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

## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

AF	or the	2021 calendar year, or tax year beginning $OCT \perp$ , $2021$ and	enaing ;	SEP 30, 4044	
<b>B</b> c	heck if pplicable:	C Name of organization		D Employer identif	ication number
	Address change	THE EURASIA FOUNDATION			
	Name change	Doing business as		52-17801	.62
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	Final return/	1990 K STREET NW	615	(202) 23	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	21,294,197.
	Amende return	WASHINGTON, DC 20000		H(a) Is this a group r	
	Applica- tion pending	F Name and address of principal officer: EDIZABETH COLL		for subordinate	
		SAME AS C ABOVE		H(b) Are all subordinates i	
		mpt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1)	or 527	If "No," attach a	a list. See instructions
		E ► WWW.EURASIA.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1992	M State of legal domicile: DC
Pa		Summary	ר שמגם	TT T T T T T T T T T T T T T T T T T T	
e	<b>1</b> E	Briefly describe the organization's mission or most significant activities: SEE	PART I	LII, LINE I.	
Governance	2 0	Check this box  if the organization discontinued its operations or dispose	and of more	than OEN/ of its not so	anta
/err				1 -	1
ģ		lumber of independent voting members of the governing body (Part VI, line 1a)			
જ		otal number of individuals employed in calendar year 2021 (Part V, line 2a)			71
ties					23
Activities &		otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12			
Ac		let unrelated business taxable income from Form 990-T, Part I, line 11			
_	יום	let unrelated pusifiess taxable income nom Form 990-1, Fart i, line 11		Prior Year	Current Year
	8 0	Contributions and grants (Part VIII, line 1h)		16,765,589.	21,197,111.
ine				0.	0.
Revenue		Program service revenue (Part VIII, line 2g)  nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		117,887.	
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		73,961.	72,206.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		16,957,437.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		4,893,717.	5,150,103.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	
	45 0	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,298,104.	6,729,664.
ses	16a E	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	h T	otal fundraising expenses (Part IX, column (D), line 25)	0.	<u> </u>	
$\overline{\mathbf{x}}$	17 C	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,552,306.	9,772,615.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		16,744,127.	21,652,382.
		Revenue less expenses. Subtract line 18 from line 12		213,310.	
or es				eginning of Current Year	End of Year
Net Assets or Fund Balances	<b>20</b> T	otal assets (Part X, line 16)		7,282,681.	6,927,044.
Ass Ba	<b>21</b> T	otal liabilities (Part X, line 26)		4,764,285.	4,830,267.
Net	<b>22</b> N	let assets or fund balances. Subtract line 21 from line 20		2,518,396.	2,096,777.
Pa	rt II	Signature Block			
Unde	er penalt	ies of perjury, I declare that I have examined this return, including accompanying schedule:	s and statem	ents, and to the best of m	y knowledge and belief, it is
true,	correct,	and complete. Declaration of preparer (other than officer) is based on all information of wl	nich prepare	r has any knowledge.	
Sigr	1	Signature of officer		Date	
Her	e	ELIZABETH COLL, PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check [	PTIN
Paid	Z	AARON M. FOX AARON M. FOX		06/29/23 self-emplo	
Prep		Firm's name MARCUM, LLP		Firm's EIN ▶	11-1986323
Use	Only	Firm's address ► 1899 L STREET, NW, SUITE 850			
		WASHINGTON, DC 20036		Phone no. ( 2	202) 227-4000
Мау	the IR	S discuss this return with the preparer shown above? See instructions			X Yes No

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print THE EURASIA FOUNDATION 52-1780162 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 1990 K STREET NW, 615 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. WASHINGTON, DC 20006 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) BRUCE BROWN • The books are in the care of ▶ 1990 K STREET NW, 615 - WASHINGTON, DC 20006 Telephone No.  $\blacktriangleright$  (202) 234-7370 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 📗 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until AUGUST 15, 2023 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or  $\_$  , and ending  $\_$  SEP  $\,$  30 ,  $\,$  2022 ► X tax year beginning OCT 1, 2021 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

	n 990 (2021) THE EURASIA FOUNDATION 52-1780162	Page 4
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	_ X
1	Briefly describe the organization's mission:	
	EURASIA FOUNDATION BELIEVES SOCIETIES FUNCTION BEST WHEN PEOPLE TAKE RESPONSIBILITY FOR THEIR OWN CIVIC AND ECONOMIC PROSPERITY. THROUGH	
	COOPERATION BASED ON MUTUAL RESPECT, OUR PROGRAMS EQUIP CITIZENS TO	
	DEFINE AND ACHIEVE OUTCOMES OF ENDURING (CONTINUED ON SCHEDULE O)	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_		X No
	If "Yes," describe these new services on Schedule O.	
3		X No
•	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, 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, and	d
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$9,668,836. including grants of \$1,245,946. ) (Revenue \$	)
	EURASIA PROGRAMS	
	EURASIA FOUNDATION'S PROGRAMS IN THE EURASIA REGION (RUSSIA, CENTRAL	
	ASIA, SOUTH CAUCASUS, UKRAINE, BELARUS AND MOLDOVA) ARE IMPLEMENTED I	N
	PARTNERSHIPS WITH THE EF'S LEGACY FOUNDATIONS (EURASIA FOUNDATION OF	
	CENTRAL ASIA, EAST EUROPE FOUNDATIONS, EURASIA PARTNERSHIP FOUNDATION	
	AND NEW EURASIA FOUNDATION) AND OTHER IMPLEMENTING PARTNERS. EF'S MAJ	OR
	PROGRAMS IN THE EURASIA REGION FOCUSED ON CAPACITY BUILDING OF CIVIL	
	SOCIETY ORGANIZATIONS, SUPPORTING A NETWORK OF RESOURCE, RESEARCH AND	,
	TRAINING CENTERS, FACILITATING SOCIAL EXPERTISE EXCHANGE, BUILDING PARTNERSHIPS BETWEEN UNIVERSITIES, AND INCREASING TRANSPARENCY AND	
	ACCOUNTABILITY THROUGH E-GOVERNANCE.	
	neconimbiliti imcoon b covantamen.	
4b	(Code:) (Expenses \$ 6 , 342 , 429 • including grants of \$ 3 , 848 , 368 • ) (Revenue \$	)
	CENTRAL ASIA PROGRAMS	
	EURASIA FOUNDATION (EF) SUPPORTS THE CULTIVATION OF A VIBRANT AND	
	RESPONSIVE CITIZEN-ORIENTED CIVIL SOCIETY IN CENTRAL ASIA.	
40	(Code:) (Expenses \$2,626,529. including grants of \$55,789. ) (Revenue \$	1
40	MENA PROGRAMS	
	EURASIA FOUNDATION'S PROGRAMS IN THE MIDDLE EAST AND NORTH AFRICA	
	REGION USE INNOVATIVE ONLINE EDUCATION, IN-PERSON EVENTS AND SOCIAL	
	NETWORKING PLATFORMS TO PROVIDE TRAINING IN ENTREPRENEURSHIP, ADVOCAC	ĽΥ,
	CIVIC EDUCATION, AND CRITICAL THINKING.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program convice expenses \$ 18,637,794.	
40	10131 program contino expenses 10 0 1 / 174.	

