Taxpayer Copy TIN:

Form 990

Department of the Treasury Internal Revenue

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/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 01-01-2023 , and ending 12-31-2023 D Employer identification number B Check if applicable UKRAINE FREEDOM FUND O Address change 88-1555943 O Name change Doing business as O Initial return O Final return/terminat E Telephone number O Amended return Number and street (or P.O. box if mail is not delivered to street address) PO BOX 880 Application pendin City or town, state or province, country, and ZIP or foreign postal code AFTON, WY $\,$ 831100880 F Name and address of principal officer: H(a) Is this a group return for Yes No PO Box 880 subordinates? Are all subordinates Afton, WY 83110 ☐ Yes ☐No included? **I** Tax-exempt status: **☑** 501(c)(3) □ 501(c) () **◄** (insert no.) 4947(a)(1) or 527 If "No." attach a list. See instructions. **H(c)** Group exemption number ▶ J Website:▶ https://ukrfreedomfund.org/ L Year of formation: 2022 M State of legal domicile: K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► Summary 1 Briefly describe the organization's mission or most significant activities:

To help create a free, independent, and democratic Ukraine where Ukrainians and people of other nationalities will have the right to freely associate and express their will in an open civil society free from corruption. Ukraine Freedom Fund is prioritizing the following needs: Drones for Defenders; Training, assisting and evacuating those in the military and civilians in harm's way; Medical equipment; and Vehicles Activities & Governance for Defense. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 6 Total number of individuals employed in calendar year 2023 (Part V, line 2a) . 0 5 **6** Total number of volunteers (estimate if necessary) 6 10 7a 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 . **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . . . 1,451,852 1,900,380 9 Program service revenue (Part VIII, line 2g) 0 n 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 28 200 **11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,900,408 1,452,052 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . 1,596,154 1,313,980 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Ω 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 26,750 b Total fundraising expenses (Part IX, column (D), line 25) ▶106,501 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 89,273 140,864 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 1,685,427 1,481,594 19 Revenue less expenses. Subtract line 18 from line 12 -29,542 214,981 d Balances Beginning of Current Year 20 Total assets (Part X, line 16) 214,981 185,439 **21** Total liabilities (Part X, line 26) 0 23 Net assets or fund balances. Subtract line 21 from line 20 . 214,981 185,439 Signature Block 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. 2024-05-10 Signature of officer Sian Here Tova Jaffe CFO Type or print name and title Print/Type preparer's name Preparer's signature Date Check \Box if Paid Preparer Firm's name Firm's EIN Use Only Firm's address Phone no. 🗆 Yes 🗀 No May the IRS discuss this return with the preparer shown above? See Instructions.

Form	990 (20	023)						Page 2				
Pa	rt III	Statement of I	Program Servic	e Accomplish	ments							
		Check if Schedule	O contains a respo	onse or note to ar	ny line in this Par	:III		\square				
1	Briefly	describe the organ	nization's mission:		,							
		e a free, independe their will in an oper			Ukrainians and pe	ople of other	nationalities will have the r	ight to freely associate				
2		e organization unde	, ,		ces during the ye	ar which wer	e not listed on	☐ Yes ☑ No				
		or Form 990 or 990						U res Wino				
-		," describe these n										
3		e organization ceas	e conducting, or in	iake significant cr	langes in now it i	onducts, any	program					
		services?										
	If "Yes,	," describe these cl	hanges on Schedul	e O .								
4	Section		1(c)(4) organizatio	ns are required t			program services, as measu and allocations to others, t					
4a	(Code:) (Expenses \$	407,281	including grants of	\$	407,281) (Revenue \$)				
	Train a		Provide critical trainin	and assistance in l	key areas ranging fro	om humanitaria	n evacuation to training in comb	at casualty care and				
4b	(Code:) (Expenses \$	401,566	including grants of	\$	401,566) (Revenue \$)				
		for Defenders campa uipment provisioning.		isition of humanitar	ian use drones and	provide drone t	raining program that includes th	eory, practical application,				
4c	(Code:	:) (Expenses \$	209,601	including grants of	\$	209,601) (Revenue \$)				
		rt Ukraine campaign: campaigns when their			quire supplies such a	ıs gloves, backı	packs, sleeping bags, and genera	ators and to support our				
4d	Other	program services	(Describe in Sched	ule O.)								
