** PUBLIC DISCLOSURE COPY **

990

Internal Revenue Service

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.

Open to Public Inspection

OMB No. 1545-0047

Α	For the	e 2017 calendar year, or tax year beginning $$ OCT 1 , $$ 2017 $$ and endir	ng S	EP 30, 2018					
В	Check if applicabl	e: C Name of organization		D Employer identifi	cation number				
	Addre chang	THE EURASIA FOUNDATION							
	Name chang			52-1	780162				
	Initial return Final return	1350 CONNECUTCITE AVENUE NW 100		E Telephone number (202)234-7370					
	termin ated	, I		G Gross receipts \$	13,084,836.				
	Amen	WASHINGTON, DC 20036		H(a) Is this a group re					
	Application pendir			for subordinates	·····- —				
_	T	SAME AS C ABOVE	527	H(b) Are all subordinates in					
÷	lax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or Le: ► WWW • EURASIA • ORG	527	1	list. (see instructions)				
			Voor	H(c) Group exemption 1992	A State of legal domicile: DC				
		Summary	_ rear (oriorination. ±552 r	A State of legal dominione. DC				
		Briefly describe the organization's mission or most significant activities: SEE PAR	ΤΤ	TT LINE 1.					
Governance	'	Briefly describe the organization's mission of most significant activities.		II, DIND I.					
naı	2	Check this box if the organization discontinued its operations or disposed o	f more	than 25% of its net as	seets				
Ve		Number of voting members of the governing body (Part VI, line 1a)			20				
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			19				
တ္တ		Total number of individuals employed in calendar year 2017 (Part V, line 2a)			83				
Ìţį		Total number of volunteers (estimate if necessary)			18				
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
۹		Net unrelated business taxable income from Form 990-T, line 34			24,513.				
				Prior Year	Current Year				
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		8,697,549.	9,030,692.				
eun		Program service revenue (Part VIII, line 2g)		0.	0.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		315,993.	210,776.				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	. L	0.	0.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,013,542.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,744,074.	2,399,272.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,190,571.	4,782,619.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
ă	b	Total fundraising expenses (Part IX, column (D), line 25)		0 506 554	0.600.050				
	1/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,706,574.	2,602,858.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	.	9,641,219.					
	19	Revenue less expenses. Subtract line 18 from line 12	-	-627,677.					
Net Assets or Find Balances		T (D) (ginning of Current Year 6,490,682.	End of Year 5,704,979.				
SSE	20	Total assets (Part X, line 16)	`	2,399,183.	2,070,794.				
let /	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	. —	4,091,499.	3,634,185.				
	22 art II	Signature Block		4,0J1,4JJ.	3,034,103.				
		alties of perjury, I declare that I have examined this return, including accompanying schedules and	statem	ents, and to the hest of m	v knowledge and helief it is				
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which pr		•	y miowiougo ana bonon, n io				
-	, 0000	L	opu.o.	The any time meager					
Sig	ın	Signature of officer		Date					
He		ELIZABETH COLL, PRESIDENT							
	-	Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Pai	d	RICHARD J. LOCASTRO, CPA Rectand J. Locastro	` [8	8/13/2019 self-employ	P00288314				
Pre	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN		Firm's EIN	52-1392008				
Use	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N							
		BETHESDA, MD 20814-2930		Phone no. (3	01) 951-9090				
Ma	y the If	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				

Other program services (Describe in Schedule O.)

6,941,736. Total program service expenses

including grants of \$

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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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
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? If "Yes," complete Schedule C, Part II	4		Х
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> Schedule D, Part III	8		Х
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	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		X
С	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		X
d	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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
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	Х	
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	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		٦,	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			7,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			37
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
	complete Schedule G, Part III	19		X

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Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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	Х	
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	Х	
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? If "Yes," complete			
	Schedule J	23	Х	
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		Х
	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		
	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	05-		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
D	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-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			\ ₃₂
0.5	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Α.
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05:		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		x
27	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		X
35	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
38	Note. All Form 990 filers are required to complete Schedule O	38	х	
	1000 And 1 of the 200 files are required to complete our reduce O	J00		

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Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part v		<u></u>		<u> </u>	X
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	50			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r					
	(gambling) winnings to prize winners?	 I I		1c	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		0.0			
	filed for the calendar year ending with or within the year covered by this return		83			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3a	-		⊢	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		 	3b	Х	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	•				
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?		4a	Х	
b	If "Yes," enter the name of the foreign country: ► SEE SCHEDULE O		— I			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					77
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	\longrightarrow	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b	\longrightarrow	X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с	\longrightarrow	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					37
	any contributions that were not tax deductible as charitable contributions?		·····-	6a	\rightarrow	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	-				
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_		v
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se		_	7a 		X
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 w			. .		х
	to file Form 8282?	1 1		7c		^
d	If "Yes," indicate the number of Forms 8282 filed during the year					Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e 7f	\dashv	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont.				\dashv	
g	If the organization received a contribution of qualified intellectual property, did the organization file Full the organization received a contribution of care heats girplanes or other vehicles did the organization			7g 7h	-	
н 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	,		/ "		
0				8		
9	Sponsoring organizations maintaining donor advised funds.			Ť		
а		N/	A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	-	
10	Section 501(c)(7) organizations. Enter:		<u> </u>			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		\neg			
а	Gross income from members or shareholders N/A	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	N/	A	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
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	13b				
С	Enter the amount of reserves on hand	13c				
14a			⊢	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b		
				Form	990	(2017)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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			X
Sec	tion 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 20			
	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 15			
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		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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	X	
b	Describe in 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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in 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		X
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA, IL, MD, NJ, NM, NY, PA, TN, VA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	BRUCE BROWN - 202-234-7370			
	1350 CONNECTICUT AVE., NW, WASHINGTON, DC 20036			

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 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.
- 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and 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.