# Form 990 (2021) THE EURASIA FOUNDATION 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? See instructions	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 Rev. Proc. 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	88		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	X	
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		37	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		Х	
	Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		v
40	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 14a	х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	148	- 22	
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	<del></del>		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	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,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
		_	4 14 1/7	

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Form 990 (2021) THE EURASIA FOUNDATION
Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	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
26	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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	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
28	Was the organization a party to a business transaction with one of the following parties (see the 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			٦,
	"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		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			<b>.</b>
00	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
24	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
32	$\cdot$	32		x
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		25
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		
<b>5</b> 4		34		х
35a	Part V, line 1  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			<u> </u>
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		X
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
10000	4 12 00 21	Гоим	aan	(2021)

Form 990 (2021) THE EURASIA FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	tal Statements (Continues)			_
			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		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
0-	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.	0-		Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O  At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3b		
<del>4</del> a	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
h	If "Yes," enter the name of the foreign country SEE SCHEDULE O	та		
	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?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.	0		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
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			
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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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?	13a		
<b>L</b>	Note: See the instructions for additional information the organization must report on Schedule O.			
Ь	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  Enter the amount of reserves on hand  13b  13c			
		14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
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.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

6

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.

<u>C</u>						X
Sec	tion A. Governing Body and Management					
		ı			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	23			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		Х
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	olders, or			
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
а	The governing body?	-	-	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befo	re filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to cor	flicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " $\gamma$	es," c	lescribe			
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent v	vith a			77
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	=			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
800	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure	T N	א איט איז איז איז	777		
17	List the states with which a copy of this Form 990 is required to be filed <b>CA, CT, IL, MD, N</b> Continued to Section 6104 years live on exemplation to make its Forms 1003 (1004 or 1004 A if applicable) 900 or				a. (=! -!	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	ıa 99(	)-1 (section 501(c)(3)s	oniy)	avallat	ыe
	for public inspection. Indicate how you made these available. Check all that apply.	-				
40	X Own website Another's website X Upon request Other (explain		,	<b>c</b> .		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict	or interest policy, and	tinano	cial	
00	statements available to the public during the tax year.	L	al			
20	State the name, address, and telephone number of the person who possesses the organization's book RRICE RROWN - (202) 234-7370	ks an	a records 📂			
	BRUCE BROWN - (202) 234-7370 1990 K STREET NW, 615, WASHINGTON, DC 20006					
	1990 K STREET NW, 615, WASHINGTON, DC 20006					

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Check this box if neither the organization no	T 1	orga T	niza			npen	sate	· ·	,	
(A)	(B)			<b>))</b> Pos	C) ition	,		(D)	(E)	(F)
Name and title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated
	hours per week					s both r/trus		compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				- G		organization	(W-2/1099-MISC/	from the
	related	tee or	ıstee			nsate		(W-2/1099-MISC/	` 1099-NEC)	organization
	organizations	Itrus	nal tru		oyee	om pe		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	lnd	Inst	0#i	Ke	e Hig	For			
(1) ELIZABETH COLL	40.00	-						005 410	_	20.066
PRESIDENT	40.00			Х				205,419.	0.	30,866.
(2) ROBERT O'DONOVAN	40.00	-						166 510	_	00 454
VP OF PROGRAMS	40.00					X		166,519.	0.	28,454.
(3) SARA SHIRZAD	40.00	-						150 431	_	10 000
INNOVATIVE SOLUTIONS DIRECTOR	40.00					X		150,431.	0.	19,983.
(4) PETRO MATIASZEK, CHIEF OF PARTY	40.00	-				,,		154 454	_	10 656
TAPAS PROGRAM - UNTIL 10/2021	40.00					X		154,454.	0.	12,656.
(5) RUSLANBEK MONOLBAEV	40.00	-				٦,		106 104	_	20 500
BUSINESS DEVELOPMENT DIRECTOR	40.00					X		126,184.	0.	28,598.
(6) DALIA KAMEL EMARA	40.00	-				-		110 021	_	25 525
BUSINESS DEVELOPMENT DIRECTOR (7) BRUCE BROWN	40.00					X		119,831.	0.	25,535.
DIRECTOR OF FINANCE AND ADMIN	40.00	1		х				119,831.	0.	12,778.
(8) WILLIAM COURTNEY	4.00			_				119,031.	0.	12,770.
CHAIRMAN	4.00	Х		Х				0.	0.	0.
(9) DANIEL WITT	4.00							0.	0.	<u></u>
VICE CHAIRMAN	4.00	х		Х				0.	0.	0.
(10) SUSAN REICHLE	4.00							•	•	•
SECRETARY	100	х		Х				0.	0.	0.
(11) RICHARD L. MORNINGSTAR	4.00							•	•	•
TREASURER		х		Х				0.	0.	0.
(12) RANDY BREGMAN	2.00								•	
MEMBER		Х						0.	0.	0.
(13) NYDIA CLAYTON	2.00									
MEMBER		Х						0.	0.	0.
(14) MIRA DAVIDOVSKI	2.00							-	-	-
MEMBER		Х						0.	0.	0.
(15) JILL DOUGHERTY	2.00									
MEMBER		Х						0.	0.	0.
(16) ROBERT R. DRUMHELLER	2.00									
MEMBER		Х		L	L	L	L	0.	0.	0.
(17) SUSAN FRITZ	2.00									
MEMBER		Х						0.	0.	0.

