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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

2011

For calendar year 2011 or tax year beginning , and ending

Name of foundation <b>THE SELFRELIANCE FOUNDATION</b>		<b>A</b> Employer identification number 20-5423872
		<b>B</b> Telephone number (see instructions) 773-328-7500
Number and street (or P O box number if mail is not delivered to street address) <b>2332 W CHICAGO AVE</b>		Room/suite
City or town, state, and ZIP code <b>CHICAGO IL 60622</b>		
<b>G</b> 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		<b>C</b> If exemption application is pending, check here ► <input type="checkbox"/>
<b>H</b> 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		<b>D</b> 1. Foreign organizations, check here ► <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ► <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ► \$ 4,013,739 (Part I, column (d) must be on cash basis)		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ► <input type="checkbox"/> <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ► <input type="checkbox"/>
<b>Part I</b> 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
<b>Operating and Administrative Expenses</b>		
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 0
20 Occupancy . . . . .		
21 Travel, conferences, and meetings . . . . .		
22 Printing and publications . . . . .		
23 Other expenses (attach schedule) . . . . .		0 0 0 0
<b>24 Total operating and administrative expenses.</b>		
Add lines 13 through 23 . . . . .		4,270 0 0 4,270
25 Contributions, gifts, grants paid . . . . .		416,050 416,050
<b>26 Total expenses and disbursements. Add lines 24 and 25</b>		420,320 0 0 420,320
<b>27 Subtract line 26 from line 12</b>		
<b>a</b> Excess of revenue over expenses and disbursements . . . . .		1,989,630
<b>b</b> Net investment income (if negative, enter -0-) . . . . .		0
<b>c</b> Adjusted net income (if negative, enter -0-) . . . . .		0

<b>Part II</b> <b>Balance Sheets</b>	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
<b>Assets</b>	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
	4 Pledges receivable ►	0		
	Less: allowance for doubtful accounts ►	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
	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
	11 Investments—land, buildings, and equipment basis ►	0		
	Less accumulated depreciation (attach schedule) ►	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
	15 Other assets (descnbe ►) . . . . .	0	0	0
	16 <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I) . . . . .	2,024,109	4,013,739	4,013,739
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .			
	18 Grants payable . . . . .			
	19 Deferred revenue . . . . .			
	20 Loans from officers, directors, trustees, and other disqualified persons . . . . .	0	0	0
	21 Mortgages and other notes payable (attach schedule) . . . . .	0	0	0
	22 Other liabilities (descnbe ►) . . . . .	0	0	0
<b>Net Assets or Fund Balances</b>	23 <b>Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	0
	<b>Foundations that follow SFAS 117, check here ► <input checked="" type="checkbox"/></b> 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 . . . . .			
	<b>Foundations that do not follow SFAS 117, check here ► <input type="checkbox"/></b> 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 . . . . .			
	30 <b>Total net assets or fund balances</b> (see instructions) . . . . .	2,024,109	4,013,739	
	31 <b>Total liabilities and net assets/fund balances</b> (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.)
<b>1a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>(e) Gross sales price</b>	<b>(f) Depreciation allowed (or allowable)</b>	<b>(g) Cost or other basis plus expense of sale</b>	<b>(h) Gain or (loss) (e) plus (f) minus (g)</b>		
<b>a</b> 0	0	0	0		
<b>b</b> 0	0	0	0		
<b>c</b> 0	0	0	0		
<b>d</b> 0	0	0	0		
<b>e</b> 0	0	0	0		
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))		
<b>(i) F M V as of 12/31/69</b>	<b>(j) Adjusted basis as of 12/31/69</b>	<b>(k) Excess of col (i) over col (j), if any</b>			
<b>a</b> 0	0	0	0		
<b>b</b> 0	0	0	0		
<b>c</b> 0	0	0	0		
<b>d</b> 0	0	0	0		
<b>e</b> 0	0	0	0		
<b>2 Capital gain net income or (net capital loss)</b>	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		<b>2</b>	0	
<b>3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):</b> If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8 . . . . .	{ If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8 . . . . . }		<b>3</b>	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
<b>2 Total of line 1, column (d)</b>		<b>2</b>	0.000000
<b>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</b>		<b>3</b>	0.000000
<b>4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5</b>		<b>4</b>	0
<b>5 Multiply line 4 by line 3</b>		<b>5</b>	0
<b>6 Enter 1% of net investment income (1% of Part I, line 27b)</b>		<b>6</b>	0
<b>7 Add lines 5 and 6</b>		<b>7</b>	0
<b>8 Enter qualifying distributions from Part XII, line 4</b>		<b>8</b>	0
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.			

