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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$200,000 and total assets

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Open to Public Inspection

	A F	or the	2010 calendar year, or tax year beginning JUN 1, 2010 and ending MA	Y 3	$\overline{1}$	2011
	B C	heck if				dentification number
		Address	s change			
		Name c	hange UMANA FOUNDATION	3	6-4:	125107
] Initial re	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite			number
		Termina	0045	7	73-	278-6262
		Amende			up Exer	
		Application	in pending CHICAGO, IL 60622		nber 🕨	
	G A	ccountii	ng Method: X Casn Accrual Other (specify)			X if the organization is not
	I V	Vebsite:	▶ N/A			attach Schedule B
	J T	ax-exen	npt status (check only one) — X 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527	(For	rm 990,	, 990-EZ, or 990-PF).
	K C	heck ►	X if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not	more	than \$5	50,000. A Form 990-EZ or
			return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization c			
	c	omplete	return.			
	L A	dd lines	5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part	11,		
			olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	23,212.
	Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ctions	for Par	t I.)
			Check if the organization used Schedule O to respond to any question in this Part I			X
		1 C	ontributions, gifts, grants, and similar amounts received		1	22,810.
		2 P	rogram service revenue including government fees and contracts		2	
		3 N	Membership dues and assessments		3	
		4 li	nvestment income SEE SCHEDULE O		4	402.
		5a G	ross amount from sale of assets other than inventory 5a			
		b L	ess; cost or other basis and sales expenses			
		c G	ain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
		6 G	Saming and fundraising events		1 1	
	e		Gross income from gaming (attach Schedule G if greater than			
	Revenue		15,000) <u>6a</u>			
	æ	l	Gross income from fundraising events (not including \$ of contributions			
		i	rom fundraising events reported on line 1) (attach Schedule G if the sum of such			
		_	ross income and contributions exceeds \$15,000)		1 1	
		,	ess: direct expenses from gaming and fundraising events 6c		l	
			let income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
			Gross sales of inventory, less returns and allowances 7a			
			ess; cost of goods sold		+ _	
<u> </u>			Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
තෙ			Other revenue (describe in Schedule 0)		8	22 212
03 2000	_		otal revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Frants and similar amounts paid (list in Schedule 0) RECEIVED SEE SCHEDULE O		10	23,212. 8,350.
			Grants and similar amounts paid (list in Schedule 0)		11	8,330.
AGN	"		Salaries, other compensation, and employee begins OCT 17 2011		12	
دے	Se	13 P	Salaries, other compensation, and employee benefits OCT 17 2011		13	810.
	Expenses		Iccupancy rant utilities and maintenance		14	1,000.
	ă		Printing, publications, postage, and shipping OGDEN, UT		15	1,586.
2			Other expenses (describe in Schedule 0) SEE SCHEDULE O		16	12,450.
$\overline{\mathbb{Z}}$			otal expenses. Add lines 10 through 16		17	24,196.
SCANNED	_		excess or (deficit) for the year (Subtract line 17 from line 9)		18	<984.>
	ets	i	let assets or fund balances at beginning of year (from line 27, column (A))		· •	1,03.
(L)	Ass	l .	must agree with end-of-year figure reported on prior year's return)		19	132,586.
	Net Assets		Other changes in net assets or fund balances (explain in Schedule O)		20	0.
	Z	l .	Net assets or fund balances at end of year. Combine lines 18 through 20	•	21	131,602.
	_					

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)

