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Form **990-PF**Department of the Treasury
Internal Revenue Service**Return of Private Foundation**
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2011**For calendar year 2011 or tax year beginning , and ending**

Name of foundation THE SELFRELIANCE FOUNDATION		A Employer identification number 20-5423872
Number and street (or P O box number if mail is not delivered to street address) 2332 W CHICAGO AVE		B Telephone number (see instructions) 773-328-7500
City or town, state, and ZIP code CHICAGO IL 60622		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 4,013,739	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>		

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received (attach schedule)	2,400,000			
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
3 Interest on savings and temporary cash investments	9,950	0		
4 Dividends and interest from securities	0	0		
5 a Gross rents		0		
b Net rental income or (loss)	0			
6 a Net gain or (loss) from sale of assets not on line 10	0			
b Gross sales price for all assets on line 6a	0			
7 Capital gain net income (from Part IV, line 2)		0		
8 Net short-term capital gain				
9 Income modifications				
10 a Gross sales less returns and allowances	0			
b Less: Cost of goods sold	0			
c Gross profit or (loss) (attach schedule)	0			
11 Other income (attach schedule)	0	0	0	
12 Total. Add lines 1 through 11	2,409,950	0	0	
13 Compensation of officers, directors, trustees, etc.	0			
14 Other employee salaries and wages	3,820	0		3,820
15 Pension plans, employee benefits				
16 a Legal fees (attach schedule)	10	0	0	10
b Accounting fees (attach schedule)	440	0	0	440
c Other professional fees (attach schedule)	0	0	0	0
17 Interest				
18 Taxes (attach schedule) (see instructions)	0	0	0	0
19 Depreciation (attach schedule) and depletion	0	0	0	
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (attach schedule)	0	0	0	0
24 Total operating and administrative expenses. Add lines 13 through 23	4,270	0	0	4,270
25 Contributions, gifts, grants paid	416,050			416,050
26 Total expenses and disbursements. Add lines 24 and 25	420,320	0	0	420,320
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	1,989,630			
b Net investment income (if negative, enter -0-)		0		
c Adjusted net income (if negative, enter -0-)			0	

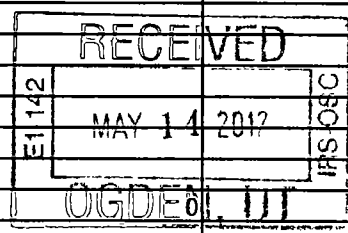
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(HTA)

Form **990-PF** (2011)

SCANNED MAY 23 2012 Revenue

Operating and Administrative Expenses



2

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	0	0	0
	2	Savings and temporary cash investments	2,024,109	4,013,739	4,013,739
	3	Accounts receivable ▶ 0			
		Less: allowance for doubtful accounts ▶ 0	0	0	0
	4	Pledges receivable ▶ 0			
		Less: allowance for doubtful accounts ▶ 0	0	0	0
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)	0	0	0
	7	Other notes and loans receivable (attach schedule) ▶ 0			
		Less: allowance for doubtful accounts ▶ 0	0	0	0
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10 a	Investments—U S and state government obligations (attach schedule)	0	0	0
	b	Investments—corporate stock (attach schedule)	0	0	0
	c	Investments—corporate bonds (attach schedule)	0	0	0
Liabilities	11	Investments—land, buildings, and equipment basis ▶ 0			
		Less: accumulated depreciation (attach schedule) ▶ 0	0	0	0
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	0	0	0
	14	Land, buildings, and equipment: basis ▶ 0			
		Less: accumulated depreciation (attach schedule) ▶ 0	0	0	0
	15	Other assets (describe ▶)	0	0	0
	16	Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	2,024,109	4,013,739	4,013,739
Net Assets or Fund Balances	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons	0	0	
	21	Mortgages and other notes payable (attach schedule)	0	0	
	22	Other liabilities (describe ▶)	0	0	
	23	Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances		Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24	Unrestricted	2,024,109	4,013,739	
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	0	0	
	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
Net Assets or Fund Balances	30	Total net assets or fund balances (see instructions)	2,024,109	4,013,739	
	31	Total liabilities and net assets/fund balances (see instructions)	2,024,109	4,013,739	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	2,024,109
2	Enter amount from Part I, line 27a	2	1,989,630
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	4,013,739
5	Decreases not included in line 2 (itemize) ▶	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	4,013,739

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	0	0	0
b	0	0	0
c	0	0	0
d	0	0	0
e	0	0	0

