

# TAX RETURN FILING INSTRUCTIONS

\*\* FORM 990 PUBLIC DISCLOSURE COPY \*\*

# FOR THE YEAR ENDING

SEPTEMBER 30, 2021

Prepared for	
	THE EURASIA FOUNDATION 1990 K STREET NW NO. 615 WASHINGTON, DC 20006
Prepared by	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

			** PUBLIC DISCLOSURE C	OPY	* *				
	Λ	nn   Return d	of Organization Exempt	From	ו Ir	ncome Tax	-  '	OMB No. 1545-0047	
Forr	n J		;), 527, or 4947(a)(1) of the Internal Revenu				ns)	2020	
Dena	rtment	of the Treasury	enter social security numbers on this forn		-	-	(	Open to Public	
Intern	al Reve	enue Service Go to	www.irs.gov/Form990 for instructions ar					Inspection	
-		e 2020 calendar year, or tax year b	eginning OCT 1, 2020 and	dending	_	EP 30, 2021			
B C	heck if pplicab	le: C Name of organization				D Employer identifie	cation r	number	
V	Addre	THE EURASIA FOU							
	Name		NDATION		-	52-17801	62		
	_chang _Initial _returr	5	; if mail is not delivered to street address)	Room/su	uita	E Telephone number			
	Final Final			615		(202)234		0	
	termii	n-	e, country, and ZIP or foreign postal code		-†	G Gross receipts \$		,974,953.	
	Amer returr		20006		f	H(a) Is this a group re			
	Appli tion	<sup>ca-</sup> <b>F</b> Name and address of principa	al officer: ELIZABETH COLL			for subordinates		Yes X No	
	pend	SAME AS C ABOVE				H(b) Are all subordinates in	ncluded?	Yes 🗌 No	
			D1(c) ( )◀ (insert no.) 4947(a)(1)	or 🗌 🗄	527	If "No," attach a	list. See	e instructions	
		te: VWW.EURASIA.ORG				H(c) Group exemption			
			Trust Association Other	LY	'ear o	f formation: 1992 N	State o	f legal domicile: DC	
Pa	rt I	Summary				1			
e	1	Briefly describe the organization's m	nission or most significant activities: SEE	PART	1.	II, LINE I.			
and									
/err		2 Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets							
Go									
Activities & Governance	4	Number of independent voting members of the governing body (Part VI, line 1b)       4         Total number of individuals employed in calendar year 2020 (Part V, line 2a)       5         Total number of volunteers (estimate if necessary)       6					24 56		
itie	-							16	
ctiv	6 7 a		om Part VIII, column (C), line 12					0.	
Ă			ome from Form 990-T, Part I, line 11					0.	
	~					Prior Year	С	urrent Year	
đ	8	Contributions and grants (Part VIII, I	ine 1h)	İ	-	10,728,749.		,765,589.	
Revenue	9		ine 2g)			0.		0.	
eve	10		n (A), lines 3, 4, and 7d)			74,328.		117,887.	
œ	11	Other revenue (Part VIII, column (A),	lines 5, 6d, 8c, 9c, 10c, and 11e)	[		-671,779.		73,961.	
	12	Total revenue - add lines 8 through -	11 (must equal Part VIII, column (A), line 12)			10,131,298.		,957,437.	
	13	Grants and similar amounts paid (Pa	art IX, column (A), lines 1-3)			3,344,934.	4	,893,717.	
	14	Benefits paid to or for members (Par	rt IX, column (A), line 4)			0.		0.	
es			oyee benefits (Part IX, column (A), lines 5-10)			5,095,929.	6	,298,104.	
ens			X, column (A), line 11e)			0.		0.	
Expenses		Total fundraising expenses (Part IX,		0.		2,930,186.	E	<b>EED 206</b>	
-			, lines 11a-11d, 11f-24e)			<u>2,930,188</u> . 11,371,049.		552,306.	
	18		ust equal Part IX, column (A), line 25)			-1,239,751.	10	213,310.	
ss	19	Revenue less expenses. Subtract lir	ne 18 from line 12			inning of Current Year			
Net Assets or Fund Balances	20	Total assats (Part V line 16)		ł	ьeg	5,739,424.		End of Year ,282,681.	
Asse	20 21	T		Г		3,711,345.		,764,285.	
Net.	21		act line 21 from line 20			2,028,079.		,518,396.	
	rt II					_,,.,.		, ,	
			nined this return, including accompanying schedul	es and stat	teme	nts, and to the best of m	y knowle	dge and belief. it is	
			(other than officer) is based on all information of w					,	

Sign Here	Signature of officer         ELIZABETH COLL, PRESIDENT         Type or print name and title	Date							
Paid	Print/Type preparer's name RICHARD J. LOCASTRO, CPA	Date Check PTIN 08/11/22 if self-employed P00288314							
Preparer	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. (301) 951-9090							
May the I	May the IRS discuss this return with the preparer shown above? See instructions								
032001 12-2	032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form <b>990</b> (2020)								

	990 (2020) THE EURASIA FOUNDATION	52-1780162 F	Pa
Pa	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: EURASIA FOUNDATION BELIEVES SOCIETIES FUNCTION BEST	WHEN PEOPLE TAKE	
	RESPONSIBILITY FOR THEIR OWN CIVIC AND ECONOMIC PROS		
	COOPERATION BASED ON MUTUAL RESPECT, OUR PROGRAMS EQ		
	DEFINE AND ACHIEVE OUTCOMES OF ENDURING (CONTINUED O		
2	Did the organization undertake any significant program services during the year which were not listed on		
	prior Form 990 or 990-EZ?	Yes 🖸	X
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser	vices? Yes	X
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	ces, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	to others, the total expenses, an	d
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 8,625,978. including grants of \$ 2,997,455.)	(Revenue \$	
	EURASIA PROGRAMS		
	EURASIA FOUNDATION'S PROGRAMS IN THE EURASIA REGION		
	ASIA, SOUTH CAUCASUS, UKRAINE, BELARUS AND MOLDOVA)		Ι
	PARTNERSHIPS WITH THE EF'S LEGACY FOUNDATIONS (EURAS		
	CENTRAL ASIA, EAST EUROPE FOUNDATIONS, EURASIA PARTN		
	AND NEW EURASIA FOUNDATION) AND OTHER IMPLEMENTING P		J
	PROGRAMS IN THE EURASIA REGION FOCUSED ON CAPACITY B		_
	SOCIETY ORGANIZATIONS, SUPPORTING A NETWORK OF RESOU		D
	TRAINING CENTERS, FACILITATING SOCIAL EXPERTISE EXCH	-	
	PARTNERSHIPS BETWEEN UNIVERSITIES, AND INCREASING TR	ANSPARENCY AND	
	ACCOUNTABILITY THROUGH E-GOVERNANCE.		
	(Code: ) (Expenses \$ 2,519,682. including grants of \$ 623,758.)		
40	(Code:) (Expenses \$2,519,682. including grants of \$623,758.) MENA PROGRAMS	(Revenue \$	
	EURASIA FOUNDATION'S PROGRAMS IN THE MIDDLE EAST AND	NORTH AFRICA	
	REGION USE INNOVATIVE ONLINE EDUCATION, IN-PERSON EV		
	NETWORKING PLATFORMS TO PROVIDE TRAINING IN ENTREPRE		C
	CIVIC EDUCATION, AND CRITICAL THINKING.	•	
4c	(Code:) (Expenses \$ 3,082,637. including grants of \$ 1,272,504.)	(Revenue \$	
	CENTRAL ASIA PROGRAMS		
	EURASIA FOUNDATION (EF) SUPPORTS THE CULTIVATION OF		
	RESPONSIVE CITIZEN-ORIENTED CIVIL SOCIETY IN CENTRAL	ASIA.	
4d	Other program services (Describe on Schedule O.)		
ти	(Expenses \$ including grants of \$ ) (Revenue \$	١	
4e	Total program service expenses ► 14,228,297.	)	
		Form <b>99(</b>	)
3200:	2 12-23-20		
	2		
80	812 745960 14323 2020.06000 THE EURASIA FOUNI	DATION 14323	3_

Form 990 (2020)

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	Х	
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		X
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		X
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		X
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? If "Yes," complete			
	Schedule D, Part III	8		X
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 donor-restricted endowments			
	or in 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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		37	
. –	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
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		37	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	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			v
	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,"			v
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	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		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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			Yes	No
	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		X
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	x	
4a	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			<u>.</u> .
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		┢
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.70		$\square$
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
	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			
	Schedule L, Part I	25b		X
	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		x
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u>⊢</u> ^
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
	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, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f	00-		x
9	"Yes," complete Schedule L, Part IV	28c 29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
	contributions? If "Yes," complete Schedule M	30		X
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i> Schedule N, Part II	32		x
	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
84	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		-
	If "Yes," complete Schedule R, Part V, line 2	36		x
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				37
	Check if Schedule O contains a response or note to any line in this Part V			X
4	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a50Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0	_		
		1	1	
b				
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	

Form	990	(2020)	
1 01111	000	(2020)	

# Form 990 (2020) THE EURASIA FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 56								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)								
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		v						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X						
b	If "Yes," enter the name of the foreign country <b>SEE SCHEDULE O</b>								
Fa	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?								
b	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?								
<ul><li>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit</li></ul>									
u	any contributions that were not tax deductible as charitable contributions?	6a		x					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
-	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-							
•	sponsoring organization have excess business holdings at any time during the year? <u>N/A</u>	8							
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? N/A	0-							
a k		9a 9b							
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A Section 501(c)(7) organizations. Enter:	ื่อม							
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A								
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:								
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.)								
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 yearN/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							
	<b>Note:</b> 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								
	Enter the amount of reserves on hand 13c	140		X					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		- 11					
р 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140							
15	excess parachute payment(s) during the year?	15		x					
	If "Yes," see instructions and file Form 4720, Schedule N.	.5							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х					
	If "Yes," complete Form 4720, Schedule O.								
_									

Form **990** (2020)

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Form 990 (2020)
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### THE EURASIA FOUNDATION

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

X

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 on Schedule O. See instructions.