 \perp Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			(C Pos		,		(D)	(E)	(F)
Name and Title	Average hours per	box	not c , unle	heck ss pe	more rson i	than	h an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer B		Highest compensated highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) W. HORTON BEEBE-CENTER PRESIDENT	40.00	x		х				230,702.	0.	38,039.
(2) WILLIAM H. COURTNEY	4.00	Х		х				0.	0.	0.
CHAIR (3) DANIEL WITT	4.00	^		^				0.	0.	· ·
VICE CHAR	4.00	x		x				0.	0.	0.
(4) ADNAN KIFAYAT	4.00									
SECRETARY		х		х				0.	0.	0.
(5) RICHARD L. MORNINGSTAR	4.00									
TREASURER		Х		Х				0.	0.	0.
(6) JOHN BEYRLE	2.00									
TRUSTEE		Х						0.	0.	0.
(7) RANDY BREGMAN	2.00									
TRUSTEE		Х						0.	0.	0.
(8) THOMAS A. DINE	2.00							_	_	_
TRUSTEE		Х						0.	0.	0.
(9) ROBERT B. DRUMHELLER	2.00	l								
TRUSTEE		Х						0.	0.	0.
(10) WILLIE GAYNOR	2.00	,,								_
TRUSTEE	2 00	Х						0.	0.	0.
(11) GEORGE M. INGRAM	2.00	X						0.	0.	0.
TRUSTEE (12) FRANK C. INGRISELLI	2.00	^						0.	0.	0.
TRUSTEE	2.00	X						0.	0.	0.
(13) JAN H. KALICKI	2.00							0.	0.	•
TRUSTEE	2.00	x						0.	0.	0.
(14) ARIUNA NAMSRAI	2.00									
TRUSTEE		x						0.	0.	0.
(15) THOMAS R. PICKERING	2.00									
TRUSTEE		х						0.	0.	0.
(16) SUSAN REICHLE	2.00									
TRUSTEE		Х						0.	0.	0.
(17) DAVID SLADE	2.00									
TRUSTEE		Х						0.	0.	0.
732007 11-28-17										Form 990 (2017)

732007 11-28-17

Form **990** (2017

Form 990 (2017) THE EURASIA FOUNDATION 52-1780162 Page 8													
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, and	iH t	ghe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average			(C Posit	;) tion	1		(D) Reportable	(E) Reportable		Est	(F) timate	d
	hours per week (list any	week box, u			do not check more than ox, unless person is bo officer and a director/tru			·	compensatior from related organizations		(ount on other oensa	
	hours for related organizations	Individual trustee or director	al trustee		yee	Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MIS	C)	orga	om the anizati I relate	on
	below line)	Individual	Institutional trustee	Officer	Key employee	Highest co employee	Former				orga	nizatio	ons
(18) SUSAN A. THORNTON TRUSTEE	2.00	Х						0.		0.			0.
(19) MARY BURCE WARLICK TRUSTEE	2.00	Х						0.		0.			0.
(20) KENNETH S. YALOWITZ TRUSTEE	2.00	х						0.		0.			0.
(21) ELIZABETH COLL	40.00					7,7					2,	2 44	
VICE PRESIDENT (22) LAURENS AYVAZIAN	40.00			\Box		Х		142,786.		0.		2,4	
ELE DIRECTOR (UNTIL 7/31/18) (23) ROBERT O'DONOVAN	40.00					X		142,450.		0.	18	3,30	<u> </u>
CEG DIRECTOR (24) JULIE GARUCCIO	40.00		_			Х		136,720.		0.	20	5,3'	71.
SID DIRECTOR (UNTIL 6/29/18)						х		118,737.		0.	23	3,2	33.
(25) CARLOS GUERRERO CHIEF OF PARTY TAPAS (UNTIL 9/22/17)	40.00					х		154,478.		0.	3:	L,1:	19.
1b Sub-total								925,873.		0.	169	9,5	31.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)							<u> </u>	925,873.		0.	169	9,5	
Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed ab	oove	e) wł	no r	eceived more than \$100	0,000 of reportable	Э			8
3 Did the organization list any former officer,	director or tru	ıcto	o ka	ov om	anlo	oo	or	highest compensated o	mployee on			Yes	No
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150								•	•		4	х	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	=				-						5		Х
Section B. Independent Contractors													
Complete this table for your five highest co the organization. Report compensation for	•	•							•	pens	ation fi	rom	
(A) Name and business	,		ONI			<u> </u>		(B) Description of s		C	(C		—— 1
		111	2141										
2. Total number of independent contraction (noludina but :	O+ 11	mit	d +c -	+h -	00 17		d aboug) who *co-::	age than				
2 Total number of independent contractors (i \$100,000 of compensation from the organization from the organizat		UT II	ııııte	:u t01		se 11:)	stec	above) who received m	iore man			200	
											Form \$	190 (2	2017)

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Forn	1 990) (2	2017) THE E	URASIA F	OUNDATIO	1		52-178	0162 Page 9
Pa	rt V	/	Statement of Rever	nue					
			Check if Schedule O cont	ains a response	or note to any lin		/5>		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	1b					
Es, (С	Fundraising events	1c					
를 를		d	Related organizations	1d					
ns,		е	Government grants (contribut	ions) 1e	8,868,835.				
e ë		f	All other contributions, gifts, gran						
들 돌			similar amounts not included above		161,857.				
ng p		_	Noncash contributions included in lines			0.020.600			
O B		n	Total. Add lines 1a-1f		9,030,692.				
ø.	2	_			Business Code				
Š		a b							
Ser		c							
ame		d							
Program Service Revenue		e							
ď		f	All other program service reve	enue					
		g	Total. Add lines 2a-2f		>				
	3		Investment income (including	dividends, intere	est, and				
			other similar amounts)			118,138.			118,138.
	4		Income from investment of tax		-				
	5		Royalties						
	•	_	0	(i) Real	(ii) Personal				
	6		Gross rents						
			Less: rental expenses Rental income or (loss)						
			Gross amount from sales of	(i) Securities	(ii) Other				
	-		assets other than inventory	3,936,006.	(14) 2 2222				
		b	Less: cost or other basis						
			and sales expenses	3,843,368.					
		С	Gain or (loss)	92,638.					
		d	Net gain or (loss)			92,638.			92,638.
e	8	а	Gross income from fundraising	•					
/en			including \$						
Be			contributions reported on line						
Other Revenue			Part IV, line 18						
₽			Less: direct expenses Net income or (loss) from fund						
			Gross income from gaming ac						
		_	Part IV, line 19						
		b	Less: direct expenses						
			Net income or (loss) from gam						
	10	а	Gross sales of inventory, less	returns					
			and allowances						
			Less: cost of goods sold						
		С	Net income or (loss) from sale						
	44	_	Miscellaneous Revenu		Business Code				
	11								
		b c			 				
			All other revenue						
									+