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a	0	0	0
b	0	0	0
c	0	0	0
d	0	0	0
e	0	0	0

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	0
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	3	0

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☐ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2010	377,800	0	0.000000
2009	266,500	0	0.000000
2008	0	0	0.000000
2007			0.000000
2006			0.000000

2 Total of line 1, column (d)	2	0.000000
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.000000
4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5	4	0
5 Multiply line 4 by line 3	5	0
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	0
7 Add lines 5 and 6	7	0
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.	8	0

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1 a Exempt operating foundations described in section 4940(d)(2), check here <input checked="" type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		1	N/A	
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b _____				
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2		0
3 Add lines 1 and 2		3		0
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4		
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5		0
6 Credits/Payments:				
a 2011 estimated tax payments and 2010 overpayment credited to 2011	6a		0	
b Exempt foreign organizations—tax withheld at source	6b			
c Tax paid with application for extension of time to file (Form 8868)	6c		0	
d Backup withholding erroneously withheld	6d			
7 Total credits and payments. Add lines 6a through 6d	7			0
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8			0
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			0
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			0
11 Enter the amount of line 10 to be: Credited to 2012 estimated tax <input type="checkbox"/> 0 Refunded <input type="checkbox"/>	11			0

Part VII-A Statements Regarding Activities

	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.	1b	
c Did the foundation file Form 1120-POL for this year?	1c	
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ _____ (2) On foundation managers. <input type="checkbox"/> \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities	2	X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T	5	
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.	7	X
8 a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> IL		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	X

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		X
Website address ▶				
14	The books are in care of ▶	Telephone no. ▶		
	Located at ▶	ZIP+4 ▶		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here	15		<input type="checkbox"/>
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
				X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ▶				

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1b	N/A
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2b	N/A
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3b	N/A
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4b	X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) ☐ Yes ☒ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b N/A

Organizations relying on a current notice regarding disaster assistance check here ☒**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No
If "Yes," attach the statement required by Regulations section 53.4945–5(d)**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No
If "Yes" to 6b, file Form 8870.

6b

X

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No

7b

X

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE		0	0	0
	.00	0	0	0
	.00	0	0	0
	.00	0	0	0
	.00	0	0	0

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 ☐

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		0
.....		0
.....		0
.....		0
.....		0
.....		0

Total number of others receiving over \$50,000 for professional services ▶

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 N/A	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

	Amount
1	
2	
All other program-related investments See instructions	
3	0
Total. Add lines 1 through 3 ▶	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	0
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see instructions)	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	0
6	Minimum investment return. Enter 5% of line 5	6	0

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☒ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	0
2a	Tax on investment income for 2011 from Part VI, line 5	2a	0
b	Income tax for 2011. (This does not include the tax from Part VI.)	2b	0
c	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	0
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	0

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	420,320
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	420,320
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	420,320

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)**N/A**

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				0
2 Undistributed income, if any, as of the end of 2011:				
a Enter amount for 2010 only			0	
b Total for prior years: 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2011:				
a From 2006	0			
b From 2007	0			
c From 2008	0			
d From 2009	266,500			
e From 2010	377,800			
f Total of lines 3a through e	0			
4 Qualifying distributions for 2011 from Part XII, line 4: ► \$ _____ 0				
a Applied to 2010, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions)		0		
c Treated as distributions out of corpus (Election required—see instructions)	0			
d Applied to 2011 distributable amount				0
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2011	0			0
<i>(If an amount appears in column (d), the same amount must be shown in column (a))</i>				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	0			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount—see instructions		0		
e Undistributed income for 2010. Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2011 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions)	0			
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9.				
a Excess from 2007	0			
b Excess from 2008	0			
c Excess from 2009	0			
d Excess from 2010	0			
e Excess from 2011	0			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)**N/A**

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2011, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section

☐ 4942(j)(3) or ☐ 4942(j)(5)

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

Tax year	Prior 3 years			(e) Total
(a) 2011	(b) 2010	(c) 2009	(d) 2008	
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
				0
0	0	0	0	0
				0
				0
0	0	0	0	0
				0
				0
0	0	0	0	0
				0
				0
				0
				0

b 85% of line 2a

c Qualifying distributions from Part XII, line 4 for each year listed

d Amounts included in line 2c not used directly for active conduct of exempt activities

e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c

3 Complete 3a, b, or c for the alternative test relied upon:

a "Assets" alternative test—enter:

(1) Value of all assets

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)

b "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed

c "Support" alternative test—enter:

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)

(3) Largest amount of support from an exempt organization

(4) Gross investment income

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2).)