1a       Enter the number of voting members of the governing body        2         2       Did the organization neares the governing body?       3         3       Did the organization neares the governing body?       4         4       Did the organization neares the index of the governing body?       5         6       Did the organization neares the governing body?       6         7       Did the organization neare members is tockoholders?       7         8       Did the organization neare members is tockoholders?       7         9       Did the organization neare members is tockoholders?       7         9       Did the organization neare members is tockoholders?       7         9       Did the organization neare members is tockoholders?       7         9       Did the organization neare members is tockoholders?       7         9       Did the organization neare members is tockoholders?       7         9       Did the organization neare members is tockoholders?       7 <tr< th=""><th></th><th></th><th></th><th>Yes</th><th>No</th></tr<>				Yes	No			
bedy delegied broad authority to are excute committee or similar committee, explain on Schedule 0. b Enter the number of voting members included on line 1a, above, who are independent		······································	-					
b Enter the number of voting members included on line 1a, above, who are independent <u>b</u> <u>1</u> <u>1</u> <u>1</u> <u>2</u> <u>1</u> <u>1</u> <u>2</u> <u>2</u> <u>1</u> <u>2</u> <u>1</u> <u>2</u> <u>1</u> <u>2</u> <u>1</u> <u>2</u> <u>2</u> <u>1</u> <u>2</u> <u>2</u> <u>1</u> <u>2</u>								
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 employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management duties customarily performed by or under the direct supervision of the organization become aware during the year of a significant diversion of the organization is assets?       2         3       Did the organization become aware during the year of a significant diversion of the organization's assets?       5         5       Did the organization have members or stockholders?       7         7       Did the organization neare members or stockholders?       7         8       Did the organization contemporaneously document tis meetings held or written actions undertaken during the year by the following:       8         9       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8         6       Did the organization contemporaneously document the meanse and addresses on Schedule 0       9         9       Esch committee with authority to act on behalf of the governing body?       8         9       Is there any officer, director, trustee, or key employees listed in Part VII, Soction A, who cannot be reached at the organization have interporation or enganization fave written policies and procedures governing the activites of such chapters, affiliates, and branches to ensurute the organization have written policies and procedures govern								
officer, director, tustee, or key employee?       2         3 Did the organization delegate control over management during performed by or under the direct supervision of officers, functors, trustees, or key employees to a management company or other person?       3         4 Did the organization make any significant changes to its governing documents since the piror Form 990 was lifed?       6         5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       6         b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       7         b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       8         b Id the organization normeting body?       8       8         b Is the cary officer, director, tustee, or key molypowe listed in PAVII, Secton A, who cannot be reached at the organization maling address? If "Yes," provide the names and addresses on Schedule O       9         d Did the organization nave written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt suppose?       10a         b If Yes, 'id the organization nave written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt suppose?       10a								
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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 on Schedule O       9         9       Bection B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       10         100       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?       10a         111       Bescribe in Schedule O the process, if any, used by the organization to review this Form 990.       12a         120       Did the organization pave envitee policy? If 'No," go to line 13       12a         122       Did the organization organization organization organization organization organization againzation regularly and consistently monitor and enforce compliance with the policy? If 'Yes," describe in Schedule O how this was done       12c         123       Did the organization adve a written whistleblower policy?       13         134       Did the organization adve a written document retention and destruction policy?       13         13       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity duing the year?       16a         14       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity duing the year?				X				
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Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)         10a       Did the organization have local chapters, branches, or affiliates?       10a         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?       10a         11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a         12b       Did the organization nave a written conflict of interest policy? <i>If "No," go to line 13</i> 12a         12c       Did the organization nave a written conflict of interest policy? <i>If "No," go to line 13</i> 12e         13       Did the organization have a written whistleblower policy?       11a         14       Did the organization have a written document retention and destruction policy?       11a         15       Did the organization have a written whistleblower policy?       11a         16       Did the organization have a written unterevent of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       15a         16       Did the organization include a written policable federal tax law, and take steps to safeguard the organization is for the process in Schedule O (see instructions).       15a <t< td=""><td></td><td></td><td>9</td><td></td><td>2</td></t<>			9		2			
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11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?   11a   12a   12b   12a   12b   12a   12b   12c   12a   12b   12c   12a   12b   12c   13   14   15   15   16   16   17b    17b <td< td=""><td></td><td></td><td>10b</td><td></td><td></td></td<>			10b					
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.   2a Did the organization have a written conflict of interest policy? If "No," go to line 13   b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?   c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   3 Did the organization have a written whistleblower policy?   4 Did the organization have a written document retention and destruction policy?   5 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?   a The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?   b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements of the sequentes?   6 Did the arganization to make its Form 900 is required to be filed ▶CA, IL, MD, NJ, NM, NY, PA, TN, VA   8 Section 6.0 Jesclosure   7 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   8 Section 6.04 requires an organization to make its Form 902 (1024 or 1024 A, if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available. Check all that apply.   16 Did the ename, address, and telephon		· · · · · · · · · · · · · · · · · · ·		Х				
12a       Did the organization have a written conflict of interest policy? If "No," go to line 13       12a         b       Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12b         c       Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done       12c         13       Did the organization have a written whistleblower policy?       13         14       Did the organization have a written document retention and destruction policy?       14         15       Did the organization incomensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       15a         a       The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a         b       If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions).       16a         b       If "Yes," to 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?       16a         b       If "Yes," did the organization to make its Form 1023 (1024 or 1024A, if applicable), 990, and 990-T (Section 501(c)(3)s only for public in								
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c       Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe       12c         13       Did the organization have a written whistleblower policy?       13         14       Did the organization have a written whistleblower policy?       13         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?       14         16       Did the organization is CEO, Executive Director, or top management official       15a         17       The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a         18       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         Evetion C. Disclosure         17       List the states with which a copy of this Form 990 is required to be filed ▶CA, ILL, MD, NJ, NM, NY, PA, TN, VA         18       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available. Check all that apply.       16b         19       Describe on Schedule O whether			12b	Х				
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14       Did the organization have a written document retention and destruction policy?       14         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?       15         a       The organization's CEO, Executive Director, or top management official       15a         b       Other officers or key employees of the organization       15b         If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).       16a         b       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         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?       16a         Section C. Disclosure       16b         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 (1024 or 1024-A, if applicable), 900, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available. Check all that apply.       IX         IX       Own website       Another's website       X			13	Х				
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?       15a         a       The organization's CEO, Executive Director, or top management official       15a         b       Other officers or key employees of the organization       15b         if "Yes." to line 15a or 15b, describe the process in Schedule O (see instructions).       16a         bid the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a         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?       16a         Section C. Disclosure       16b         17       List the states with which a copy of this Form 990 is required to be filed ▶CA, ILL, MD, NJ, NM, NY, PA, TN, VA         18       Section C. Disclosure       Image: Check all that apply.         If Work requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available. Check all that apply.       Image: Check all that apply.         If Work requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s			14	Х				
a The organization's CEO, Executive Director, or top management official       15a         b Other officers or key employees of the organization       15b         If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).       16a         Id the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a         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?       16a         Section C. Disclosure       16b         I7       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         I8       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available. Check all that apply.         X       Own website       Another's website       X       Upon request       Other (explain on Schedule O)       0         19       Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finar statements available to the public during the tax year.       20       5         20       State the name, address, and telephone number of the person who possesses the organizat								
b       Other officers or key employees of the organization       15b         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         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?       16a         Section C. Disclosure       16b         T       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 (1024 or 1024 A, if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available. Check all that apply.       Image: Comparise of the tax year.         19       Describe on Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finar statements available to the public during the tax year.       19         19       Describe no Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finar statements available to the public during the tax year.       19         20       State the name, address, and telephone number of the person who possesses the organization's b	р	ersons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
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<ul> <li>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?</li> <li>16b</li> <li>C. Disclosure</li> <li>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</li> <li>18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available. Check all that apply.</li> <li>I Own website Another's website I Upon request Other (explain on Schedule O)</li> <li>19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finar statements available to the public during the tax year.</li> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶</li> <li>BRUCE BROWN - (202)234-7370</li> <li>1990 K STREET NW, NO• 615, WASHINGTON, DC 20006</li> </ul>	a D	id the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's       16b         Section C. Disclosure       16b         7       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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available. Check all that apply.         IX       Own website       Another's website       IX       Upon request       Other (explain on Schedule O)         19       Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finar statements available to the public during the tax year.       State the name, address, and telephone number of the person who possesses the organization's books and records ▶		, , ,	16a		2			
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<ul> <li>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</li> <li>Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available. Check all that apply.</li> <li>X Own website Another's website X Upon request Other (explain on Schedule O)</li> <li>Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finar statements available to the public during the tax year.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records ►</li> <li>BRUCE BROWN - (202)234-7370</li> <li>1990 K STREET NW, NO. 615, WASHINGTON, DC 20006</li> </ul>	е	xempt status with respect to such arrangements?	16b					
<ul> <li>Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available. Check all that apply.</li> <li>Own website Another's website Upon request Other (explain on Schedule O)</li> <li>Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finar statements available to the public during the tax year.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records </li></ul>								

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Er	mployees,	Highest	Compensate	d
	Employees, and Independe	ent Contra	ctors					

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.

See instructions for the order in which to list the persons above.

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

(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(da		Pos	ition			Reportable	Reportable	Estimated
	hours per	box	not c , unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week		cer an	nd a d	irecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	'ustee	trust		ee	npens		(W-2/1099-MISC)		organization and related
	below	d ual tr	tional		nploy	st con yee	L			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			e gameaterie
(1) LISA COLL	40.00	-	_		-	<u> </u>				
PRESIDENT		X		Х				185,655.	0.	33,452.
(2) PETRO MATIASZEK	40.00									
CHIEF OF PARTY, TAPAS PROGRAM						Х		154,642.	0.	35,051.
(3) ROBERT O'DONOVAN	40.00									
VP OF PROGRAMS						Х		144,569.	0.	24,952.
(4) SARA SHIRZAD	40.00									
INNOVATIVE SOLUTIONS DIRECTOR						Х		126,176.	0.	15,564.
(5) HRACHYA TOPALYAN	40.00									~ ~ ~ ~ ~
DIRECTOR OF ELE						Х		101,763.	0.	22,384.
(6) RUSLANBEK MONOLBAEV	40.00							111 100		44 220
BUSINESS DEVELOPMENT DIRECTOR	40.00					X		111,492.	0.	11,338.
(7) BRUCE BROWN	40.00							100 415		0 251
CONTROLLER	1 0 0			X				106,415.	0.	8,351.
(8) WILLIAM H. COURTNEY	4.00			37				0		0
CHAIRMAN	4 00	X		X				0.	0.	0.
(9) DAN WITT	4.00	v		v				0.	0.	0
VICE CHAIRMAN & ACTING SECRETARY	4.00	X		X				0.	0.	0.
(10) RICHARD L. MORNINGSTAR TREASURER	4.00	x		x				0.	0.	0.
(11) RANDY BREGMAN	2.00	^		^				0.	0.	0.
MEMBER	2.00	x						0.	0.	0.
(12) MIRA DAVIDOVSKI	2.00							0.	••	<b>U •</b>
MEMBER		x						0.	0.	0.
(13) JILL DOUGHERTY	2.00									
MEMBER		x						0.	0.	0.
(14) ROBERT B. DRUMHELLER	2.00									
MEMBER		x						0.	0.	0.
(15) WILLIAM C.T. GAYNOR	2.00									
MEMBER		x						0.	0.	0.
(16) ALEXANDRA HALL HALL	2.00									
MEMBER		х						0.	0.	0.
(17) GEORGE M. INGRAM	2.00									
MEMBER		Х						0.	0.	0.
032007 12-23-20						-				Form <b>990</b> (2020)