	(Expe	nses \$	295,532 inc	luding grants of	\$	295,532) (R	evenue \$)				
4e	Total	program service	expenses -	1,313,98	30							

Form **990** (2023)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Yes	
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		No
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? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X , as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
	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		No
	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		No
	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? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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	Yes	
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	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $\$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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	Yes	
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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		No
			~~~ AA	n (2022

Form	990 (2023)			Page		
Pai	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		No		
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		No		
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		No		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b				
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c				
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d				
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I					
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-E2? <i>If "Yes," complete Schedule L, Part I</i>	25b		No		
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		No		
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? <i>If "Yes," complete Schedule L, Part III </i>	27	Yes			
28	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		No		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No		
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29	Yes			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No		
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		No		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No		
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		No		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No		
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? If "Yes," complete Schedule R, Part VI	37		No		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes			
	Chalana and Danaudina Other IDC Filings and Tax Countings					

ırt V	Statements Regarding Other IRS Filings and Tax Compliance
11 11 11	
	Chack if Schodula O contains a recognic or note to any line in this

					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to ve (gambling) winnings to prize winners?			1c	Yes	
				F	orm <b>99</b> 0	0 (2023)

Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)									
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									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b								
	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a		No						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b								
	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		No						
	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		No No						
b	<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No						
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? $\dots \dots \dots$	7a		No						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
a b	Initiation fees and capital contributions included on Part VIII, line 12									
11	Section 501(c)(12) organizations. Enter:									
 a	Gross income from members or shareholders									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.									
	12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.	13a								
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									
	Enter the amount of reserves on hand									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		1						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.	15								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16								
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? If "Yes," complete Form 6069.	17								
	-		Form 00	0 (202						

orm	990 (2023)			Page <b>6</b>				
Pai	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.	o" resp	oonse to	<b>V</b>				
Se	ection A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7							
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent  1b 6							
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?	2		No				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No				
6	Did the organization have members or stockholders?	6		No				
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		No				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Yes					
b	Each committee with authority to act on behalf of the governing body?	8b						
9	9 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 in Schedule O							
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)					
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		No				
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?	11a		No				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c						
13	Did the organization have a written whistleblower policy?	13		No				
14	Did the organization have a written document retention and destruction policy?	14		No				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a						
b	Other officers or key employees of the organization	15b						
	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 taxable entity during the year?	16a		No				
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 organization's exempt status with respect to such arrangements?	16b						

## Section C. Disclosure

17	List the states	with which a	a copy of	this Form	990 is	required to	be filed

18 Section 6104 requires an organization to make its Form 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 in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records:

Tova B Jaffe PO Box 880 Afton, WY 83110 (303) 875-5109 20

Form 990 (	2023)	Page <b>7</b>
Part VII	Compensation of Officers, Directors Trustees, Key Employees, Highest Compensated Employees,	

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

#### 

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.

- 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, or 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.

Check this box if neither the organization no  (A)  Name and title	(B) Average	Positio		(C)	)			(D) Reportable	( <b>E</b> ) Reportable	( <b>F)</b> Estimated
name and tide	hours per week (list any hours for related	tha pers and	an on on is	bot pecto	ox, ι h ar or/tr	inless office ustee)	er )	compensation from the organization (W-2/1099-	compensation from related organizations (W-2/1099-	amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099- NEC)	MISC/1099- NEC)	related organizations
(1) Brad Fisher	2.00	×						0	0	C
Director										
(2) William Mullen Director	2.00	Х						0	0	C
(3) Daniel Bilak Director	2.00	×						0	0	C
(4) Andy Bain CEO, Founder	10.00	×		х				0	0	C
(5) Eric Green Director	2.00	×						0	0	C
(6) Alan Merbaum Director	2.00	×						0	0	C
(7) Morgan Williams Director	2.00	х						0	0	C
			-				$\vdash$			

Pai	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related	than c	ne b	ox, u n off	t che inles ficer	and a	son	(D) Reportable compensation from the organization (W- 2/1099-		(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estima amount o compens from to	ited f other sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/10	099-NEC)	MISC/1099-NE		relati organiza	ed
												_		
												+		
												+		
1h 9	Sub-Total			<u></u>				•		I		_		
сT	otal from continuation sheets to P							<b>*</b>		0		0		0
2	Total number of individuals (including of reportable compensation from the	but not limited		e liste	ed al	bove	e) who	_	eived mor	e than \$10	00,000	<u>Ÿ</u>		
	or reportable compensation from the	organization <b>F</b>											Yes	No
3	Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i> 3				ey er	nplo •	yee, o	or hig	ghest con	npensated	employee on	3		No
4	For any individual listed on line 1a, is organization and related organization										ı the			
	individual											4		No
5	Did any person listed on line 1a receivervices rendered to the organization									ion or indi	vidual for	5		No
	ction B. Independent Contract													
1	Complete this table for your five high from the organization. Report compen	nsation for the o									ı's tax year	mpen:		
	Name a	(A) and business addre	ess							Desci	(B) ription of services		(C Compen	
	otal number of independent contractor ompensation from the organization		not lim	ited t	o the	ose	listed	abov	/e) who re	eceived mo	ore than \$100,00	00 of		

Part		of Revenue	o roce	once or note to an	y line in this Part VI	II.		