$\overline{}$	m 990-EZ (2010) UMANA FOUNDATION		3	<u> 36-</u>	<u> 41251</u>	L 07 Page 2
P	art II Balance Sheets. (see the instructions for Part II.)					
	Check if the organization used Schedule O to respond to any question	in this Part II				
			(A) Beginning of year		(B) I	End of year
22	2 Cash, savings, and investments		132,586.	. 22		131,602.
23	B Land and buildings			23		·
24	Other assets (describe in Schedule 0)			24		
25	5 Total assets		132,586	. 25		131,602.
26	Total liabilities (describe in Schedule 0)			26		
27			132,586	. 27		131,602.
P	art III Statement of Program Service Accomplishme	nts (see the instructions f	or Part III.)		E	xpenses
	Check if the organization used Schedule 0 to respond to any question	n ın this Part iii		X	(Required	d for section) and 501(c)(4)
Wh	at is the organization's primary exempt purpose? SEE SCHEDULE (<u> </u>				ions and section
Des	scribe what was achieved in carrying out the organization's exempt pu	rposes in a clear and co	ncise manner, describ	e	4947(a)(1) trusts; optional
	services provided, the number of persons benefited, and other relevan				for others	S.)
28	PROVIDING MEDICAL ASSISTANCE TO UKE	RANIANS IN NE	ED OF			
	MEDICAL ATTENTION					
					1	
	(Grants \$) If this amount includes foreign	grants, check here	>		28a	
29						
			·			
	(Grants \$) If this amount includes foreign	grants, check here			29a	
30						
	(Grants \$) If this amount includes foreign	grants, check here			30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount includes foreign	grants, check here	<u> </u>		31a	
32	Total program service expenses (add lines 28a through 31a)			<u> </u>	32	
P	art IV List of Officers, Directors, Trustees, and Key I		e even if not compensated (s	ee the	nstructions	for Part IV)
	Check if the organization used Schedule O to respond to any question					
		(b) Title and average hou			Contributions employee	(0) 2
	(a) Name and address	per week devoted to position	(If not paid, enter -0)	ben	efit plans & deferred	account and other allowances
	1071 1101001111 100 101 0	·	- - - - -		npensation	- Culci allowances
$\overline{}$	ARIA HRYCELAK, MD, 101 S.	PRESIDENT			_	
	ASHINGTON, #122, PARK RIDGE, IL	2.00	0.		0	. 0.
	ESTOR POPOWYCH	SECRETARY				
33		2.00	0.		0	. 0.
	RIADNA HOLYNSKYJ, MD, 38 LAKE	DIRECTOR			_	
	ALLEY RD., MORRISTOWN, NJ 07960	2.00	0.		0	. 0.
	BORGE DOMINO	DIRECTOR				
	503 OGDEN, DOWNERS GROVE, IL 60515	2.00	0.		0	. 0.
	AYNE TYMCHAK, MD, 2C2 WALTER	DIRECTOR				
	ACKENZIE CENT, EDMONTON CANADA T6G	2.00	0.		0	. 0.
	AUL KULAS	DIRECTOR			•	
	329 W CHICAGO AVE, CHICAGO, IL 6062:		0.		0	. 0.
_	EROME MARYNIUK, MD	DIRECTOR			•	
	207 VIA CIELITO, VENTURA, CA 93003	2.00	0.		0	. 0.
	HOR VOYEVIDKA, MD, 236 SIXTH	DIRECTOR			•	
<u>S'.</u>	TREET, #301, RENO, NV 89503	2.00	0.		0	. 0.
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	172 02-11				Earn	n 990-EZ (2010

Form **990-EZ** (2010)

	Check if the organization used Schedule O to respond to any question in this Part V			X
			Yes	No
}	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in			
	Schedule 0	33		X
	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		_	
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or			
	501(c)(6) organization subject to section 6033(e) notice, repurling, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
b	Did the organization file Form 1120-POL for this year?	37ь		Х
a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	-		
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a	<i>*</i>	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			<u> </u>
•	Section 501(c)(7) organizations. Enter:	1		
a	Initiation fees and capital contributions included on line 9			ł
,	Gross receipts, included on line 9, for public use of club facilities 39b N/A	-		i
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1	١.	
•	section 4911 O • ; section 4912 O • ; section 4955 O •			ľ
h	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			Ĩ
	year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ?	1		
		406		٠,
	If "Yes," complete Schedule L, Part I	40b	<u> </u>	X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			-
	or disqualified persons during the year under sections 4912, 4955, and 4958	.	٠;	
a	Section 501(L)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the	ł] 	
	organization •O.]
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	1		۱
	transaction? If "Yes," complete Form 8886-T	40e	L	X
	List the states with which a copy of this return is filed. > IL			
a	The organization's books are in care of ► GEORGE HRYCELAK, M.D. Telephone no. ► 773-2			
	Located at ► 2247 W CHICAGO AVE, CHICAGO, IL ZIP+4 ►	<u> 5062</u>	2	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
	account)?	42b		X
	If "Yes," enter the name of the foreign country:		٠.	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	ľ	ļ	
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		>	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	N
a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	1		T
_	of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	++0	 	╁
ď			1	1
đ	in Schedule O	44d	Į .	1

