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2009

Open to Public Inspection

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury Internal Revenue Service

A For the 2009 calendar year, or tax year beginning FEBRUARY 8th, 2009, and ending DECEMBER 31st, 2009

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending.
C Name of organization: Yulia Scientific Research NFP
D Employer identification number: 26-4226928
E Telephone number: (708) 383-2517
F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method: Cash, Accrual
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website:
J Tax-exempt status (check only one) - 501(c)(3), 4947(a)(1), 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes handwritten entries for revenue (\$75.00), expenses (\$16.50), and net assets (\$58.50).

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

Table with 7 rows for Balance Sheets. Includes handwritten entries for total assets (\$58.50) and net assets (\$58.50).

SCANNED MAR 26 2010

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/>	<input type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
[Redacted]				
[Redacted]				
[Redacted]				
[Redacted]				
[Redacted]				

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
[Redacted]		
[Redacted]		
[Redacted]		
[Redacted]		
[Redacted]		

d Total number of other independent contractors each receiving over \$100,000 ▶

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: ALEXANDER EPSHTEIN Date: 02/27/10
 Type or print name and title: DIRECTOR

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed: Preparer's identifying number (See instructions): _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Phone no: _____

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

TCF NATIONAL BANK
800 BURR RIDGE PKWY
BURR RIDGE, IL 60527



STATEMENT DATE
04-30-09
8439798345
0

S T A T E M E N T



0 2 92
YULIA SCIENTIFIC RESEARCH
1031 N HARLEM AVE
OAK PARK IL 60302-1503

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FREE SMALL BUSINESS CHECKING

STATEMENT PERIOD 04-03-09 THROUGH 04-30-09

ACCOUNT NUMBER	8439798345			
ACCOUNT SUMMARY	BALANCE 04-02-09	CHECKS/WITHDRAWALS	DEPOSITS/ADDITIONS	BALANCE 04-30-09
	.00	16.50	75.00	58.50

INTEREST EARNED IN STATEMENT PERIOD 50.00
ANNUAL PERCENTAGE YIELD EARNED .00%

AS OF 04/24/2009, YOUR TCF MILES PLUS BUSINESS REWARDS POINT TOTAL WAS 0.
TO REDEEM OR TO ACCESS YOUR MOST RECENT
TCF MILES PLUS BUSINESS REWARDS POINT TOTAL, PLEASE SIGN IN TO
ONLINE BANKING AT WWW.TCFBANK.COM AND CLICK ON THE REWARDS TAB.

OTHER WITHDRAWALS AND CHARGES

DATE	AMOUNT	DESCRIPTION	DATE	AMOUNT	DESCRIPTION
0417	16.50	CHECK PRINTING CHARGE HARLAND CHECK IL CHK ORDERS			

DEPOSITS AND OTHER ADDITIONS

DATE	AMOUNT	DESCRIPTION	DATE	AMOUNT	DESCRIPTION
0403	25.00	OPENING DEPOSIT	0403	50.00	INTEREST ADJUSTMENT CREDIT

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QUESTIONS, VISIT US ONLINE AT TCFBANK.COM, OR USE OUR AUTOMATED PHONE SYSTEM, CALL: (847) 671-6746 OR
TOLL FREE CALL: 1 (800) 823-2265. TDD 1 (800) 343-6145. THANK YOU FOR BANKING WITH US.
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