Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

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/Form990EZ for instructions and the latest information

А	For the 2024 calendar year,	or tax year beginning January 01, 2024, and ending December 31,	2024					
В	Check if applicable: C Name of organization				D Employer identification number			
	Address change		88-4319990					
	Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite	E Tele	ephone number			
	Initial return	2615 RAIN DANCE WAY		(707	7) 526-5676			
$\overline{\Box}$	Final return/terminated							
	Amended return	City or town, state or province, country, and ZIP or foreign postal code		F Gro	oup Exemption Number			
П	Application pending	Santa Rosa, CA 95407-4523						
_	A	Assumed Other (specific)	H Che		if the organization is not			
	Accounting Method: 🗹 Ca			_	ir the organization is not to attach Schedule B			
-	Vebsite 2615 Rain Dan		(Fo	rm 99	0).			
J 1	Tax-exempt status (chec	x only one) - ✓ 501(c)(3)						
K	Form of organization: 🗹 Co	rporation Trust Association Other						
		ne 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a 000 or more, file Form 990 instead of Form 990-EZ	assets		•			
	Dovonuo Evno	enses, and Changes in Net Assets or Fund Balances (see t	ho inc	atru o	\$ 134,725			
Pa		ganization used Schedule O to respond to any question in this			tions for Part i)			
	1 Contributions, gifts,	grants, and similar amounts received		1	134,725			
	2 Program service rev	enue 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 b	pasis and sales expenses	0					
	c Gain or (loss) from s	ale of assets other than inventory (subtract line 5b from line 5a)		5c				
	6 Gaming and fundrai	sing events:						
•	- A1 - 000\	gaming (attach Schedule G if greater than 6a	0					
Revenue		fundraising events (not including \$ 0 of contributions						
Reve	from fundraising eve	ents reported on line 1) (attach Schedule G if the						
	sum of such gross in	ncome and contributions exceeds \$15,000) 6b	0					
		es from gaming and fundraising events 6c	0					
	1 4 1.	from gaming and fundraising events (add lines 6a and 6b and subtract		6d				
	7a Gross sales of inver	tory, less returns and allowances	0					
	_	sold	0					
	c Gross profit or (loss)	from sales of inventory (subtract line 7b from line 7a)		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	134,725			
	10 Grants and similar a	mounts paid (list in Schedule O)		10	29,000			
	11 Benefits paid to or f	or members		11	0			
"	12 Salaries, other comp	pensation, and employee benefits		12	0			
Expenses	13 Professional fees an	d other payments to independent contractors		13	0			
xbe	14 Occupancy, rent, uti	lities, and maintenance		14	0			
Ш	15 Printing, publication	s, postage, and shipping	. [15	7,378			
	16 Other expenses (des	scribe in Schedule O)	. [16	49,965			
		d lines 10 through 16		17	86,343			
		r the year (subtract line 17 from line 9)		18	48,382			
ssets		palances at beginning of year (from line 27, column (A)) (must agree with e ed on prior year's return)	nd-	19	35,381			
Net Assets	, , ,	t assets or fund balances (explain in Schedule O)		20	-			
	21 Net assets or fund b	palances at end of year. Combine lines 18 through 20	F	21	83,763			