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number of the person to whom applications should be addressed:

THE SELFRELIANCE FOUNDATION ORESTA FEDYNIK 2332 W CHICAGO AVE CHICAGO IL 60622 (773) 328-7500

b The form in which applications should be submitted and information and materials they should include:

LETTER REQUESTING ASSISTANCE

c Any submission deadlines:

NONE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

ORGANIZATION MUST HAVE 501 c(3) STATUS

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
UKRAINIAN DANCE ENSEMBLE HROMOVYTSIA 2247 W CHICAGO AVE CHICAGO IL 60622	NONE	NO	GENERAL EXPENSES	20,000
ST SOFIA UKRAINIAN ORTHODOX CHURCH 6655 W HIGGINS ST CHICAGO IL 60656	NONE	NO	GENERAL EXPENSES	6,000
ST NICHOLAS CATHEDRAL SCHOOL 2224 W RICE ST CHICAGO IL 60622	NONE	NO	GENERAL EXPENSE	50,000
UKRAINIAN WORLD CONGRESS 225 E 11TH ST NEW YORK NY 10003	NONE	NO	GENERAL EXPENSES	15,000
UKRAINIAN MEDICAL ASSN OF NA 2247 W CHICAGO AVE CHICAGO IL 60622	NONE	NO	CPR TRAINING YOUTH COUNS.	1,000
UKRAINIAN MEDICAL ASSN OF NA 2247 W CHICAGO AVE CHICAGO IL 60622	NONE	NO	MEDICAL MISSION TO UKRAINE	3,000
BAHRIANY FOUNDATION 811 S ROOSEVELT RD ARLINGTON HEIGHTS IL 60005	NONE	NO	FOR UKRAINIAN LANGUAGE STUDIES	1,000
SMOLOSKYP FOUNDATION P O BOX 561 ELLCOTT CITY MD 21041	NONE	NO	ARCHIVAL PROJECT	2,000
SMOLOSKYP FOUNDATION P O BOX 561 ELLCOTT CITY MD 21041	NONE	NO	SCHOLARSHIP FUND	1,000
UNITED UKRAINIAN AMERICAN RELIEF COMMITTEE 1206 COTTMAN AVE PHILADELPHIA PA 19111	NONE	NO	CHONOMORSKI VISTI	1,000
UNITED UKRAINIAN AMERICAN RELIFE COMMITTEE 1206 COTTMAN AVE PHILADELPHIA PA 19111	NONE	NO	GENERAL EXPENSES	2,000
Total . . . See Attached Statement			▶ 3a	416,050
b <i>Approved for future payment</i>				
Total			▶ 3b	0

Enter gross amounts unless otherwise indicated.

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2011)

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

2011

Name of the organization

Employer identification number

THE SELFRELIANCE FOUNDATION

20-5423872

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)() (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☐ For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization THE SELFRELANCE FOUNDATION	Employer identification number 20-5423872
---	---

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	SELFRELANCE UKRAINIAN AMERICAN FCU 2332 W CHICAGO AVE CHICAGO IL 60622 Foreign State or Province: Foreign Country:	\$ 2,400,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	 Foreign State or Province: Foreign Country:	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	 Foreign State or Province: Foreign Country:	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	 Foreign State or Province: Foreign Country:	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	 Foreign State or Province: Foreign Country:	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	 Foreign State or Province: Foreign Country:	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization THE SELFRELIANCE FOUNDATION	Employer identification number 20-5423872
---	--

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ ----- 0	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ ----- 0	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ ----- 0	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ ----- 0	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ ----- 0	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ ----- 0	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ ----- 0	-----

Name of organization THE SELFRELIANCE FOUNDATION	Employer identification number 20-5423872
--	---

Part III **Exclusively** religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.
For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ 0
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----		----- ----- -----
	For. Prov.	Country	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----		----- ----- -----
	For. Prov.	Country	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----		----- ----- -----
	For. Prov.	Country	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----		----- ----- -----
	For. Prov.	Country	

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**Recipient(s) paid during the year**