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Form	990	(2020)
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Name and the         Average (number of mode and state         Average (number of mode and state)         Period and mode and state         Reportation (maintains)         Entimated (maintains)           (19)         PARK INRELELLI         2.00         X         0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	Part VII Section A. Officers, Directors, Trus	1	ploy	/ees			ighe	st C		, , ,	<u> </u>			
Number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of services     Display to the compensation from the compensation of services     Display to the compensation from the companization is the compensation from the compensation from	(A)	(B)			•				(D)	(E)			(F)	
Induits part work or retar as province activation when hours for investigations (W2/1099-MISC)     Compensation the compensation the matter organizations (W2/1099-MISC)     Compensation the compensation the compensation (W2/1099-MISC)     Compensation the compensation	Name and title		(do not check more than or					one		Reportable		Est	timate	эd
Minimum of the serve of th		· ·	box	, unle	ess pe	erson	is bot	h an		•				
(13) PEANE TWRETSELIT       2.00       x       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.							1	1						
(13) PEANE TINGETSELIT       2.00       x       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			irecto							•	~			
(13) PEANE TWRETSELIT       2.00       x       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			e or d	tee			sated		J. J	(00-2/1099-00150	<i>י</i>			
(13) PEANE TINGETSELIT       2.00       x       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		organizations	ruste	ll trus		ee	mpen					•		
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(26) JUDYTH TWIGG       2.00       x       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		2000	l x						0.		0.			0.
MEMBER       X       0.       0.       0.       0.       0.       0.       0.       0.       151,092.         c       Total from continuation sheets to Part VII, Section A       >       930,712.       0.       151,092.         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization >       8         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual       1       3       X         4       For any individual listed on line 1a, it hes um of reportable compensation and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual       1       4       X         5       Did any person listed on line 1a, it hes um of reportable compensation from the organization or individual listed aton the organization or individual listed station?       4       X         6       Did any person listed on line 1a, it hes um of reportable compensation from any unrelated organization or individual listed station?       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organizatin'is tax year.       (C) <tr< td=""><td></td><td>2,00</td><td></td><td></td><td></td><td>+</td><td></td><td></td><td></td><td></td><td><b>—</b></td><td></td><td></td><td></td></tr<>		2,00				+					<b>—</b>			
1b       Subtotal       930,712.       0.       151,092.         c       Total from continuation sheets to Part VII, Section A       >       0.       0.       0.       0.       0.       151,092.         a       Total (add lines th and 1c)       >       930,712.       0.       151,092.       0.       151,092.         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       8         3       Did the organization greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization is tax year.       6       Compensation         1       Complete this table for your five highest complexes		2.00	-x						0.		۱. ۵			0.
c       Total form continuation sheets to Part VII, Section A       >       0.       0.       0.       0.       0.       151, 092.         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization >       8         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.       4       X         5       Did any person listed on line 1a, is the sum of reportable compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         5       Did any person listed on line 1a, receive or accrue compensation from any unrelated organization or individual for services       5       X         5       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (C)         1       Complete this table for your five highest address       NONE       Description of services       Compensati												151	1 0	
d Total (add lines tb and 1c)       ▶       930,712.       0.       151,092.         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       8         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Ves," complete Schedule J for such individual       8         4       For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Ves," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization? If "Yes," complete Schedule J for such person       4       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? If "Yes," complete Schedule J for such person       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation       (C)         2       Total number of independent contractors (including but not limited to those listed above) who received mor													1,0	
2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       Yes No         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       Yes No         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such person listed organization? If "Yes," complete Schedule J for such person       3       X         4       X       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensated independent contractors that received more than \$100,000 of compensation       (C)         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         (a)       (C)       Compensation       C       Compensation       C         (a)       (B)       (C)       Compensation       C       Compensation         (a)       S       S       <									-			15	1 0	
compensation from the organization       8         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       6       Compensation         (A)       (A)       (B)       (C)       Compensation         Name and business address       NONE       Description of services       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization is the organiz									-		-		1,0	52.
3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a' If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization ard related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		not inflited to th	lose	iste	eu a	loov	e) wi	10 10	eceived more than \$100	,000 of reportable				8
3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.       4       X         5       Did any person listed on line 1a, is the sum of reportable compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.       4       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization of services       C       C         Mame and business address       NONE       Description of services       C       Complete Schedule J for such individual         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization       0       5       I         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization       0       Form 990 (2020)													Vas	-
line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a, is the sum of reportable compensation from any uncleated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? If "Yes," complete Schedule J for such person       C       C         (A)       Name and business address       NONE       Description of services       C       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization       0       Form 990 (2020)	2 Did the organization list any former officer	diractor truct	00	kovi			~ ~	r hia	hast componented omr		Г		100	110
4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	<b>v</b> ,							-				2		x
and related organizations greater than \$150,000? /f "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1 a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of services       Compensation       Compensation         1       Complete and business address       NONE       Description of services       Compensation         1       Containumber of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization       I       I         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization       0       I       I         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization       0       Form 990 (2020)											···	3		
5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (B)       (C)         (A)       (B)       (C)       Compensation         Name and business address       NONE       Description of services       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶       0       Form 990 (2020)	-	-		-					-	ine organization		4	x	
rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       I       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         Image: Compensation of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization is tax year.       Image: Compensation is tax year.         Image: Compensation of services       Image: Compensation of services       Compensation         Image: Compensation of services       Image: Compensation of services       Image: Compensation         Image: Compensation of services       Image: Compensation of services       Image: Compensation         Image: Compensation of services       Image: Compensation of services       Image: Compensation of services         Image: Compensation of services       Image: Compensation of services       Image: Compensation of services         Image: Compensation of services       Image: Compensation of services       Image: Compensation of services         Image: Compensation of services       Image: Compensation of services       Image: Compensation of services         Image: Compensation of ind										idual for convision	···	4		
Section B. Independent Contractors         1       Complete this table for your five highest compensation independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         0       0       0       CO       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization > 0       0         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization > 0       0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2020)												5		x
1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         (A)       (B)       (C)       Compensation       Compensation         (A)       (B)       (C)       Compensation       Compensation         (B)       (C)       Compensation       Compensation       Compensation         (B)       (C)       (C)       Compensation       Compensation         (B)       (C)       (C)       (C)       Compensation       Compensation         (B)       (C)       (C)       (C)       (C)       (C)       (C)         (C)       (C)       (C)       (C)       (C) <t< td=""><td></td><td>inplete Schedul</td><td>eJI</td><td>01 50</td><td>ucn</td><td>per</td><td>5011</td><td></td><td></td><td></td><td></td><td>5</td><td></td><td>- 23</td></t<>		inplete Schedul	eJI	01 50	ucn	per	5011					5		- 23
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Description of services (C) Compensation C	· · · · · · · · · · · · · · · · · · ·		don	ondo	ont d	oont	root	are t	that reasily ad more than	\$100.000 of com		otion f		
(A) Name and business address       NONE       (B) Description of services       (C) Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation         Image: Compensation from the organization       Image: Compensation       Image: Compensation         Image: Compensation from the organization       Image: Compensation       Image: Compensation         Image: Compensation from the organization       Image: Compensation       Image: Compensation         Image: Compensation from the organization       Image: Compensation       Image: Compensation         Image: Compensation from the organization       Image: Compensation       Image: Compensation         Image: Compensation from the organization       Image: Compensation       Image: Compensation         Image: Compensation from the organization       Image: Compensation       Image: Compensation         Image: Compensation from the organization       Image: Compensation       Image: Compensation         Image: Compensation from the organization       Image: Compensation       Image: Compensation         Image: Compensation from the organization       Image: Compensation       Image: Compensation       Image:											Jensa		OIII	
Name and business address       NONE       Description of services       Compensation         Image: Compensation of services       Image: Compensation of services       Image: Compensation of services       Image: Compensation of services         Image: Compensation of services       Image: Compensation of services       Image: Compensation of services       Image: Compensation of services         Image: Compensation from the organization       Image: Compensation of services       Image: Compensation of services       Image: Compensation of services         Image: Compensation from the organization       Image: Compensation of services       Image: Compensation of services       Image: Compensation of services         Image: Compensation from the organization       Image: Compensation of services       Image: Compensation of services       Image: Compensation of services         Image: Compensation from the organization       Image: Compensation of services       Image: Compensation of services       Image: Compensation of services         Image: Compensation from the organization       Image: Compensation of services       Image: Compensation of services       Image: Compensation of services         Image: Compensation from the organization       Image: Compensation of services       Image: Compensation of services       Image: Compensation of services         Image: Compensation from the organization       Image: Compensation of services       Image: Compensation of services		the calendar y	lear	enui	ng v	WILLI	OF W						<u>,                                     </u>	
2       Total number of independent contractors (including but not limited to those listed above) who received more than         \$100,000 of compensation from the organization ▶       0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2020)		s address	N	N	F.					ervices	C			'n
\$100,000 of compensation from the organization       0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2020)			111											
\$100,000 of compensation from the organization       0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2020)														
\$100,000 of compensation from the organization       0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2020)														
\$100,000 of compensation from the organization       0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2020)														
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\$100,000 of compensation from the organization       0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2020)														
\$100,000 of compensation from the organization       0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2020)	2 Total number of independent contractors	(including but a		mito	d + -	, +h			habaya) who received to	oro than				
SEE PART VII, SECTION A CONTINUATION SHEETS Form 990 (2020)			IULI	me	u tC	רוו ל	າວe ⊪ ∩	siec	above, who received m					
			ידיד		ሻጥ	TO	<del>N</del>	SHI	RETS			Form (		2020
	032008 12-23-20					±0.	-				I		,50 (	2020)

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Form 990 THE EUR. Part VII Section A. Officers, Directors, T			2200		nd L	lich	oct	Compensated Employ	ees (continued)	
(A)	(B)		Jyee		na r C)	ngn	est	(D)	(E)	(F)
Name and title	Average	1-			ition		6.0	Reportable	Reportable	Estimated
	hours	(C	necr	( all 1	that	app	iy)	compensation from	compensation from related	amount of other
	per week					æ		the	organizations	compensatio
	(list any	ī				ploye		organization	(W-2/1099-MISC)	from the
	hours for	direct				d em		(W-2/1099-MISC)	(1033-10100)	organizatior
	related	e or	stee			sate		(11 2/1000 11100)		and related
	organizations	truste	al trus		yee	mper				organization
	below	d ual 1	Ition		nplo	st co	5			orgun Lanon
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) LEIF ULSTRUP	2.00	-	-	-	-	-	-			
MEMBER	2.00	x						Ο.	0.	(
(28) MARY BURCE WARLICK	2.00							0.	• •	
MEMBER	2.00	x						Ο.	0.	(
(29) DJ WOLFF	2.00							0.	0.	
1EMBER	2.00	x						Ο.	0.	(
(30) KENNETH S. YALOWITZ	2.00	<u> </u>		-	-	-		0.	0.	
MEMBER	2.00	x						Ο.	0.	(
(31) ARIUNA NAMSRAI	2.00							0.	0.	
MEMBER	2.00	x						0.	0.	(
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		<u> </u>		<u> </u>	<u> </u>	<u> </u>				
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			Check if Schedule O	contains a res	sponse	or note to any lin	e in this Part VIII	(5)	· · · · · · · · · · · · · · · · · · ·	
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	Revenue excluded
nts nts	1	а	Federated campaigns		a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	1	5					
Am (		с	Fundraising events		5					
lar lar		d	Related organizations		b					
ns, ini		е	Government grants (cont	ributions) 1	e	16,683,126.				
er S		f	All other contributions, gifts,	grants, and						
<u>i</u> ģ			similar amounts not included	l above 🛄 🚹	: 	82,463.				
onti od C		-	Noncash contributions included in		g \$					
<u>a</u> C		h	Total. Add lines 1a-1f	<u></u>			16,765,589.			
						Business Code				
/ice	2	а								
Program Service Revenue		b								
ven S u		C d								
gra Re		d								
Pro		e 4	All other pregram convice	101/001/0						
_			All other program service <b>Total.</b> Add lines 2a-2f							
-	3		Investment income (inclue							
	Ŭ		other similar amounts)	•			39,810.			39,810
	4		Income from investment of			. [	, , , , , , , , , , , , , , , , , , , ,			
	5		Royalties			· · ·				
	-			(i) R		(ii) Personal				
	6	а	Gross rents	6a						
			Less: rental expenses	6b						
		с	Rental income or (loss)	6c						
		d	Net rental income or (loss	s)		►				
	7	а	Gross amount from sales of	(i) Sec	urities	(ii) Other				
			assets other than inventory	<b>7a</b> 9	5,593.					
		b	Less: cost or other basis							
Revenue			and sales expenses		7,516.					
evel			Gain or (loss)		3,077.					
			Net gain or (loss)			🕨	78,077.			78,077
Other	8	а	Gross income from fundraisi	ng events (not						
0			including \$							
			contributions reported on							
			Part IV, line 18		<u>8a</u>					
			Less: direct expenses							
	~		Net income or (loss) from	•		····· ►				
	9	а	Gross income from gamir							
		<b>h</b>	Part IV, line 19							
			Less: direct expenses							
	10		Gross sales of inventory,			▶				
	10	a	and allowances		10a					
		h	Less: cost of goods sold		10b					
			Net income or (loss) from			· · · · · · · · · · · · · · · · · · ·				
		-				Business Code				
Miscellaneous Revenue	11	а	OTHER			900099	73,961.			73,961
ane	••	b					, –•			,
sell: eve		c								
Alisc B.			All other revenue							
2			Total. Add lines 11a-11d				73,961.			
	12		Total revenue. See instruction				16,957,437.	0.	0.	191,848.
03200						r I		•	-	Form <b>990</b> (2020

THE EURASIA FOUNDATION

Form 990 (2020)

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THE EURASIA FOUNDATION

1		
	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).