	CHECK II SCHE	ouje o contains	а гезр	onse or note to an	(A) Total revenue	(B)  Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts,	1a Federated campa	igns	1a		<u>L</u>	1		
Contributions, gifts, grants, and other similar amounts	<b>b</b> Membership dues		1b					
am am	c Fundraising even		1c					
ig.i	d Related organizate  e Government grants		1d					
sim's	f All other contributio		1e					
Pe EF	and similar amounts above		1f	1,451,852				
E E	g Noncash contributio lines 1a - 1f:\$	ns included in	1g	54,293				
3 5	h Total. Add lines :	1a-1f		>	1,451,852			
				Business Code	1,131,032			
	2a							
nge				_				
eve.	b							
ee E	c							
ervi	l .———			_				
E	d							
Program Service Revenue	е							
查	f All other program	service revenu	ie.					
	9 Total. Add lines							
	3 Investment income	e (including div		interest, and othe	ŗ .	200		200
	similar amounts) . 4 Income from inves		· ·	ond proceeds	<b>▶</b> `	.00		200
	<b>5</b> Royalties				<b>•</b>			
		(i) F	eal	(ii) Personal				
	<b>6a</b> Gross rents	6a						
	<b>b</b> Less: rental	c h						
	expenses c Rental income	6b			_			
	or (loss)	6c						
	<b>d</b> Net rental incom	e or (loss) .		(ii) Other				
	7a Gross amount	(1) Sec	unities	(II) Other	_			
	from sales of assets other	7a						
ne	than inventory				_			
nuen	<b>b</b> Less: cost or other basis and sales expenses	7b						
Be		_			_			
Other R	c Gain or (loss) d Net gain or (loss	<mark>7c                                   </mark>			4			
ŏ	8a Gross income from f	*		· · · · •				
	(not including \$ contributions reporte	ed on line 1c).	f					
	See Part IV, line 18		8a		0			
	<b>b</b> Less: direct exper		8b		0			
	c Net income or (lo	SS) ITOITI TUTTUTE	iisirig e	vents		0		
	9a Gross income from See Part IV, line 19		1					
	<b>b</b> Less: direct expe		9a 9b	_	0			
	c Net income or (lo					0		
	10aGross sales of inv returns and allow		10	 	0			
	<b>b</b> Less: cost of good	ds sold	10	ь	0			
	<b>c</b> Net income or (lo	ss) from sales	of inver			0	0 0	
	11a			Business Code				
ne	b							
ver								
Other Revenue	с ———						1	
the								
ō	d All other revenue							
	e Total. Add lines 1	11a-11d		▶				
	12 Total revenue.	See instructions			1 453 0	152		200

Part | X Statement of Functional Expenses

	Check if Schedule O contains a response or note to any	/ line in this Part IX		<u> </u>	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> 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.	1,313,980	1,313,980		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
i	a Management	0		0	
-	Legal				
	Accounting	0		0	
	d Lobbying				
	e Professional fundraising services. See Part IV, line 17	26,750			26,750
1	Investment management fees			-	
9	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	79,751	0		79,751
13	Office expenses	51,730	51,730		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a Bank and wire processing fees	9,383	9,383		
	b				
	с				
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,481,594	1,375,093	0	106,501
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

		Check if Schedule O contains a response or note	e to any line in this Part IX			🗆
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing		214,981	1	185,439
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from 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	
	6	Loans and other receivables from other disqualif section $4958(f)(1)$ ), and persons described in sec			6	
S	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
AS	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities .	•		11	
	12	Investments—other securities. See Part IV, line	11		12	
	13	Investments—program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equ	ıal line 33)	214,981	16	185,439
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
S	21	Escrow or custodial account liability. Complete P	art IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contrib or family member of any of these persons .			22	
I	23	Secured mortgages and notes payable to unrelate	ed third parties		23	
	24	Unsecured notes and loans payable to unrelated		24		
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25 .		0	26	0
Balances		Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33.	eck here 🕨 🗹 and			
ala	27	Net assets without donor restrictions		162,805	27	89,496
8	28	Net assets with donor restrictions		52,176	28	95,943
Fund		Organizations that do not follow FASB ASC complete lines 29 through 33.	958, check here ▶ □ and			
6	29	Capital stock or trust principal, or current funds		0	29	0
ste	30	Paid-in or capital surplus, or land, building or eq	uipment fund		30	
Assets	31	Retained earnings, endowment, accumulated inc	ome, or other funds		31	
	32	Total net assets or fund balances		214,981	32	185,439
Net	33	Total liabilities and net assets/fund balances .	<u></u> . [	214,981	33	185,439

Form **990** (2023)

Form	prm 990 (2023) Page <b>12</b>						
Part XI Reconcilliation 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)	1			,452,052		
2	Total expenses (must equal Part IX, column (A), line 25)	2	•		,481,594		
3	Revenue less expenses. Subtract line 2 from line 1	3			-29,542		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			214,981		
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 in Schedule O)	9					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10			185,439		
Pa	rt XII Financial Statements and Reporting				_		
	Check if Schedule O contains a response or note to any line in this Part XII						
1 Accounting method used to prepare the Form 990:				Yes	No No		
	separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis						
b	<b>b</b> Were the organization's financial statements audited by an independent accountant?  If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:				No .		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis						
С	c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Un Guidance, 2 C.F.R. Part 200, Subpart F?	iform	3a				
b	<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.						

