

OMB No. 1545-0047

2023

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form, as it may be made public. Go to *www.irs.gov/Form990EZ* for instructions and the latest information

Open to Public Inspection

ΑF	or th	ne 2023 calendar year	, or tax year beginning January 01, 2023, and en	ding Novemb	er 30,	2023			
B	Checl	k if applicable:	C Name of organization				D Employer identification number		
	Add	ress change	Ukrainian Relief Project				88-4	319990	
	Nam	ne change	Number and street (or P.O. box if mail is not delivered to	street address)	Room/su	uite	E Tele	phone number	
	Initia	al return		(707) 526-5676				
\square	Fina	l return/terminated							
\square	Ame	ended return	City or town, state or province, country, and ZIP or foreign	n postal code			F Gro	up Exemption Number	
	Арр	lication pending	Santa Rosa, CA 95407-4523						
G /	Acco	unting Method: 🖌 Ca	sh 🗌 Accrual Other (specify):			H _{Ch}	eck] if the organization is not	
ı w	ebsi	te					quired t orm 990	to attach Schedule B ງ)	
JТ	ax-e	exempt status (chec	k only one) - 🖌 501(c)(3) 📃 501(c) (0) 📃 4947(a)(1) or 527		(10		57.	
ΚF	orm	of organization: 🖌 Co	prporation Trust Association Other						
			ne 9 to determine gross receipts. If gross receipts are \$20	00,000 or more,	or if total a	assets			
(F	Part I		•					\$ 47,828	
Pa	rt I		enses, and Changes in Net Assets or Fun ganization used Schedule O to respond to					tions for Part I)	
	1	Contributions, gifts,	grants, and similar amounts received		• •		1	47,828	
	2	Program service rev	venue including government fees and contracts .				2	0	
	3	Membership dues a	nd assessments				3	0	
	4	Investment income					4	0	
	5a	Gross amount from	sale of assets other than inventory	5a		0			
	b	Less: cost or other	basis and sales expenses	5b		0			
	с	Gain or (loss) from s	ale of assets other than inventory (subtract line 5b	from line 5a) .			5c		
	6	Gaming and fundrai							
e	а		gaming (attach Schedule G if greater than	6a		0			
Revenue	b	Gross income from		contributions					
		sum of such gross i	ncome and contributions exceeds \$15,000)	6b		0			
	с	Less: direct expens	es from gaming and fundraising events	6c		0			
	d) from gaming and fundraising events (add lines 6a	and 6b and su	lbtract		6d		
	7a	,	ntory, less returns and allowances	7a		· 。			
			sold	7b		0			
	с	Gross profit or (loss	ل from sales of inventory (subtract line 7b from line)			-	7c		
	8	Other revenue (desc	ribe in Schedule O)			-	8		
	9	Total revenue. Add	lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			-	9	47,828	
	10		mounts paid (list in Schedule O)				10	8,500	
	11	Benefits paid to or f	or members				11	0	
	12	Salaries, other com	pensation, and employee benefits			-	12	0	
ses	13	Professional fees ar	d other payments to independent contractors .				13	0	
Expenses	14	Occupancy, rent, ut	lities, and maintenance			-	14	0	
Щ	15	Printing, publication	s, postage, and shipping			-	15	42	
	16	Other expenses (de	scribe in Schedule O)			-	16	3,930	
	17	Total expenses. Ac	ld lines 10 through 16			.	17	12,472	
		-	or the year (subtract line 17 from line 9)				18	35,356	
iets		Net assets or fund I	palances at beginning of year (from line 27, column	(A)) (must agre		id-	19		
Net Assets		of-year figure report	ed on prior year's return)			┝		25	
Net			palances at end of year. Combine lines 18 through 2			┝	20		
	21		salances at one of your. Combine intes to through z				21	35,381	