132007 12-09-21

Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)			(0				(D)	(E)		(F)	
Name and title	Average	(-1-		Pos	ition			Reportable	Reportable		Estimate	ed
	hours per		not cl					compensation	compensation	;	amount	of
	week	offi	cer an	d a di	irecto	r/trus	tee)	from	from related		other	
	(list any	ector						the	organizations	СО	mpensa	tion
	hours for	or dir	a.			ted		organization	(W-2/1099-MISC/		from th	е
	related	stee	trustee			bens		(W-2/1099-MISC/	1099-NEC)	- 1	rganizat	
	organizations below	ıal tru	onal		oloye	ee com		1099-NEC)		- 1	and relat	
	line)	Individual trustee or director	Institutional t	Officer	key employee	Highest compensated employee	Former			or	ganizati	ons
(18) WILLIAM C. T. GAYNOR	2.00	드	드	JO.	ᇂ	= =	요			+		
MEMBER	2.00	Х						0.	0			0.
(19) ALEXANDRA HALL HALL	2.00	22						- 0.	<u> </u>	•		<del></del>
MEMBER	2.00	Х						0.	0			0.
(20) FRANK INGRISELLI	2.00	Δ						0.	0	•		<u> </u>
MEMBER	2.00	Х						0.	0			0.
(21) NINA JANKOWITZ	2.00							0.	0	+		<del>.</del>
MEMBER	2.00	Х						0.	0			0.
(22) JOHN LIMBERT	2.00	Δ.						0.	0	•		<u> </u>
MEMBER	2.00	Х						0.	0			0.
(23) TOMAS R. PICKERING	2.00	Λ						0.	0	•		<u> </u>
MEMBER	2.00	Х						0.	0			0.
(24) ANDRAS SIMONYI	2.00	Λ						0.	U	•		<u> </u>
MEMBER	2.00	Х						0.	0			0.
	2 00	Λ						0.	0	•		<u> </u>
(25) SUSAN A. THORNTON	2.00	٦,							0			^
MEMBER	2 00	Х						0.	0	•		0.
(26) JUDYTH TWIGG	2.00	,,							0			^
MEMBER		X					L	0.	0			<u>0.</u>
1b Subtotal								1,042,669.	0	_	58,8	
c Total from continuation sheets to Part VII								0.	0	_	<u> </u>	<u>0.</u>
d Total (add lines 1b and 1c)								1,042,669.	0	•   L	<u>58,8</u>	70.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			^
compensation from the organization											1	9
											Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,		ee, k	сеу е	empl	oye	e, or	hig	hest compensated empl	loyee on			
line 1a? If "Yes," complete Schedule J for st										3		X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										4	<u> </u>	
5 Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om	any	unre	elate	ed organization or individ	dual for services			
rendered to the organization? If "Yes," com	olete Schedule	J f	or su	ıch <u>r</u>	oers	on				5		X
Section B. Independent Contractors												
1 Complete this table for your five highest cor	•	•							, ,	ation	from	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.			
(A)				_				(B)			(C)	
Name and business	address	N	ONE	<u> </u>			_	Description of s	ervices	Comp	ensatio	<u>n</u>
							_					
							_					
							_					
							_					
2 Total number of independent contractors (ir	•	ot lin	nited	to t	_		ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz		T 3 *	TTZ	m T	) TAO		777	IDM C			000	
SEE PART VII, SECTION	A CONT	ΤIJ	UΑ	т. Т.	UΝ	ຣ	пĽ	TTD		Forr	n <b>990</b> (	2021)

Form 990 THE EURA	SIA FOUN									0162
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (	Compensated Employe	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours	(c			ition that		ly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatio from the organization and related organizations
(27) LEIF ULSTRUP MEMBER	2.00	Х						0.	0.	C
(28) MARY BURCE WARLICK MEMBER	2.00	х						0.	0.	(
(29) DJ WOLFF MEMBER	2.00	х						0.	0.	(
(30) KENNETH YALOWITZ	2.00									
MEMBER (31) GEORGE INGRAM	2.00	Х						0.	0.	(
MEMBER (TO 10/2021) (32) JAN KALICKI	2.00	X						0.	0.	(
MEMBER (TO 10/2021)		Х						0.	0.	(
		•								
		i	1	ı	ı	ı	Ī	1	l	

Form 990 (2021) THE EURASIA FOUNDATION
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b					
20.00		c Fundraising events 1c					
ffs,		d Related organizations 1d					
ig ig			20,911,342.				
ons,		e Government grants (contributions)  1e	20,311,342.				
utic		f All other contributions, gifts, grants, and	285 760				
ë E		similar amounts not included above 1f	285,769.				
o d		g Noncash contributions included in lines 1a-1f 1g \$		21 107 111			
O a		h Total. Add lines 1a-1f	Business Code	21,197,111.			
			Business Code				
<u>ic</u>	2						
er Je		b					
n S		c					
irar 3ev		d					
Program Service Revenue		e					
۵		f All other program service revenue					
		g Total. Add lines 2a-2f					
	3	Investment income (including dividends, inter					
		other similar amounts)		24,880.			24,880.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)	<b></b>				
	7	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>					
		<b>b</b> Less: cost or other basis					
ne		and sales expenses <b>7b</b>					
/en		c Gain or (loss)7c					
Re		d Net gain or (loss)	<b>)</b>				
her Revenue		a Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	1				
		b Less: direct expenses 8					
		c Net income or (loss) from fundraising events	<b></b>				
		a Gross income from gaming activities. See					
		Part IV, line 199a	a				
		b Less: direct expenses 9t					
		c Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns					
		and allowances10	a				
		b Less: cost of goods sold 10	b				
		c Net income or (loss) from sales of inventory					
		, ,	Business Code				
snc	11	a OTHER	900099	72,206.			72,206.
nec		b		,			,
Miscellaneous Revenue		c					
SC.		d All other revenue					
Σ		e Total. Add lines 11a-11d		72,206.			
	12	Total revenue. See instructions		21,294,197.	0.	0.	97,086.

132009 12-09-21

# Form 990 (2021) THE EURASIA FOUNDATION Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
<u> </u>	Check if Schedule O contains a respon			prote column p yr	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	814,678.	814,678.		
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	4,335,425.	4,335,425.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	200 270	7 241	275 020	
	trustees, and key employees	382,379.	7,341.	375,038.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	4 E27 212	2 512 270	1 000 004	
7	Other salaries and wages	4,537,213.	3,513,279.	1,023,934.	
8	Pension plan accruals and contributions (include	164,348.	132,894.	31,454.	
•	section 401(k) and 403(b) employer contributions)	1,343,528.	987,698.	355,830.	
9	Other employee benefits	302,196.	218,213.	83,983.	
10	Payroll taxes	302,190.	210,213.	03,303.	
11	Fees for services (nonemployees):				
a	Management	63,757.	55,621.	8,136.	
b		90,548.	78,994.	11,554.	
	Accounting Lobbying	30,340.	70,334.	11,331.	
e					
f	Investment management fees	8,320.		8,320.	
g	Other. (If line 11g amount exceeds 10% of line 25,	0,0201		0,0201	
9	column (A), amount, list line 11g expenses on Sch O.)	4,319,142.	3,768,007.	551,135.	
12	Advertising and promotion	8,426.	7,351.	1,075.	
13	Office expenses	168,733.		72,425.	
14	Information technology	240,484.	136,430.	104,054.	
15	Royalties	-			
16	Occupancy	390,017.	284,368.	105,649.	
17	Travel	1,658,694.	1,614,327.	44,367.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	216,515.	214,073.	2,442.	
20	Interest	1,479.	1,479.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	56,041.	33,365.	22,676.	
23	Insurance	58,323.	33,088.	25,235.	
24	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 O.)				
а	TUITION AND FEES	1,952,518.	1,952,518.		
b	PARTICIPANT STIPEND	323,122.	323,122.		
С	BAD DEBT	165,000.		165,000.	
d	EQUIPMENT	41,042.	23,284.	17,758.	
е	All other expenses	10,454.	5,931.	4,523.	
25	Total functional expenses. Add lines 1 through 24e	21,652,382.	18,637,794.	3,014,588.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