Form 990	-EZ (20	⁽¹⁰⁾ UMANA	FOUNDATIO	ON			36-4125	107	<i>!</i> F	Page 4
									Yes	No
45 Is a	ny relat	ted organization a contr	olled entity of the or	ganization within the	meaning of section 512(b)	(13)?		45		X
a Did	the org	janization receive any p	ayment from or enga	ge in any transaction w	ith a controlled entity within th	e meaning of section	512(b)(13)?			
			-	npleted instead of Form	•	·		45a		х
			•	•	es on behalf of or in opposition	n to candidates for pu	ublic office?			
		mplete Schedule C, Par				,		46	-	X
Part V	/I S	Section 501(c)(3)	organization	s and section 49	947(a)(1) nonexempt	charitable trus	sts only. All		n 501(c	
					ust answer questions 47-49b a		-			
				respond to any question		and only und outinplote	4,0 (4,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0			\Box
									Yes	No
47 Did	the ord	nanization engage in Joh	hving activities? If "	Yes," complete Sche	quie C. Paπ li			47	+:	X
					" complete Schedule E			48	1	X
				non-charitable related o				49a	+-+	X
		is the related organizati			ryanization				+	<u> </u>
		-	_		- (-th thff dit			496	لسل	
					s (other than officers, directors	s, trustees and key er	npioyees) wno (acn re	ceivea i	more
ınaı	1 \$ 100,	ood of compensation if	om the organization.	. If there is none, enter	·		(4) -	т.		
				_	(b) Title and average hours	(c) Compensation	(d) Contribution to employee	١ :	(e) Expe	
		(a) Name and address	M400 000		per week devoted to position		benefit plans & deferred		account er allow	-
		ulali	*100,000 NOI	NR	position	ļ	compensation		or allow	1411663
					4					
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51 Con	nplete t	ber of other employees this table for the organi on. If there is none, ente	zation's five highest (ent contractors who each recei	ved more than \$100,	,000 of compen	sation	from the	е
		(a) Name and address	of each independent	contractor paid more t	han \$100,000	(b) Type of ser	vice	(c) Cor	mpensat	tion
						1				
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d Tota	al numi	her of other independer	nt contractore each e	eceiving over \$100,000		<u> </u>				
		•			zations and 4947(a)(1) nonexe		· · · · · · · · · · · · · · · · · · ·			
				ection 30 I(c)(3) organi	Zauons anu 4947 (a)(1) nonexe	mpt	_ [ਦ],	, <u> </u>	– .
Cita	Un	trusts must attach a co der penalties of perjury, I de	eclare that I have examin	ed this return, including acc	companying schedules and statemen	nts, and to the best of my	y knowledge and b		es L	No
-	Cor	rect, and complete Declare	ation of preparer (other th	an officer) is based on all in	formation of which preparer has any	knowledge	<u> </u>			
Sign		Signature of officer				0.1.	Date /			
Here			~~~ · · · ·		n 10. 11. 1	(////	cel in)	in/ii	וו/מ
		MARIA HRY		, PRESIDENT	r runa	Pro	7		10/1	7"
				Ta						<u> </u>
		Print/Type preparer's	name	Preparer's signature	Date	Check	If PTIN			
Paid										
Prepa		JAMES O GI	ESE	- alle	/ 24	///				
Use O	nly			LP		Firm's ElM	I ▶			
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		Filling address > 6		H COURT, ST		Phone no.	. (847)	1358	2 – T T	. , 0
				H COURT, SI IL 60067-81		Phone no.	. (847) —	358	2-11	_