Name

UKRAINIAN FREE UNIVERSITY FOUNDATION

Street

P O BOX 1028

City

NEW YORK

State

NY

Zip Code

10276

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

GENERAL EXPENSES

Amount

1,000

Name

UKRAINIAN NATIONAL MUSEUM OF CHICAGO

Street

2249 W SUPERIOR ST

City

CHICAGO

State

IL

Zip Code

60612

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

AWARDS CEREMONY

Amount

2,750

Name

UKRAINIAN NATIONAL MUSEUM OF CHICAGO

Street

2249 W SUPERIOR ST

City

CHICAGO

State

IL

Zip Code

60612

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

GENERAL EXPENSES

Amount

20,000

Name

UKRAINIAN NATIONAL MUSEUM OF CHICAGO

Street

2249 W SUPERIOR ST

City

CHICAGO

State

IL

Zip Code

60612

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

EMBROIDERY BOOK PUBLICATION

Amount

1,000

Name

UNWLA BRANCH 29 IN CHICAGO

Street

1217 N MARION ST

City

OAK PARK

State

IL

Zip Code

60302

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

GENERAL EXPENSES

Amount

2,000

Name

WESTERN EPARCHY UKRAINIAN ORTHODOX

Street

3200 N LAKE SHORE DR # 701

City

CHICAGO

State

IL

Zip Code

60651

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

ORPHAN AID

Amount

1,000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**Recipient(s) paid during the year**

Name

WESTERN EPARCHY UKRAINIAN ORTHDOX

Street

3200 N LAKE SHORE DR # 701

City

CHICAGO

State

IL

Zip Code

60651

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

GENERAL EXPENSES

Amount

2,000

Name

ST JOSEPH UKRAINIAN CATHOLIC CHURCH

Street

5000 N CUMBERLAND AVE

City

CHICAGO

State

IL

Zip Code

60656

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

VYSHYVANKA SCHOOL

Amount

1,500

Name

ST JOSEPH UKRAINIAN CATHOLIC CHURCH

Street

5000 N CUMBERLAND AVE

City

CHICAGO

State

IL

Zip Code

60656

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

GENERAL EXPENSES

Amount

5,000

Name

STS VOLODYMYR & OLHA UKRAINIAN CATHOLIC

Street

2245 W SUPERIOR ST

City

CHICAGO

State

IL

Zip Code

60612

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

SENIORS CLUB

Amount

500

Name

STS VOLODYMYR & OLHA UKRAINIAN CATHOLIC

Street

2245 W SUPERIOR ST

City

CHICAGO

State

IL

Zip Code

60612

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

BLAHOVIST CHOIR

Amount

1,000

Name

STS VOLODYMYR & OLHA UKRAINIAN CATHOLIC

Street

2245 W SUPERIOR ST

City

CHICAGO

State

IL

Zip Code

60612

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

CHILDREN'S ART FESTIVAL

Amount

1,000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**Recipient(s) paid during the year**

Name

STS VOLODYMYR & OLHA UKRAINIAN CATHOLIC

Street

2245 W SUPERIOR ST

City

CHICAGO

State

IL

Zip Code

60612

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

GENERAL EXPENSES

Amount

7,000

Name

STS VOLODYMYR & OLHA UKRAINIAN CATHOLIC

Street

2245 W SUPERIOR ST

City

CHICAGO

State

IL

Zip Code

60612

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

MOTHERS IN PRAYER

Amount

1,000

Name

CHICAGO-KYIV SISTER CITIES COMMITTEE

Street

78 E WASHINGTON ST

City

CHICAGO

State

IL

Zip Code

60602

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

CHORNOBYL 25TH ANNIVERSARY

Amount

3,000

Name

AMERICAN UKRAINIAN YOUTH ASSOC

Street

136 E ILLINOIS AVE

City

PALATINE

State

IL

Zip Code

60067

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

GENERAL EXPENSES

Amount

5,000

Name

AMERICAN UKRAINIAN YOUTH ASSOC

Street

2457 W CHICAGO AVE

City

CHICAGO

State

IL

Zip Code

60622

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

OSELIA BARABOO

Amount

10,000

Name

UKRAINIAN AMERICAN YOUTH ASSOC

Street

136 SECOND AVE

City

NEW YORK

State

NY

Zip Code

10003

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

GENERAL EXPENSES

Amount

5,000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**Recipient(s) paid during the year**

