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Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning January 1st, 2014, and ending December 31st, 2014

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

C Name of organization: **Yulia Scientific Research NFP**
 Number and street (or P.O. box, if mail is not delivered to street address): **1031 N Harlem Ave.**
 Room/suite: **1B**
 City or town, state or province, country, and ZIP or foreign postal code: **Oak Park IL 60302**

D Employer identification number: **26-4226928**

E Telephone number: **7086136161**

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶

J Tax-exempt status (check only one) – 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$

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

Check if the organization used Schedule O to respond to any question in this Part I

Line	Description	Amount	Column	Amount
1	Contributions, gifts, grants, and similar amounts received		1	0.00
2	Program service revenue including government fees and contracts		2	0.00
3	Membership dues and assessments		3	0.00
4	Investment income		4	0.00
5a	Gross amount from sale of assets other than inventory	5a 0.00		
b	Less: cost or other basis and sales expenses	5b 0.00		
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0.00
6	Gaming and fundraising events			
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a 0.00		
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 0.00		
c	Less: direct expenses from gaming and fundraising events	6c 0.00		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	0.00
7a	Gross sales of inventory, less returns and allowances	7a 0.00		
b	Less: cost of goods sold	7b 0.00		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0.00
8	Other revenue (describe in Schedule O)		8	0.00
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	0.00
10	Grants and similar amounts paid (list in Schedule O)		10	0.00
11	Benefits paid to or for members		11	0.00
12	Salaries, other compensation, and employee benefits		12	0.00
13	Professional fees and other payments to independent contractors		13	0.00
14	Occupancy, rent, utilities, and maintenance		14	0.00
15	Printing, publications, postage, and shipping		15	0.00
16	Other expenses (describe in Schedule O)		16	0.00
17	Total expenses. Add lines 10 through 16		17	0.00
18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	0.00
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	40.00
20	Other changes in net assets or fund balances (explain in Schedule O)		20	0.00
21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	0.00

SCANNED MAR 25 2015 EXPENSES

RECEIVED
 MAR 19 2015
 OGDEN, UT
 E2-680

14P

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		<input checked="" type="checkbox"/>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		<input checked="" type="checkbox"/>
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		<input checked="" type="checkbox"/>
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a _____	
b	Gross receipts, included on line 9, for public use of club facilities	39b _____	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed ▶ Illinois		
42a	The organization's books are in care of ▶ Alexander Epshtein Telephone no. ▶ (708)6136161 Located at ▶ 1031 N Harlem Ave Apt 1B Oak Park IL ZIP + 4 ▶ 60302		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		<input checked="" type="checkbox"/>
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____ <input type="checkbox"/>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		<input checked="" type="checkbox"/>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		<input checked="" type="checkbox"/>

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No
46

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Yes No
47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a

b If "Yes," was the related organization a section 527 organization? 49b

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ 0

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ 0

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

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

Sign Here Date 02/28/2015
 Signature of officer [Signature]
ALEXANDER EPSHTEIN, DIRECTOR
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN
 Firm's name ▶ Firm's EIN ▶
 Firm's address ▶ Phone no.

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



FirstMerit Bank, N.A.
 295 FirstMerit Circle
 Akron Ohio 44307-2359

YULIA SCIENTIFIC RESEARCH NFP
 1031 N HARLEM AVENUE B1
 OAK PARK IL 60302

Statement Period
 Dec 1, 2014 to
 Dec 31, 2014
 Primary Account
 55 3500 0328

Questions?
 1-888-283-2303

222692 - 34

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Summary of Accounts		
Deposit Accounts		
REALITY BUSINESS BASIC	55 3500 0328	15.00
Total Deposit Accounts		15.00

REALITY BUSINESS BASIC
 55 3500 0328

YULIA SCIENTIFIC RESEARCH NFP

Account Summary	
Beginning Balance as of Dec 1, 2014	5.00
Deposits and Credits	10.00
Ending Balance as of Dec 31, 2014	15.00

Other Transactions			
Date	Description	Withdrawals	Deposits
Dec 26	DEPOSIT		10.00

Daily Balance Information			
Date	Balance	Date	Balance
Nov 30	5.00	Dec 26	15.00

Important Information Regarding your FirstMerit Business Checking account

Effective February 1, 2015, NSF/OD charges will be assessed according to the tiered transaction limits described below. We count each overdraft and returned item over a rolling 12 statement period (current statement period and previous 11 statement periods) to determine the charge to be assessed. For 1 to 3 occurrences the per item charge will be \$37.00, for 4 or more occurrences the per item charge will be \$39.00.