Form **990** (2023)

#### **Taxpayer Copy**

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

TIN:

Open to Public Inspection

		ne organization					Employer identific	ation number
UKRAI	JKRAINE FREEDOM FUND						88-1555943	
	rt I	Reason for Public					See instructions.	
	rganiz	ation is not a private fou		•				
1		A church, convention of	churches, or as	ssociation of churches	described in <b>se</b>	ction 170(b)(1)	(A)(i).	
2		A school described in se	ection 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form	990).)		
3		A hospital or a cooperat	ive hospital ser	vice organization desc	ribed in <b>sectior</b>	170(b)(1)(A)(	iii).	
4		A medical research organisme, city, and state:	anization operat	ed in conjunction with	a hospital desc	ribed in <b>section</b> :	170(b)(1)(A)(iii). Er	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or o	perated by a gov	ernmental unit describ	oed in <b>section</b>
6		A federal, state, or local	government or	governmental unit de	escribed in <b>sect</b> i	ion 170(b)(1)( <i>A</i>	()(v).	
7	<b>~</b>	An organization that no section 170(b)(1)(A)	(vi). (Complete	e Part II.)		-	init or from the genera	Il public described in
8		A community trust desc	ribed in <b>sectio</b>	170(b)(1)(A)(vi).	(Complete Part	II.)		
9		An agricultural research non-land grant college o						ege or university or a
10		An organization that no from activities related to investment income and 30, 1975. See <b>section</b>	o its exempt fur unrelated busin	nctions—subject to cer less taxable income (le	tain exceptions,	and (2) no more	than 33 1/3% of its su	pport from gross
11		An organization organiz	ed and operated	d exclusively to test fo	r public safety.	See <b>section 509</b>	(a)(4).	
12		An organization organiz more publicly supported on lines 12a through 12	l organizations (	described in section 5	<b>509(a)(1)</b> or <b>s</b> e	ection 509(a)(2	). See section 509(a	
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	er to regularly a	appoint or elect a majo				
b		Type II. A supporting of management of the sup must complete Part I	porting organiz	ation vested in the sar				
С		Type III functionally supported organization(						ted with, its
d		<b>Type III non-function</b> functionally integrated. instructions). <b>You mus</b>	The organizatio	n generally must satis	fy a distribution	requirement and		
е		Check this box if the orgintegrated, or Type III r				IRS that it is a Ty	pe I, Type II, Type III	functionally
f	Enter	the number of supported			-		0	
g		de the following informat	-					
(i) Name of supported organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org	ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No		
Tota	l				C-t N- 112			A (F 000) 2022

(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 failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar vear (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total (or fiscal year beginning in) Gifts, grants, contributions, and 1.900.380 1.451.852 membership fees received. (Do not 3,352,232 include any "unusual grant ") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . The value of services or facilities furnished by a governmental unit to the organization without charge... 1,900,380 1,451,852 3,352,232 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on 584,454 line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from 2,767,778 Section B. Total Support Calendar year (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total (or fiscal year beginning in) 1,900,380 1,451,852 3,352,232 Amounts from line 4. . Gross income from interest, dividends, payments received on 28 200 228 securities loans, rents, royalties and income from similar sources. . Net income from unrelated business activities, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. Add lines 7 through 3,352,460 12 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check Section C. Computation of Public Support Percentage 14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . . 14 82.560 % 15 Public support percentage for 2022 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 90.030 % 16a 33 1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 33 1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test-2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Schedule A (Form 990) 2023 Page 3 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.) Section A. Public Support Calendar year (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . 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 Gross receipts from activities that are not an unrelated trade or business under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. 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 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. **c** Add lines 7a and 7b. . Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total (or fiscal year beginning in) Amounts from line 6. . Gross income from interest, 10a 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. c Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .