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Pa	rt II Balance Sheets (see the ins		-			
	Check if the organization us	ed Schedule C) to respond to any ques	tion in this Part II		🗌
			-	(A) Beginning of year		(B) End of year
	Cash, savings, and investments . Land and buildings		-	25	22	35,381
	Other assets (describe in Schedule O)			0	23 24	0
	Total assets		-	25	25	35,381
	Total liabilities (describe in Schedule				26	
	Net assets or fund balances (line 27 of		-	25	27	35,381
Pa	rt III Statement of Program Se	rvice Accomp	blishments (see the instr	uctions for Part III)		_
	Check if the organization us	ed Schedule (O to respond to any que	stion in this Part III 🛛	(Doguir	Expenses ed for section
Wh	at is the organization's primary exempt purp	ose? See Sche	dule O		· ·	and 501(c)(4)
	scribe the organization's program service					ations; optional for
	measured by expenses. In a clear and sons benefited, and other relevant info			vided, the number of	others.)	1
28	Ukrainian Relief Project th	-		-		
	p "Together to Victory" prov		ial support to 13 fam	ilies effected by wa		
	r and shipped Humanitarian A		las foreign grants, chaolab			
29	(Grants \$ 8,500) If this	s amount includ	les foreign grants, check he	ere 🗹	28a	1,090
29	(Cropto d	o mount includ	loo forcian aronto, chooli hi			
20	(Grants \$) If this	s amount includ	les foreign grants, check he		29a	
30	(Cronto di) If thi	o mount includ	loo foroign granta, choold h			
04	(Grants \$) If this Other program services (describe in a		les foreign grants, check he		30a	
31				_		
	· · · · · · · · · · · · · · · · · · ·		les foreign grants, check he	ere	31a	
-	Total program service expenses (a				32	1,090
Pa	rt IV List of Officers, Directors, Tru Check if the organization used			•	e the in	structions for Part IV)
			(c) Reportable	(d) Health benefits,		
	(a) Name and title	and title hours per week (Forms W-2/1099-MISC/				Estimated amount of
		devoted to position	1099-NEC) (if not paid, enter -0-)	benefit plans, and deferred compensation		other compensation
And	lrea Skrypka		(ii not paid, enter -o-)			
	esident	8	0	o		0
T.i	na Young					
	ce President	2	0	o		0
Vol	Lodymyr Skrypka		-	-		
	easurer	- 4	0	0		0
Chi	ristopher Young					
	cretary	2	0	0		0
				1	1	

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Par	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instruction Check if the organization used Schedule O to respond to any question in this Part V	ns for Pa	art V.)						
			Yes	No					
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33							
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed								
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		✓					
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a							
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b							
с	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c							
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36							
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a ⁰								
b	Did the organization file Form 1120-POL for this year?	37b		✓					
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a							
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved								
39	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on line 9								
	Gross receipts, included on line 9, for public use of club facilities								
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: 0 section 4912: 0 section 4955: 0								
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year								
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓					
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,								
d	4955, and 4958								
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e							
41	List the states with which a copy of this return is filed: CA								
	The organization's books are in care of: Volodymyr Skrypka Telephone no (707)	526-56	576						
	Located at: 2615 RAIN DANCE WAY, Santa Rosa, CA ZIP+4 95407-	4523							
			Yes	No					
b	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)?	42b							
	If "Yes," enter the name of the foreign country: If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
с	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	42c							
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here								
	and enter the amount of tax-exempt interest received or accrued during the tax year								
		r	Yes	No					
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a							
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b							
С	Did the organization receive any payments for indoor tanning services during the year?	44c							
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an ovalanation in Schodulo O	44d							
450	explanation in Schedule O								
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	45a							
	Form 990-EZ. See instructions	45b							

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46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition
	to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI

adidates for public office? If "Yes," complete Schedule C, Part I	46	
Section 501(c)(3) Organizations Only		

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lin	es
50 and 51	

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спеск п ше	organization	usea scheau	lie O lo	respond to	anv uu	esuonin	uns P	artvi

			Yes	No
47	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	47		✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E \ldots .	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b	If "Yes," was the related organization a section 527 organization?	49b		
-0	Complete this table for the organization's five highest compensated amplevees (other than officers, directors, true	ataon a	ndkov	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(C) compensation
None		

d Total number of other independent contractors each receiving over \$100,000 <u>0</u>

Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign									
Here	Signature of officer Volodymyr Skrypka I	Date 04/02/2024							
	Type or print name and title								
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self- employed					
Use Only	Firm's name	Firm's name							
	Firm's address	Phone no							
May the IRS discu	Aay the IRS discuss this return with the preparer shown above? See instructions								

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Yes