e Total. Add lines 11a-11d

9,241,468.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (B) (D) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 410,546. 410,546. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 1,155. 1,155. Grants and other assistance to foreign organizations, foreign governments, and foreign 1,987,571. 1,987,571. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 232,222. 232,222 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,058,160. 1,789,475. 1,268,685. Other salaries and wages 7 Pension plan accruals and contributions (include 131,505. 78,778. 52,727. section 401(k) and 403(b) employer contributions) 1,099,505. 618,447. 481,058. Other employee benefits 9 143,671. 261,227. 117,556. Payroll taxes 10 Fees for services (non-employees): a Management 1,275.4,635. 3,360. Legal 63,920. 96,076. 32,156. Accounting Lobbying Professional fundraising services. See Part IV, line 17 13,626. 13,626. Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 1,273,847. 1,077,602. 196,245. column (A) amount, list line 11g expenses on Sch O.) 1,968. 88. 2,056. Advertising and promotion 12 61,940. 142,348. 80,408. 13 Office expenses 40,302. 10,850. 29,452. 14 Information technology 15 Royalties 368,551. 254,877. 113,674. 16 Occupancy 31,512. 324,624. 293,112. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 77,155. 56,890. 20,265. Conferences, conventions, and meetings 19 27,995. 27,995. 20 Payments to affiliates 21 160,787. 57,319. 103,468. Depreciation, depletion, and amortization 22 51,325. 10,911. 40,414. 23 Other expenses. Itemize expenses not covered 24 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.) 7,824. 11,841. 4,017. MEMBERSHIP DUES STAFF RECRUITMENT 4,430. 2,724. 1,706. 40. STATE REGISTRATION FEES 2,284. 2,244. d MISCELLANEOUS 976. 502. 474. e All other expenses Total functional expenses. Add lines 1 through 24e 9,784,749. 6,941,736. 2,843,013. 0. 25 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)

Form **990** (2017)

Pa	rt X	Balance Sheet						
		Check if Schedule O contains a response or not	e to ar	y line in this Part X				
					(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing			61,328.	1	75,394.	
	2	Savings and temporary cash investments			104,114.	2	10,926.	
	3	Pledges and grants receivable, net			1,921,011.	3	2,025,928.	
	4	Accounts receivable, net			142,330.	4	202.	
	5	Loans and other receivables from current and for						
		trustees, key employees, and highest compensation	ated er	nployees. Complete				
		Part II of Schedule L				5		
	6	Loans and other receivables from other disquali						
		section 4958(f)(1)), persons described in section	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing					
		employers and sponsoring organizations of sect						
ş		employees' beneficiary organizations (see instr).	lete Part II of Sch L		6			
Assets	7	Notes and loans receivable, net	255,728.	7	248,107.			
Ä	8	Inventories for sale or use				8		
	9	Prepaid expenses and deferred charges			96,688.	9		
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	2,302,387.				
	b			735,698.	1,727,476.	10c	1,566,689.	
	11	Investments - publicly traded securities			2,152,241.	11	1,752,020.	
	12	Investments - other securities. See Part IV, line		12				
	13	Investments - program-related. See Part IV, line		13				
	14	Intangible assets		14				
	15	Other assets. See Part IV, line 11	29,766.	15	25,713.			
	16	Total assets. Add lines 1 through 15 (must equ			6,490,682.	16	5,704,979.	
	17	Accounts payable and accrued expenses			494,354.	17	300,756.	
	18	Grants payable	1,175,419.	18	1,211,623.			
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities				20		
	21	Escrow or custodial account liability. Complete				21		
S	22	Loans and other payables to current and former	office	rs, directors, trustees,				
Ě		key employees, highest compensated employee	s, and	disqualified persons.				
Liabilities		Complete Part II of Schedule L				22		
_	23	Secured mortgages and notes payable to unrela			576,728.	23	463,325.	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24		
	25	Other liabilities (including federal income tax, pa	yables	to related third				
		parties, and other liabilities not included on lines	17-24). Complete Part X of				
		Schedule D			152,682.	25	95,090.	
	26	Total liabilities. Add lines 17 through 25			2,399,183.	26	2,070,794.	
		Organizations that follow SFAS 117 (ASC 958), chec	ck here ▶ X and				
es		complete lines 27 through 29, and lines 33 and	d 34.					
auc	27	Unrestricted net assets		3,923,454.	27	3,514,390.		
Fund Balances	28	Temporarily restricted net assets	168,045.	28	119,795.			
БП	29				29			
		Organizations that do not follow SFAS 117 (A	SC 95	B), check here ▶Ш				
P		and complete lines 30 through 34.						
ets	30	Capital stock or trust principal, or current funds				30		
Ass	31	Paid-in or capital surplus, or land, building, or ed				31		
Net Assets or	32	Retained earnings, endowment, accumulated in				32	2 42 4 12 =	
Z	33	Total net assets or fund balances			4,091,499.	33	3,634,185.	
	34	Total liabilities and net assets/fund balances			6,490,682.	34	5,704,979.	

Form **990** (2017)

га	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,24		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,78		
3	Revenue less expenses. Subtract line 2 from line 1	3		-54	-	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	,09		
5	Net unrealized gains (losses) on investments	5		4	8,6	26.
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		3	7,3	41.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	3	,63	4,1	85.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	.,			
	review, or compilation of its financial statements and selection of an independent accountant?		, i	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si					
	Act and OMB Circular A-133?	5	l l	За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	Х	

SCHEDULE A

(Form 990 or 990-EZ)

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 www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization THE EURASIA FOUNDATION 52-1780162 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17

Total

13

Schedule A (Form 990 or 990-EZ) 2017

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

(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 fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7,451,546.	8,759,649.	8,129,670.	8,697,549.	9,030,692.	42,069,106.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	7,451,546.	8,759,649.	8,129,670.	8,697,549.	9,030,692.	42,069,106.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						42,069,106.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	7,451,546.	8,759,649.	8,129,670.	8,697,549.	9,030,692.	42,069,106.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	427,649.	332,450.	197,177.	141,073.	118,138.	1,216,487.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on			75,205.			75,205.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	336.	5,286.	47,143.			52,765.
11	Total support. Add lines 7 through 10						43,413,563.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stor						<u></u>
	ction C. Computation of Publ						06.00
14	Public support percentage for 2017 (14	96.90 %
15	Public support percentage from 2016					15	96.35 %
16a	33 1/3% support test - 2017. If the o	•		•		•	
_	stop here. The organization qualifies						► X
b	33 1/3% support test - 2016. If the c						is box
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the "fac			-		-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the		•				
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17k	o, check this box a	ınd see instructions	<u> </u>

Schedule A (Form 990 or 990-EZ) 2017

Part III | 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.)