Name

UKRAINIAN YOUTH CAMPING ORGANIZATION

Street

2128 W CHICAGO AVE

City

CHICAGO

State

IL

Zip Code

60622

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

GENERAL EXPENSES

Amount

1,000

Name

UKRAINIAN YOUTH CAMPING ORGANIZATION

Street

2128 W CHICAGO AVE

City

CHICAGO

State

IL

Zip Code

60622

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

FOR OSELIA

Amount

20,000

Name

UKRAINIAN SCOUTING ORGANIZATION

Street

2128 W CHICAGO AVE

City

CHICAGO

State

IL

Zip Code

60622

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

100TH ANNIVERSARY

Amount

10,000

Name

UKRAINIAN SCOUTING ORGANIZATION

Street

700 CEDAR RD

City

JENKINTOWN

State

PA

Zip Code

19046

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

100TH ANNIVERSARY

Amount

1,000

Name

ST ANDREW UKRAINIAN ORTHODOX CHURCH

Street

300 E ARMY TRAIL RD

City

BLOOMINGDALE

State

IL

Zip Code

60191

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

GENERAL EXPENSES

Amount

11,000

Name

HOLY TRINITY UKRAINIAN ORTHODOX CHURCH

Street

1009 CHURCH ST

City

BENSENVILLE

State

IL

Zip Code

60106

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

GENERAL EXPENSES

Amount

2,000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

ST JOHN THE BAPTIST UKRAINIAN CATHOLIC

Street

60 N JEFFERSON RD

City

WHIPPANY

State

NJ

Zip Code

07981

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

GENERAL EXPENSES

Amount

5,000

Name

UKRAINIAN CATHOLIC EPARCHY OF ST NICHOLAS

Street

2245 W RICE ST

City

CHICAGO

State

IL

Zip Code

60622

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

GENERAL EXPENSES

Amount

15,000

Name

UKRAINIAN CATHOLIC EPARCHY OF ST NICHOLAS

Street

2245 W RICE ST

City

CHICAGO

State

IL

Zip Code

60622

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

PATRIARCH SVIATOSLAV

Amount

10,000

Name

ST NICHOLAS UKRAINIAN CATHOLIC CATHEDRAL

Street

2238 W RICE ST

City

CHICAGO

State

IL

Zip Code

60622

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

RENOVATIONS

Amount

10,000

Name

ST NICHOLAS UKRAINIAN CATHOLIC CATHEDRAL

Street

2238 W RICE ST

City

CHICAGO

State

IL

Zip Code

60622

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

GENERAL EXPENSES

Amount

1,000

Name

UKRAINIAN CHRISTIAN PENTECOSTAL CHURCH

Street

644 JOHN ST

City

BENSENVILLE

State

IL

Zip Code

60106

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

GENERAL EXPENSES

Amount

5,000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

UKRAINIAN CATHOLIC DIOCESE OF PARMA

Street

5720 STATE RD

City PARMA	State OH	Zip Code 44134	Foreign Country
---------------	-------------	-------------------	-----------------

Relationship NONE	Foundation Status NO
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Purpose of grant/contribution SHEPTYTCKY BEATIFICATION	Amount 5,000
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Name

UKRAINIAN CONGRESS COMMITTEE

Street

2247 W CHICAGO AVE

City CHICAGO	State IL	Zip Code 60622	Foreign Country
-----------------	-------------	-------------------	-----------------

Relationship NONE	Foundation Status NO
----------------------	-------------------------

Purpose of grant/contribution LITOPYS UPA PUBLICATION	Amount 1,000
--	-----------------

Name

UKRAINIAN CONGRESS COMMITTEE

Street

2247 W CHICAGO AVE

City CHICAGO	State IL	Zip Code 60622	Foreign Country
-----------------	-------------	-------------------	-----------------

Relationship NONE	Foundation Status NO
----------------------	-------------------------

Purpose of grant/contribution UKRAINIAN VETERANS	Amount 1,000
---	-----------------

Name

ST PETER AND PAUL UKRAINIAN ORTHODOX

Street

8410 2 131ST ST

City PALO PARK	State IL	Zip Code 60464	Foreign Country
-------------------	-------------	-------------------	-----------------

Relationship NONE	Foundation Status NO
----------------------	-------------------------

Purpose of grant/contribution GENERAL EXPENSES	Amount 1,000
---	-----------------

Name

NATIVITY BVM UKRAINIAN CATHOLIC CHURCH

Street

8530 W 131ST ST

City PALOS PARK	State IL	Zip Code 60464	Foreign Country
--------------------	-------------	-------------------	-----------------

Relationship NONE	Foundation Status NO
----------------------	-------------------------

Purpose of grant/contribution GENERAL EXPENSES	Amount 6,000
---	-----------------

Name

ST VOLODYMYR UKRAINIAN ORTHODX

Street

2238 W CORTEZ ST

City CHICAGO	State IL	Zip Code 60622	Foreign Country
-----------------	-------------	-------------------	-----------------

Relationship NONE	Foundation Status NO
----------------------	-------------------------

