

**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**

2007

Department of the Treasury
Internal Revenue Service (77)

For calendar year 2007 or other tax year beginning SEPT 1, 2007, and
ending AUGUST 31, 20 08 . ▶ See separate instructions.

Open to Public Inspection
for 501(c)(3) Organizations Only

| | | | |
|--|--|---|--|
| <p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p> <p>C Book value of all assets at end of year 0</p> | <p>Print or Type</p> <p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) U.S.-UKRAINE FOUNDATION</p> <p>Number, street, and room or suite no. If a P.O. box, see page 9 of instructions. 1701 K STREET NW - SUITE 903</p> <p>City or town, state, and ZIP code WASHINGTON, DC 20006</p> | <p>D Employer identification number (Employees' trust, see instructions for Block D on page 9.) 52 : 1778729</p> <p>E Unrelated business activity codes (See instructions for Block E on page 9.) 54 : 1800</p> | <p>F Group exemption number (See instructions for Block F on page 9.) ▶</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p> |
|--|--|---|--|

H Describe the organization's primary unrelated business activity. ▶ **WEBSITE ADVERTISING & RELATED PR SERVICES**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **JOHN . KUN, VP/COO** Telephone number ▶ (**202**) **223-2228**

| | | (A) Income | (B) Expenses | (C) Net |
|---|--------------------|------------|--------------|-----------|
| 1a Gross receipts or sales | | | | |
| b Less returns and allowances | c Balance ▶ | | | |
| 2 Cost of goods sold (Schedule A, line 7) | | | | |
| 3 Gross profit. Subtract line 2 from line 1c | | | | |
| 4a Capital gain net income (attach Schedule D) | | | | |
| b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | | | | |
| c Capital loss deduction for trusts | | | | |
| 5 Income (loss) from partnerships and S corporations (attach statement) | | | | |
| 6 Rent income (Schedule C) | | | | |
| 7 Unrelated debt-financed income (Schedule E) | | | | |
| 8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) | | | | |
| 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | | | | |
| 10 Exploited exempt activity income (Schedule I) | | | | |
| 11 Advertising income (Schedule J) | | \$ 13,319 | \$ 3,002 | \$ 10,317 |
| 12 Other income (See page 11 of the instructions; attach schedule.) | | | | |
| 13 Total. Combine lines 3 through 12 | | \$ 13,319 | \$ 3,002 | \$ 10,317 |

Part II Deductions Not Taken Elsewhere (See page 12 of the instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

| | | | | |
|--|------------|--|-----------|------------|
| 14 Compensation of officers, directors, and trustees (Schedule K) | | | | |
| 15 Salaries and wages | | | \$ 17,614 | |
| 16 Repairs and maintenance | | | | |
| 17 Bad debts | | | | |
| 18 Interest (attach schedule) | | | | |
| 19 Taxes and licenses | | | | |
| 20 Charitable contributions (See page 14 of the instructions for limitation rules.) | | | | |
| 21 Depreciation (attach Form 4562) | 21 | | | |
| 22 Less depreciation claimed on Schedule A and elsewhere on return | 22a | | | 22b |
| 23 Depletion | | | | |
| 24 Contributions to deferred compensation plans | | | | |
| 25 Employee benefit programs | | | | |
| 26 Excess exempt expenses (Schedule I) | | | | |
| 27 Excess readership costs (Schedule J) | | | | |
| 28 Other deductions (attach schedule) | | | | |
| 29 Total deductions. Add lines 14 through 28 | | | \$ 17,614 | |
| 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | | | \$ 0 | |
| 31 Net operating loss deduction (limited to the amount on line 30) | | | \$ 0 | |
| 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 | | | \$ 0 | |
| 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.) | | | \$ 0 | |
| 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | | | \$ 0 | |

Part III Tax Computation

| | | |
|---|------------|------|
| 35 Organizations Taxable as Corporations. See instructions for tax computation on page 15. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: | | |
| a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ | | |
| b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ | | |
| c Income tax on the amount on line 34 | 35c | |
| 36 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | 36 | |
| 37 Proxy tax. See page 16 of the instructions | 37 | |
| 38 Alternative minimum tax | 38 | |
| 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies | 39 | \$ 0 |

Part IV Tax and Payments

| | | | |
|--|------------|--|------|
| 40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 40a | | |
| b Other credits (see page 17 of the instructions) | 40b | | |
| c General business credit. Check here and indicate which forms are attached: <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form(s) (specify) _____ | 40c | | |
| d Credit for prior year minimum tax (attach Form 8801 or 8827) | 40d | | |
| e Total credits. Add lines 40a through 40d | 40e | | \$ 0 |
| 41 Subtract line 40e from line 39 | 41 | | |
| 42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) | 42 | | |
| 43 Total tax. Add lines 41 and 42 | 43 | | \$ 0 |
| 44a Payments: A 2006 overpayment credited to 2007 | 44a | | |
| b 2007 estimated tax payments | 44b | | |
| c Tax deposited with Form 8868 | 44c | | |
| d Foreign organizations: Tax paid or withheld at source (see instructions) | 44d | | |
| e Backup withholding (see instructions) | 44e | | |
| f Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total | 44f | | |
| 45 Total payments. Add lines 44a through 44f | 45 | | \$ 0 |
| 46 Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached <input type="checkbox"/> | 46 | | |
| 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed | 47 | | \$ 0 |
| 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid | 48 | | |
| 49 Enter the amount of line 48 you want: Credited to 2008 estimated tax \$ _____ Refunded \$ _____ | 49 | | \$ 0 |

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 18)

| | | |
|---|-----|----|
| 1 At any time during the 2007 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1. If YES, enter the name of the foreign country here UKRAINE | Yes | No |
| 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file. | | ✓ |
| 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ 5,439 | | |

Schedule A—Cost of Goods Sold. Enter method of inventory valuation

| | | | | | | | |
|---|-----------|--|------|---|----------|-----|----|
| 1 Inventory at beginning of year | 1 | | | 6 Inventory at end of year | 6 | | |
| 2 Purchases | 2 | | | 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 | 7 | | |
| 3 Cost of labor | 3 | | | 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | | Yes | No |
| 4a Additional section 263A costs (attach schedule) | 4a | | | | | | ✓ |
| b Other costs (attach schedule) | 4b | | | | | | |
| 5 Total. Add lines 1 through 4b | 5 | | \$ 0 | | | | |

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here *John L. Keen* 4/14/09 **VP/COO**
 Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer's Use Only
 Preparer's signature Date Check if self-employed Preparer's SSN or PTIN
 Firm's name (or yours if self-employed), address, and ZIP code EIN Phone no. ()