Form 990-EZ (2010)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2010

Open to Public Inspection

Name of the organization

UMANA FOUNDATION Employer identification number 36-4125107

Part I	Reason	for Public Chari	i ty Status (All organız	ations mus	st complet	te this part) See inst	ructions.				
he organization is not a private foundation because it is (For lines 1 through 11, check only one box)												
1 🗀	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2 🗀			O(b)(1)(A)(ii). (Attach Sc									
3 🗔			tal service organization		n section	17(VhV 1V	AVIII					
∡ 	•	•	operated in conjunction					/hV4VAVii	i) Enter H	ha hoenital'	e nami	
- -	city, and state		pporated in conjunction	With a 1105	pital acsol	ibca iii 36	Caon 170	(D K 1)(\(\times\)(1)	ı y. Eriter t	no nospitai	3 Hairie	. ,
5 🗀			benefit of a college or ur	niveretty ov	vned or or	perated by	2 dovern	nental uni	docemba	nd in		
э Ш	_	-	-	IIIVGI SILY OV	WIICU OI OF	cialed by	a govern	nentai uni	LUESCHIDE	JU 111		
<u> </u>		(b)(1)(A)(iv). (Comple	•		4	- 470/LV/4	WAVE A					
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											
7 LXJ												
	section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)											
8												
9 🗀	_	-	eives: (1) more than 33							•	•	
		•	ections - subject to certa	•	•	•				•		
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired by	y the orga	nization a	ifter June 3	0, 1975	5.
		509(a)(2). (Complete	•									
10			perated exclusively to te									
11 📖	_		erated exclusively for the		•							or
			itions described in secti). See sec	tion 509(a)(3). Che	ck the box	that	
		··	organization and compl		•					1		
	a Type I	b	_l Type II	С Тур	e III - Func	tionally int	egrated		d [Type III - C)ther	
e	-	-	t the organization is not		•	-	•					า
	foundation m	anagers and other to	nan one or more publici	y supporte	d organiza	ations desc	cribed in s	ection 509	9(a)(1) or s	section 509	(a)(2).	
f	If the organization	ation received a writ	ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting or	ganization, check th	is box									<u> </u>
g	-		rganization accepted ar			-		•			т	
	(i) A persor	n who directly or ind	rectly controls, either al	lone or tog	ether with	persons d	lescribed i	n (ii) and (i	iii) below,		Yes	No
	the gove	eming body of the su	ipported organization?		-					11g(i)		
	(ii) A family	member of a persor	n described in (i) above?	•						11g(ii)		
	(iii) A 35% c	controlled entity of a	person described in (i) o	or (ii) above	€?					11g(iii)		
h	Provide the fo	ollowing information	about the supported or	ganization	(s).							
								•				
(i) Name	of supported	(iı) EIN	(iii) Type of organization		rganization			(vi) Is		(vii) Am	ount of	f
orga	inization		(described on lines 1-9	in col. (i) listed in your governing document?				, Iti) viyanizeu in ule j		sup	port	
			above or IRC section	governing	uocument/	(1) or your	support?	U.S	.7			
			(see instructions))	Yes	No	Yes	No	Yes	No			
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Schedule A (Form 990 or 990-EZ) 2010

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Schedule A (Form 990 or 990-EZ) 2010 UMANA FOUNDATION 36-4125107 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Calendar year (or fixeal year beginning in)	Sec	tion A. Public Support								
General year (or fiscal year beginning in) ► (a) 2005 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Again or ose sumer from time tests (Explain in Part IV) 17 Total support. Add unsers in created on the sumers as regularly carrierd on the Sumers on the sumers as regularly carrierd on the Sumers on the sumers as regularly carrierd on the Sumers on the sumers as regularly carrierd on the Sumers on the sumers as regularly carrierd on the Sumers on the sumers as regularly carrierd on the sumers as regularly carrierd on the sumers on the sumers as regularly carrierd on the sumers as a supplicitly supported organization on the sumers as the first and comment of the decrease of the organization of the organization of the carrierd organization on the sum of the organization and the first and circumstances test. 2006 if the organization did not check to box on line 13, 16a, or 16b, and lin	Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
Tax revenues leved for the organization's benefit and either paid to or expended on its behalf				,_,						
Tax revenues leved for the organization's benefit and either paid to or expended on its behalf		membership fees received. (Do not								
2 Tax revenues leved for the organization without charge 4 Total, Add lines I through 3 5 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total, Add lines I through 3 5 The portion of total contributions by each person (other than a governmental unit to the organization without charge 4 Total, Add lines I through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royathes and income from similar sources 9 Net income from innetated business activities, whether or not in the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support, Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years, If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(s) organization, check this box and stop here. The organization qualifies as a publicly supported organization in the State of capital and stop here. The organization qualifies as a publicly supported organization in the state of capital and stop here. The organization qualifies as a publicly supported organization in the organization meets the "facts-and-circumstances" test, The Kins box and stop here. The organization qualifies as a publicly supported organization in the organization meets the "facts-and-circumstances" test, The Kins box and stop here. The organization of more, and if the organization of meets the "facts-and-circumstances" test, The Kins box and stop here. Explain in Part IV how the organization more, and if the organization of meets the "facts-and-circumstances" test, The Kins box and stop here. Explain in Part IV how the organization mo		include any "unusual grants.")	28,775.	18,863.	28,573.	23.175.	22.810.	122.196.		
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organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								•		
		_		_				▶∟		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	<u>a, 16b, 17a, or 17b</u>					

