Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning 01/01/2021 and ending 12/31/2021										
B Check if applicable:			C Name of organization	D Employer identification number						
	Address change		UKRAINIAN DIABETES PROJECT	20-1874952						
	Name cha	inge	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Teleph	none nu	umber				
=	Initial return		2615 Rain Dance Way		70	7-526-5676				
=	Final return/terminated Amended return		City or town, state or province, country, and ZIP or foreign postal code	F Group Exemption						
=		n pending	Santa Rosa, CA 95407	Number ▶						
		ing Method:		Check >	- 🗆 i	f the organization is not				
	Vebsite			required to attach Schedule B						
J T	ax-exen	npt status (che	eck only one) — ✓ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	Form 99	90).					
			✓ Corporation ☐ Trust ☐ Association ☐ Other							
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	assets						
(Pa	rt II, col	umn (B)) are \$	5500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	172,487				
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the i	nstruc	tions					
			the organization used Schedule O to respond to any question in this Part I							
	1	Contributio	ons, gifts, grants, and similar amounts received		1	171,891				
	2	Program se	ervice revenue including government fees and contracts	[2	0				
	3	Membersh	ip dues and assessments	[3	0				
	4	Investment	tincome	[4	596				
	5a	Gross amo	ount from sale of assets other than inventory 5a	0						
	b	Less: cost	ss: cost or other basis and sales expenses							
	С									
	6	Gaming and fundraising events:								
	а	Owner to the form and the following the foll								
Me		\$15,000) .	0							
Revenue	b	Gross inco	ıs							
Re			aising events reported on line 1) (attach Schedule G if the							
		sum of suc	th gross income and contributions exceeds \$15,000) 6b	0						
	С		t expenses from gaming and fundraising events 6c	0						
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	tract						
		line 6c) .			6d	0				
	7a		s of inventory, less returns and allowances	0						
	b		of goods sold	0						
	C		it or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	0				
	8	Other reve	nue (describe in Schedule O)	·	8	0				
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. •	9	172,487				
Expenses	10		I similar amounts paid (list in Schedule O)		10	0				
	11 12		aid to or for members		11 12	0				
	13		al fees and other payments to independent contractors		13	0				
	14		y, rent, utilities, and maintenance	-	14	0				
	15		ublications, postage, and shipping		15	203				
	16		enses (describe in Schedule O) .See Schedule O, Statement 1		16	70,755				
	17		enses. Add lines 10 through 16		17	70,753				
	18	Excess or	(deficit) for the year (subtract line 17 from line 9)		18	101,529				
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree		1000	101,020				
			r figure reported on prior year's return)		19	131,669				
	20		nges in net assets or fund balances (explain in Schedule O)		20	0				
ž	21		or fund balances at end of year. Combine lines 18 through 20		21	233,198				
_										

1000						
	990-EZ (2021)	5				Page 2
Pa	Balance Sheets (see the instructions f		nu guantian in thia	Dort II		
	Check if the organization used Schedule	O to respond to ar	iy question in this	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		ŀ	131,669	22	233,198
23	Land and buildings					233,130
24	Other assets (describe in Schedule O)			0	_	0
25	Total assets			131,669	25	233,198
26	Total liabilities (describe in Schedule O)				26	0
27	Net assets or fund balances (line 27 of column			131,669	27	233,198
Par						-
140	Check if the organization used Schedule		· · · · · · · · · · · · · · · · · · ·	Part III	(Red	Expenses guired for section
		See Schedule O, Sta	501	(c)(3) and 501(c)(4)		
as m	ribe the organization's program service accomplistesured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the			orga	anizations; optional for ers.)
28	Ukrainian Diabetes Project through continued collab		etes Charity Fund K	iev and the	-	T
31.	Kherson Regional Association of Diabetics, purchas		ctos onanty runa n	icv did tile		
	(Grants \$ 0) If this amount	includes foreign gra	nts, check here .	▶ □	28a	65,030
29						
00	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ ⊔	29 a	1
30						
	(Grants \$) If this amount	includes foreign gra	nts, check here	• П	30a	
31	Other program services (describe in Schedule O)					1
		includes foreign gra			31a	0
32	Total program service expenses (add lines 28a t	through 31a)		🕨	32	65,030
Par					nstru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part IV	<u> </u>	🗆
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	1.6	Estimated amount of other compensation
	ea Skrypka ident	12.00	(0	0
Kath	y Turner	1.00	(0	0
Vice	President					
Seln	a Vandermade	2.00	(0	0
	etary					
	dymyr Skrypka	6.00	(9	0	0
Irea	surer				-	
			2			