Se	ction A. Public Support	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•			•	
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	. ,	, ,				,,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	r the organization	s first, second this	rd, fourth, or fifth t	ax vear as a section	n 501(c)(3) organi	zation.
•		-			•		
Se	ction C. Computation of Publ						
	Public support percentage for 2017 (column (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inve					<u> </u>	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2017. If the					33 1/3%, and line	
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2016. If the						
-	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI 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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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 **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** 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 Part VI 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in 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 Part VI.
- 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 10b below.
 - **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.)

		Yes	No
	1		
	2		
	_		
	3a		
	3b		
	3с		
	4-		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9d		
	9b		
	9с		
	10a		
	10b		
_			

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	tion of Type I capper and organizations		Yes	No
4	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
1				
	regularly 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 Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			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 of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	<i>y</i>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the 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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
_				
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)) -		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported 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 substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
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 1-1/2% 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 .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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	Distributable Amount. 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-functional	ly integrate	ed Type III supporting org	ganization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2017

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemple			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Dort VI	The state of the s
Part VI	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.)
	(Soo manachore)
-	
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-	
<u></u>	

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

OMB No. 1545-0047

Name of the organization

Employer identification number

THE EURASIA FOUNDATION

52-1780162

Organization type (check	one):				
Filers of:	Section:				
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule					
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or you one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from tor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; Z, line 1. Complete Parts I and II.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \rightarrow \$					
but it must answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), in Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization Employer identification number

THE EURASIA FOUNDATION 52-1780162

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1		\$\$, 6,365,691.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$\$\$\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

THE EURASIA FOUNDATION

52-1780162

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		_				
		 \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		_				
		<u> </u>				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		_				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		<u> </u>				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		_				
		 \$				
3453 11-01-	-17		990, 990-EZ, or 990-PF) (20			

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization Employer identification number 52-1780162 THE EURASIA FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

723454 11-01-17

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE EURASTA FOUNDATION

Employer identification number 52-1780162

Pai	t I Organizations Maintaining Donor Advise		or Accou	nts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
	, ,	(a) Donor advised funds	(b) Fund	ds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds	
	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor o			
			-	Yes No
Pai				
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	rically import	tant land area
	Protection of natural habitat	Preservation of a certi	fied historic s	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	of a conserva	tion easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	re	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rel			during the tax
	year ▶			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation ease	ements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easemen	ts during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, a	nd balance sheet, and
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes t	he organizat	ion's accounting for
_	conservation easements.			
Pai		-	her Simila	ar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherar	ice of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri			
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	olic service, p	rovide the following amounts
	relating to these items:		_	
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			·
2	If the organization received or held works of art, historical treations are also as a second	·	gain, provide	Э
	the following amounts required to be reported under SFAS 1		.	
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X		🕨 🤄	5

732051 10-09-17

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Pai	t III Organizations Maintaining C	collections of Ar	t, Hist	orical Tr	easures, o	or Othe	r Similar <i>A</i>	Assets(c	ontir	nued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check	any of the	following tha	at are a si	gnificant use	of its coll	ectio	n item	าร
	(check all that apply):										
а	Public exhibition	d	L	oan or exc	hange progra	ams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit of	r receive donations o	of art, his	storical trea	asures, or oth	er similar	assets				
	to be sold to raise funds rather than to be ma	aintained as part of th	he orgar	nization's c	ollection?			Y	es		No
Pai	t IV Escrow and Custodial Arran							art IV, line	9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for o	contribution	ns or other as	sets not	included				
	on Form 990, Part X?							🔲 Y	es		□No
b	If "Yes," explain the arrangement in Part XIII										
	-	•	_					An	noun	t	
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F							Y	es		No
	If "Yes," explain the arrangement in Part XIII.		•								
Pai											
	·	(a) Current year		rior year	1		d) Three years	back (e	Four	years	back
1a	Beginning of year balance	(,	(,-	· · · , · · · ·	(-, ,	<u> </u>	-, ,				
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
C	·										
	. •										
	Administrative expenses End of year balance							<u> </u>			
_	Provide the estimated percentage of the cur	ront year and balance	o (lino 1	a column ()) hold as:	I_					
2	Board designated or quasi-endowment		e (iirie rų %	y, coluitiit (ajji rielu as.						
	Permanent endowment	%									
	· · · · · · · · · · · · · · · · · · ·										
C	The percentages on lines 2s. 2h. and 2s she	%									
2-	The percentages on lines 2a, 2b, and 2c sho			ماموا مربما				_			
Sa	Are there endowment funds not in the posse	ession of the organiza	ation tha	t are rielu a	and administe	ered for tr	ie organizatio	or i	ſ	V	N ₂
	by:							T.	-(:)	Yes	No
	(i) unrelated organizations								a(i)		
	(ii) related organizations								a(ii)		
	If "Yes" on line 3a(ii), are the related organiza				·			L	3b		<u> </u>
Bar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment t	unas.							
Fai			. D4 IV		3 F 000	D-4 V	lin n 10				
	Complete if the organization answere							1			
	Description of property	(a) Cost or ot			t or other		cumulated	(d)	Воо	k valu	е
		basis (investm	ierit)	pasis	(other)	аер	reciation	-			
	Land			1 55	1E 000	^	70 205	1	20		0.5
	Buildings				5,000.		79,305				95.
	Leasehold improvements				8,384.	4	27,195				89.
	Equipment				5,354.		8,711				43.
	Other				3,649.		20,487				62.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part 2	X, colum	nn (B), line 1	10c.)		•	1,	56	0, 6	89.