13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.).			
14	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section	501(c)(	3) orga	nization, check
	this box and <b>stop here</b>			▶□
Se	ection C. Computation of Public Support Percentage			
15	Public support percentage for 2023 (line 8, column (f) divided by line 13, column (f))	15		
16	Public support percentage from 2022 Schedule A, Part III, line 15	16		
Se	ection D. Computation of Investment Income Percentage			
17	Investment income percentage for <b>2023</b> (line 10c, column (f) divided by line 13, column (f))	17		
18	Investment income percentage from <b>2022</b> Schedule A, Part III, line 17	18		
19a	33 1/3% support tests-2023. If the organization did not check the box on line 14, and line 15 is more than 3	3 1/3%, 8	and line	: 17 is not
	more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organizati	ion		. 🕨 🗆
b	33 1/3% support tests—2022. If the organization did not check a box on line 14 or line 19a, and line 16 is m			
	not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organ	ization .		. ▶□

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .  $\blacktriangleright$ 

Schedule A (Form 990) 2023

#### **Supporting Organizations**

Section A. All Supporting Organizations

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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.			
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 <b>Part VI</b> how the organization determined that the supported organization was	1		
	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.	За		
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 <b>Part VI</b> when and how the organization made the determination.	24		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3b		
Č	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you	30		
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
_	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.			
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections			
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b			
	and 5c below (if applicable). Also, provide detail in <b>Part VI,</b> including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by			
	amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	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? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in	0		
-	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 <b>Part VI</b> .	-		
		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 <b>Part VI.</b>	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 <b>Part VI.</b>	9c		
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).	10b		
	Schedule A		1 990)	2023

P	Part IV Supporting Organizations (continued)					
				Yes	No	
11	Has the organization accepted a gift or contribution from any of the following persons?					
ā	<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c b governing body of a supported organization?	elow, the	11a			
ı	<b>b</b> A family member of a person described on 11a above?	ŀ	11b			
	c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail	l in <b>Part</b>	11c			
	VI.					
	Section B. Type I Supporting Organizations			Yes	N.	
1	1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to requ	ا بامدار		res	No	
_	appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organizationcurve activities. If the organization had more than one supported organization, describe how the powers to appoint and/c remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, applied to such powers during the tax year.	o," ion's or	1			
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 supported organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.					
	Section C. Type II Supporting Organizations					
		. "г		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 during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors o	istees of				
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).					
	Section D. All Type III Supporting Organizations					
				Yes	No	
1	tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a co 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 <b>Part VI</b> how to organization maintained a close and continuous working relationship with the supported organization(s).	he				
_			2			
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a signif voice in the organization's investment policies and in directing the use of the organization's income or assets at all during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this	times	3			
_	Section E. Type III Functionally-Integrated Supporting Organizations	L				
1		instructio	ons):			
	The organization satisfied the Activities Test. Complete <b>line 2</b> below.					
	<b>b</b> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.					
	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government en	ıtity (see i	instrud	ctions)		
2	2 Activities Test. Answer lines 2a and 2b below.			Yes	No	
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the	Г		163	140	
	supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported</b> 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	as				
	substantially all of its activities.	[	2a			
	<b>b</b> Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reaso the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.					
_	•	ļ.	2b			
3		i anak -f	2-			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of the supported organizations? If "Yes" or "No", provide details in <b>Part VI</b> .		3a			
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.	ıts	3b			

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting C	Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tri instructions. All other Type III non-functionally integrated supporting organiz			
	Section 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		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
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		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> 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-instructions)	ntegra	ted Type III supporting o	organization (see

Schedule A (Form 990) 2023					Page <b>7</b>
Part V Type III Non-Functionally Integrated	509(a)(3) Supporting	Organizatio	ns (	continue	
Section D - Distributions					Current Year
Amounts paid to supported organizations to accomplish	evemnt nurnoses		1		
<b>2</b> Amounts paid to perform activity that directly furthers e organizations, in	xempt purposes of supported		2		
excess of income from activity					
3 Administrative expenses paid to accomplish exempt purp	poses of supported organization	ons	3		
4 Amounts paid to acquire exempt-use assets			4		
5 Qualified set-aside amounts (prior IRS approval required	d - provide details in <b>Part VI</b> )		5		
6 Other distributions (describe in <b>Part VI</b> ). See instruction	ns		6		
<b>7 Total annual distributions.</b> Add lines 1 through 6.			7		
8 Distributions to attentive supported organizations to whi details in <b>Part VI</b> ). See instructions	ich the organization is respons	sive ( <i>provide</i>	8		
9 Distributable amount for 2023 from Section C, line 6			9		
10 Line 8 amount divided by Line 9 amount			10		
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii Underdist Pre-2	tribut	ions	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6					7 mount for 2025
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required explain in <b>Part VI</b> ). See instructions.		<u> </u>			
3 Excess distributions carryover, if any, to 2023:					
<b>a</b> From 2017					
<b>b</b> From 2018					
<b>c</b> From 2019					
<b>d</b> From 2021					
e From 2022					
f Total of lines 3a through e					
<ul><li>g Applied to underdistributions of prior years</li><li>h Applied to 2023 distributable amount</li></ul>					
i Carryover from 2017 not applied (see					_
instructions)					
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
<b>4</b> Distributions for 2023 from Section D, line 7:					
Applied to underdistributions of prior years					<del> </del>
<b>b</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. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.					