Form 990 (2021)
Part X Balance Sheet

Part X	Balance Sneet					
	Check if Schedule O contains a response or r	ote to any lin	e in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing			1,754,196.	1	1,646,604
2	Savings and temporary cash investments			42,469.	2	256,911
3	Pledges and grants receivable, net			1,697,383.	3	1,859,806
4	Accounts receivable, net	34,003.	4	0		
5	Loans and other receivables from any current					
	trustee, key employee, creator or founder, sul					
	controlled entity or family member of any of the			5		
6	Loans and other receivables from other disqu	s (as defined				
	under section 4958(f)(1)), and persons describ		6			
ღ 7	Notes and loans receivable, net	165,000.	7	C		
Assets	Inventories for sale or use				8	
ž   9	5			52,337.	9	76,545
10a	a Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	905,478.			
b	Less: accumulated depreciation	10b	342,585.	609,274.	10c	562,893
11	Investments - publicly traded securities		1,114,143.	11	958,917	
12	Investments - other securities. See Part IV, lin			12		
13	Investments - program-related. See Part IV, lir		13			
14	Intangible assets			14		
15	Other assets. See Part IV, line 11	1,813,876.	15	1,565,368		
16	Total assets. Add lines 1 through 15 (must e			7,282,681.	16	6,927,044
17	Accounts payable and accrued expenses	812,192.	17	1,216,627		
18	Grants payable	711,270.	18	1,020,835		
19	Deferred revenue		19			
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complet				21	
3 22	Loans and other payables to any current or fo					
	trustee, key employee, creator or founder, sul					
	controlled entity or family member of any of the				22	
23	Secured mortgages and notes payable to unr	-			23	
24	Unsecured notes and loans payable to unrela				24	
25	Other liabilities (including federal income tax,					
	parties, and other liabilities not included on lin	ies 17-24). Co	omplete Part X	2 240 022		2 502 005
	of Schedule D			3,240,823.	25	2,592,805
26	Total liabilities. Add lines 17 through 25			4,764,285.	26	4,830,267
ဖွ	Organizations that follow FASB ASC 958, c	neck nere				
	and complete lines 27, 28, 32, and 33.	2,414,528.	07	2 028 101		
27	Net assets without donor restrictions	103,868.	27	2,028,191 68,586		
<u> </u>	Net assets with donor restrictions	103,000.	28	00,500		
<b>5</b>	Organizations that do not follow FASB ASC	958, cneck	nere 🕨 🔲			
5 00	and complete lines 29 through 33.	40	- 1		20	
29	Capital stock or trust principal, or current fund				29	
930	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances 32 22 32 32 32 32 32 32 32 32 32 32 32	Retained earnings, endowment, accumulated			2,518,396.	31	2,096,777
_	Total lightilities and not assets (fund balances			7,282,681.	32	6,927,044
33	Total liabilities and net assets/fund balances			1,404,001.	33	Form <b>990</b> (20)

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	21,29			
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,65			
3	3 Revenue less expenses. Subtract line 2 from line 1			-358,185		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,51			
5	Net unrealized gains (losses) on investments	5	-18	5,8	<u>64.</u>	
6						
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9	12	2,4	30.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	2,09	6,7	<u>77.</u>	
Pa	t 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 on Schedule O.					
2a					_X_	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,				1	
	review, or compilation of its financial statements and selection of an independent accountant?				<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit		х		
	Act and OMB Circular A-133?				<u> </u>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X		
			Form	990	(2021)	

132012 12-09-21

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** Name of the organization THE EURASIA FOUNDATION 52-1780162 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support		•	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and						,,
-	membership fees received. (Do not						
	include any "unusual grants.")	9030692.	8501080.	10728749.	16765589.	21197111.	66223221.
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	9030692.	8501080.	10728749.	16765589.	21197111.	66223221.
	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.						66223221.
	tion B. Total Support				•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	9030692.	8501080.	10728749.	16765589.	21197111.	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	118,138.	63,874.	34,809.	39,810.	18,567.	275,198.
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.	72,206.	261,690.
11	Total support. Add lines 7 through 10		,	, , , , , ,	, , ,		66760109.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	
		•				01(c)(3)	
	13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						
Section C. Computation of Public Support Percentage							
14	Public support percentage for 2021 (li	ne 6, column (f), di	vided by line 11, o	column (f))		14	99.20 %
						15	98.92 %
	5 Public support percentage from 2020 Schedule A, Part II, line 14						
stop here. The organization qualifies as a publicly supported organization							
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qualifies as a publicly supported organization						
17a	17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances tes				rassization		
b	10% -facts-and-circumstances test	-	•	*	-		
	more, and if the organization meets th	ū				•	
	organization meets the facts-and-circu						ightharpoons
18	<b>Private foundation.</b> If the organization						······································
	The organization	o. o. look a l		,, a, O: 17 L	., 2 and box a	Cobodulo A	

Schedule A (Form 990) 2021

#### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to r expended on its behalf						
<b>5</b> T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
<b>b</b> U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a w	dd lines 10a and 10b						
<b>12</b> C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						<b>&gt;</b>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.1	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

Т..

#### 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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.)

		Yes	No
	1		
	•		
	2		
	За		
	3b		
	3с		
	4a		
	4b		
	4-		
	4c		
	5a		
	- Gu		
	5b		
	5c		
	6		
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	9a		
	Ju		
	9b		
	9с		
	10a		
	10b		
_		- 000	0004

132024 01-04-21 Schedule A (Form 990) 2021

Par	Supporting Organizations (continued)			
		Ye	es	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 on lines 11b and			
	11c below, the governing body of a supported organization?	а		
b	A family member of a person described on line 11a above?	<b>o</b>		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	С		
Sect	tion B. Type I Supporting Organizations			
		Ye	es	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			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.			
Sect	tion C. Type II Supporting Organizations			
		Ye	es	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			
Sect	tion D. All Type III Supporting Organizations			
		Ye	es	No
	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?			
	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).			
	By reason of the relationship described on 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			
Sect	supported organizations played in this regard.  tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions)	ione)		
	Activities Test. Answer lines 2a and 2b below.		es	No
	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.			
	Did the activities described on 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.			
а	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 <b>Part VI</b> the role played by the organization in this regard.	,		

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations			
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	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or	+ +				
U	collection of gross income or for management, conservation, or					
		6				
	maintenance of property held for production of income (see instructions)	7				
7	Other expenses (see instructions)	8				
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	-		(D) O:art )/aa		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	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	ion 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-functional		d Type III supporting orga	nization (see		
•	instructions)	, intogrator	a 1,700 iii oapportiiig oiga			

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

132028 01-04-22 Schedule A (Form 990) 2021

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

THE EURASIA FOUNDATION

52-1780162

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 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 99	O-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 <b>General Rule</b> or a <b>Special Rule</b> . <b>Note:</b> 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), 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.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).						

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

	THE	EURASIA	FOUNDATION
--	-----	---------	------------

52-1780162

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>11,432,402.</u>	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		\$ 9,233,524.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Nume, address, and Zir + 4	\$	Person Payroll 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.)