Part VII Investments - Other Securities

Part VII	Investments - Other Securities.				
(a) Descrin	Complete if the organization answered "Yes" tion of security or category (including name of security)	(b) Book value			d-of-year market value
		(b) Book value	(c) Method of	valuation. Oost of en	d-or-year market value
	al derivativesheld equity interests				
(3) Other	rield equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.)				
	Investments - Program Related.		•		
	Complete if the organization answered "Yes"	on Form 990, Part I\	/, line 11c. See Form 990	, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or en	d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				
	Complete if the organization answered "Yes"		/, line 11d. See Form 990	, Part X, line 15.	(h) Dealcuelus
	(a)	Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
<u>(6)</u> <u>(7)</u>					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col. (B) line	e 15)		•	
Part X	Other Liabilities.				I
	Complete if the organization answered "Yes"	on Form 990, Part I\	/, line 11e or 11f. See For	m 990, Part X, line 25	5.
1.	(a) Description of liability	·	(b) Book value		
	eral income taxes				
	FUNDABLE ADVANCE		534.		
(3) DE	FERRED RENT		94,556	,	
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line	e 25.) ▶	95,090.		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

	dule D (Form 990) 2017 THE EURASIA FOUNDATION				1780162 _{Page} 4
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per R	eturr).
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	9,433,711
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	48,626.		
b	Donated services and use of facilities	2b	157,243.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	205,869
3	Subtract line 2e from line 1			3	9,227,842
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	13,626.		
b	Other (Describe in Part XIII.)		•		
	Add lines 4a and 4b			4c	13,626
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	9,241,468
	t XII Reconciliation of Expenses per Audited Financial Stateme			_	-, ,
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				••••
1	Total expenses and losses per audited financial statements			1	9,891,025
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				3,031,023
		2a	157,243.		
a	Donated services and use of facilities	—	137,243.	-	
b	Prior year adjustments			-	
С.	Other losses	2c	-37,341.		
d	Other (Describe in Part XIII.)		· · · · · · · · · · · · · · · · · · ·		110 000
е	Add lines 2a through 2d			2e	119,902
3	Subtract line 2e from line 1			3	9,771,123
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		12 606		
а	Investment expenses not included on Form 990, Part VIII, line 7b		13,626.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	13,626
5				5	9,784,749
Pa	t XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b	and 2b; Part V, line	4; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi	tional infor	mation.		
PAI	RT X, LINE 2:				
FOI	R THE YEAR ENDED SEPTEMBER 30, 2018, EF HAS	S DOCT	MENTED ITS	COI	NSIDERATION
OF	FASB ASC 740-10, INCOME TAXES, THAT PROVIDE	DES GU	JIDANCE FOR	RE	PORTING
UNO	CERTAINTY IN INCOME TAXES AND HAS DETERMINI	ED TH	T NO MATER	IAL	UNCERTAIN
TAX	Y POSITIONS QUALIFY FOR EITHER RECOGNITION	OR DI	SCLOSURE I	N T	HE
FII	NANCIAL STATEMENTS.				

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CANCELLATION OF SUB-GRANTS AWARDED IN PRIOR YEARS

-37,341.

Schedule D (Form 990) 2017 Part XIII Supplemental In	THE EURASIA FOUNDATION	52-1780162 Page 5
Part XIII Supplemental In	formation (continued)	

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on 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.

2017
Open to Public Inspection

Name of the organization

THE EURASIA FOUNDATION

Employer identification number

52-1780162

Part I	General Information on Activities Outside the United States. Complete if the organization answered "Yes" on
	Form 990, Part IV, line 14b.

1 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 to award the grants or assistance? _____ X Yes ____ No

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.

3 Activities per Region. (T	he following Par	I, line 3 table c	an be duplicated if additional space is	needed.)	
(a) Region	(b) Number of offices in the region	employees, agents, and independent contractors	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a program service,	(f) Total expenditures for and investments in the region
		in the region	j , , , , , , , , , , , , , , , , , , ,	SUPPORT INSTITUTIONAL	in the region
				DEVELOPMENT, CIVIC	
RUSSIA AND				ENGAGEMENT, SOCIAL	
NEIGHBORING STATES	11	32	PROGRAM SERVICES	EXPERTISE EXCHANGE, AND	2,936,878.
MEIGHBORING BIRIES	1	32	I ROGRAM BERVICES	EXTERTISE EXCHANGE, AND	2,330,070.
			GRANTS AND OTHER SUPPORT TO		
RUSSIA AND			RECIPIENTS LOCATED IN THE		
NEIGHBORING STATES		0	REGION		1,668,071.
NEIGHBORING STRIES	1		REGION	ONLINE EDUCATION,	1,000,071.
				CRITICAL THINKING, AND	
MIDDLE EAST AND				DIGITAL EXCHANGE	
NORTH AFRICA	0	0	PROGRAM SERVICES	PROGRAMS	1 579 593
NORTH AFRICA	ļ		FROGRAM SERVICES	FROGRAMS	1,578,583.
			GRANTS AND OTHER SUPPORT TO		
MIDDLE EAST AND			RECIPIENTS LOCATED IN THE		
NORTH AFRICA	0	0	REGION		227 858
NORTH AFRICA	-		KEGION		227,858.
			GRANTS AND OTHER SUPPORT TO		
EAST ASIA AND THE			RECIPIENTS LOCATED IN THE		
PACIFIC	,	0	REGION		91,642.
TACTITIC	-		KEGION	SUPPORT NONPROFIT	31,042.
				ORGANIZATIONS, COMMUNITY	
EAST ASIA AND THE				DEVELOPMENT, AND WOMEN	
PACIFIC	,	0	PROGRAM SERVICES	CIVIC ENGAGEMENT	113,302.
TACTITIC	-		I ROGRAM BERVICES	CIVIC ENGAGEMENT	113,302.
					