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.					
<b>7 Excess distributions carryover to 2024.</b> Add lines 3j and 4c.					
8 Breakdown of line 7:					
a Excess from 2018					
<b>b</b> Excess from 2019					
c Excess from 2021					

**d** Excess from 2022. . . . . **e** Excess from 2023. . . . .

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section 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).

Facts And Circumstances Test				
Poturn Poforonco	Evolunation			

Schedule A (Form 990) 2023

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SCHEDULE F

3a Sub-total.

Part I .

**b** Total from continuation sheets to

Statement of Activities Outside the United States

OMB No. 1545-0047

TIN:

(Form 990) 2023 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Department of the Treasury **Inspection** Internal Revenue Service Name of the organization **Employer identification number** UKRAINE FREEDOM FUND 88-1555943 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used Yes 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the mployees, agents region (by type) (such as, program service, describe for and investments region and independent fundraising, program specific type of in the region contractors in the services, investments, grants service(s) in the region to recipients located in the region region) Ukraine 0 Grants to recipients 1,313,980

1,313,980

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Schedule F (Form 990) 2023

Part II Grants and C

(i) Method of valuation (book, FMV, appraisal, other)	cost			cost								5	Schedule F (Form 990) 2023
(h) Description of noncash assistance	34,293Medical supplies			socks									Schedule
(g) Amount of noncash assistance	34,293			20,000 socks							ecognized as tax-		
(f) Manner of cash disbursement											าe foreign country, ห alency letter .		
(e) Amount of cash grant	27,367	401,566	407,281	114,744	119,909						e recognized as charities by the foreign country, recognized as taxided a section $501(c)(3)$ equivalency letter		
(d) Purpose of grant	Medical equipment to first responders	Equipment to Military Units	Train and Assist	Humanitarian supplies	Vehicles and vehicle repairs						Enter total number of recipient organizations listed above that are recognized as charities by the foreign cour exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter		
(c) Region	Ukraine	Ukraine	Ukraine	Ukraine	Ukraine						Enter total number of recipient organizations listed above that ar exempt by the IRS, or for which the grantee or counsel has prov	3 Enter total number of other organizations or entities	
(b) IRS code section and EIN (if applicable)											er of recipient S, or for which	er of other org	
1 (a) Name of organization											2 Enter total numbe exempt by the IR	3 Enter total numbe	

Schedule F (Form 990) 2023

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2023 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance

Sche	Schedule F (Form 990) 2023 Pag						
Par	rt IV Foreign Forms						
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	<b>☑</b> No				
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	<b>✓</b> No				
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	<b>✓</b> No				
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	Yes	<b>✓</b> No				
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	<b>☑</b> No				
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	Yes	<b>☑</b> No				

Schedule F (Form 990) 2023 Page **5** 

Part V	Supplemental Information
rait v	Supplemental Information

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

ReturnReference	Explanation

Schedule F (Form 990) 2023

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Department of the Treasury

Internal Revenue Service

TIN:

#### **SCHEDULE G** (Form 990)

**Supplemental Information Regarding** 

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

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

2023

**Open to Public** 

OMB No. 1545-0047

**Inspection** Employer identification number

Name of the organization						Employer id	entification number
UKRAINE FREEDOM FUND						88-1555943	
	ctivities. Complete ers are not require		_	ion answered "Yes" ( is part.	on Form 990	), Part IV, line	17.