Page 3

Name of organization Employer identification number

### THE EURASIA FOUNDATION

52-1780162

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I 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
		    \$	
123/153 11-11	01		Schedule B (Form 990) (2021)

Page 4

Name of organization

Employer identification number

THE EURASIA FOUNDATION

52-1780162

	Use duplicate copies of Part III if additional	snace is needed	less for the year. (Enter this info. once.) \$
lo. m t l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, ar	(e) Transfer of giftend ZIP + 4	t  Relationship of transferor to transferee
o. 1 1	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	t Relationship of transferor to transferee
lo. n t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gift	t Relationship of transferor to transferee
lo. n	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization THE EURASIA FOUNDATION **Employer identification number** 52-1780162

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the		
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v		ed funds		
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No		
6	Did the organization inform all grantees, donors, and donor ad				
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose of	conferring		
	impermissible private benefit?		Yes No		
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, F	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).			
	Preservation of land for public use (for example, recreat	ion or education) Preservation of	a historically important land area		
	Protection of natural habitat	Preservation of	a certified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of	of a conservation easement on the last		
	day of the tax year.		Held at the End of the Tax Year		
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c		
d	Number of conservation easements included in (c) acquired a				
	listed in the National Register		2d		
3	Number of conservation easements modified, transferred, rele				
	year ▶				
4	Number of states where property subject to conservation eas	ement is located			
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements it	holds?	Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting, h				
	<b>&gt;</b>				
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing conservat	ion easements during the year		
	<b>▶</b> \$				
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	n)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?		Yes No		
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	statement and		
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the				
	organization's accounting for conservation easements.				
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Otl	her Similar Assets.		
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement ar	nd balance sheet works		
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in fu	rtherance of public		
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these items	S.		
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and b	alance sheet works of		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,		
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$		
2	If the organization received or held works of art, historical trea				
	the following amounts required to be reported under FASB AS				
а	Revenue included on Form 990, Part VIII, line 1	_			
			<b>L</b> .		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021		

132051 10-28-21

Pai	t III	Organizations Maintaining C	ollections of Art,	Historical Tre	easures, or	Other S	imilar As	sets (conti	nued)	
3	Using	g the organization's acquisition, accession	on, and other records,	check any of the	following that	make sign	ificant use c	of its		
	colle	ction items (check all that apply):								
а		Public exhibition	d	Loan or exc	change progra	ım				
b		Scholarly research	е	Other						
С		Preservation for future generations								
4	Provi	de a description of the organization's co	ollections and explain	how they further th	ne organizatio	n's exempt	purpose in	Part XIII.		
5	Durin	g the year, did the organization solicit o	r receive donations of	art, historical trea	sures, or othe	r similar as	sets			
	to be	sold to raise funds rather than to be ma	aintained as part of the	e organization's co	ollection?			Yes		No
Pai	t IV	Escrow and Custodial Arrang	gements. Complet	e if the organization	on answered "	Yes" on Fo	rm 990, Pa	rt IV, line 9, or		
		reported an amount on Form 990, Par								
1a	Is the	e organization an agent, trustee, custodia	an or other intermedia	ry for contribution	s or other ass	ets not inc	luded			
	on Fo	orm 990, Part X?						Yes		No
b		es," explain the arrangement in Part XIII								
								Amoun	t	
С	Begir	nning balance					1c			
d	Addit	ions during the year					1d			
е		butions during the year					1e			
f		ng balance					1f			
2a		ne organization include an amount on Fo					?	Yes		No
b	If "Y∈	es," explain the arrangement in Part XIII.								
Pai	τV	Endowment Funds. Complete i	f the organization ans	wered "Yes" on Fo	orm 990, Part	IV, line 10.				
			(a) Current year	(b) Prior year	(c) Two year	s back (d)	Three years	back (e) Fou	r years	back
1a	Begir	nning of year balance								
b	Cont	ributions								
С		nvestment earnings, gains, and losses								
d	Gran	ts or scholarships								
е		r expenditures for facilities								
	and p	programs								
f	Admi	nistrative expenses								
g		of year balance								
2	Provi	de the estimated percentage of the curr	ent year end balance	(line 1g, column (a	)) held as:					
а	Board	d designated or quasi-endowment		_%						
b	Perm	anent endowment >	%							
С			%							
	The p	percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are t	nere endowment funds not in the posses	ssion of the organizati	ion that are held a	nd administer	ed for the c	organization			
	by:								Yes	No
	(i) L	Inrelated organizations						3a(i)		
	(ii) F	Related organizations						3a(ii)		
b	If "Ye	es" on line 3a(ii), are the related organiza	tions listed as require	d on Schedule R?				3b		
4		ribe in Part XIII the intended uses of the		ment funds.						
Pai	t VI	Land, Buildings, and Equipm	ent.							
		Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	See Form 990,	Part X, line	e 10.			
		Description of property	(a) Cost or oth	ner <b>(b)</b> Cos	t or other	(c) Accı	umulated	(d) Boo	k value	9
			basis (investme	ent) basis	(other)	depre	ciation			
1a	Land									
b		ings			5,000.		9,305.		5,69	
С	Leas	ehold improvements		11	4,517.	6	5,028.		9,48	
d	Equip	oment			8,756.		9,778.	_	1,02	
е	Othe	r		20	7,205.	9	8,474.		8,73	
Total	ι Δ <b>4</b> 4	lines 1a through 1e (Column (d) must o	avial Farms 000 Dort V	antiman (D) line 1	(0-)		_	56	2.89	33.

Schedule D (Form 990) 2021

Schedule D	(Form 990	) 2021	TUE	FOVASTA	FOUNDATION	
Part VII	Investn	nents - Ot	her Se	curities.		

Complete if the organization answered "Yes" of	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-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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-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.)		

#### 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) RIGHT-OF-USE ASSET	1,523,727.
(2) DEPOSITS	24,232.
(3) INTEREST RECEIVABLE	11,110.
(4) EMPLOYEE ADVANCES	6,299.
(5)	
<u>(6)</u>	
<u>(9)</u>	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	1,565,368.

#### Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	1,714,464.
(3) REFUNDABLE ADVANCES	878,341.
(4)	
(5)	
(7)	
(8)	
(9)	
Total, (Column (h) must equal Form 990, Part Y, col. (R) line 25.)	2,592,805.

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

Schedule D (Form 990) 2021

Par	Reconciliation of Revenue per Audited Financial Statemer  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		Revenue per Re	turn.	
1				1	21,100,013.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				, ,
а	Net unrealized gains (losses) on investments	2a	-185,864.		
b	Donated services and use of facilities		•		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	-185,864.
3	Subtract line 2e from line 1			3	21,285,877.
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	8,320.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	8,320. 21,294,197.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  t XII   Reconciliation of Expenses per Audited Financial Statement		··· <u>·</u> ·····	5	21,294,197.
Par			n Expenses per P	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	21,521,632.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities				
b	Prior year adjustments				
С	Other losses		100 100		
d	Other (Describe in Part XIII.)		-122,430.		100 400
е	Add lines 2a through 2d			2e	-122,430. 21,644,062.
3	Subtract line 2e from line 1			3	21,644,062.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	0 220		
	Investment expenses not included on Form 990, Part VIII, line 7b		8,320.		
	Other (Describe in Part XIII.)			4-	8 320
	Add lines 4a and 4b			4c 5	8,320. 21,652,382.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  t XIII Supplemental Information.			3	21,032,302.
lines	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional transfer of the complete this p			; Part	X, line 2; Part XI,
	PERFORMED AN EVALUATION OF UNCERTAINTY IN	TNCOM	E TAXES FOR	тн	E YEAR
	THROUGHD AN EVALUATION OF CHCERTAINTE IN	TIVCOIT.	L TAMES TOR		п тим
END	ED SEPTEMBER 30, 2022, AND DETERMINED THAT	THER	E WERE NO M	ATT	ERS THAT
<u>wot</u>	LD REQUIRE RECOGNITION IN THE FINANCIAL ST	ATEME	NTS OR THAT	MA	Y HAVE ANY
EFF	ECT ON ITS TAX-EXEMPT STATUS.				
PAR	T XII, LINE 2D - OTHER ADJUSTMENTS:				
REF	UND OF UNUSED GRANTS				-122,430.