2 a Sub total	11	32			6,616,334.
3 a Sub-total b Total from continuation		32			0,010,334.
		0			0.
sheets to Part I					
c Totals (add lines 3a and 3b)	11	32			6,616,334.
and 3b)	1 11	1 74			0,010,334.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART V FOR COLUMN (E) DESCRIPTIONS

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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
			TRANSPARENCY AND					
		RUSSIA AND	ACCOUNTABILITY IN					
		NEIGHBORING	PUBLIC ADMINISTRATION					
		STATES	AND SERVICES	145,745.	WIRE	0.		
			TRANSPARENCY AND					
		RUSSIA AND	ACCOUNTABILITY IN					
		NEIGHBORING	PUBLIC ADMINISTRATION					
		STATES	AND SERVICES	242,102.	WIRE	0.		
			TRANSPARENCY AND	,				
		RUSSIA AND	ACCOUNTABILITY IN					
		NEIGHBORING	PUBLIC ADMINISTRATION					
		STATES	AND SERVICES	611,902.	WIRE	0.		
			TRANSPARENCY AND					
		RUSSIA AND	ACCOUNTABILITY IN					
		NEIGHBORING	PUBLIC ADMINISTRATION					
		STATES	AND SERVICES	507,603.	WIRE	0.		
			TRANSPARENCY AND					
		RUSSIA AND	ACCOUNTABILITY IN					
		NEIGHBORING	PUBLIC ADMINISTRATION					
		STATES	AND SERVICES	157,290.	WIRE	0.		
		RUSSIA AND NEIGHBORING	CAPACITY BUILDING OF CIVIL SOCIETY					
		STATES	ORGANIZATIONS	12,759.	WIRE	0.		
			ONLINE EDUCATION,	·				
			CRITICAL THINKING,					
		MIDDLE EAST AND	AND DIGITAL EXCHANGE					
		NORTH AFRICA	PROGRAMS	171,416.	WIRE	0.		
			SUPPORT NONPROFIT	·				
			ORGANIZATIONS,					
		EAST ASIA AND THE	COMMUNITY					
		PACIFIC	DEVELOPMENT, AND	91,642.	WIRE	0.		

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

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. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance RUSSIA AND NEIGHBORING STATES 47,113.WIRE PROJECT SUPPORT 5 0.

Page 4

Schedule F (Form 990) 2017 Part 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)	X Yes	☐ 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	X 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	X 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	X 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	X 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	X No

Part 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.

PART I, LINE 2:

EURASIA FOUNDATION (EF) HAS RIGOROUS SYSTEMS FOR MONITORING THE IMPLEMENTATION OF ITS OPERATIONAL AND GRANTMAKING PROGRAMS IN FOREIGN COUNTRIES AND IN THE UNITED STATES. ONE OF THESE SYSTEMS IS A CUSTOMIZED ACCOUNTING SYSTEM INTEGRATED WITH A GRANTS MANAGEMENT MODULE THAT ENABLES EF TO TRACK GRANT RECIPIENTS' EXPENSES AND WITH A KNOWLEDGE MANAGEMENT MODULE THAT HELPS ENSURE THAT EF STAFF ARE IN COMPLIANCE WITH DONOR REQUIREMENTS. EF CONTINUALLY TRAINS STAFF TO USE THESE SYSTEMS EFFECTIVELY. IN ADDITION, EF DEVELOPS A THOROUGH MONITORING AND EVALUATION PLAN FOR ALL OF ITS MAJOR PROGRAMS. MONITORING AND EVALUATION ACTIVITIES ALLOW THE FOUNDATION TO TRACK THE PRODUCTION OF DELIVERABLES AND EACH PROGRAM'S PROGRESS TOWARDS EXPECTED OUTCOMES. MONITORING AND EVALUATION ACTIVITIES DEPEND ON THE LEVEL OF FUNDING FOR EACH INDIVIDUAL PROGRAM AND INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING: MIDTERM AND/OR FINAL EVALUATIONS (INTERNAL OR EXTERNAL), PERIODIC FINANCIAL AND PROGRAMMATIC REPORTING BY SUB-RECIPIENTS AND OTHER IMPLEMENTING PARTNERS, TROUBLESHOOTING OF PROGRAM AND FINANCIAL ISSUES WITH SUBRECIPIENTS AND OTHER IMPLEMENTING PARTNERS ON AN ONGOING BASIS.

PART I, LINE 3, COLUMN (E):

(E) SPECIFIC TYPES OF SERVICES IN REGION: SUPPORT INSTITUTIONAL DEVELOPMENT, CIVIC ENGAGEMENT, SOCIAL EXPERTISE EXCHANGE, AND GOOD GOVERNANCE

PART II, COLUMN (D):

14170528 745960 14323

(D) PURPOSE OF GRANT: SUPPORT NONPROFIT ORGANIZATIONS, COMMUNITY

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SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public

Inspection

Employer identification number

Name of the organization

Department of the Treasury Internal Revenue Service

52-1780162

Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	o substantiate th	e amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or as	sistance, and the selec	
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro	ocedures for mon	itoring the use of grant	t funds in the United	d States.			
Part II Grants and Other Assistance to	Domestic Organ	izations and Domest	ic Governments. C	omplete if the org	anization answered "	Yes" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	\$5,000. Part II car	be duplicated if addit	tional space is need	led.			
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SUPPORTERS OF CIVIL SOCIETY IN							PARTNERSHIP WITH
RUSSIA, INC 3734 ARSENAL STREET							INTERNATIONAL EXPERTS AND
- SAINT LOUIS, MO 63116-4802	41-2040138	501(C)(3)	367,082.	0.			PEERS
REGENTS OF THE UNIVERSITY OF MINNESOTA - NW 5957. P.O. BOX 1450 - MINNEAPOLIS, MN 55485-5957	14-1600751	501(C)(3)	29,464.	0.			COMMUNITY PARTICIPATION AND EMPLOYEMENT AS STRATEGY
- MINNEAPOLIS, MN 33463-3937	14-1000731	501(C)(3)	23,404.	0.			ASSISTANCE & MENTORING OF
STUDENT TELEVISION NETWORK							HIGH SCHOOL STUDENTS AND
P.O. BOX 2752							PROFESSIONALS IN THE
CARLSBAD, CA 92018	26-3084041	501(C)(3)	14,000.	0.			MEDIA PRODUCTION OF
2 Enter total number of section 501(c)(3) a	nd government o	rganizations listed in th	ne line 1 table				 ▶ 3.