Don	Check if Schedule O contains a respor ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)	
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses	
1	Grants and other assistance to domestic organizations		·		•	
	and domestic governments. See Part IV, line 21	709,931.	709,931.			
2	Grants and other assistance to domestic					
	individuals. See Part IV, line 22					
3	Grants and other assistance to foreign					
	organizations, foreign governments, and foreign					
	individuals. See Part IV, lines 15 and 16	4,183,786.	4,183,786.			
4	Benefits paid to or for members					
5	Compensation of current officers, directors,					
	trustees, and key employees	364,296.	7,067.	357,229.		
	Compensation not included above to disqualified					
	persons (as defined under section 4958(f)(1)) and					
	persons described in section 4958(c)(3)(B)					
	Other salaries and wages	4,298,141.	3,346,640.	951,501.		
	Pension plan accruals and contributions (include					
	section 401(k) and 403(b) employer contributions)	162,594.	129,061.	33,533.		
	Other employee benefits	1,166,422.	865,585.	300,837.		
	Payroll taxes	306,651.	222,555.	84,096.		
	Fees for services (nonemployees):					
	Management					
	Legal	7,949.	6,098.	1,851.		
	Accounting	96,679.	25,258.	71,421.		
	Lobbying	•		,		
	Professional fundraising services. See Part IV, line 17					
	Investment management fees	8,634.		8,634.		
	Other. (If line 11g amount exceeds 10% of line 25,					
-	column (A) amount, list line 11g expenses on Sch 0.)	3,119,605.	2,840,182.	279,423.		
	Advertising and promotion	14,642.	14,167.	475.		
	Office expenses	96,590.		30,377.		
	Information technology	209,427.	110,727.	98,700.		
	Royalties		,			
	Occupancy	417,172.	308,961.	108,211.		
	Travel	415,975.	404,889.	11,086.		
	Payments of travel or entertainment expenses					
	for any federal, state, or local public officials					
	Conferences, conventions, and meetings	79,234.	76,679.	2,555.		
		74.	74.			
	Interest Payments to affiliates	, 10	· •			
	Depreciation, depletion, and amortization	54,834.	23,986.	30,848.		
		48,716.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	48,716.		
	Insurance Other expenses. Itemize expenses not covered					
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)					
	TUITION AND FEES	565,659.	565,659.			
-	PARTICIPANT STIPENDS	276,401.	276,401.			
	BAD DEBT	55,000.	,	55,000.		
-	PAYROLL PROCESSING	40,864.	11,492.	29,372.		
	All other expenses	44,851.	32,886.	11,965.		
	Total functional expenses. Add lines 1 through 24e	16,744,127.	14,228,297.	2,515,830.	0	
	Joint costs. Complete this line only if the organization	,,,/.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_,	0	
	reported in column (B) joint costs from a combined					
	educational campaign and fundraising solicitation.					
	Check here Campaign and infollowing SOP 98-2 (ASC 958-720)					
	12-23-20				Form <b>990</b> (2020	

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5,739,424.

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12

Total liabilities and net assets/fund balances

		Check if Schedule O contains a response or not	e to an	y line in this Part X		<u></u> .	
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			763,699.	1	1,754,196.
	2	Savings and temporary cash investments			48,133.	2	42,469.
	3	Pledges and grants receivable, net			1,117,127.	3	1,697,383.
	4	Accounts receivable, net			2,529.	4	34,003.
	5	Loans and other receivables from any current or	forme	r officer, director,			
		trustee, key employee, creator or founder, subst	antial o	contributor, or 35%			
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disqualit					
		under section 4958(f)(1)), and persons described	d in sec	ction 4958(c)(3)(B)	000 000	6	1 6 5 0 0 0
2	7	Notes and loans receivable, net			232,000.	7	165,000.
2	8	Inventories for sale or use		·····  -	01 504	8	<u> </u>
•	9	Prepaid expenses and deferred charges			21,584.	9	52,337.
	10a	Land, buildings, and equipment: cost or other		005 010			
		basis. Complete Part VI of Schedule D		895,818.	640 712		600 074
		Less: accumulated depreciation			640,713.		609,274.
	11	Investments - publicly traded securities			851,724.	11	1,114,143.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		·····	2,061,915.	14	1,813,876.
	15	Other assets. See Part IV, line 11			5,739,424.	15	7,282,681.
	16	Total assets. Add lines 1 through 15 (must equa			459,212.	16	812,192.
	17	Accounts payable and accrued expenses			469,067.	17 18	711,270.
	18 10	Grants payable	405,007.	18	/11,2/0•		
	19 20	Deferred revenue				20	
	20 21	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F Loans and other payables to any current or form				21	
Ś	22	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		22			
i	23	Secured mortgages and notes payable to unrela		23			
	24	Unsecured notes and loans payable to unrelated		E	563,900.	24	
	25	Other liabilities (including federal income tax, pay	,				
		parties, and other liabilities not included on lines	•				
		of Schedule D			2,219,166.	25	3,240,823.
	26	Total liabilities. Add lines 17 through 25		· · · · · · · · · · · · · · · · · · ·	3,711,345.	26	4,764,285.
		Organizations that follow FASB ASC 958, che	ck her	e ▶ X			
8		and complete lines 27, 28, 32, and 33.		,			
3	27	Net assets without donor restrictions			1,910,177.	27	2,414,528.
2	28	Net assets with donor restrictions			117,902.	28	103,868.
		Organizations that do not follow FASB ASC 9					
		and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds				29	
	30	Paid-in or capital surplus, or land, building, or eq				30	
2	31	Retained earnings, endowment, accumulated in				31	
	32	Total net assets or fund balances			2,028,079.	32	2,518,396.
	22	Total lisbilities and not exacts (from the langes			5 739 121	22	7 282 681

7,282,681. Form **990** (2020)

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Part X Balance Sheet

Form 990 (2020)

Assets

Liabilities

Net Assets or Fund Balances

Form	1 990 (2020) THE EURASIA FOUNDATION	52	-1780162	Pag	ge <b>12</b>
Pa	rt XI 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	16,957		
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,744		
3	Revenue less expenses. Subtract line 2 from line 1	3			10.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,028	3,0	79.
5	Net unrealized gains (losses) on investments	5	147	′ <b>,</b> 5	79.
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 on Schedule O)	9	129	),4	28.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,518	3,3	96.
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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l 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?			Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis	6,		
	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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Au	udit		
	Act and OMB Circular A-133?			X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi			.,	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	

Form **990** (2020)

032012 12-23-20

**SCHEDULE A** 

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-EZ)
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# 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
2020
Open to Public Inspection

Name of the	organization
-------------	--------------

Employer identification number

	THE EURASIA FOUNDATION							5	2-1780162		
Pa	rt I	Reason for Public	Charity Status.	All organizations must c	omplete tl	his part.) S	See instruction	IS.			
The	organ	ization is not a private found	dation because it is: (	For lines 1 through 12, c	heck only	one box.)					
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	on 170(b)(*	1)(A)(i).				
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 9	90-EZ).)					
3		A hospital or a cooperative					ii).				
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental u	unit descrik	bed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)		-						
6		A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>									
7	Χ	An organization that norma						he general	public described in		
		section 170(b)(1)(A)(vi). (C	•		U			0			
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org				ed in conju	unction with a	land-grant	college		
		or university or a non-land-g									
		university:		. ,				C C			
10		An organization that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	hip fees, ar	nd gross receipts from		
		activities related to its exen	• • • •		-				•		
		income and unrelated busir									
		See section 509(a)(2). (Con					-	-			
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).				
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of one or		
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section (	5 <b>09(a)(3).</b> (	Check the box in		
		lines 12a through 12d that	describes the type of	of supporting organizatio	n and con	nplete lines	s 12e, 12f, an	d 12g.			
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	' giving		
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	supporting		
		organization. You must o	complete Part IV, Se	ections A and B.							
b		<b>Type II.</b> A supporting org	anization supervised	l or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	ving		
		control or management o	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	ige the sup	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
С		Type III functionally interpretent of the second						lly integrate	ed with,		
		its supported organizatio									
d		Type III non-functionally									
		that is not functionally int			-		-	d an attent	iveness		
		requirement (see instruct									
е		Check this box if the orga					а Туре I, Туре	II, Type III			
		functionally integrated, or									
		er the number of supported of	•								
<u>g</u>		vide the following information i) Name of supported	ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other		
	,	organization	(1) 2.14	(described on lines 1-10	in your governi Yes	ing document?	support (see ir	,	support (see instructions)		
		-		above (see instructions))	103						
Tota	I										
LHA	For P	aperwork Reduction Act N	Notice, see the Instr	uctions for Form 990 o	r 990-EZ.	032021 01-	25-21 Sche	dule A (For	m 990 or 990-EZ) 2020		

# Schedule A (Form 990 or 990 EZ) 2020 THE EURASIA FOUNDATION

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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) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8,697,549.	9,030,692.	8,501,080.	10,728,749.	16,765,589.	53,723,659.
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	8,697,549.	9,030,692.	8,501,080.	10,728,749.	16,765,589.	53,723,659.
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.						53,723,659.
Sec	ction B. Total Support			•			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	8,697,549.	9,030,692.	8,501,080.	10,728,749.	16,765,589.	53,723,659.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	141,073.	118,138.	63,874.	34,809.	39,810.	397,704.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			21,190.	94,333.	73,961.	189,484.
11	Total support. Add lines 7 through 10						54,310,847.
12	Gross receipts from related activities,	etc. (see instruction	ons)	•		12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third, f	ourth, or fifth tax y	/ear as a section 5	501(c)(3)	
	organization, check this box and stor	here		-			
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2020 (	line 6, column (f), d	livided by line 11, c	olumn (f))		14	98.92 %
	Public support percentage from 2019					15	98.27 %
16a	33 1/3% support test - 2020. If the c	organization did no	t check the box on	line 13, and line 1	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2019. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ition			▶∟
17a	10% -facts-and-circumstances tes	<b>t - 2020.</b> If the org	anization did not cl	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	<b>e.</b> Explain in Part	VI how the organiza	ation
	meets the facts-and-circumstances te	est. The organizatio	on qualifies as a pu	blicly supported c	organization		▶□
b	10% -facts-and-circumstances tes	<b>t - 2019.</b> If the org	anization did not cl	heck a box on line	13, 16a, 16b, or <sup>-</sup>	17a, and line 15 is <sup>-</sup>	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, cheo	ck this box and <b>st</b> e	<b>op here.</b> Explain ir	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qua	alifies as a publicly	supported organ	ization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s ►
					Scho	dule A (Form 990	or 990 E7) 2020

032022 01-25-21

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# Schedule A (Form 990 or 990-EZ) 2020 THE EURASIA FOUNDATION

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(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.)

Calen	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 (	Gifts, grants, contributions, and						
r	membership fees received. (Do not						
i	nclude any "unusual grants.")						
r f	Gross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in						
c	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- ness under section 513						
4 1	Tax revenues levied for the organ-						
	zation's benefit and either paid to or expended on its behalf						
5 1	The value of services or facilities						
	urnished by a governmental unit to he organization without charge						
	Fotal. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	B received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received rom 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.)						
	tion B. Total Support		•	•			
alen	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> A	Amounts from line 6						
10a ( c s	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Inrelated business taxable income						
``	less section 511 taxes) from businesses acquired after June 30, 1975						
c /	Add lines 10a and 10b						
1 1 a V	Net income from unrelated business activities not included in line 10b, whether or not the business is productly carried on						
2 (	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)			I			
	Total support. (Add lines 9, 10c, 11, and 12.)	o organization's f	irot accord third	fourth or fifth toy		[ E01(a)(2) area	nization
	First 5 years. If the Form 990 is for th	-			-		
Sect	check this box and stop here	ic Support Pe	rcentage				
	Public support percentage for 2020 (I		•	(f)		15	0/
						15	%
	Public support percentage from 2019 tion D. Computation of Invest					16	%
	•						
	nvestment income percentage for 20					17	%
	nvestment income percentage from 2						%
	33 1/3% support tests - 2020. If the						line 17 is not
	more than 33 1/3%, check this box a						▶∟
	33 1/3% support tests - 2019. If the	•					
	ine 18 is not more than 33 1/3%, che			•		•	
<u>20</u> F	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th			
32023	01-25-21			1 C	Sch	edule A (Forn	n 990 or 990-EZ) 2020
~ ^ ·				16			1 1 0 0 0 1
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# Schedule A (Form 990 or 990-EZ) 2020 THE EURASIA FOUNDATION

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2020

Yes No

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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 line 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.)

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# Schedule A (Form 990 or 990 EZ) 2020 THE EURASIA FOUNDATION

Part IV Supporting Organizations (continued)

1

2

Yes No

			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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
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	
		L

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

- 1	Were a majority of the organization's directors or trustees during the tax year also a majority of the

Sec	ction D. All Type III Supporting Organizations		
	the supported organization(s).	1	
	or management of the supporting organization was vested in the same persons that controlled or managed		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		

			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 line 2, above, 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			
	supported organizations played in this regard.	3		

### Section 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 durin	a the	veatsee instructions	1

- a \_\_\_\_ 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.*
- c \_\_\_\_ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described in line 2a, above, 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

За

3b

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Yes No

# Schedule A (Form 990 or 990-EZ) 2020 THE EURASIA FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	on 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	on 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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-functiona	Illy integrate	ed Type III supporting ord	anization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

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# Schedule A (Form 990 or 990 EZ) 2020 THE EURASIA FOUNDATION

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued	)
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	I
2	Amounts paid to perform activity that directly furthers exempt	pt purposes of supported		
	organizations, in excess of income from activity		2	2
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	s 3	3
4	Amounts paid to acquire exempt-use assets		4	4
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	5
6	Other distributions (describe in Part VI). See instructions.		6	; 
7	Total annual distributions. Add lines 1 through 6.		7	,
8	Distributions to attentive supported organizations to which t	he organization is responsive	)	
	(provide details in Part VI). See instructions.		8	3
9	Distributable amount for 2020 from Section C, line 6		g	)
10	Line 8 amount divided by line 9 amount		10	)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
	From 2019			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7: Excess from 2016			
	Excess from 2017			
	Excess from 2017 Excess from 2018			
	Excess from 2019			
	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 THE EURASIA FOUNDATION
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(See instructions.)	Part V, Section E, lines 2, 5, and 6. Also complete this part for a	ny additional information.
32028 01-25-21		Schedule A (Form 990 or 990-EZ)

# Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (abook ano):

## \*\* PUBLIC DISCLOSURE COPY \*\*

# 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

2020

Employer identification number

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	17	1780	1780162

Organization type (check of	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) 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 any one contributor, 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; or (ii) Form 990-EZ, 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

**Caution:** An organization 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), but it **must** answer "No" on 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 certify that it doesn't meet 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.