Schedule A (Form 990 or 990-EZ) 2010 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below please complete Part II \

Se	ction A. Public Support	orom, prease comp	Digito i girt II.J				
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	1 		1			
	ınclude any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in			1			
	any activity that is related to the		İ	i	1		
	organization's tax-exempt purpose					_	
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf					1 -	
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons					ļ	
ŧ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
•	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)	*					
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6				ļ	ļ	
10a	a Gross income from interest, dividends, payments received on		ł				
	securities loans, rents, royalties		ļ			1	
	and income from similar sources					<u> </u>	
ŧ	Unrelated business taxable income						
	(less section 511 taxes) from businesses		1			1	
	acquired after June 30, 1975				<u> </u>		<u> </u>
	Add lines 10a and 10b			<u> </u>			ļ
11	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is						
_	regularly carried on				1		
12	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV)				<u> </u>		
	Total support (Add lines 9, 10c, 11, and 12)			1_		l	.
14	First five years. If the Form 990 is fo	r the organization	s first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organ	zation,
_	check this box and stop here					<u> </u>	
	ction C. Computation of Publ					,	
	Public support percentage for 2010 (•	column (f))		15	%
	Public support percentage from 2009					16	%
	ction D. Computation of Inve					 	
	Investment income percentage for 20	•	•	ne 13, column (f))		17	%
18			•			18	<u>%</u>
19:	a 33 1/3% support tests - 2010. If the						17 is not
	more than 33 1/3%, check this box a	=			• • •		▶□
ŧ	33 1/3% support tests - 2009. If the	=					
	line 18 is not more than 33 1/3%, che			· · · · · · · · · · · · · · · · · · ·		-	▶ □
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

032211 01-24-11 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Name of the organization **Employer identification number** UMANA FOUNDATION 36-4125107 FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME: DESCRIPTION OF PROPERTY: AMOUNT: INTEREST INCOME 402. FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS: ACTIVITY CLASSIFICATION: GRANTEE NAME: U OF I AT URBANA PROPERTY DESCRIPTION: CASH **DATE OF GIFT: 07/01/10** 1,000. AMOUNT GIVEN: ACTIVITY CLASSIFICATION: GRANTEE NAME: UMANA DEB BALL PROPERTY DESCRIPTION: CASH DATE OF GIFT: 01/26/11 AMOUNT GIVEN: 3,850. ACTIVITY CLASSIFICATION: GRANTEE NAME: UKRAINIAN DIABETES PROJECT PROPERTY DESCRIPTION: CASH DATE OF GIFT: 07/01/10 AMOUNT GIVEN: 1,000. ACTIVITY CLASSIFICATION: GRANTEE NAME: MT SINAI SCHOOL OF MEDICINE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010)

SCHEDULE O

(Form 990 or 990-EZ) 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 990-EZ.

OMB No 1545-0047 Open to Public-Inspection:

Internal Revenue Service Name of the organization

Employer identification number UMANA FOUNDATION 36-4125107 PROPERTY DESCRIPTION: CASH DATE OF GIFT: 07/01/10 AMOUNT GIVEN: 1,000. ACTIVITY CLASSIFICATION: GRANTEE NAME: AWAKENING ART & CULTURE PROPERTY DESCRIPTION: CASH DATE OF GIFT: 05/25/11 AMOUNT GIVEN: 1,500. TOTAL INCLUDED ON FORM 990-EZ, LINE 10 8,350. FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: ANNUAL REPORT FEES AND FILING FEES 25. SCHOLARSHIP ADVERTISEMENT 240. MISCELLANEOUS EXPENSES 266. CPR PROJECT 8,674. CONFERENCE 1,750. ANNIVERSARY ITEMS 1,495. TOTAL TO FORM 990-EZ, LINE 16 12,450. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO FOSTER IMPROVEMENT IN HEALTH CARE OF UKRAINIANS WORLDWIDE & TO PROMOTE HEALTH CARE RESEARCH, EDUCATION AND KNOWLEDGE

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211

Schedule O (Form 990 or 990-EZ) (2010)

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ. Inspection -Name of the organization **Employer identification number** UMANA FOUNDATION 36-4125107 THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.