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

3 Enter total number of other organizations listed in the line 1 table

THE EURASIA FOUNDATION

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.									
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
GRANT	1	1,155.	0.						
Part IV Supplemental Information. Provide the information red	uired in Part I, lir	ne 2; Part III, column	(b); and any other a	dditional information.					
PART I, LINE 2:									
EURASIA FOUNDATION (EF) HAS RIGORO	US SYSTE	MS FOR MON	IITORING TH	E					
IMPLEMENTATION OF ITS OPERATIONAL	AND GRAN	TMAKING PR	OGRAMS IN	FOREIGN					
COUNTRIES AND IN THE UNITED STATES	. ONE OF	THESE SYS	STEMS IS A	CUSTOMIZED					
ACCOUNTING SYSTEM INTEGRATED WITH	A GRANTS	MANAGEMEN	IT MODULE T	HAT ENABLES					
EF TO TRACK GRANT RECIPIENTS' EXPE	NSES AND	WITH A KN	IOWLEDGE MA	NAGEMENT					
MODULE THAT HELPS ENSURE THAT EF S	TAFF ARE	IN COMPLI	ANCE WITH	DONOR					
REQUIREMENTS. EF CONTINUALLY TRAIN	IS STAFF	TO USE THE	SE SYSTEMS	EFFECTIVELY.					
TN ADDITION EF DEVELOPS A THOROIG	H MONTTO	RING AND F	.VALIJATTON	PLAN FOR ALL					

Tartit Cappionental Information
OF ITS MAJOR PROGRAMS. MONITORING AND EVALUATION ACTIVITIES ALLOW THE
FOUNDATION TO TRACK THE PRODUCTION OF DELIVERABLES AND EACH PROGRAM'S
PROGRESS TOWARDS EXPECTED OUTCOMES. MONITORING AND EVALUATION ACTIVITIES
DEPEND ON THE LEVEL OF FUNDING FOR EACH INDIVIDUAL PROGRAM AND INCLUDE, BUI
ARE NOT LIMITED TO, THE FOLLOWING: MIDTERM AND/OR FINAL EVALUATIONS
(INTERNAL OR EXTERNAL), PERIODIC FINANCIAL AND PROGRAMMATIC REPORTING BY
SUB-RECIPIENTS AND OTHER IMPLEMENTING PARTNERS, TROUBLESHOOTING OF PROGRAM
AND FINANCIAL ISSUES WITH SUBRECIPIENTS AND OTHER IMPLEMENTING PARTNERS ON
AN ONGOING BASIS.
PART II, LINE 1, COLUMN (H):
NAME OF ORGANIZATION OR GOVERNMENT: STUDENT TELEVISION NETWORK
(H) PURPOSE OF GRANT OR ASSISTANCE: ASSISTANCE & MENTORING OF HIGH
SCHOOL STUDENTS AND PROFESSIONALS IN THE MEDIA PRODUCTION OF SPORTS TV
PROJECTS.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

THE EURASIA FOUNDATION

Employer identification number 52-1780162

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization:	4-		Х
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b 4c		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	40		21
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of \	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred benefits		(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) W. HORTON BEEBE-CENTER	(i)	218,702.	12,000.	0.	13,842.	24,197.	268,741.	0.	
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) ELIZABETH COLL	(i)	142,786.	0.	0.	8,567.	23,897.	175,250.	0.	
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) LAURENS AYVAZIAN	(i)	142,450.	0.	0.	8,547.	9,758.	160,755.	0.	
ELE DIRECTOR (UNTIL 7/31/18)	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) ROBERT O'DONOVAN	(i)	136,720.	0.	0.	8,203.	18,168.	163,091.	0.	
CEG DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) CARLOS GUERRERO	(i)	154,478.	0.	0.	4,634.	26,485.		0.	
CHIEF OF PARTY TAPAS (UNTIL 9/22/17)	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
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	(ii)								

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 1A:
HOUSING ALLOWANCE IS ONLY PROVIDED TO EMPLOYEES WORKING OUTSIDE THE UNITED
STATES AND IT IS INCLUDED IN THEIR REPORTABLE COMPENSATION. THE
ORGANIZATION ALSO PAYS A PORTION OF HORTON BEEBE-CENTER'S COSMOS CLUB
MEMBERSHIP DUES, SINCE THE EURASIA FOUNDATION USES MR. BEEBE-CENTER'S CLUB
MEMBERSHIP FOR SOME OFFICIAL FUNCTIONS AND EVENTS.
PART I, LINE 7:
DURING 2017, WILLIAM HORTON BEEBE-CENTER RECEIVED BONUS COMPENSATION OF
\$12,000.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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 www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

THE EURASIA FOUNDATION

Employer identification number 52-1780162

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: BENEFIT TO THEIR COMMUNITIES. WHILE BUILDING THE LEADERSHIP SKILLS OF WOMEN AND YOUNG PEOPLE, WE HELP SMALL BUSINESS BECOME MORE SUCCESSFUL, LOCAL GOVERNMENT MORE RESPONSIVE AND CIVIC ORGANIZATIONS MORE EFFECTIVE AND RESILIENT. FOR TWENTY FIVE YEARS, THE FOUNDATION'S CHARITABLE MISSION HAS INCLUDED THE PROMOTION OF THE ECONOMIC AND POLITICAL TRANSFORMATION OF THE INDEPENDENT STATES OF THE FORMER U.S.S.R. (TARGET THROUGH MARKET ECONOMIES AND POLITICAL SYSTEMS BASED ON DEMOCRATIC PRINCIPLES AND PROVISION OF TECHNICAL, GRANT, AND LOAN ASSISTANCE TO LOCAL BUSINESS VENTURES IN THE TARGET AREA. FOUNDATION CONTINUES TO MAKE PROGRESS IN ACHIEVING THESE PURPOSES. THERE HAVE BEEN NO SIGNIFICANT CHANGES IN PROGRAM SERVICES, MANNER OF CONDUCTING PROGRAM SERVICES, OR IN SOURCES OF FUNDING. FROM ITS FORMATION AT THE REQUEST OF THE U.S. GOVERNMENT, THE FOUNDATION HAS DEPENDED ALMOST EXCLUSIVELY ON U.S. GOVERNMENT FUNDING. FOR SEVERAL YEARS THE FOUNDATION HAS BEEN RESEARCHING WAYS TO ENGAGE OTHER FUNDERS IN SUPPORTING ITS MISSION IN THE TARGET AREA. DURING THE TAX YEAR ENDING 09/30/16 THE FOUNDATION CAUSED THE FORMATION OF TWO ENTITIES FOR THIS PURPOSE, AND A THIRD THE FOLLOWING YEAR. THESE ARE UNRELATED INDEPENDENT ENTITIES. THEY WILL BE SUPPORTED BY THREE OR MORE GOVERNMENT RELATED INTERNATIONAL DEVELOPMENT BANKS OR OTHER FOUNDATIONS. THESE INITIAL FUNDERS HAVE AGREED TO ENGAGE IN THE SAME TYPES OF ECONOMIC DEVELOPMENT PROJECTS THAT THE FOUNDATION HAS ENGAGED IN THE SAME TARGET AREA. THE FOUNDATION HAS NO OWNERSHIP, MEMBERSHIP, OR CONTROL OF THESE INDEPENDENT ENTITIES. THE FOUNDATION BELIEVES THAT ITS TAX EXEMPT CHARITABLE PURPOSES ARE FURTHERED BY LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017) Name of the organization