THE EURASIA FOUNDATION

Name of organization

Page 2
Employer identification number

52-1780162

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$10,362,994.	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		\$5,985,372.	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
		\$	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.)
023452 11-25	5-20 23	Schedule B (Forr	n 990, 990-EZ, or 990-PF) (202

2020.06000 THE EURASIA FOUNDATION

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Name of organization

Employer identification number

52-1780162

### THE EURASIA FOUNDATION

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
		\$	
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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יה סט	JRASIA FOUNDATION			52-1780162
Part III	Exclusively religious, charitable, etc., contribution	s to organizations described in	section 501(c)(7), (8	
	from any one contributor. Complete columns (a) th	rough (a) and the following line (	ntry For organization	e
	completing Part III, enter the total of exclusively religious, cha Use duplicate copies of Part III if additional sp	ace is needed.	r less for the year. (Enter	this info. once.) 🕨 🔍
a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift		d) Description of how gift is held
ŀ				
		(e) Transfer of g	Iff	
	Transferee's name, address, and	7IP + 4	Relationshi	p of transferor to transferee
F			neidtionsn	
a) No. from	(b) Purpose of gift	(c) Use of gift		d) Description of how gift is held
Part I	(-,	(-, 5		-,
Ī	<b>I</b>	(e) Transfer of g	ift	
Ļ	Transferee's name, address, and	ZIP + 4	Relationsh	p of transferor to transferee
a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift		d) Description of how gift is held
ŀ		(e) Transfer of g		
		(e) mansier of g	int int	
	Transferee's name, address, and	ZIP + 4	Relationshi	p of transferor to transferee
Γ				
a) No.	I		I	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		d) Description of how gift is held
Ļ				
		(e) Transfer of g	ift	
		710 . 4	Deletional	n of transforce to transforme
ŀ	Transferee's name, address, and	<u> </u>	Relationsh	p of transferor to transferee
3454 11-25			S	chedule B (Form 990, 990-EZ, or 990-PF

**SCHEDULE D** 

## (Form 990)

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.



Department of the Treasury Internal Revenue Service Name of the organization

# THE EURASIA FOUNDATION

Employer identification number 52-1780162

Pa			s or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Eur	nds and other accounts
	<b>-</b>	(a) Donor advised funds	( <b>D)</b> Fui	
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	-		
-	are the organization's property, subject to the organization's			Yes II No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of		· ·	
Pa				
			Part IV, line /	•
1	Purpose(s) of conservation easements held by the organizati			
	Preservation of land for public use (for example, recrea		-	important land area
	Protection of natural habitat	Preservation of	f a certified h	istoric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	of a conserv	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
b	Total acreage restricted by conservation easements			
С	Number of conservation easements on a certified historic str			
d	Number of conservation easements included in (c) acquired			
	listed in the National Register			
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organizatio	n during the tax
	year ►			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation ea	sements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation easeme	nts during the year
	►\$			
8	Does each conservation easement reported on line 2(d) above	•		
-	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	nents that de	scribes the
Do	organization's accounting for conservation easements. t III Organizations Maintaining Collections o	f Art Historical Tracquires or (	hor Simi	lor Accoto
Fa	Complete if the organization answered "Yes" on Form			iai Assels.
10			and balance	abaat works
Ia	If the organization elected, as permitted under FASB ASC 95			
	of art, historical treasures, or other similar assets held for pul			
L.	service, provide in Part XIII the text of the footnote to its final			at works of
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	nerance of p	ublic service,
	provide the following amounts relating to these items:			<b>^</b>
	(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 tre		ai gain, provid	e
	the following amounts required to be reported under FASB A	-	⊾	٨
	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X		····· <b>P</b>	\$ Sebedule D (Eerm 999) 2020
	For Paperwork Reduction Act Notice, see the Instruction	S 101 FORM 990.		Schedule D (Form 990) 2020
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Sche	dule D (Form 990) 2020 THE EUR	ASIA FOUND	ATIO	N			ļ	52-17	8016	2 <sub>Pa</sub>	age <b>2</b>
Par	t III Organizations Maintaining C	<b>Collections of A</b>	rt, Hist	torical Tr	easures,	or Othe	er Simila	ar Asse	ts(contii	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, checl	k any of the	following that	at make s	ignificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	ı [] ı	Loan or exc	hange progr	am					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	in how th	ney further t	he organizat	ion's exer	npt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit of		,		,			_	-		-
_	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" on	Form 990	), Part IV,	line 9, oi	·	
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								٦.,		٦
_	on Form 990, Part X?							L	Yes		<b>No</b> ∣
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able:			<b></b>				
									Amoun	t	
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.										]
Par											
		(a) Current year		rior year	(c) Two yea			ears back	(e) Fou	r vears	back
1a	Beginning of year balance	(u) ourione your	(~).	nor your	(0)	io suon	<b>(u)</b> (11100)	ouro suom	(0) ! 0	jeure	Buon
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	ered for th	ne organiz	zation			
	by:									Yes	No
	(i) Unrelated organizations										<u> </u>
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		owment	funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere								( )) [		
	Description of property	(a) Cost or c basis (investr		• •	or other (other)		cumulate preciation	a	( <b>d</b> ) Boo	k value	э
<b>4</b> -	Land			Dasis	(other)	uep	Clauon				
	Land			57	5,000.	1	.50,1	39	42	4,8	61
	Buildings				4,858.		51,9			<del>1</del> ,0 2,9	
	Leasehold improvements				8,756.		8,02				$\frac{1}{29}$ .
	EquipmentOther				7,204.		76,4		13	0,7	
	Add lines 1a through 1e. (Column (d) must e		X colun		-		, , , 1			9,2	
Tota			<i>x</i> , courr	(,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,						- , -	

Schedule D (Form 990) 2020

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Part VII Investments - Other Securities.			S
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value

(	(,
(1) ADVANCES AND DEPOSITS	25,174.
(2) INTEREST RECEIVABLE	4,488.
(3) RIGHT OF USE ASSET	1,784,214.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	▶ 1,813,876.
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Fo	orm 990, Part X, line 25.
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE ADVANCE	1,050,536.
(3) OPERATING LEASE LIABILITY	1,960,287.
(4) REFUNDABLE ADVANCEPPP LOAN	
(5) REPAYMENT	230,000.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 3,240,823.
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization'	s financial statements that reports the

i, p othote to the organi ition's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2020

032053 12-01-20

SCILE	dule D (Form 990) 2020 THE EURASIA FOUNDATION			52-	1780162 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents Witl	h Revenue per P		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ı.			
1	Total revenue, gains, and other support per audited financial statements			1	17,141,166.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	147,579.		
b	Donated services and use of facilities		44,784.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	192,363.
3	Subtract line 2e from line 1			3	16,948,803.
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	8,634.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	8,634.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	16,957,437.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten		th Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.			
1	Total expenses and losses per audited financial statements			1	16,650,849.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	44,784.		
b	Prior year adjustments	2b			
C					
	Other losses	2c		1	
d	Other losses Other (Describe in Part XIII.)		-129,428.		
		2d	,	2e	-84,644.
	Other (Describe in Part XIII.)	2d		2e 3	-84,644. 16,735,493.
е	Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2d		3	-84,644. 16,735,493.
е 3 4	Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>	2d		3	-84,644. 16,735,493.
е 3 4 а	Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2d 4a		3	16,735,493.
e 3 4 a b	Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2d 4a 4b	8,634.	3 4c	<u>16,735,493.</u> 8,634.
e 3 4 b 5	Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2d 4a 4b	8,634.	3	16,735,493.

Provide 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 additional information.

PART X, LINE 2:

FOR THE YEAR ENDED SEPTEMBER 30, 2021, EF HAS DOCUMENTED ITS CONSIDERATION

OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING

UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN

TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE

FINANCIAL STATEMENTS.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CANCELLATION OF SUB-GRANTS AWARDED IN PRIOR YEARS

-129,428.

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29

			Sche	edule D (Form 990) 2
2055 12-01-20				. ,
		30		1 4 2 2 2
80812 745960 14323	2020.06000	THE EURASIA	FOUNDATION	14323

SCHEDULE F (Form 990)	Stateme ► Complete if	ates –	OMB No. 1545-0047				
Department of the Treasury	<b>b</b> a .	. /=	Attach to Form 990.			to Public	
Internal Revenue Service Name of the organization	Go to v	www.irs.gov/Fo	orm990 for instructions and the lates	t information.	Employer identif	ection ication number	
Ū.							
THE EURASIA FOU Part I General Info			taida tha Unitad Statas		52-1780162		
Form 990, Part I		Activities Ou	tside the United States. Compl	ete if the orgar	nization answered "	Yes" on	
,	,	n maintain recor	ds to substantiate the amount of its gr	ants and other	assistance,		
the grantees' eligibility t	for the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	istance? X	Yes 🗌 No	
2 For grantmakers. Desc United States.	cribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance out	side the	
			an be duplicated if additional space is	· · · · · · · · · · · · · · · · · · ·		1	
(a) Region	(b) Number of offices	employees.	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		vity listed in (d) gram service,	(f) Total expenditures	
	in the region	agents, and independent	gram services, investments, grants to		e specific type	for and investments	
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region	
				SUPPORT INS	STITUTIONAL		
				DEVELOPMENT	r, civic		
RUSSIA AND				ENGAGEMENT			
NEIGHBORING STATES	1	36	PROGRAM SERVICES	EXPERTISE H	EXCHANGE, AND	5,637,735.	
			GRANTS AND OTHER SUPPORT TO				
RUSSIA AND			RECIPIENTS LOCATED IN THE				
NEIGHBORING STATES	0	0	REGION			2,299,109.	
				ONLINE EDUC			
					HINKING, AND		
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	DIGITAL EXO PROGRAMS	CHANGE	1,907,509.	
		0	I ROGRAM SERVICES	I KOGKAND		1,507,505.	
			GRANTS AND OTHER SUPPORT TO				
MIDDLE EAST AND			RECIPIENTS LOCATED IN THE				
NORTH AFRICA	0	0	REGION			612,173.	
				SUPPORT NON			
EAST ASIA AND THE					DNS, COMMUNITY F, WOMEN CIVIC		
PACIFIC	2	20	PROGRAM SERVICES	ENGAGEMENT		1,810,133.	
						, ,	
			GRANTS AND OTHER SUPPORT TO				
EAST ASIA AND THE		_	RECIPIENTS LOCATED IN THE				
PACIFIC	0	0	REGION			1,272,504.	
3 a Subtotal	3	56				13,539,163.	
<b>b</b> Total from continuation	-						
sheets to Part I	0	(				٥.	
c Totals (add lines 3a							
and 3b)	3	56				13,539,163.	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS Schedule F (Form 990) 2020