Part		s in th	ie	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	V . Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	103	√
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		/
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		•
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	Districtions		
38a	Did the organization file Form 1120-POL for this year?	37b		/
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		1
1000	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section $4911 \triangleright 0$; section $4912 \triangleright 0$; section $4955 \triangleright 0$			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		./
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	400		V
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
	List the states with which a copy of this return is filed ▶ CA			
42a	The organization's books are in care of ► Volodymyr Skrypka Located at ► 2615 Rain Dance Way, Santa Rosa, CA 95407 Telephone no. ► 7 ZIP + 4 ►	07-52		6
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	954	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		√
	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	42c		✓
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		1	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
	completed instead of Form 990-EZ	44a		1
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
C	Did the organization receive any payments for indoor tanning services during the year?	44c		1
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	440 45a		/
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the		La La	
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b		

										162	140
46	Did t	he organization engage, directly or in andidates for public office? If "Yes," o	ndirectly, in political o	ampaign activities	on beh	alf of or	in opposi	tion	40		
Part V		Section 501(c)(3) Organizations		, , , , , , , , , , , , , , , , , , , ,	• •	• • •	• • •	•	46		V
		All section 501(c)(3) organization	s must answer que	stions 47-49b a	nd 52,	and co	nplete th	e tak	oles fo	or line	es
		50 and 51.									
		Check if the organization used Sci	hedule O to respond	I to any question	in this F	Part VI					
47	Did t	he organization engage in Johnving	activities or have a	costion 501/b) ala	otion in	offoot o	luvina tha	to.,		Yes	No
	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II										./
49a	Did the organization make any transfers to an exempt non-charitable related organization?								49a		1
		f "Yes," was the related organization a section 527 organization?									
50	Com	complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key									
	cilibi	nployees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."									
	(a) Name and title of each employee		(b) Average hours per week devoted to position	compensation contribution (Forms W-2/1099-MISC/ benefit plans			(e) Estimated amount of other compensation				
None											
-											
	Total	number of other employees paid over	or \$100 000								
		plete this table for the organization'			ent con	tractors	who each	rec	oived i	more	than
	\$100	,000 of compensation from the organ	nization. If there is no	ne, enter "None."	SHE OOH	lidolois	WIIO Caci	1 100	cived	more	triari
	(a)	Name and business address of each independ	ent contractor	(b) Type of	service		(c)	Comr	pensatio	n	
				(-),,,,							
None											
-											
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	. ▶						
		tid the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a									
		oleted Schedule A	<u> </u>				1		Yes		<u>lo</u>
Under per true, corre	nalties ect, an	of perjury, I declare that I have examined this r d complete. Declaration of preparer (other than	eturn, including accompany officer) is based on all info	ying schedules and stat	ements, a	and to the l	oest of my kn ae.	owled	ge and	belief,	it is
	T	V. Show					04.0	2	27		
Sign		Signature of officer				Date	V 7. V	<u> </u>	66		
Here	Volodymyr Skrypka, Treasurer										
	\perp		Type or print name and title								
Paid		Print/Type preparer's name	Preparer's signature		Date		Check	if	PTIN		
Prepa		Firm's name ▶				Eiron!	self-employs EIN ▶	yeu			
Use O	nıy	Firm's address ▶				Phon					
May the	IRS	discuss this return with the preparer	shown above? See i	netructione		1, ,,,,,,,			1 Vac		10