**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 ►  and enter "N/A" on line 1. Date of ruling or determination letter: \_\_\_\_\_ (attach copy of letter if necessary—see instructions)

**b** Domestic foundations that meet the section 4940(e) requirements in Part V, check here ►  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-) . . . . .

3 Add lines 1 and 2 . . . . .

4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) . . . . .

5 **Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0- . . . . .

6 **Credits/Payments:**

**a** 2011 estimated tax payments and 2010 overpayment credited to 2011 . . . . .

**b** Exempt foreign organizations—tax withheld at source . . . . .

**c** Tax paid with application for extension of time to file (Form 8868) . . . . .

**d** Backup withholding erroneously withheld . . . . .

7 Total credits and payments. Add lines 6a through 6d . . . . .

8 Enter any **penalty** for underpayment of estimated tax. Check here  if Form 2220 is attached . . . . .

9 **Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** . . . . . ►

10 **Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** . . . . . ►

11 Enter the amount of line 10 to be: **Credited to 2012 estimated tax** ► 0 Refunded ► 11 0

1	N/A	
2	0	
3	0	
4		
5	0	
6a	0	
6b		
6c	0	
6d		
7	0	
8	0	
9	0	
10	0	
11	0	

**Part VII-A Statements Regarding Activities**

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? . . . . .

**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.*

**c** Did the foundation file Form 1120-POL for this year? . . . . .

**d** Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:

(1) On the foundation. ► \$ \_\_\_\_\_ (2) On foundation managers. ► \$ \_\_\_\_\_

**e** Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ \_\_\_\_\_

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*

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* . . . . .

4 **a** Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .

**b** If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .

5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .

*If "Yes," attach the statement required by General Instruction T*

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? . . . . .

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.*

8 **a** Enter the states to which the foundation reports or with which it is registered (see instructions) ► 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* . . . . .

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* . . . . .

10 Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses* . . . . .

**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. ►	14	
Located at ► ZIP+4 ►		15	► 15
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year . . . . .	15	► 15
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 X No
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.**

1a	During the year did the foundation (either directly or indirectly):	Yes	No
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . . . . .		<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . .		<input type="checkbox"/>	<input checked="" type="checkbox"/>
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . .		<input type="checkbox"/>	<input checked="" type="checkbox"/>
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . .		<input type="checkbox"/>	<input checked="" type="checkbox"/>
(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"/>	<input checked="" type="checkbox"/>
(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"/>	<input checked="" type="checkbox"/>
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)? . . . . .	1b	N/A
Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/>			
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? . . . . .	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"/>	<input checked="" type="checkbox"/>
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) . . . . .	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"/>	<input checked="" type="checkbox"/>
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) . . . . .	3b	N/A
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . .	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? . . . . .	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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3)	Provide a grant to an individual for travel, study, or other similar purposes?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5b	N/A
	Organizations relying on a current notice regarding disaster assistance check here					<input checked="" type="checkbox"/>
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>					
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		6b	X
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7b	X
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?					

**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				
	.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
<b>Total number of others receiving over \$50,000 for professional services</b>		►

**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
<b>1</b>	N/A	
<b>2</b>		
<b>3</b>		
<b>4</b>		

**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
<b>1</b>		
<b>2</b>		
All other program-related investments See instructions		
<b>3</b>		
<b>Total. Add lines 1 through 3</b>		► 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 1/4 % 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 (If an amount appears in column (d), the same amount must be shown in column (a) )			0	0
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 . . . . .				
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				► <input type="checkbox"/>	<input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 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	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
b	85% of line 2a	0	0	0	0	0
c	Qualifying distributions from Part XII, line 4 for each year listed	0	0	0	0	0
d	Amounts included in line 2c not used directly for active conduct of exempt activities					0
e	Qualifying distributions made directly for active conduct of exempt activities.					0
	Subtract line 2d from line 2c	0	0	0	0	0
3	Complete 3a, b, or c for the alternative test relied upon:					
a	"Assets" alternative test—enter:					
(1)	Value of all assets					0
(2)	Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	0	0	0	0	0
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)					0
(2)	Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
(3)	Largest amount of support from an exempt organization					0
(4)	Gross investment income					0