#### SCHEDULE F (Form 990)

#### **Statement of Activities Outside the United States**

 $\blacktriangleright$  Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

2021

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990.

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

Employer identification number

THE EURASIA FOUNDATION

52-1780162

	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "	
Form 990, Part IV		maintain racer	de to embatantiate the amount of its ava	unto and other assistance	
<u> </u>	•		ds to substantiate the amount of its gra the selection criteria used to award the		Yes No
the grantees engionity it	or the grants of a	issistance, and i	the selection chiena used to award the	grants or assistance: 21	165   NO
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and other assistance outs	ide the
United States.		o organization o	procedures for memicining the dee of its	granto ana otnor acciotance cate	ndo ino
	he following Part	I, line 3 table ca	an be duplicated if additional space is n	eeded.)	
(a) Region	(b) Number of	(c) Number of		(e) If activity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to		investments
		in the region	recipients located in the region)	of service(s) in the region	in the region
				SUPPORT INSTITUTIONAL	
				DEVELOPMENT, CIVIC	
RUSSIA AND				ENGAGEMENT, SOCIAL	
NEIGHBORING STATES	0	56	PROGRAM SERVICES	EXPERTISE EXCHANGE, GOOD	10,862,529.
			GRANTS AND OTHER SUPPORT TO		
RUSSIA AND			RECIPIENTS LOCATED IN THE		
NEIGHBORING STATES	0	0	REGION		4,334,058.
				ONLINE EDUCATION,	
				CRITICAL THINKING, AND	
MIDDLE EAST AND				DIGITAL EXCHANGE	
NORTH AFRICA	0	0	PROGRAM SERVICES	PROGRAMS	2,625,162.
			GRANTS AND OTHER SUPPORT TO		
MIDDLE EAST AND			RECIPIENTS LOCATED IN THE		4 25-
NORTH AFRICA	0	0	REGION		1,367.
					+
					1
					+
					+
3 a Subtotal	0	56			17,823,116.
<b>b</b> Total from continuation					, , , , , , , , , , , , , , , , , , , ,
sheets to Part I	0	0			0.
c Totals (add lines 3a					
and 3b)	0	56			17,823,116.
LHA For Paperwork Reduct	ion Act Notice	soo the Instruc	tions for Form 990	Sahadula E	(Form 990) 2021

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

Schedule F (Form 990) 2021

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	17,980.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,	,				
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	23,029.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	25,245.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	22,169.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	24,675.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	20,834.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	14,364.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	17,985.	WIRE TRANSFER	0.		

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

.... **>** \_\_\_\_\_\_137

Schedule F (Form 990) 2021

Part II Continuation o	f Grants and Other /	Assistance to Organiza	tions or Entities Outside the l	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	8,817.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	15,055.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	17,820.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	9,640.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	17,999.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	17,997.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	21,370.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
			WOMEN CIVIC					
		STATES	ENGAGEMENT	16,988.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
			COMMUNITY DEVEL.,					
			WOMEN CIVIC					
		STATES	ENGAGEMENT	18,000.	WIRE TRANSFER	0.		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	r age z
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	17,414.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	17,646.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	9,781.	WIRE TRANSFER	0.		
			TRANSPARENCY AND	,				
		RUSSIA AND	ACCOUNTABILITY IN					
		NEIGHBORING	PUBLIC ADMINISTRATION					
		STATES	AND SERVICES	420 923.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,	, -		-		
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	594.769.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,	, -		-		
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	23 654.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,	, -		-		
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	20,684.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,	, -		-		
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	23.920.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,	, =				
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	6,988.	WIRE TRANSFER	0.		

Part II Continuation o	f Grants and Other /	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	24,931.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	18,408.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
			WOMEN CIVIC					
		STATES	ENGAGEMENT	22,918.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
			WOMEN CIVIC					
		STATES	ENGAGEMENT	24,543.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
			WOMEN CIVIC					
		STATES	ENGAGEMENT	17,500.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	9,428.	WIRE TRANSFER	0.		
		RUSSIA AND						
		NEIGHBORING	SOCIAL EXPERTISE					
		STATES	EXCHANGE	39,973.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,	·				
			COMMUNITY DEVEL.,					
			WOMEN CIVIC					
		STATES	ENGAGEMENT	205,500.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
			COMMUNITY DEVEL.,					
			WOMEN CIVIC					
		STATES	ENGAGEMENT	5,110.	WIRE TRANSFER	0.		

Part II Continuation o	Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)							
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	14,954.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	17,777.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	17,000.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	23,218.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	17,000.	WIRE TRANSFER	0.		
			TRANSPARENCY AND					
		RUSSIA AND	ACCOUNTABILITY IN					
		NEIGHBORING	PUBLIC ADMINISTRATION					
		STATES	AND SERVICES	94,830.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	17,000.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	24,370.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	9,464.	WIRE TRANSFER	0.		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	9,962.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	7,368.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	21,285.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	24,923.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	16,722.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	16,905.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	16,179.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	33,864.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	11,225.	WIRE TRANSFER	0.		

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	r age z
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	18,000.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	25,071.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	9,922.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,	,				
			COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	24.754.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,	,		-		
			COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	22.445.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,	, -		-		
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	33 000.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,	, -		-		
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	11.418.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,	, -		-		
			COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	28.571.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,	,				
			COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	6,908.	WIRE TRANSFER	0.		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	<u> </u>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	16,735.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	24,044.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	16,667.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	16,653.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	14,602.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	16,272.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	16,459.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	27,010.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	23,099.	WIRE TRANSFER	0.		

Part II Continuati	on of Grants and Other	Assistance to Organiza	tions or Entities Outside the l	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organizat	ion (b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	19,236.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	16,639.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	59,608.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	33,823.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	25,053.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	19,448.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	23,946.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	7,000.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	8,580.	WIRE TRANSFER	0.		

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	r ago z
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	32,829.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	12,248.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	8,966.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,	,				
			COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	29.758.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,	,				
			COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	24 693.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,	, -		_		
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	7 709.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,	, -		_		
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	8,889.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,	, -		_		
			COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	17.035.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,	, , ,				
			COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	24,803.	WIRE TRANSFER	0.		

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	r ago <b>z</b>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	16,734.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	11,012.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	16,989.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	9,514.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	36,713.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	33,270.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	16,461.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	16,634.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	24,820.	WIRE TRANSFER	0.		

Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organizatio	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	24,061.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	50,597.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	17,779.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	23,782.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	14,574.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	23,971.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	8,934.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	6,390.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	22,910.	WIRE TRANSFER	0.		

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	r ago <b>z</b>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	16,840.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	9,982.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	21,606.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	16,672.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	8,000.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	14,967.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	16,000.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	15,840.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	14,954.	WIRE TRANSFER	0.		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	_
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	16,944.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	7,000.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	14,956.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	14,940.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	9,955.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	26,218.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	16,268.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	9,859.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	20,000.	WIRE TRANSFER	0.		