032071 12-03-20

10180812 745960 14323

OMB No. 1545-0047 2020

Page 2

Schedule F (Form 990) 2020

Part II 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>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	<b>(f)</b> 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 THE	ACCOUNTABILITY IN					
		NEWLY INDEPENDENT	PUBLIC ADMINISTRATION					
		STATES	AND SERVICES	69,484.	WIRE	Ο.		
			TRANSPARENCY AND					
		RUSSIA AND THE	ACCOUNTABILITY IN					
		NEWLY INDEPENDENT	PUBLIC ADMINISTRATION					
		STATES	AND SERVICES	1,321,527.	WIRE	Ο.		
			TRANSPARENCY AND					
		RUSSIA AND THE	ACCOUNTABILITY IN					
		NEWLY INDEPENDENT	PUBLIC ADMINISTRATION					
		STATES	AND SERVICES	157,383.	WIRE	٥.		
			TRANSPARENCY AND					
		RUSSIA AND THE	ACCOUNTABILITY IN					
		NEWLY INDEPENDENT	PUBLIC ADMINISTRATION					
		STATES	AND SERVICES	238,578.	WIRE	٥.		
			TRANSPARENCY AND					
		RUSSIA AND THE	ACCOUNTABILITY IN					
		NEWLY INDEPENDENT	PUBLIC ADMINISTRATION					
		STATES	AND SERVICES	181,854.	WIRE	٥.		
			TRANSPARENCY AND					
		RUSSIA AND THE	ACCOUNTABILITY IN					
		NEWLY INDEPENDENT	PUBLIC ADMINISTRATION					
		STATES	AND SERVICES	46,581.	WIRE	٥.		
			TRANSPARENCY AND					
		RUSSIA AND THE	ACCOUNTABILITY IN					
		NEWLY INDEPENDENT	PUBLIC ADMINISTRATION					
		STATES	AND SERVICES	42,928.	WIRE	ο.		
			TRANSPARENCY AND					
		RUSSIA AND THE	ACCOUNTABILITY IN					
		NEWLY INDEPENDENT	PUBLIC ADMINISTRATION					
		STATES	AND SERVICES	49,962.	WIRE	0.		
2 Enter total number of	recipient organizatio	ns listed above that are	recognized as charities by the					
			or counsel has provided a sec		-			76
						······		

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Schedule F (Form 990)
Part II Continuati

THE EURASIA FOUNDATION

# 52-1780162

Page 2

Part II	Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	. (Schedule F (Form 9	90), Part II, line 1	)	r ugo <b>2</b>
<b>1</b> (a) Name	oforappization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Pagion	<b>(d)</b> Purpose of grant	(e) Amount	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				TRANSPARENCY AND					
			RUSSIA AND THE	ACCOUNTABILITY IN					
			NEWLY INDEPENDENT	PUBLIC ADMINISTRATION					
			STATES	AND SERVICES	49,949.	WIRE	0.		
				TRANSPARENCY AND					
			RUSSIA AND THE	ACCOUNTABILITY IN					
			NEWLY INDEPENDENT	PUBLIC ADMINISTRATION					
			STATES	AND SERVICES	21,090.	WIRE	Ο.		
				TRANSPARENCY AND					
			RUSSIA AND THE	ACCOUNTABILITY IN					
			NEWLY INDEPENDENT	PUBLIC ADMINISTRATION					
			STATES	AND SERVICES	9,000.	WIRE	٥.		
				TRANSPARENCY AND					
			RUSSIA AND THE	ACCOUNTABILITY IN					
			NEWLY INDEPENDENT	PUBLIC ADMINISTRATION					
			STATES	AND SERVICES	23,710.	WIRE	٥.		
				TRANSPARENCY AND					
			RUSSIA AND THE	ACCOUNTABILITY IN					
			NEWLY INDEPENDENT	PUBLIC ADMINISTRATION					
			STATES	AND SERVICES	35,100.	WIRE	Ο.		
				TRANSPARENCY AND					
			RUSSIA AND THE	ACCOUNTABILITY IN					
			NEWLY INDEPENDENT	PUBLIC ADMINISTRATION					
			STATES	AND SERVICES	9,449.	WIRE	Ο.		
				TRANSPARENCY AND					
			RUSSIA AND THE	ACCOUNTABILITY IN					
			NEWLY INDEPENDENT	PUBLIC ADMINISTRATION					
			STATES	AND SERVICES	8,416.	WIRE	Ο.		
				TRANSPARENCY AND					
			RUSSIA AND THE	ACCOUNTABILITY IN					
			NEWLY INDEPENDENT	PUBLIC ADMINISTRATION					
			STATES	AND SERVICES	10,185.	WIRE	Ο.		
				TRANSPARENCY AND					
			RUSSIA AND THE	ACCOUNTABILITY IN					
			NEWLY INDEPENDENT	PUBLIC ADMINISTRATION					
			STATES	AND SERVICES	9,829.	WIRE	0.		

Schedule F (Form 990)

THE EURASIA FOUNDATION

# 52-1780162

Page 2

Part II	Continuation o	f Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line <sup>-</sup>	1)	Tage 2
<b>1</b> (a) Name	e of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
				TRANSPARENCY AND					
			RUSSIA AND THE	ACCOUNTABILITY IN					
			NEWLY INDEPENDENT	PUBLIC ADMINISTRATION					
			STATES	AND SERVICES	10,010.	WIRE	0.		
				SUPPORT NONPROFIT					
			RUSSIA AND THE	ORGANIZATIONS,					
			NEWLY INDEPENDENT	COMMUNITY					
			STATES	DEVELOPMENT, WOMEN	8,000.	WIRE	0.		
				SUPPORT NONPROFIT					
			RUSSIA AND THE	ORGANIZATIONS,					
			NEWLY INDEPENDENT	COMMUNITY					
			STATES	DEVELOPMENT, WOMEN	313,500.	WIRE	Ο.		
				SUPPORT NONPROFIT					
			RUSSIA AND THE	ORGANIZATIONS,					
			NEWLY INDEPENDENT	COMMUNITY					
			STATES	DEVELOPMENT, WOMEN	14,516.	WIRE	Ο.		
				SUPPORT NONPROFIT	-				
			RUSSIA AND THE	ORGANIZATIONS,					
			NEWLY INDEPENDENT	COMMUNITY					
			STATES	DEVELOPMENT, WOMEN	33,189.	WIRE	Ο.		
				SUPPORT NONPROFIT					
			RUSSIA AND THE	ORGANIZATIONS,					
			NEWLY INDEPENDENT	COMMUNITY					
			STATES	DEVELOPMENT, WOMEN	28,599.	WIRE	Ο.		
				SUPPORT NONPROFIT					
			RUSSIA AND THE	ORGANIZATIONS,					
			NEWLY INDEPENDENT	COMMUNITY					
			STATES	DEVELOPMENT, WOMEN	24,691.	WIRE	0.		
				SUPPORT NONPROFIT	,				
			RUSSIA AND THE	ORGANIZATIONS,					
			NEWLY INDEPENDENT	COMMUNITY					
			STATES	DEVELOPMENT, WOMEN	20,310.	WIRE	0.		
				SUPPORT NONPROFIT	, -				
			RUSSIA AND THE	ORGANIZATIONS,					
			NEWLY INDEPENDENT	COMMUNITY					
			STATES	DEVELOPMENT, WOMEN	8,724.	WIRE	0.		

THE EURASIA FOUNDATION

# 52-1780162

Part II (	Continuation of	Grants and Other	Assistance to Organization	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II. line <sup>-</sup>	1)	i aye z
1	oforcanization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				SUPPORT NONPROFIT					
			RUSSIA AND THE	ORGANIZATIONS,					
			NEWLY INDEPENDENT	COMMUNITY					
			STATES	DEVELOPMENT, WOMEN	9,772.	WIRE	Ο.		
				SUPPORT NONPROFIT					
			RUSSIA AND THE	ORGANIZATIONS,					
			NEWLY INDEPENDENT	COMMUNITY					
			STATES	DEVELOPMENT, WOMEN	30,886.	WIRE	Ο.		
				SUPPORT NONPROFIT					
			RUSSIA AND THE	ORGANIZATIONS,					
			NEWLY INDEPENDENT	COMMUNITY					
			STATES	DEVELOPMENT, WOMEN	31,195.	WIRE	Ο.		
				SUPPORT NONPROFIT	,				
			RUSSIA AND THE	ORGANIZATIONS,					
			NEWLY INDEPENDENT	COMMUNITY					
			STATES	DEVELOPMENT, WOMEN	9,680.	WIRE	Ο.		
				SUPPORT NONPROFIT	,				
			RUSSIA AND THE	ORGANIZATIONS,					
			NEWLY INDEPENDENT	COMMUNITY					
			STATES	DEVELOPMENT, WOMEN	9,348.	WIRE	Ο.		
				SUPPORT NONPROFIT	,				
			RUSSIA AND THE	ORGANIZATIONS,					
			NEWLY INDEPENDENT	COMMUNITY					
			STATES	DEVELOPMENT, WOMEN	9,624.	WIRE	Ο.		
				SUPPORT NONPROFIT	,				
			RUSSIA AND THE	ORGANIZATIONS,					
			NEWLY INDEPENDENT	COMMUNITY					
			STATES	DEVELOPMENT, WOMEN	5,803.	WIRE	Ο.		
				SUPPORT NONPROFIT	,				
			RUSSIA AND THE	ORGANIZATIONS,					
			NEWLY INDEPENDENT	COMMUNITY					
			STATES	DEVELOPMENT, WOMEN	49,455.	WIRE	0.		
				SUPPORT NONPROFIT	,				
			RUSSIA AND THE	ORGANIZATIONS,					
			NEWLY INDEPENDENT	COMMUNITY					
			STATES	DEVELOPMENT, WOMEN	10,546.	WIRE	0.		

THE EURASIA FOUNDATION

# 52-1780162

Part II (		f Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States	(Schedule F (Form 9	90) Part II line -	1)	i age z
1	of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
				SUPPORT NONPROFIT					
			RUSSIA AND THE	ORGANIZATIONS,					
			NEWLY INDEPENDENT	COMMUNITY					
			STATES	DEVELOPMENT, WOMEN	36,180.	WIRE	0.		
				SUPPORT NONPROFIT	, -				
			RUSSIA AND THE	ORGANIZATIONS,					
			NEWLY INDEPENDENT	COMMUNITY					
			STATES	DEVELOPMENT, WOMEN	8,151.	WIRE	0.		
				SUPPORT NONPROFIT	-,				
			RUSSIA AND THE	ORGANIZATIONS,					
			NEWLY INDEPENDENT	COMMUNITY					
			STATES	DEVELOPMENT, WOMEN	7,051.	WTRE	0.		
				SUPPORT NONPROFIT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
			RUSSIA AND THE	ORGANIZATIONS,					
			NEWLY INDEPENDENT	COMMUNITY					
			STATES	DEVELOPMENT, WOMEN	15,002.	WIRE	ο.		
				SUPPORT NONPROFIT	10,002.				
			RUSSIA AND THE	ORGANIZATIONS,					
			NEWLY INDEPENDENT	COMMUNITY					
			STATES	DEVELOPMENT, WOMEN	19,953.	WIRE	0.		
				SUPPORT NONPROFIT	19,900.				
			RUSSIA AND THE	ORGANIZATIONS,					
			NEWLY INDEPENDENT	COMMUNITY					
			STATES	DEVELOPMENT, WOMEN	8,262.	WTDF	ο.		
				SUPPORT NONPROFIT	0,202.	MIND .	•••		
			RUSSIA AND THE	ORGANIZATIONS,					
			NEWLY INDEPENDENT	COMMUNITY					
			STATES	DEVELOPMENT, WOMEN	6,305.	WIRE	ο.		
				SUPPORT NONPROFIT	0,303.	TICH	••		
			RUSSIA AND THE	ORGANIZATIONS,					
			NEWLY INDEPENDENT	COMMUNITY					
			STATES	DEVELOPMENT, WOMEN	5,864.	WIRE	0.		
				SUPPORT NONPROFIT	5,004.	PT	۰.		
			RUSSIA AND THE	ORGANIZATIONS,					
			NEWLY INDEPENDENT	COMMUNITY					
			STATES		11,217.	WIDE	0.		
			ртитер	DEVELOPMENT, WOMEN	⊥⊥,∠⊥/ <b>.</b>	MTKE	υ.		