**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 FEDYNIAK 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	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
Name and address (home or business)				
<b>a Paid during the year</b>				
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 ELLIOTT CITY MD 21041	NONE	NO	ARCHIVAL PROJECT	2,000
SMOLOSKYP FOUNDATION P O BOX 561 ELLIOTT 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 RELIEF COMMITTEE 1206 COTTMAN AVE PHILADELPHIA PA 19111	NONE	NO	GENERAL EXPENSES	2,000
<b>Total . . . See Attached Statement . . . . .</b>			► 3a	416,050
<b>b Approved for future payment</b>				
<b>Total . . . . .</b>			► 3b	0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a		0		0	0
b		0		0	0
c		0		0	0
d		0		0	0
e		0		0	0
f		0		0	0
g Fees and contracts from government agencies . . .					
2 Membership dues and assessments . . . . .					
3 Interest on savings and temporary cash investments . . .	900099		14	9,950	
4 Dividends and interest from securities . . . . .					
5 Net rental income or (loss) from real estate					
a Debt-financed property . . . . .					
b Not debt-financed property . . . . .					
6 Net rental income or (loss) from personal property . . .					
7 Other investment income . . . . .					
8 Gain or (loss) from sales of assets other than inventory . . .				0	
9 Net income or (loss) from special events . . . . .					
10 Gross profit or (loss) from sales of inventory . . . . .					
11 Other revenue: a		0		0	0
b		0		0	0
c		0		0	0
d		0		0	0
e		0		0	0
12 Subtotal. Add columns (b), (d), and (e) . . . . .		0		9,950	0
13 Total. Add line 12, columns (b), (d), and (e) . . . . .					9,950

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

**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

		Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a	Transfers from the reporting foundation to a noncharitable exempt organization of:		
(1)	Cash . . . . .	1a(1)	
(2)	Other assets . . . . .	1a(2)	
b	Other transactions:		
(1)	Sales of assets to a noncharitable exempt organization . . . . .	1b(1)	
(2)	Purchases of assets from a noncharitable exempt organization . . . . .	1b(2)	
(3)	Rental of facilities, equipment, or other assets . . . . .	1b(3)	
(4)	Reimbursement arrangements . . . . .	1b(4)	
(5)	Loans or loan guarantees . . . . .	1b(5)	
(6)	Performance of services or membership or fundraising solicitations . . . . .	1b(6)	
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees . . . . .	1c	
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . .  Yes  No

**b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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 taxpayer) is based on all information of which preparer has any knowledge

**Sign  
Here**

A. D. Sessy  
Signature of officer authorized

Date \_\_\_\_\_

Title

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	GEORGE M. BOZIO		5/5/2012		P00335369
	Firm's name ►	GEORGE M. BOZIO P.C.		Firm's EIN ►	36-4372661
	Firm's address ►	2246 W. CHICAGO AVE. CHICAGO, IL 60622-7684		Phone no	(773) 489-1040

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

OMB No 1545-0047

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

**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 foundationCheck 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 SELFRELIANCE 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	SELFRELIANCE 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	-----



**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
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Relationship NONE	Foundation Status NO		
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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		
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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
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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
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Relationship NONE	Foundation Status NO		
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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 ORTHODOX

Street

3200 N LAKE SHORE DR # 701

City  
CHICAGOState  
IL Zip Code  
60651

Foreign Country

Relationship  
NONEFoundation Status  
NOPurpose of grant/contribution  
GENERAL EXPENSES

Amount

2,000

Name

ST JOSEPH UKRAINIAN CATHOLIC CHURCH

Street

5000 N CUMBERLAND AVE

City  
CHICAGOState  
IL Zip Code  
60656

Foreign Country

Relationship  
NONEFoundation Status  
NOPurpose of grant/contribution  
VYSHYVANKA SCHOOL

Amount

1,500

Name

ST JOSEPH UKRAINIAN CATHOLIC CHURCH

Street

5000 N CUMBERLAND AVE

City  
CHICAGOState  
IL Zip Code  
60656

Foreign Country

Relationship  
NONEFoundation Status  
NOPurpose of grant/contribution  
GENERAL EXPENSES