Form	990-EZ (2024)					Page 2	
Pai	t II Balance Sheets (see the ins						
	Check if the organization use	ed Schedule C	to respond to any ques	stion in this Part II		L	
			_	(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments .			35,381	22	83,763	
	Land and buildings			0	23	0	
	Other assets (describe in Schedule O			25 201	24	02 762	
	Total assets			35,381	25 26	83,763	
	Net assets or fund balances (line 27 of	•	<u> </u>	35,381	27	83,763	
	t III Statement of Program Ser	<u>`</u>			21	037703	
	Check if the organization us	-	· ·	· —		Expenses	
Wha	at is the organization's primary exempt purp	oose? See Sch	edule O			ed for section	
Des as r	cribe the organization's program service neasured by expenses. In a clear and sons benefited, and other relevant info	accomplishme	nts for each of its three largerer, describe the services p			3) and 501(c)(4) ations; optional for	
28	Ukrainian Relief Project the group "Together to Victory" by war	_					
	(Grants \$ 29,000) If this	amount includ	des foreign grants, check h	nere 🗸	28a	29,000	
29	Ukrainian Relief Project thr	cough contin	ued collaboration wi	th the volunteer			
	group "Together to Victory"	shipped Hum	manitarian Aid Suppli	.es			
	(Grants \$) If this	amount includ	des foreign grants, check h	nere	29a	3,676	
30	Ukrainian Relief Project the group "Together to Victory"	_		th the volunteer			
	(Grants \$) If this	30a	43,988				
31	Other program services (describe in						
	(Grants \$) If this	amount includ	des foreign grants, check h	nere	31a		
32	Total program service expenses (a	ıdd lines 28a th	nrough 31a)		32	76,664	
	t IV List of Officers, Directors, Tru		<u> </u>	even if not compensated—see		tructions for Part IV)	
	Check if the organization used						
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation		
	rea Skrypka						
Pre	sident	8	0	0		0	
Lina Young							
Vice President		2	0	0		0	
Volodymyr Skrypka Treasurer		4	0	0			
Chr	istopher Young						
Sec	retary	2	0	0		0	
		-					
		1					

Part	٧

Par	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instruction of the organization used Schedule O to respond to any question in this Part V	ctions 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							
34	detailed description of each activity in Schedule O							
04	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions							
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)?							
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule C	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							
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							
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 wer any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	re 38a		✓				
b	o If "Yes," complete Schedule L, Part II, and enter the total amount involved							
	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, 4955, and 4958							
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	-						
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:							
42a	The organization's books are in care of: Volodymyr Skrypka Telephone no (707) 52	26-5676						
	Located at: 2615 RAIN DANCE WAY , Santa Rosa , CA ZIP + 4	107-4523	1					
			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	nt)? 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							
			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		✓				
	E 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 explanation in Schedule O	44d						
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	· 45a	H	/				
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the		┢▔	丅				
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	. 45b		/				

Form	1 990-EZ (2024)									Page 4		
									Yes	No		
46		the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition andidates for public office? If "Yes," complete Schedule C, Part I								✓		
Par	t VI Section	n 501(c)(3) Organiz	ations Only									
	All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables f								lines			
	50 and 51											
	Check i	f the organization u	sed Schedu	le O to respon	d to any que	estion in this Part	/I					
									Yes	No		
47	•	e organization engage in lobbying activities or have a section 501(h) election in ϵ "Yes," complete Schedule C, Part II				O	47		✓			
48	Is the organiza	tion a school as des	cribed in sect	ion 170(b)(1)(A)	(ii)? If "Yes," c	omplete Schedule	E	48		>		
49a	Did the organiz	zation make any tran	sfers to an ex	empt non-char	itable related	organization?		49a		✓		
b	If "Yes," was th	ne related organizatio	n a section 5	27 organization	1?			49b				
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."										
	. , ,		(b) Average	(c) Repo		(d) Health benefi						
	(a) Name and title	e of each employee	hours per week devoted to position	compen (Forms W-2/1	1099-MISC/	contributions to emp benefit plans, and de compensation	loyee (•	ted amount of mpensation			
Non	ie											
	Tatal acceptance		-:-l	1 000	0							
f 51	Complete this	of other employees p table for the organiza	ation's five hiç	ghest compens	ated independ		no each recei	ved more	than			
		ompensation from the					10	١				
					(D) 19	/pe of service	(0) compensa	ition			
Non	.e											
	Total number of	of other independent	contractors e	each receiving o	ver \$100,000	0						
52		zation complete Sch	edule A? Note	e: All section 50	11(c)(3) organi		a completed	d ✓	Yes	☐ No		
		iury, I declare that I have t, and complete. Declara	examined this r	eturn, including a	ccompanying so		•			dge and		
Sig	n											
Her		Signature of officer					Date 03/15/2025					
		Volodymyr Skryp	oka, Treasurer									
		Type or print name and title										
Paid	d	Print/Type preparer's n	ame Pr	eparer's signature		Date	Check i	f self-	PTIN			
Pre	parer							oloyed				
Use	Only Firm's name						Firm's EIN					
		Firm's address					Phone no					
May the IRS discuss this return with the preparer shown above? See instructions								Yes	□No			