THE EURASIA FOUNDATION

# 52-1780162

Part II Co	f Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States	(Schedule E (Form 9	90) Part II line 1	1)	i age z
<b>1</b> (a) Name of c	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
			SUPPORT NONPROFIT					
		RUSSIA AND THE	ORGANIZATIONS,					
		NEWLY INDEPENDENT	COMMUNITY					
		STATES	DEVELOPMENT, WOMEN	16,709.	WIRE	Ο.		
			SUPPORT NONPROFIT	, -				
		RUSSIA AND THE	ORGANIZATIONS,					
		NEWLY INDEPENDENT	COMMUNITY					
		STATES	DEVELOPMENT, WOMEN	6,900.	WTRE	Ο.		
			SUPPORT NONPROFIT					
		RUSSIA AND THE	ORGANIZATIONS,					
		NEWLY INDEPENDENT	COMMUNITY					
		STATES		7,422.	WIDE	0.		
		SIAIES	DEVELOPMENT, WOMEN SUPPORT NONPROFIT	7,422.	WIKE	υ.		
		RUSSIA AND THE	ORGANIZATIONS,					
		NEWLY INDEPENDENT	COMMUNITY	16 053				
		STATES	DEVELOPMENT, WOMEN	16,873.	WIRE	0.		
			SUPPORT NONPROFIT					
		RUSSIA AND THE	ORGANIZATIONS,					
		NEWLY INDEPENDENT	COMMUNITY					
		STATES	DEVELOPMENT, WOMEN	9,539.	WIRE	0.		
			SUPPORT NONPROFIT					
		RUSSIA AND THE	ORGANIZATIONS,					
		NEWLY INDEPENDENT	COMMUNITY					
		STATES	DEVELOPMENT, WOMEN	15,020.	WIRE	٥.		
			SUPPORT NONPROFIT					
		RUSSIA AND THE	ORGANIZATIONS,					
		NEWLY INDEPENDENT	COMMUNITY					
		STATES	DEVELOPMENT, WOMEN	17,394.	WIRE	Ο.		
			SUPPORT NONPROFIT					
		RUSSIA AND THE	ORGANIZATIONS,					
		NEWLY INDEPENDENT	COMMUNITY					
		STATES	DEVELOPMENT, WOMEN	16,770.	WIRE	٥.		
			SUPPORT NONPROFIT	, ,				
		RUSSIA AND THE	ORGANIZATIONS,					
		NEWLY INDEPENDENT	COMMUNITY					
		STATES	DEVELOPMENT, WOMEN	16,914.	WIRE	Ο.		
		r <b></b> ~	, "online",	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	r	۰.		

THE EURASIA FOUNDATION

# 52-1780162

Part II Continuation o	f Cranta and Other	Accietance to Organia	ations or Entities Outside the	United States	(Cohodulo E (Form (	00) Dort II line	1)	1 age
		Assistance to Organiza	ations or Entities Outside the	Onited States.	i (Schedule F (Form s			
1 (a) Name of organization	(b) IRS code section	(a) Pagion	(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Name of organization	and EIN (if applicable)	(c) Region	grant	of cash grant	cash disbursement	non-cash assistance	of non-cash assistance	valuation (book, Fl appraisal, other
			SUPPORT NONPROFIT					
		RUSSIA AND THE	ORGANIZATIONS,					
		NEWLY INDEPENDENT	COMMUNITY					
		STATES	DEVELOPMENT, WOMEN	14,522.	WIRE	0.		
			SUPPORT NONPROFIT					
		RUSSIA AND THE	ORGANIZATIONS,					
		NEWLY INDEPENDENT	COMMUNITY					
		STATES	DEVELOPMENT, WOMEN	24,860.	WIRE	0.		
			SUPPORT NONPROFIT					
		RUSSIA AND THE	ORGANIZATIONS,					
		NEWLY INDEPENDENT	COMMUNITY					
		STATES	DEVELOPMENT, WOMEN	16,781.	WIRE	Ο.		
			SUPPORT NONPROFIT	,				
		RUSSIA AND THE	ORGANIZATIONS,					
		NEWLY INDEPENDENT	COMMUNITY					
		STATES	DEVELOPMENT, WOMEN	16,774.	WTRE	ο.		
			SUPPORT NONPROFIT	,				
		RUSSIA AND THE	ORGANIZATIONS,					
		NEWLY INDEPENDENT	COMMUNITY					
		STATES		22,350.	WTDE	0.		
		SIAIES	DEVELOPMENT, WOMEN	22,350.	WIKE	۰.		
			SUPPORT NONPROFIT					
		RUSSIA AND THE	ORGANIZATIONS,					
		NEWLY INDEPENDENT	COMMUNITY					
		STATES	DEVELOPMENT, WOMEN	16,790.	WIRE	0.		
			SUPPORT NONPROFIT					
		RUSSIA AND THE	ORGANIZATIONS,					
		NEWLY INDEPENDENT	COMMUNITY					
		STATES	DEVELOPMENT, WOMEN	16,808.	WIRE	0.		
			SUPPORT NONPROFIT					
		RUSSIA AND THE	ORGANIZATIONS,					
		NEWLY INDEPENDENT	COMMUNITY					
		STATES	DEVELOPMENT, WOMEN	16,748.	WIRE	Ο.		
			SUPPORT NONPROFIT					
		RUSSIA AND THE	ORGANIZATIONS,					
		NEWLY INDEPENDENT	COMMUNITY					
		STATES	DEVELOPMENT, WOMEN	5,581.	WIRE	0.		

THE EURASIA FOUNDATION

# 52-1780162

	Continuation o	f Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line <sup>·</sup>	1)	T age Z
1	of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
				SUPPORT NONPROFIT					
			RUSSIA AND THE	ORGANIZATIONS,					
			NEWLY INDEPENDENT	COMMUNITY					
			STATES	DEVELOPMENT, WOMEN	7,551.	WIRE	0.		
				SUPPORT NONPROFIT	,				
			RUSSIA AND THE	ORGANIZATIONS,					
			NEWLY INDEPENDENT	COMMUNITY					
			STATES	DEVELOPMENT, WOMEN	7,963.	WIRE	0.		
				SUPPORT NONPROFIT	,				
			RUSSIA AND THE	ORGANIZATIONS,					
			NEWLY INDEPENDENT	COMMUNITY					
			STATES	DEVELOPMENT, WOMEN	7,734.	WIRE	0.		
				SUPPORT NONPROFIT	, -				
			RUSSIA AND THE	ORGANIZATIONS,					
			NEWLY INDEPENDENT	COMMUNITY					
			STATES	DEVELOPMENT, WOMEN	7,142.	WIRE	0.		
				SUPPORT NONPROFIT	,				
			RUSSIA AND THE	ORGANIZATIONS,					
			NEWLY INDEPENDENT	COMMUNITY					
			STATES	DEVELOPMENT, WOMEN	6,969.	WIRE	0.		
				SUPPORT NONPROFIT	, -				
			RUSSIA AND THE	ORGANIZATIONS,					
			NEWLY INDEPENDENT	, COMMUNITY					
			STATES	DEVELOPMENT, WOMEN	7,663.	WIRE	0.		
				SUPPORT NONPROFIT	,				
			RUSSIA AND THE	ORGANIZATIONS,					
			NEWLY INDEPENDENT	, COMMUNITY					
			STATES	DEVELOPMENT, WOMEN	5,236.	WIRE	0.		
				SUPPORT NONPROFIT	,				
			RUSSIA AND THE	ORGANIZATIONS,					
			NEWLY INDEPENDENT	COMMUNITY					
			STATES	DEVELOPMENT, WOMEN	5,259.	WIRE	0.		
				SUPPORT NONPROFIT	, -				
			RUSSIA AND THE	ORGANIZATIONS,					
			NEWLY INDEPENDENT	COMMUNITY					
			STATES	DEVELOPMENT, WOMEN	15,113.	WIRE	0.		

THE EURASIA FOUNDATION

# 52-1780162

			<u> </u>			(0 + + + = (- = - = -		4)	T age z
Part II	Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	1)	1
1 (a) Nom		(b) IRS code section		(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Nam	e of organization	and EIN (if applicable)	(c) Region	grant	of cash grant	cash disbursement	non-cash assistance	of non-cash assistance	valuation (book, FM\ appraisal, other)
				ANDRODE NONDRODEE					
				SUPPORT NONPROFIT					
			RUSSIA AND THE	ORGANIZATIONS,					
			NEWLY INDEPENDENT	COMMUNITY					
			STATES	DEVELOPMENT, WOMEN	7,990.	WIRE	0.		
				SUPPORT NONPROFIT					
			RUSSIA AND THE	ORGANIZATIONS,					
			NEWLY INDEPENDENT	COMMUNITY					
			STATES	DEVELOPMENT, WOMEN	7,955.	WIRE	0.		
				SUPPORT NONPROFIT					
			RUSSIA AND THE	ORGANIZATIONS,					
			NEWLY INDEPENDENT	COMMUNITY					
			STATES	DEVELOPMENT, WOMEN	7,758.	WIRE	Ο.		
				SUPPORT NONPROFIT					
			RUSSIA AND THE	ORGANIZATIONS,					
			NEWLY INDEPENDENT	COMMUNITY					
			STATES	DEVELOPMENT, WOMEN	11,691.	WIRE	٥.		
				SUPPORT NONPROFIT					
			RUSSIA AND THE	ORGANIZATIONS,					
			NEWLY INDEPENDENT	COMMUNITY					
			STATES	DEVELOPMENT, WOMEN	6,201.	WIRE	٥.		
				SUPPORT NONPROFIT	,				
			RUSSIA AND THE	ORGANIZATIONS,					
			NEWLY INDEPENDENT	COMMUNITY					
			STATES	DEVELOPMENT, WOMEN	8,894.	WIRE	0.		
				SUPPORT NONPROFIT					
			RUSSIA AND THE	ORGANIZATIONS,					
			NEWLY INDEPENDENT	COMMUNITY					
			STATES	DEVELOPMENT, WOMEN	8,970.	WIRE	0.		
				ONLINE EDUCATION,	-,-,••				
				CRITICAL THINKING,					
			MIDDLE EAST AND	AND DIGITAL EXCHANGE					
			NORTH AFRICA	PROGRAMS	332,313.	WIRE	Ο.		
				ONLINE EDUCATION,		PT	•.		
				CRITICAL THINKING,					
			MIDDLE EAST AND	AND DIGITAL EXCHANGE					
					02 626	WIDE	0.		
			NORTH AFRICA	PROGRAMS	83,636.	MIKE	υ.		

52-1780162 THE EURASIA FOUNDATION Schedule F (Form 990) Page 2 Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) Part II 1 (g) Amount of (h) Description (i) Method of (b) IRS code section (d) Purpose of (e) Amount (f) Manner of valuation (book, FMV, (a) Name of organization (c) Region of non-cash non-cash and EIN (if applicable) grant of cash grant cash disbursement assistance assistance appraisal, other) ONLINE EDUCATION, CRITICAL THINKING, AND DIGITAL EXCHANGE MIDDLE EAST AND NORTH AFRICA PROGRAMS 13,390.WIRE Ο. ONLINE EDUCATION, CRITICAL THINKING, MIDDLE EAST AND AND DIGITAL EXCHANGE NORTH AFRICA PROGRAMS 126,576.WIRE 0.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
	1		1		•	Schedu	ule F (Form 990) 2020

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

Schedule F (Form 990	/=		EURASIA	FOUNDATION
Part IV Foreig	n Form	s		

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

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):

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

DEVELOPMENT, WOMEN CIVIC ENGAGEMENT

032075 12-03-20

Schedule F (Form 990) 2020 THE EUF	RASIA FOUNDATION
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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.

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

#### DEVELOPMENT, WOMEN CIVIC ENGAGEMENT

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

DEVELOPMENT, WOMEN CIVIC ENGAGEMENT

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

DEVELOPMENT, WOMEN CIVIC ENGAGEMENT

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

DEVELOPMENT, WOMEN CIVIC ENGAGEMENT

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

DEVELOPMENT, WOMEN CIVIC ENGAGEMENT

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

DEVELOPMENT, WOMEN CIVIC ENGAGEMENT

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DEVELOPMENT, WOMEN CIVIC ENGAGEMENT

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

DEVELOPMENT, WOMEN CIVIC ENGAGEMENT

032075 12-03-20

Schedule F (Form 990) 2020 THE EUF	RASIA FOUNDATION
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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.

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

#### DEVELOPMENT, WOMEN CIVIC ENGAGEMENT

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

DEVELOPMENT, WOMEN CIVIC ENGAGEMENT

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

DEVELOPMENT, WOMEN CIVIC ENGAGEMENT

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

DEVELOPMENT, WOMEN CIVIC ENGAGEMENT

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

DEVELOPMENT, WOMEN CIVIC ENGAGEMENT

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

DEVELOPMENT, WOMEN CIVIC ENGAGEMENT

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

DEVELOPMENT, WOMEN CIVIC ENGAGEMENT

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

DEVELOPMENT, WOMEN CIVIC ENGAGEMENT

032075 12-03-20

Schedule F (Form 990) 2020 THE EURASIA FOUNI	DATION
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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.

