

Return of Organization Exempt From Income Tax

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

2022

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the **2022** calendar year, or tax year beginning **April 01**, **2022**, and ending **March 31**, **2023**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **Ukraine Aid**
 Doing business as **Ukraine Aid**
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
9215 Jeffery Road, P O Box 511
 City or town, state or province, country, and ZIP or foreign postal code
Great Falls, VA 22066

D Employer identification number
88-1620649

E Telephone number
703-362-5733

F Name and address of principal officer: **Dennis De Santis**
9215 Jeffery Road, P O Box 511, Great Falls, VA 22066

G Gross receipts \$ **519,177**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.
H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **ukraineaid.group**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2022**

M State of legal domicile: **VA**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: To provide humanitarian aid to the people of Ukraine through the provision of medical equipment and supplies, materials for reconstruction and protective gear.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	5
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	8
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 0	Current Year: 101,060
	9	Program service revenue (Part VIII, line 2g)	0	418,117
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	519,177
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	495,024
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	1,260
	b	Total fundraising expenses (Part IX, column (D), line 25)	1,260	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	0	13,186
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	0	509,470	
19	Revenue less expenses. Subtract line 18 from line 12	0	9,707	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 0	End of Year: 9,707
	21	Total liabilities (Part X, line 26)	0	0
	22	Net assets or fund balances. Subtract line 21 from line 20	0	9,707

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: Dennis De Santis, Founder
 Date: _____

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____

Firm's name: _____ Firm's EIN: _____
 Firm's address: _____ Phone no.: _____

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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Header section containing organization details: Name (Ukraine Aid), EIN (88-1620649), Address (Great Falls VA, 22066), Principal Officer (Dennis De Santis), and Tax-exempt status (501(c)(3)).

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, revenue breakdown, and expense breakdown for 2023 and 2022.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature and preparer information section, including fields for officer signature, preparer name, and firm details.

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No