Employer identification number

THE EURASIA FOUNDATION 52-1780162

HAVING STIMULATED OTHERS TO INVEST IN ECONOMIC DEVELOPMENT IN THE

FOUNDATION'S HISTORIC TARGET AREA. IT MAY APPOINT TWO ADVISORS OUT OF A

TOTAL OF FIVE ADVISORS TO ONE OF THE ENTITIES TO CONTINUE TO URGE THE

ENTITIES TO SUPPORT ECONOMIC DEVELOPMENT IN THE TARGET AREA. ONE OR

MORE OF THESE ENTITIES MAY MAKE CHARITABLE CONTRIBUTIONS TO THE

FOUNDATION FROM TIME TO TIME IN RECOGNITION OF THE FOUNDATION'S

LEADERSHIP IN STIMULATING ECONOMIC DEVELOPMENT IN THE TARGET AREA. THE

FOUNDATION MAY MAKE ONE OR MORE MODEST PROGRAM RELATED INVESTMENTS IN

ONE OR MORE OF THE ENTITIES FROM TIME TO TIME.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

RUSSIA, UKRAINE, MOLDOVA, GEORGIA,

KAZAKHSTAN, KYRGYZSTAN, TAJIKISTAN

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS PREPARED BY AN OUTSIDE ACCOUNTANT IN CONSULTATION WITH THE ORGANIZATION'S SENIOR MANAGEMENT. A DRAFT OF FORM 990 WAS REVIEWED BY THE DIRECTOR OF FINANCE AND ADMINISTRATION. A COPY OF THE FORM 990 IS PROVIDED ELECTRONICALLY TO THE FINANCE AND AUDIT AND EXECUTIVE COMMITTEES, AS WELL AS THE ENTIRE BOARD. ALL QUESTIONS WERE ADDRESSED ELECTRONICALLY, BEFORE FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY, ALL OFFICERS, TRUSTEES AND EMPLOYEES ARE REQUIRED TO SIGN A

CONFLICT OF INTEREST STATEMENT AND, IF NECESSARY, THE STATEMENT IS UPDATED

THROUGHOUT THE YEAR. IF A CONFLICT SHOULD ARISE, THE INTERESTED OFFICER,

TRUSTEE, OR STAFF MEMBER WILL DISCLOSE IN WRITING TO THE BOARD OF TRUSTEES

732212 09-07-17

Name of the organization THE EURASIA FOUNDATION

Employer identification number 52-1780162

ALL MATERIAL FACTS AS TO THE RELATIONSHIP OR INTEREST. INDIVIDUALS WITH

CONFLICTS OF INTEREST MUST RECUSE THEMSELVES FROM PARTICIPATING IN ANY PART

OF THE DECISIONS RELATED TO THE TRANSACTION GIVING RISE TO THE CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15A:

EACH YEAR EURASIA FOUNDATION (EF) REVIEWS MARKET RESEARCH ON THE EXISTING
SALARIES TO ENSURE IT IS COMPETITIVE IN ITS EMPLOYEE COMPENSATION. EF ALSO
FOLLOWS INDUSTRY STANDARD FOR MERIT INCREASE ADJUSTMENTS. A REVIEW IS
CONDUCTED TO COMPARE EF AGAINST THE DC AREA AS WELL AS SIMILAR
ORGANIZATIONS AND BUDGET SIZE BASED ON PUBLISHED SURVEY DATA. THE
PRESIDENT'S SALARY IS REVIEWED AND APPROVED BY THE BOARD. FOR ALL OTHER
EMPLOYEES, AN ANNUAL SALARY ADJUSTMENT POOL IS REVIEWED BY THE FINANCE &
AUDIT COMMITTEE AND RECOMMENDATION IS MADE TO THE EXECUTIVE COMMITTEE FOR
FINAL APPROVAL. PERFORMANCE AND SALARY REVIEW FOR THE PRESIDENT IS
CONDUCTED BY THE CHAIR AND VICE CHAIR OF THE BOARD. THE PRESIDENT ALSO
ANNUALLY UNDERGOES 360 DEGREE PERFORMANCE REVIEWS AND HIS LAST COMPENSATION
REVIEW TOOK PLACE IN APRIL 2018.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE ORGANIZATION'S
FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON GUIDESTAR.ORG. AUDITED FINANCIAL
STATEMENTS ARE PROVIDED UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANTS AND CONTRACT SERVICES:

PROGRAM SERVICE EXPENSES

1,046,265.

MANAGEMENT AND GENERAL EXPENSES

171,650.

Name of the organization THE EURASIA FOUNDATION	Employer identification number 52-1780162
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,217,915.
TRANSLATION SERVICES:	
PROGRAM SERVICE EXPENSES	8,196.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,196.
DESIGN, PRINTING, PUBLICATION SERVICES:	
PROGRAM SERVICE EXPENSES	13,798.
MANAGEMENT AND GENERAL EXPENSES	7,286.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	21,084.
PAYROLL PROCESSING EXPENSES:	
PROGRAM SERVICE EXPENSES	9,343.
MANAGEMENT AND GENERAL EXPENSES	17,309.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	26,652.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,273,847.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CANCELLATION OF SUB-GRANTS AWARDED IN PRIOR YEARS	37,341.