1 Indicate whether the org					heck all that	apply.	
a Mail solicitations				e Solicitation of	f non-governr	ment grants	
<b>b</b> Internet and email so	licitations			f Solicitation of	f government	grants	
<b>c</b> Phone solicitations				g Special fundr	aising events		
<b>d</b> In-person solicitation	S						
2a Did the organization have or key employees listed i						·	res 🗆 No
b If "Yes," list the 10 higher to be compensated at least				rs) pursuant to agreem	ents under w		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont contril	) Did ser have ody or crol of outions?	(iv) Gross receipts from activity	or re fundra	nount paid to etained by) iser listed in col. (i)	(vi) Amount paid to (or retained by) organization
	Fundraising	Yes	No				
Rebecca Diamond Fundraising 8606 Logia Circle	consulting		No		0	22,500	
Boynton Beach, FL 33472							
Total	<u>.</u>		<b>►</b>		0	22,500	
<b>3</b> List all states in which the licensing.	organization is regist	ered or lic	ensed to	solicit contributions or	has been noti	fied it is exempt	from registration or

All States

Ра	rt II Fundraising Events. Comple than \$15,000 of fundraising e gross receipts greater than \$1	event contributions and	d gross income on Form	1 990-EZ, lines 1 and	
		(a)Event #1	(b) Event #2 (event type)	(c)Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue					
×					
	1 Gross receipts				
	2 Less: Contributions				
2705.00	4 Cash prizes				
enses	<b>6</b> Rent/facility costs				
Direct Expenses	7 Food and beverages 8 Entertainment				
Dire	9 Other direct expenses	hrough 9 in column (d)			
Par	11 Net income summary. Subtract line 10		os" on Form 900 Part I	▶	1 may than \$15,000
1 611					i more inan \$15 uuu
le	on Form 990-EZ, line 6a.			•	
evenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
Revenue			(b) Pull tabs/Instant	•	(d) Total gaming (add col.
es	on Form 990-EZ, line 6a.		(b) Pull tabs/Instant	•	(d) Total gaming (add col.
es	on Form 990-EZ, line 6a.  1 Gross revenue  2 Cash prizes  3 Noncash prizes		(b) Pull tabs/Instant	•	(d) Total gaming (add col.
es	on Form 990-EZ, line 6a.  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs		(b) Pull tabs/Instant	•	(d) Total gaming (add col.
-	on Form 990-EZ, line 6a.  1 Gross revenue  2 Cash prizes  3 Noncash prizes	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.
es	on Form 990-EZ, line 6a.  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs		(b) Pull tabs/Instant	•	(d) Total gaming (add col.
es	on Form 990-EZ, line 6a.  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses	(a) Bingo  Yes %  No	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.
es	on Form 990-EZ, line 6a.  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses	(a) Bingo  Yes	(b) Pull tabs/Instant bingo/progressive bingo  Yes%  No	(c) Other gaming  Yes %  No	(d) Total gaming (add col.
es	on Form 990-EZ, line 6a.  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary. Add lines 2 to 8 Net gaming income summary. Subtract Enter the state(s) in which the organizat Is the organization licensed to conduct g	(a) Bingo  Yes%  No  through 5 in column (d)  t line 7 from line 1, column  ion conducts gaming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo  Yes	(c) Other gaming  Yes % No	(d) Total gaming (add col. (a) through col.(c))
e e Direct Expenses	on Form 990-EZ, line 6a.  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary. Add lines 2 to 8 Net gaming income summary. Subtract Is the organization licensed to conduct g If "No," explain:	(a) Bingo  Yes %  No  Chrough 5 in column (d)  It line 7 from line 1, column  Ion conducts gaming activities in each of the column (d)  Censes revoked, suspendented	(b) Pull tabs/Instant bingo/progressive bingo  Yes	(c) Other gaming  Yes %  No  tag tax year?	(d) Total gaming (add col. (a) through col.(c))  Yes No

Sche	dule G (Form 990) 2023 Page	3
11	Does the organization conduct gaming activities with nonmembers?	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	%
b	An outside facility	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name	
_	Address •	-
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	
b	If "Yes," enter the amount of gaming revenue received by the organization \(\bigs\) \(\bigs\) and the	
	amount of gaming revenue retained by the third party 🟲 \$	
С	If "Yes," enter name and address of the third party:	
	Name Name	-
	Address ▶	-
16	Gaming manager information:	
	Name Name	-
	Gaming manager compensation ► \$	
	Description of services provided ▶	
	☐ Director/officer ☐ Employee ☐ Independent contractor	
17	Mandatory distributions:	
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent	
	in the organization's own exempt activities during the tax year \bigs \$	
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
	Return Reference Explanation	_

Schedule G (Form 990) 2023

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#### Schedule L

(Form 990)

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

TIN:

2023

Department of the reasury	andoo	►Go to <u>www.i</u>		ich to Form 99 <u>orm990</u> for inst			forma	ation.		0		to Pul pectio			
Name of the org							E	mplo	yer ide	ntifica	tion r	umbei	r		
							8	8-155	5943						
		Transactions (			. , . , ,	•	, , ,	_			•				
		anization answere										_			
1 (a) Name of disqualified person				( <b>b)</b> Relationship	between disc organizatio		n and	(	•	ription action	ction Corre		d) cted?		