Amount

5,000

Name

STS VOLODYMYR &amp; OLHA UKRAINIAN CATHOLIC

Street

2245 W SUPERIOR ST

City  
CHICAGOState  
IL Zip Code  
60612

Foreign Country

Relationship  
NONEFoundation Status  
NOPurpose of grant/contribution  
SENIORS CLUB

Amount

500

Name

STS VOLODYMYR &amp; OLHA UKRAINIAN CATHOLIC

Street

2245 W SUPERIOR ST

City  
CHICAGOState  
IL Zip Code  
60612

Foreign Country

Relationship  
NONEFoundation Status  
NOPurpose of grant/contribution  
BLAHOVIST CHOIR

Amount

1,000

Name

STS VOLODYMYR &amp; OLHA UKRAINIAN CATHOLIC

Street

2245 W SUPERIOR ST

City  
CHICAGOState  
IL Zip Code  
60612

Foreign Country

Relationship  
NONEFoundation Status  
NOPurpose 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 VOLOODYMYR &amp; 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 VOLOODYMYR &amp; 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 ANNIVERSAY	Amount 3,000
--	-----------------

Name

AMERICAN UKRAINIAN YOUTH ASSOC

Street

136 E ILLINOIS AVE

City PALATINE	State IL	Zip Code 60067	Foreign Country
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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 CHCAGO	State IL	Zip Code 60622	Foreign Country
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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
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Relationship

NONE

Foundation Status

NO

Purpose of grant/contribution GENERAL EXPENSES	Amount 5,000
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**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 ANNIVERSAY

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 ANNIVERSAY

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
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Relationship NONE	Foundation Status NO		
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Purpose of grant/contribution GENERAL EXPENSES	Amount 5,000
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Name

UKRAINIAN CATHOLIC EPARCHY OF ST NICHOLAS

Street

2245 W RICE ST

City CHICAGO	State IL	Zip Code 60622	Foreign Country
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Relationship NONE	Foundation Status NO		
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Purpose of grant/contribution GENERAL EXPENSES	Amount 15,000
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Name

UKRAINIAN CATHOLIC EPARCHY OF ST NICHOLAS

Street

2245 W RICE ST

City CHICAGO	State IL	Zip Code 60622	Foreign Country
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Relationship NONE	Foundation Status NO		
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Purpose of grant/contribution PATRIARCH SVIATOSLAV	Amount 10,000
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Name

ST NICHOLAS UKRAINIAN CATHOLIC CATHEDRAL

Street

2238 W RICE ST

City CHICAGO	State IL	Zip Code 60622	Foreign Country
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Relationship NONE	Foundation Status NO		
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Purpose of grant/contribution RENOVATIONS	Amount 10,000
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Name

ST NICHOLAS UKRAINIAN CATHOLIC CATHEDRAL

Street

2238 W RICE ST

City CHICAGO	State IL	Zip Code 60622	Foreign Country
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Relationship NONE	Foundation Status NO		
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Purpose of grant/contribution GENERAL EXPENSES	Amount 1,000
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Name

UKRAINIAN CHRISTIAN PENTECOSTAL CHURCH

Street

644 JOHN ST

City BENSENVILLE	State IL	Zip Code 60106	Foreign Country
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Relationship NONE	Foundation Status NO		
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Purpose of grant/contribution GENERAL EXPENSES	Amount 5,000
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**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
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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
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Relationship NONE	Foundation Status NO		
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Purpose of grant/contribution LITOPYS UPA PUBLICATION	Amount 1,000
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Name

UKRAINIAN CONGRESS COMMITTEE

Street

2247 W CHICAGO AVE

City CHICAGO	State IL	Zip Code 60622	Foreign Country
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Relationship NONE	Foundation Status NO		
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Purpose of grant/contribution UKRAINIAN VETERANS	Amount 1,000
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Name

ST PETER AND PAUL UKRAINIAN ORTHODOX

Street

8410 2 131ST ST

City PALO PARK	State IL	Zip Code 60464	Foreign Country
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Relationship NONE	Foundation Status NO		
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Purpose of grant/contribution GENERAL EXPENSES	Amount 1,000
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Name

NATIVITY BVM UKRAINIAN CATHOLIC CHURCH

Street

8530 W 131ST ST

City PALOS PARK	State IL	Zip Code 60464	Foreign Country
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Relationship NONE	Foundation Status NO		
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Purpose of grant/contribution GENERAL EXPENSES	Amount 6,000
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Name