Purpose of grant/contribution GENERAL EXPENSES	Amount 6,000
---	-----------------

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**Recipient(s) paid during the year**

Name

ST GEORGE UKRAINIAN ORTHODOX

Street

506 MCHENRY ROAD

City

WHEELING

State

IL

Zip Code

60090

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

GENERAL EXPENSES

Amount

2,000

Name

UKRAINIAN GENOCIDE FAMINE FOUNDATION

Street

2249 W SUPERIOR ST

City

CHICAGO

State

IL

Zip Code

60612

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

GENERAL EXPENSES

Amount

1,000

Name

MEDICAL DEVELOPMENT AND RESEARCH FOUNDATION

Street

P O BOX 345

City

HINSDALE

State

IL

Zip Code

60522

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

MEDICAL MISSION TO UKRAINE

Amount

500

Name

UKRAINIAN INSTITUTE OF MODERN ART

Street

2320 W CHICAGO AVE

City

CHICAGO

State

IL

Zip Code

60622

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

GENERAL EXPENSES

Amount

20,000

Name

UKRAINIAN RESEARCH FOUNDATION AT UIC

Street

1626 BALMORAL LN

City

PALATINE

State

IL

Zip Code

60067

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

GENERAL EXPENSES

Amount

10,000

Name

UKRAINIAN AMERICAN CULTURAL CENTRAL NJ

Street

60 N JEFFERSON RD

City

WHIPPANY

State

NJ

Zip Code

07981

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

GENERAL EXPENSES

Amount

50,000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

UKRAINIAN BANDURIST CHORUS

Street

15356 ELLEN DRIVE

City

LIVONIA

State

MI

Zip Code

48154

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

MUSIC OF SURVIVAL FILM

Amount

10,000

Name

HOLY PROTECTION UKRAINIAN ORTHODOX

Street

904 N WASHTENAW

City

CHICAGO

State

IL

Zip Code

60622

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

GENERAL EXPENSES

Amount

2,000

Name

UKRAINIAN CATHOLIC EDUCATION FOUNDATION

Street

2247 W CHICAGO AVE

City

CHICAGO

State

IL

Zip Code

60622

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

UKRAINIAN CATHOLIC UNIVERSITY

Amount

25,000

Name

UKRAINIAN NATIONAL HOME OF NEW JERSEY

Street

90-96 FLEET ST

City

JERSEY CITY

State

NJ

Zip Code

07306

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

GENERAL EXPENSES

Amount

5,000

Name

ST MICHAEL UKRAINIAN CATHOLIC CHURCH

Street

12211 S PARNELL

City

CHICAGO

State

IL

Zip Code

60628

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

GENERAL EXPENSES

Amount

500

Name

ST JOSAPHAT UKRAINIAN CATHOLIC CHURCH

Street

8624 WHITE OAK ST

City

MUNSTER

State

IN

Zip Code

46321

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

GENERAL EXPENSES

Amount

3,000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

CUSUR-US ROUND TABLE

Street

2245 W SUPERIOR ST

City

CHICAGO

State

IL

Zip Code

60612

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

CONFERENCE EXPENSES

Amount

1,000

Name

IMMACULATE CONCEPTION UKRAINIAN CATHOLIC

Street

745 S BENTON ST

City

PALATINE

State

IL

Zip Code

60067

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

GENERAL EXPENSES

Amount

3,000

Name

UKRAINIAN CATHOLIC EDUCATION FOUNDATION

Street

2247 W CHICAGO AVE

City

CHICAGO

State

IL

Zip Code

60622

Foreign Country

Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution

GENERAL EXPENSES

Amount

300

Name

Street

City

State

Zip Code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

0

Name

Street

City

State

Zip Code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

0

Name

Street

City

State

Zip Code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

0

Line 11 (990-PF) - Other Income

	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income
1	STALE CHECK - NOT CASHED		0	
2			0	
3			0	
4			0	
5			0	
6			0	
7			0	
8			0	
9			0	
10			0	

Line 16a (990-PF) - Legal Fees

	Name of Organization or Person Providing Service	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	OLEKSIUK & ASSOCIATES	10	0		10
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Line 16b (990-PF) - Accounting Fees

		440	0	0	440
	Name of Organization or Person Providing Service	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	GEORGE M BOZIO, P.C.	440	0		440
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Line 23 (990-PF) - Other Expenses

	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Fund Raising				
2	Bank Service Charges				
3	Secretary of State - Registration				
4					
5					
6					
7					
8					
9					