												Yes	No		
2 Enter the a	mount of tax i	incurred by the or	ganization	managors or dis	caualified pers	one during the	voar	under	coction						
		if any, on line 2, a								\$					
Cor	mplete if the o	or From Interpretation answering on Form 990,	ered "Yes" (	on Form 990-EZ	, Part V, line 3	88a, or Form 99	90, Pa	rt IV, I	line 26;	or if th	ne orga	anizatio	n		
(a) Name of interested person	( <b>b)</b> Relations with organization	Purpose of		to or from the anization?	<b>(e)</b> Original principal amount	<b>(f)</b> Balance due		b		lefault? App by b				(i) Written agreement?	
			То	From				Yes	No	Yes	No	Yes	N	o	
Total .	<u> </u>	<u> </u>		<u> 1</u>	<b>▶</b> \$										
		stance Benefit organization ar				lino 27									
(a) Name of inter		(b) Relationship interested person	between on and the		of assistance	( <b>d)</b> Type	of ass	istanc	e	(e) Pur	pose o	of assist	ance		
organization (1) Sonata See Part V		LIOII	+	387,352	2 Grant			Tr	ain and	Assis	t				
					·										
or Paperwork Rec	duction Act Not	tice, see the Instru	ctions for F	orm 990 or 990-	EZ.	at. No. 50056A				Schedu	le I (F	orm 90	0) 2025		
		,			_						(		.,		

	ns Involving Interested Perzation answered "Yes" on Forn		a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	(d) Description of transaction	organiz	haring of zation's nues?
		l		Yes	No
Part V Supplemental Inform Provide additional informa	nation tion for responses to questions or	Schedule L (see instruct	ions).		
Return Reference	ion				
	Mr. Bain, the founder of Ukraine F Freedom Fund to provide services		ner of Sonata. Sonata received grani ion's Train and Assist campaign.	ts from L	Jkraine

Schedule L (Form 990) 2023

# SCHEDULE M (Form 990)

### **Noncash Contributions**

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Attach to Form 990.

Treas	sury	gov/Forms	990 for the latest informa	tion.		Open to Inspe		
	nal Revenue Service e of the organization				Employer iden	tification n	umbei	
	INE FREEDOM FUND							
Do	rt I Types of Property				88-1555943			
Га	Types of Property	(2)	(b)	(a)	1	(d)		
		(a) Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	noncash c	d of determi ontribution a		ts
1	Art—Works of art							
2	Art—Historical treasures .							
	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods	l x		20,00	00 market value			
6	goods							
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded							
10	Securities—Closely held stock							
11	•							
12	Securities—Miscellaneous							
	Qualified conservation contribution—Historic							
	structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory		2	F4 20	22			
20	Drugs and medical supplies .	X	3	54,29	3 market value			
21 22	Taxidermy	-			_			
23	Historical artifacts	-						
24	Archeological artifacts	_						
25	Other ► ()							
26	Other ► ()				1			
27	Other ► ()							
28	Other ▶ ()							
29	Number of Forms 8283 received by t for which the organization completed				29			
							Yes	No
30a	During the year, did the organizatio hold for at least three years from th purposes for the entire holding peri	e date of th	e initial contribution, and wh	nich isn't required to be use		must		
	parposes for the entire holding peri					30a		No
b	If "Yes," describe the arrangement i	n Part II.						
31	Does the organization have a gift ac	ceptance p	olicy that requires the review	of any nonstandard contr	ibutions?	31		<u> </u>
32a	Does the organization hire or use the contributions?	ird parties	or related organizations to so	olicit, process, or sell nonc	ash	32a		No
b	If "Yes," describe in Part II.							
33	If the organization didn't report an a describe in Part II.	amount in c	olumn (c) for a type of prope	erty for which column (a) i	s checked,			

Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2023)

Taxpayer Copy

TIN:

#### **SCHEDULE 0** (Form 990)

Department of the Treasury Internal Revenue Service

#### 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 990-EZ.

▶ Go to <u>www.irs.gov/Form990</u> for the latest information.

Open to Public

Name of the organization UKRAINE FREEDOM FUND

**Employer identification number** 

88-1555943

Return Reference	Explanation
Part VI, Line 11b	2023 Form 990 is reviewed in depth by some of the Board members but not all Board members.
Part VI, Line 19	2023 is UFF's second year of operation. It operates with no full time staff. The organization is largely run by volunteers and contractors.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K

Schedule O (Form 990) 2023