ST VOLODYMYR UKRAINIAN ORTHODX

Street

2238 W CORTEZ ST

City CHICAGO	State IL	Zip Code 60622	Foreign Country
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Relationship NONE	Foundation Status NO		
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Purpose of grant/contribution GENERAL EXPENSES	Amount 6,000
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**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
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Relationship NONE	Foundation Status NO		
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Purpose of grant/contribution GENERAL EXPENSES	Amount 2,000
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Name

UKRAINIAN GENOCIDE FAMINE FOUNDATION

Street

2249 W SUPERIOR ST

City CHICAGO	State IL	Zip Code 60612	Foreign Country
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Relationship NONE	Foundation Status NO		
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Purpose of grant/contribution GENERAL EXPENSES	Amount 1,000
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Name

MEDICAL DEVELOPMENT AND RESEARCH FOUNDATION

Street

P O BOX 345

City HINSDALE	State IL	Zip Code 60522	Foreign Country
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Relationship NONE	Foundation Status NO		
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Purpose of grant/contribution MEDICAL MISSION TO UKRAINE	Amount 500
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Name

UKRAINIAN INSTITUTE OF MODERN ART

Street

2320 W CHICAGO AVE

City CHICAGO	State IL	Zip Code 60622	Foreign Country
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Relationship NONE	Foundation Status NO		
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Purpose of grant/contribution GENERAL EXPENSES	Amount 20,000
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Name

UKRAINIAN RESEARCH FOUNDATION AT UIC

Street

1626 BALMORAL LN

City PALATINE	State IL	Zip Code 60067	Foreign Country
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Relationship NONE	Foundation Status NO		
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Purpose of grant/contribution GENERAL EXPENSES	Amount 10,000
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Name

UKRAINIAN AMERICAN CULTURAL CENTRAL NJ

Street

60 N JEFFERSON RD

City WHIPPANY	State NJ	Zip Code 07981	Foreign Country
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Relationship NONE	Foundation Status NO		
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Purpose of grant/contribution GENERAL EXPENSES	Amount 50,000
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**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
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Relationship NONE	Foundation Status NO		
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Purpose of grant/contribution MUSIC OF SURVIVAL FILM	Amount 10,000
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Name

HOLY PROTECTION UKRAINIAN ORTHODOX

Street

904 N WASHTENAW

City CHICAGO	State IL	Zip Code 60622	Foreign Country
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Relationship NONE	Foundation Status NO		
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Purpose of grant/contribution GENERAL EXPENSES	Amount 2,000
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Name

UKRAINIAN CATHOLIC EDUCATION FOUNDATION

Street

2247 W CHICAGO AVE

City CHICAGO	State IL	Zip Code 60622	Foreign Country
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Relationship NONE	Foundation Status NO		
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Purpose of grant/contribution UKRAINIAN CATHOLIC UNIVERSITY	Amount 25,000
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Name

UKRAINIAN NATIONAL HOME OF NEW JERSEY

Street

90-96 FLEET ST

City JERSEY CITY	State NJ	Zip Code 07306	Foreign Country
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Relationship NONE	Foundation Status NO		
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Purpose of grant/contribution GENERAL EXPENSES	Amount 5,000
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Name

ST MICHAEL UKRAINIAN CATHOLIC CHURCH

Street

12211 S PARNELL

City CHICAGO	State IL	Zip Code 60628	Foreign Country
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Relationship NONE	Foundation Status NO		
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Purpose of grant/contribution GENERAL EXPENSES	Amount 500
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Name

ST JOSAPHAT UKRAINIAN CATHOLIC CHURCH

Street

8624 WHITE OAK ST

City MUNSTER	State IN	Zip Code 46321	Foreign Country
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Relationship NONE	Foundation Status NO		
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Purpose of grant/contribution GENERAL EXPENSES	Amount 3,000
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**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	0
3			0	0
4			0	0
5			0	0
6			0	0
7			0	0
8			0	0
9			0	0
10			0	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	0	10
1	OLEKSIUK & ASSOCIATES	10	0			
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**

	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	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			0	0
2	Bank Service Charges			0	0
3	Secretary of State - Registration			0	0
4				0	0
5				0	0
6				0	0
7				0	0
8				0	0
9				0	0