1 0 b		

Pai	rt IV Supporting Organizations (continued)			
11	Lies the examination accepted a gift or contribution from any of the following necessary	_	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? A A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
		11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .	11c		
	ction B. Type I Supporting Organizations			
			Yes	No
1				
	or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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		-		
2	2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such			
	benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
	Mon of Type is eapperting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees			
	of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
500	ction D. All Type III Supporting Organizations			
360	Lion D. All Type in 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			
	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		
3				
3	voice in the organization's investment policies and in directing the use of the organization's income or assets at			
	all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
i	The organization satisfied the Activities Test. Complete line 2 below.			
ı	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstru	ıctions	5).
_		Г		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
i	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported			
	organizations and explain how these activities directly furthered their exempt purposes, how the organization was			
	responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or			
•	more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
າ	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
	•			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3а		
ı	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its			
	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt $V = 1$ type III Non-Functionally integrated 509(a)(3) Supporting Orga	ınıza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on N	ov. 20, 1970 (explain ir st complete Sections A	Part VI). See through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion 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):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	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 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_ 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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 inte (see instructions).	grated	d Type III supporting or	ganization

BAA Schedule A (Form 990) 2023

Pa	$lpha$ V $\;\;$ Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (cont.	inued)	
Sec	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
_ 7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details		
	in Part VI). See instructions.	8	
9	Distributable amount for 2023 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

23 Eine 5 amount divided by line 5 amount		110	
Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)	-01		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	UDI		
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

BAA Schedule A (Form 990) 2023

20-1902805

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 4, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)



Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

Employer identification number

	ne Unildren's		20-1902805				
Organization type (check one):							
Filers of	:	Section:					
Form 990	or 990-EZ	\overline{X} 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	on				
		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					
,	· ·	ed by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a Special	pecial Rule. See instructions.				
General	Rule						
		ling Form 990, 990-EZ, or 990-PF that received, during the year, contribution property) from any one contributor. Complete Parts I and III See instructions for de ontributions.					
Special I	Rules						
X	regulations under secti 16b, and that receive	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, lid from any one contributor, during the year, total contributions of the greater on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Para	ne 13, 16a, or of (1) \$5,000; or				
	contributor, during the literary, or educations	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fro e year, total contributions of more than \$1,000 exclusively for religious, charial purposes, or for the prevention of cruelty to children or animals. Complete estead of the contributor name and address), II, and III.	table, scientific,				
	contributor, during the contributions totaled during the year for ar General Rule applies	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but more than \$1,000. If this box is checked, enter here the total contributions the <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the part to this organization because it received <i>nonexclusively</i> religious, charitable, are during the year.	no such at were received arts unless the etc., contributions				
must ans	wer "No" on Part IV, line	sn't covered by the General Rule and/or the Special Rules doesn't file Schedo 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 9 t the filing requirements of Schedule B (Form 990).					

Name of organization Employer identification number

Ukraine Children's Aid Fund, Inc.

20-1902805

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Schwab Charitable Fund PO Box 628298 Orlando, FL 32862	\$6,8 <u>00</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Marlin & Michelle Newell 4604 Benito Ct. Bradenton, FL 34211	\$ <u>10,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Fidelity Charitable PO Box 770001 Cincinnati, OH 45277	\$6,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- -\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- -\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- -\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
ВΛΛ	TEFA0702L 08/09/23		Schodulo P (Form 000) (2022)

Ukraine Children's Aid Fund, Inc.

20-1902805

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		_	
		_ \$	
		'	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
() N			4.8
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No	(h)	(6)	(4)
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
			4.5
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No	(1-)	(6)	(d)
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<u> </u>	-	
	L		
		\$	
BAA	TEEA0703L 08/09/23	Schedule I	 3 (Form 990) (2023)

Employer identification number
20-1902805

1

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8),							
	or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and							
	the following line entry. For organizations completing Part III, enter the total of <i>exclusively</i> religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)\$							
	Use duplicate copies of Part III if additional		ns.)\$N/A					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	N/A							
								
	(e) Transfer of gift							
	Transferee's name, addres	s, and ZIP + 4 Rela	ationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, addres	s, and ZIP + 4 Rela	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, addres	s, and ZIP + 4 Rela	ationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
			†					
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4 Rela	Relationship of transferor to transferee					

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Ukraine Children's Aid Fund, Inc.

Employer identification number

20-1902805

Form 990, Part III, Line 4a - Program Service Accomplishments

In 2023, UCAF received donations to help provide financial assistance to:

- 1. Holy Trinity Reformed Church in Kherson, Ukraine to support their outreach ministries focused on children, youth and a local orphanage.
- 2. The Kherson Children's Hospital Children's Hospital to purchase modern surgery room equipment and supplies.
- 3. Provide financial assistance for a young crippled boy and his grandmother to travel to Shriners Children's Salt Lake City Hospital from Ukraine for surgery to help him walk. Costs incurred included amounts for a translator and temporary living accommodations before and after surgery and during physical therapy/rehab.
- 4. Pay for firewood delivered to a number of villages in the Kherson region, which was badly needed due to the cold temperatures in winter there.
- 5. Provide funds to authorized partners of UCAF in Ukraine to purchase and distribute vital health products and supplies found on iHerb.com to disenfranchised children and poor families with children.

Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

The board chairman and his daughter are 2 of the 3 directors.

Form 990, Part VI, Line 11b - Form 990 Review Process

Draft copy of 990 provided prior to e-filing return

Schedule O (Form 990) 2023 Page **2**

Name of the organization	Employer identification number
	20-1902805

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.

Form 990, Part IX, Line 11g Other Fees For Services

		(A)	(B)	(C)	(D)
			Program	Management	Fund-
		Total	<u>Services</u>	<u>& General</u>	<u>raising</u>
Consulting	Total \$	31,045. 31,045.	\$ 0.	31,045. \$ 31,045.	\$ 0.



2023 Federal Exempt Organia	Page 1		
Client UKRAINE Ukraine Children's	20-1902805		
11/14/24			6:18 PM
REVENUE	2023	2022	Diff
Contributions and grants	53,742 8,922	609,728 0	-555,986 8,922
Total revenue	62,664	609,728	-547,064
EXPENSES Grants and similar amounts paid Salaries, other compen., emp. benefits Other expenses Total expenses	57,285 39,050 74,752 171,087	9,000 0 15,434 24,434	48,285 39,050 59,318 146,653
NET ASSETS OR FUND BALANCES Revenue less expenses Total assets at end of year Total liabilities at end of year Net assets/fund balances at end of year	-108,423 552,592 25,254 527,338	585,294 636,789 1,028 635,761	-693,717 -84,197 24,226 -108,423