Part II Continu	uation of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organi	ization (b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	16,259.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	14,997.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	9,730.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	39,527.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	14,508.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	16,457.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	16,441.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	9,882.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	15,436.	WIRE TRANSFER	0.		

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	r age z
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	18,493.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING	SOCIAL EXPERTISE					
		STATES	EXCHANGE	41,489.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING	SUPPORT NFP ORGS., COMMUNITY DEVEL., WOMEN CIVIC			0.		
		STATES	ENGAGEMENT	24,999.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS., COMMUNITY DEVEL., WOMEN CIVIC					
		STATES	ENGAGEMENT	54,780.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS., COMMUNITY DEVEL., WOMEN CIVIC					
		STATES	ENGAGEMENT	34,234.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	SUPPORT NFP ORGS., COMMUNITY DEVEL., WOMEN CIVIC ENGAGEMENT	8,000.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING	SUPPORT NFP ORGS., COMMUNITY DEVEL., WOMEN CIVIC	,				
			ENGAGEMENT SUPPORT NFP ORGS., COMMUNITY DEVEL., WOMEN CIVIC ENGAGEMENT		WIRE TRANSFER WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	SOCIAL EXPERTISE EXCHANGE	39,960.	WIRE TRANSFER	0.		

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	r age z
1 (a) Name of organization	<b>(b)</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 NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	17,999.	WIRE TRANSFER	0.		
			TRANSPARENCY AND					
		RUSSIA AND	ACCOUNTABILITY IN					
		NEIGHBORING	PUBLIC ADMINISTRATION					
		STATES	AND SERVICES	30,000.	WIRE TRANSFER	0.		
		RUSSIA AND						
		NEIGHBORING	SOCIAL EXPERTISE					
		STATES	EXCHANGE	5,345.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	14,590.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	16,844.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	15,689.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	9,048.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	17,000.	WIRE TRANSFER	0.		
			SUPPORT NFP ORGS.,					
		RUSSIA AND	COMMUNITY DEVEL.,					
		NEIGHBORING	WOMEN CIVIC					
		STATES	ENGAGEMENT	16,789.	WIRE TRANSFER	0.		

Part II	Continuation of	Grants and Other	Assistance to Organiza	tions or Entities Outside the l	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name	of organization	<b>(b)</b> IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(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 NFP ORGS.,					
			RUSSIA AND	COMMUNITY DEVEL.,					
			NEIGHBORING	WOMEN CIVIC					
			STATES	ENGAGEMENT	16,876.	WIRE TRANSFER	0.		
						1			

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.									
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)		
	RUSSIA AND NEIGHBORING								
INDIVIDUAL GRANTS	STATES	43	55,888.	WIRE TRANSFER	0.				

# Schedule F (Form 990) 2021 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

Page 5

# Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

### PART I, LINE 2:

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

### PART I, LINE 3:

IN ACCORDANCE WITH IRS INSTRUCTIONS, ALL AMOUNTS REPORTED ON PART I OF SCHEDULE F ARE REPORTED USING THE ACCRUAL BASIS OF ACCOUNTING, THE SAME METHOD OF ACCOUNTING USED IN THE FINANCIAL STATEMENTS.

#### PART I, LINE 3, COLUMN (E):

REGION: RUSSIA AND NEIGHBORING STATES

(E) SPECIFIC TYPES OF SERVICES IN REGION: SUPPORT INSTITUTIONAL

# Page 5 Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. DEVELOPMENT, CIVIC ENGAGEMENT, SOCIAL EXPERTISE EXCHANGE, GOOD GOVERNANCE, SUPPORT NONPROFIT ORGANIZATIONS, COMMUNITY DEVELOPMENT, AND WOMEN CIVIC ENGAGEMENT PART II, LINE 1 (ACCOUNTING METHOD): IN ACCORDANCE WITH IRS INSTRUCTIONS, ALL AMOUNTS REPORTED ON PART II OF SCHEDULE F ARE REPORTED USING THE ACCRUAL BASIS OF ACCOUNTING, THE SAME METHOD OF ACCOUNTING USED IN THE FINANCIAL STATEMENTS. PART III, (ACCOUNTING METHOD): IN ACCORDANCE WITH IRS INSTRUCTIONS, ALL AMOUNTS REPORTED ON PART III OF SCHEDULE F ARE REPORTED USING THE ACCRUAL BASIS OF ACCOUNTING, THE SAME METHOD OF ACCOUNTING USED IN THE FINANCIAL STATEMENTS. SCHEDULE F, ALL PARTS IN PREVIOUS YEARS, CERTAIN FOREIGN ACTIVITIES WERE REPORTED AS BEING IN THE "CENTRAL ASIA" REGION. THOSE SAME ACTIVITIES ARE BEING REPORTED IN THE IRS-RECOGNIZED "RUSSIA AND NEIGHBORING STATES" REGION ON THIS YEAR'S TAX FILING.

### SCHEDULE I (Form 990)

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

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

► Attach to Form 990.

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

2021
Open to Public

Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

THE EURASIA FOUNDATION Employer identification number 52-1780162

Part I General Information on Grants a	nd Assistance								
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	on		
criteria used to award the grants or assistance?									
2 Describe in Part IV the organization's pro									
Part II Grants and Other Assistance to I					anization answered "Y	es" on Form 990, Part	IV, line 21, for any		
recipient that received more than \$	5,000. Part II can	be duplicated if additi	onal space is neede	ed.					
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
SUPPORTERS OF CIVIL SOCIETY IN							PARTNERSHIP WITH		
RUSSIA, INC. (SCSR) - 3734 ARSENAL							INTERNATIONAL EXPERTS AND		
STREET - ST. LOUIS, MO 63116	41-2040138	501(C)(3)	279,420.	0.			PEERS		
GLOBAL IMPACT 1199 N. FAIRFAX STREET, SUITE 300							PARTNERSHIP WITH INTERNATIONAL EXPERTS AND		
ALEXANDRIA, VA 22314	52-1273585	501(C)(3)	180,000.	0.			PEERS		
INDIANA UNIVERSITY 1024 E 3RD STREET, ROOM 132 BLOOMINGTON, IN 47405	35-6001673	501(C)(3)	50,000.	0.			PARTNERSHIP WITH INTERNATIONAL EXPERTS AND PEERS		
RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY - 33 KNIGHTSBRIDGE RD., 2ND FL., EAST WING - PISCATAWAY, NJ 08854	22-6001086	501(C)(3)	50,000.	0.			PARTNERSHIP WITH INTERNATIONAL EXPERTS AND PEERS		
INTERNATIONAL INDIGENOUS FUND "BATANI" - P.O. BOX 294 - WEST BOOTHAY HARBOR, ME 04575	83-1179364	501(C)(3)	49,666.	0.			PARTNERSHIP WITH INTERNATIONAL EXPERTS AND PEERS		
INTEGRATIVE STRATEGIES FORUM, INC. 1806 GRACE CHURCH ROAD SILVER SPRINGS, MD 20910	52-2200029		49,404.	0.			PARTNERSHIP WITH INTERNATIONAL EXPERTS AND PEERS		
<ul><li>2 Enter total number of section 501(c)(3) ar</li><li>3 Enter total number of other organizations</li></ul>	•	•	e line 1 table				9.		