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

#### DEVELOPMENT, WOMEN CIVIC ENGAGEMENT

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

DEVELOPMENT, WOMEN CIVIC ENGAGEMENT

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

DEVELOPMENT, WOMEN CIVIC ENGAGEMENT

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DEVELOPMENT, WOMEN CIVIC ENGAGEMENT

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

DEVELOPMENT, WOMEN CIVIC ENGAGEMENT

032075 12-03-20

Schedule F (Form 990) 2020 THE EUF	RASIA FOUNDATION
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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.

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

#### DEVELOPMENT, WOMEN CIVIC ENGAGEMENT

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

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DEVELOPMENT, WOMEN CIVIC ENGAGEMENT

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DEVELOPMENT, WOMEN CIVIC ENGAGEMENT

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

DEVELOPMENT, WOMEN CIVIC ENGAGEMENT

032075 12-03-20

Schedule F (Form 990) 2020 THE EUF	RASIA FOUNDATION
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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.

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

#### DEVELOPMENT, WOMEN CIVIC ENGAGEMENT

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

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

DEVELOPMENT, WOMEN CIVIC ENGAGEMENT

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Schedule F (Form 990) 2020 THE EUF	RASIA FOUNDATION
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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.

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

#### DEVELOPMENT, WOMEN CIVIC ENGAGEMENT

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

DEVELOPMENT, WOMEN CIVIC ENGAGEMENT

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DEVELOPMENT, WOMEN CIVIC ENGAGEMENT

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DEVELOPMENT, WOMEN CIVIC ENGAGEMENT

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DEVELOPMENT, WOMEN CIVIC ENGAGEMENT

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DEVELOPMENT, WOMEN CIVIC ENGAGEMENT

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

DEVELOPMENT, WOMEN CIVIC ENGAGEMENT

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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.

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

#### DEVELOPMENT, WOMEN CIVIC ENGAGEMENT

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

DEVELOPMENT, WOMEN CIVIC ENGAGEMENT

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DEVELOPMENT, WOMEN CIVIC ENGAGEMENT

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SCHEDULE I (Form 990)	Go	Grants and Oth overnments, ar lete if the organizatio	nd Individual	<b>ls in the Ŭn</b> i ' on Form 990, Pa	ted States		OMB No. 1545-0047 <b>2020</b> Open to Public
Internal Revenue Service		Go to www.ii	rs.gov/Form990 fo	r the latest inform	nation.		Inspection
Name of the organization THE EURAS	IA FOUNDA	TION					Employer identification number $52 - 1780162$
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records criteria used to award the grants or assis							
2 Describe in Part IV the organization's pro	ocedures for mon	itoring the use of grant	t funds in the Unite	d States.			
Part II Grants and Other Assistance to	•			1 0	anization answered "	res" on Form 990, Par	t IV, line 21, for any
recipient that received more than a <b>1 (a)</b> Name and address of organization or government	\$5,000. Part II car (b) EIN	n be duplicated if addit (c) IRC section (if applicable)	tional space is need (d) Amount of cash grant	ded. (e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MOBILITY INTERNATIONAL, INC. 132 EAST BROADWAY STE 343 EUGENE, OR 97401	93-0783096	501(C)(3)	11,241.	0.			PARTNERSHIP WITH INTERNATIONAL EXPERTS AND PEERS
NAVANTI GROUP 2451 CRYSTAL DRIVE, SUITE 108 ARLINGTON, VA 22202	33-1201639	OTHER	8,611.	0.			PARTNERSHIP WITH INTERNATIONAL EXPERTS AND PEERS
SUPPORTERS OF CIVIL SOCIETY IN RUSSIA, INC 3734 ARSENAL ST - ST. LOUIS, MO 63116	41-2040138	501(C)(3)	255,000.	0.			PARTNERSHIP WITH INTERNATIONAL EXPERTS AND PEERS
CENTER FOR INDEPENDENT SOCIAL RESEARCH INC - 2815 SUSQUEHANNOCK CIR - ODENTON, MD 21113	82-5241072	501(C)(3)	42,937.	0.			PARTNERSHIP WITH INTERNATIONAL EXPERTS AND PEERS
PARTNERSHIPS FOR NATURE 409 MADRONA WAY NE BAINBRIDGE ISLAND, WA 98110	84-4595964	501(C)(3)	40,557.	0.			PARTNERSHIP WITH INTERNATIONAL EXPERTS AND PEERS
COUNCIL OF INTERNATIONAL PROGRAMS USA - 100 NORTH MAIN STREET SUITE #309 - CHAGRIN FALLS, OH 44022	34-0929221	501(C)(3)	49,400.	0.			PARTNERSHIP WITH INTERNATIONAL EXPERTS AND PEERS
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization</li> </ul>	•	•	ne line 1 table	-			10.

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

Schedule I (Form 990) 2020

# Schedule I (Form 990) THE EURASIA FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

52-1780162	Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA STATE UNIVERSITY 600 W COLLEGE AVE TALLAHASSEE, FL 32306	59-1961248	GOVERNMENT	49,432.	0.			PARTNERSHIP WITH INTERNATIONAL EXPERTS AN PEERS
PEN AMERICAN CENTER INC. 588 BROADWAY SUITE 303 NEW YORK, NY 10012	13-3447888	501(C)(3)	50,000.	0.			PARTNERSHIP WITH INTERNATIONAL EXPERTS AN PEERS
OPTIMAL LIVING PSYCHOLOGICAL SERVICES, PC - 370 LEXINGTON AVE #500 - NEW YORK, NY 10017	46-2274147	OTHER	47,108.	0.			PARTNERSHIP WITH INTERNATIONAL EXPERTS AND PEERS
FOUNDATION FOR DEMOCRATIC DEVELOPMENT – 1629 K ST NW STE 300 – WASHINGTON, DC 20006	83-4583490	501(C)(3)	49,674.	0.			PARTNERSHIP WITH INTERNATIONAL EXPERTS ANI PEERS
STREET LAW, INC 1010 WAYNE AVENUE SUITE 860 SILVER SPRING, MD 20910	52-2015256	501(C)(3)	48,306.	0.			PARTNERSHIP WITH INTERNATIONAL EXPERTS AND PEERS
DISABILITY:IN 3000 POTOMAC AVE ALEXANDRIA, VA 22305	26-0482057	501(C)(3)	50,000.	0.			PARTNERSHIP WITH INTERNATIONAL EXPERTS AND PEERS

Schedule I (Form 990)

THE EURASIA FOUNDATION

Page 2

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	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	· · · · · · · ·				1

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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.

Schedule I (Form 990)

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SCH	EDULE J	Compens	ation Information	L	OMB No.	1545-00	47
(Fori	m 990)	For certain Officers, Directo	rs, Trustees, Key Employees, and Highest		20	20	
			ensated Employees		ZU	ΖU	
Doporte	nent of the Treasury		nswered "Yes" on Form 990, Part IV, line 23. ach to Form 990.		Open to	Publ	ic
	Revenue Service	· · · · · · · · · · · · · · · · · · ·	0 for instructions and the latest information.		Inspe	ction	
Name	e of the organizatio	1		Employer id			mber
		THE EURASIA FOUNDA	TION	52-1	78016	2	
Par	t I Question	s Regarding Compensation					
						Yes	No
<b>1</b> a (	Check the appropr	ate box(es) if the organization provided any	of the following to or for a person listed on Form	990,			
F	Part VII, Section A,	line 1a. Complete Part III to provide any rele	vant information regarding these items.				
	First-class or c	harter travel	X Housing allowance or residence for perso	nal use			
	Travel for com	panions	Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments	Health or social club dues or initiation fee	S			
[	Discretionary :	spending account	Personal services (such as maid, chauffer	ur, chef)			
b l	f any of the boxes	on line 1a are checked, did the organization	follow a written policy regarding payment or				
r	eimbursement or p	rovision of all of the expenses described ab	ove? If "No," complete Part III to explain		1b	Х	
			or allowing expenses incurred by all directors,				
t	rustees, and office	rs, including the CEO/Executive Director, re	garding the items checked on line 1a?		2	Х	
3	ndicate which, if a	ny, of the following the organization used to	establish the compensation of the organization'	5			
(	CEO/Executive Dire	ctor. Check all that apply. Do not check any	boxes for methods used by a related organizat	ion to			
e	establish compens	ation of the CEO/Executive Director, but exp	lain in Part III.				
[	Compensatior	•	Written employment contract				
[	·	ompensation consultant	X Compensation survey or study				
[	·	her organizations	X Approval by the board or compensation of	ommittee			
		5					
4 [	During the year, did	any person listed on Form 990, Part VII, Se	ction A, line 1a, with respect to the filing				
c	organization or a re	lated organization:					
аF	Receive a severand	e payment or change-of-control payment?			4a		X
b F	Participate in or rec	eive payment from a supplemental nonqual	fied retirement plan?				Х
			sation arrangement?				Х
ľ	f "Yes" to any of lir	es 4a-c, list the persons and provide the ap	plicable amounts for each item in Part III.				
C	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organization	s must complete lines 5-9.				
5 F	or persons listed o	on Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensation	on			
c	contingent on the r	evenues of:					
a 1	The organization?				5a		X
b A	Any related organiz	ation?			5b		X
		r 5b, describe in Part III.					
<b>6</b> F	or persons listed o	n Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensation	on			
c	contingent on the r	et earnings of:					
a 1	The organization?				6a		X
							X
		r 6b, describe in Part III.					
7 F	or persons listed o	n Form 990, Part VII, Section A, line 1a, did	the organization provide any nonfixed payments	S			
					7		X
<b>8</b> \	Nere any amounts	reported on Form 990, Part VII, paid or accr	ued pursuant to a contract that was subject to t	he			
i	nitial contract exce	ption described in Regulations section 53.4	958-4(a)(3)? If "Yes," describe in Part III		8		X
<b>9</b> I	f "Yes" on line 8, d	d the organization also follow the rebuttable	e presumption procedure described in				
F	Regulations sectior	53.4958-6(c)?			9		
		eduction Act Notice, see the Instructions			ile J (Forr	n 990	) 2020

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## 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		B) Breakdown of W-2 and/or 1099-MISC compensation			(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) LISA COLL	(i)	185,655.	0.	0.	11,139.	22,313.	219,107.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.		0.
(2) PETRO MATIASZEK	(i)	154,642.	0.	0.	9,278.	25,773.		0.
CHIEF OF PARTY, TAPAS PROGRAM	(ii)	0.	0.	0.	0.	0.		0.
(3) ROBERT O'DONOVAN	(i)	144,569.	0.	0.	8,674.	16,278.	169,521.	0.
VP OF PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

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.



52-1780162

THE EURASIA FOUNDATION

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.

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

UKRAINE, GEORGIA, KAZAKHSTAN, KYRGYZSTAN,

TAJIKISTAN, RUSSIA, MOLDOVA

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 ALL MATERIAL FACTS AS TO THE RELATIONSHIP OR INTEREST. INDIVIDUALS WITH CONFLICTS OF INTEREST MUST RECUSE THEMSELVES FROM PARTICIPATING IN ANY PART LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20

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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 HER LAST COMPENSATION
REVIEW TOOK PLACE IN APRIL 2019.
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 2,793,566.
MANAGEMENT AND GENERAL EXPENSES 278,718.
FUNDRAISING EXPENSES 0.
TOTAL EXPENSES 3,072,284.
032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020
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OF THE DECISIONS RELATED TO THE TRANSACTION GIVING RISE TO THE CONFLICT.

Page 2

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

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THE EURASIA FOUNDATION

Employer identification number 52 - 1780162

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization THE EURASIA FOUNDATION	Page Employer identification numbe 52-1780162
	52 1700102
TRANSLATION SERVICES:	
PROGRAM SERVICE EXPENSES	21,838
MANAGEMENT AND GENERAL EXPENSES	20
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	21,858
DESIGN, PRINTING, PUBLICATION SERVICES:	
PROGRAM SERVICE EXPENSES	24,778
MANAGEMENT AND GENERAL EXPENSES	685
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	25,463
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,119,605
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CANCELLATION OF SUB-GRANTS AWARDED IN PRIOR YEARS	129,428
032212 11-20-20 Sc	202 chedule O (Form 990 or 990-EZ)