Form **990-E7**

Short Form Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. January 1 , 20 A For the 2020 calendar year, or tax year beginning , 2020, and ending December 31 B Check if applicable: C Name of organization D Employer identification number Address change Ukrainian Diabetes Project 20-1874952 Room/suite Number and street (or P.O. box if mail is not delivered to street address) Name change E Telephone number Initial return 2615 Rain Dance Way 707-526-5676 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number ▶ Santa Rosa, CA 95407-4523 Application pending H Check ▶ ☐ if the organization is not G Accounting Method: I Website: ▶ http://sonic.net/~udpandy required to attach Schedule B (Form 990, 990-EZ, or 990-PF). J Tax-exempt status (check only one) — ✓ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or **□**527 K Form of organization: Corporation Trust Association L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I . Contributions, gifts, grants, and similar amounts received 1 56,151 2 2 Program service revenue including government fees and contracts 0 3 3 0 4 Investment income 4 371 5a Gross amount from sale of assets other than inventory 0 b Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . 5c C Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Revenue 0 Gross income from fundraising events (not including \$ o of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b 0 Less: direct expenses from gaming and fundraising events . . . 6c 0 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 0 7a Gross sales of inventory, less returns and allowances 0 7c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . 0 8 8 0 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 56,522 10 Grants and similar amounts paid (list in Schedule O) 10 0 11 11 0 12 Salaries, other compensation, and employee benefits 12 0 13 Professional fees and other payments to independent contractors 13 0 14 14 0 15 15 1.989 16 16 4,016 17 17 6,005 Excess or (deficit) for the year (subtract line 17 from line 9) 18 18 50,517 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 81,152 20 Other changes in net assets or fund balances (explain in Schedule O) 20 0 Net assets or fund balances at end of year. Combine lines 18 through 20 21 131,669

Page	2

Form 990-EZ	(2020)
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Pa	rt II Balance Sheets (see the instruc		Deposit contracts	Laterment requires		tite jar bag
	Check if the organization used Sch	nedule O to respond to a				<u> </u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			81,152	22	131,669
23	Land and buildings				23	0
24	Other assets (describe in Schedule O) .				24	0
25	Total assets		g all allien is com	81,152		131,669
26	Total liabilities (describe in Schedule O)				26	0
27	Net assets or fund balances (line 27 of c			81,152	27	131,669
Par						Evnences
	Check if the organization used Sch		ny question in this I	Part III 🔲	(Rec	Expenses guired for section
Wha	t is the organization's primary exempt purpo	se?	god rahon kan jed to	den may 843 mm	501	(c)(3) and 501(c)(4)
as n	cribe the organization's program service acc neasured by expenses. In a clear and con ons benefited, and other relevant information	cise manner, describe the	f its three largest pr e services provided	ogram services, , the number of	orga	anizations; optional for ers.)
28	Ukrainian Diabetes Project through continued		etes Charity Fund Kie	ev and the		
	Kherson Regional Assocition of Diabetics, sh	ipped diabetic supplies				1576 V
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	(Grants \$) If this a	mount includes foreign gra	ants, check here .	▶ 🗆	30a	
31	Other program services (describe in Schedu	ule O)		Sciencia L. Piu		40h
	(Grants \$) If this a	mount includes foreign gra	ants, check here .	▶ □	31a	
32	Total program service expenses (add line	s 28a through 31a)		🕨	32	
Par	t IV List of Officers, Directors, Trustees, a				stru	ctions for Part IV)
	Check if the organization used Sch	nedule O to respond to a	ny question in this I	Part IV		🗆
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	1	Estimated amount of other compensation
Andr	ea Skrypka	caturn is filed > inserior				
	ident	13	0	Tribunate no. II	0	0
Kath	y Turner	e Roca CA		212 - 4 B		HEAD7-4823
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46						Yes	No
	Did the organization engage, directly or in	ndirectly, in political o	ampaign activities on	behalf of or in oppo	osition		
	to candidates for public office? If "Yes,"		, Part I		· · 46		✓
Part		-	-ti 47 40b I	50 ! ! - !			
	All section 501(c)(3) organization 50 and 51.	is must answer que	stions 47–49b and	52, and complete	the tables to	r line	S
	Check if the organization used Sc	hadula O to respond	I to any guestion in t	hie Dort VI			
	Onook ii the organization asca oo	ricadic O to respond	to any question in t	ilistaitvi	· · · · · ·	Yes	No
47	Did the organization engage in lobbying	activities or have a	section 501(h) election	n in effect during t		163	NO
	year? If "Yes," complete Schedule C, Par				47		/
48	Is the organization a school as described i	n section 170(b)(1)(A)(i	i)? If "Yes," complete	Schedule E			7
49a	Did the organization make any transfers t	o an exempt non-cha	ritable related organiz	zation?	49a		1
b	If "Yes," was the related organization a se				49b		1
50	Complete this table for the organization's	five highest compen	sated employees (oth	er than officers, dire	ectors, trustee	s, and	key
	employees) who each received more than	1 \$100,000 of comper	nsation from the orga		one, enter "No	ne."	
	(a) Name and title of each employee	(b) Average	(c) Reportable	(d) Health benefits, contributions to employ	ee (e) Estimated	amour	t of
	(a) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, and defen			
NONE		***************************************		compensation			
NONE		0	0		0		
		0	0		0		0
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		= 11 =		F =			
	Total number of ather analysis and all	\$400 000					
	Total number of other employees paid ov						
51	Complete this table for the organization \$100,000 of compensation from the organization	is five nignest compenies in the second of t	ensated independent ne enter "None"	contractors who ea	ach received r	nore 1	nan
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	(a) Name and business address of solt indicates	11		• ***			
	(a) Name and business address of each independ	dent contractor	(b) Type of serv	ice	(c) Compensation	1	
NONE	(a) Name and business address of each independ	dent contractor	(b) Type of serv	ice	(c) Compensation	1	
NONE	(a) Name and business address of each independ	dent contractor	(b) Type of serv	ice	(c) Compensation	1	0
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NONE	(a) Name and business address of each independ	dent contractor		ice	(c) Compensation	1	0
NONE	(a) Name and business address of each independ	dent contractor		ice	(c) Compensation	1	0
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NONE	(a) Name and business address of each independ	dent contractor		ice	(c) Compensation	1	0
NONE	(a) Name and business address of each independ	dent contractor		ice	(c) Compensation	1	0
NONE	(a) Name and business address of each independ	dent contractor		ice	(c) Compensation		0
	(a) Name and business address of each independent		NONE	ice	(c) Compensation		0
	Total number of other independent contra	actors each receiving	NONE over \$100,000		0	1	0
d	Total number of other independent contra	actors each receiving	NONE over \$100,000		o ach a		
d 52	Total number of other independent contra Did the organization complete Schedu completed Schedule A	actors each receiving le A? Note: All se	NONE over \$100,000 ction 501(c)(3) organ ving schedules and statements	nizations must atta	o ach a	□ N•	
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52 Under po	Total number of other independent contra Did the organization complete Schedu completed Schedule A	actors each receiving le A? Note: All se	NONE over \$100,000	nizations must atta	0 ach a . ▶ ✓ Yes y knowledge and b	□ Ne	