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

Schedule I (Form 990) 2021

Part II Continuation of Grants and Other A	ASSISTANCE TO DOI	nestic Organizations	and Domestic Go	vernments (SCN)	euule i (Foitti 990), Pa		T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOTAGE FOUNDATION, INC.							PARTNERSHIP WITH
33 IRVING PLACE, FL. 3							INTERNATIONAL EXPERTS AND
NEW YORK, NY 10003	26-3085241	501(C)(3)	39,890.	0.			PEERS
THE ORDER GROUP							PARTNERSHIP WITH
919 NORTH MARKET STREET, SUITE 950							INTERNATIONAL EXPERTS AND
WILMINGTON, DE 19801	86-1966910		37,500.	0.			PEERS
CALIFORNIA STATE UNIVERSITY SAN							
MARCOS CORPORATION - 333 S. TWIN							PARTNERSHIP WITH
OAKS VALLEY ROAD - SAN MARCOS, CA							INTERNATIONAL EXPERTS AND
92096	33-0397688	501(C)(3)	29,443.	0.			PEERS
SOUTHERN UTAH UNIVERSITY							PARTNERSHIP WITH
351 WEST UNIVERSITY BOULEVARD							INTERNATIONAL EXPERTS AND
CEDAR CITY, UT 84720	87-6000481	501(C)(3)	24,979.	0.			PEERS
,			, -				
MOBILITY INTERNATIONAL, INC.							PARTNERSHIP WITH
300 FORE STREET							INTERNATIONAL EXPERTS AND
PORTLAND, ME 04101	93-0783096	501(C)(3)	24,376.	0.			PEERS
						l	L

Schedule I (Form 990)

Schedule I (Form 990) 2021 THE EURASIA FO	UNDATION				52-1780162	Page 2
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.		e organization answ	ered "Yes" on Form 9	90, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash	assistance
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.		
PART I, LINE 2:						
EURASIA FOUNDATION (EF) HAS RIGORO	US SYSTEM	S FOR MON	ITORING THE			
IMPLEMENTATION OF ITS OPERATIONAL	AND GRANT	MAKING PRO	OGRAMS IN F	OREIGN		
COUNTRIES AND IN THE UNITED STATES	ONE OF	THESE SYST	TEMS IS A C	USTOMIZED		
ACCOUNTING SYSTEM INTEGRATED WITH	A GRANTS	MANAGEMENT	r MODULE TH	AT ENABLES		
EF TO TRACK GRANT RECIPIENTS' EXPE	NSES AND	WITH A KNO	OWLEDGE MAN	AGEMENT		
MODULE THAT HELPS ENSURE THAT EF S	STAFF ARE	IN COMPLIA	ANCE WITH D	ONOR		
REQUIREMENTS. EF CONTINUALLY TRAIN	IS STAFF I	O USE THES	SE SYSTEMS	EFFECTIVELY.		
IN ADDITION, EF DEVELOPS A THOROUGH	H MONITOR	RING AND EV	ALUATION P	LAN FOR ALL		

Part IV   Supplemental Information						
OF ITS MAJOR PROGRAMS. MONITORING AND EVALUATION ACTIVITIES ALLOW THE						
FOUNDATION TO TRACK THE PRODUCTION OF DELIVERABLES AND EACH PROGRAM'S						
PROGRESS TOWARDS EXPECTED OUTCOMES. MONITORING AND EVALUATION ACTIVITIES						
DEPEND ON THE LEVEL OF FUNDING FOR EACH INDIVIDUAL PROGRAM AND INCLUDE, 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 J (Form 990)

Department of the Treasury

**Compensation Information** 

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

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ➤ Attach to Form 990.

Open to Public

Internal Revenue Service Name of the organization

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

Inspection
Employer identification number

OMB No. 1545-0047

## THE EURASIA FOUNDATION

52-1780162

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
4	organization or a related organization:			
a		4a		Х
a h	Receive a severance payment or change-of-control payment?  Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	10		
	The state of the s			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		<u> </u>

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

Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990		
(1) ELIZABETH COLL	(i)	195,419.	10,000.	0.	12,325.	18,541.	236,285.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) ROBERT O'DONOVAN	(i)	166,519.	0.	0.	9,991.	18,463.	194,973.	0.	
VP OF PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	150,431.	0.	0.	9,026.	10,957.		0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) PETRO MATIASZEK, CHIEF OF PARTY	(i)	154,454.	0.	0.	4,634.	8,022.	167,110.	0.	
TAPAS PROGRAM - UNTIL 10/2021	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) RUSLANBEK MONOLBAEV	(i)	126,184.	0.	0.	7,571.	21,027.		0.	
BUSINESS DEVELOPMENT DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
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	(i)								
	(ii)								

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

# SCHEDULE O (Form 990)

Department of the Treasury

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 Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

THE EURASIA FOUNDATION

Employer identification number 52-1780162

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BENEFIT TO THEIR COMMUNITIES. WHILE BUILDING THE LEADERSHIP SKILLS OF

WOMEN AND YOUNG PEOPLE, WE HELP SMALL BUSINESS BECOME MORE SUCCESSFUL,

LOCAL GOVERNMENT MORE RESPONSIVE AND CIVIC ORGANIZATIONS MORE EFFECTIVE

AND RESILIENT.

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 FEDERAL FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTANT IN CONSULTATION
WITH THE ORGANIZATION'S SENIOR MANAGEMENT. A DRAFT OF FORM 990 IS 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 ARE ADDRESSED ELECTRONICALLY,
BEFORE FILING WITH THE IRS.

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

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

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

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

132211 11-11-21

Schedule O (Form 990) 2021 Page 2

Name of the organization **Employer identification number** 52-1780162

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

THE EURASIA FOUNDATION

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 JANUARY OF 2021.

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 3,672,884.

MANAGEMENT AND GENERAL EXPENSES 537,222.

FUNDRAISING EXPENSES 0.

4,210,106. TOTAL EXPENSES

Schedule O (Form 990) 2021 Page 2

Schedule O (Form 990) 2021	Page 2
Name of the organization THE EURASIA FOUNDATION	Employer identification number 52-1780162
PAYROLL PROCESSING FEES:	
PROGRAM SERVICE EXPENSES	50,005.
MANAGEMENT AND GENERAL EXPENSES	7,314.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	57,319.
OTHER PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES	19,721.
MANAGEMENT AND GENERAL EXPENSES	2,885.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	22,606.
DESIGN, PRINTING, PUBLICATIONS SERVICES:	
PROGRAM SERVICE EXPENSES	13,962.
MANAGEMENT AND GENERAL EXPENSES	2,042.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	16,004.
TRANSLATION SERVICES:	
PROGRAM SERVICE EXPENSES	11,435.
MANAGEMENT AND GENERAL EXPENSES	1,672.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	13,107.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	4,319,142.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
REFUND OF UNUSED GRANTS	122,430.

Schedule O (Form 990) 2021