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## Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

For calendar year 2015 or tax year beginning

, and ending

Name of foundation

THE SELFRELIANCE FOUNDATION

Number and street (or P.O. box number if mail is not delivered to street address)

2332 W CHICAGO AVE

City or town

CHICAGO

State

IL

ZIP code

60622

Foreign country name

Foreign province/state/county

Foreign postal code

## G Check all that apply

Initial return       Initial return of a former public charity  
 Final return       Amended return  
 Address change       Name change

H Check type of organization  Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ► \$ 5,753,848	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____
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(Part I, column (d) must be on cash basis)

## 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	Check ► <input type="checkbox"/> if the foundation is not required to attach Sch B				
3	Interest on savings and temporary cash investments	39,054	39,054		
4	Dividends and interest from securities				
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10				
b	Gross sales price for all assets on line 6a				
7	Capital gain net income (from Part IV, line 2)				
8	Net short-term capital gain				
9	Income modifications				
10a	Gross sales less returns and allowances				
b	Less Cost of goods sold				
c	Gross profit or (loss) (attach schedule)				
11	Other income (attach schedule)				
12	Total. Add lines 1 through 11	39,054	39,054	0	
13	Compensation of officers, directors, trustees, etc.				
14	Other employee salaries and wages	6,265			
15	Pension plans, employee benefits				
16a	Legal fees (attach schedule)	25			
b	Accounting fees (attach schedule)	675			
c	Other professional fees (attach schedule)	5,000			
17	Interest				
18	Taxes (attach schedule) (see instructions)				
19	Depreciation (attach schedule) and depletion				
20	Occupancy				
21	Travel, conferences, and meetings				
22	Printing and publications				
23	Other expenses (attach schedule)	40			
24	Total operating and administrative expenses.				
	Add lines 13 through 23	12,005	0	0	0
25	Contributions, gifts, grants paid	349,250			349,250
26	Total expenses and disbursements. Add lines 24 and 25	361,255	0	0	349,250
27	Subtract line 26 from line 12				
a	Excess of revenue over expenses and disbursements	-322,201			
b	Net investment income (if negative, enter -0-)		39,054		
c	Adjusted net income (if negative, enter -0-)			0	

2015  
DRAFT  
Operating and Administrative Expenses

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			
	2	Savings and temporary cash investments	6,076,049	5,753,848	5,753,848
	3	Accounts receivable ►			
		Less allowance for doubtful accounts ►			
	4	Pledges receivable ►			
		Less allowance for doubtful accounts ►			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ►			
		Less allowance for doubtful accounts ►			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
Liabilities	11	Investments—land, buildings, and equipment basis ►			
		Less accumulated depreciation (attach schedule) ►			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ►			
		Less accumulated depreciation (attach schedule) ►			
	15	Other assets (describe ► )			
	16	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	6,076,049	5,753,848	5,753,848
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			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ► )	0	0	
	23	<b>Total liabilities</b> (add lines 17 through 22)	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	6,076,049	5,753,848	
	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			
	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)	6,076,049	5,753,848	
	31	<b>Total liabilities and net assets/fund balances</b> (see instructions)	6,076,049	5,753,848	

**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	6,076,049
2	Enter amount from Part I, line 27a	2	-322,201
3	Other increases not included in line 2 (itemize) ►	3	
4	Add lines 1, 2, and 3	4	5,753,848
5	Decreases not included in line 2 (itemize) ►	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	5,753,848

**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				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				
(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				
b				
c				
d				
e				
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))
2014	326,000	0	0 000000
2013	313,900	0	0 000000
2012	317,300	0	0 000000
2011	420,320	0	0 000000
2010	377,800	0	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 2015 from Part X, line 5 4
- 5 Multiply line 4 by line 3 5
- 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 8 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)**

1a 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)

1b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ►  and enter 1% of Part I, line 27b

1c 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 2015 estimated tax payments and 2014 overpayment credited to 2015

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 2016 estimated tax ►

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

**Part VII-A Statements Regarding Activities**

1a 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?

	Yes	No
1a		
1b		

b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the 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

4a 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

8a 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 2015 or the taxable year beginning in 2015 (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

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

<b>Part VII-A Statements Regarding Activities (continued)</b>		
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).	<input type="checkbox"/> 11 <input checked="" type="checkbox"/> 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)	<input type="checkbox"/> 12 <input checked="" type="checkbox"/> X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ►	<input type="checkbox"/> 13 <input checked="" type="checkbox"/> X
14	The books are in care of ► Located at ► Telephone no ► ZIP+4 ►	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the year ► <input type="checkbox"/> 15 <input checked="" type="checkbox"/>	
16	At any time during calendar year 2015, 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? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►	<input type="checkbox"/> 16 <input checked="" type="checkbox"/> X

**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.**

<b>Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required</b>		
	Yes	No
1a	During the year did the foundation (either directly or indirectly)	
(1)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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)? 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 2015?	
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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <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 <b>not</b> 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)	
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> 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 2015 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 2015)	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	
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 2015?	

**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))?	<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 4945(d)(4)(A)? (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)?			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		
	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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?			7b

**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
ORESTA FEDYNIAK 2332 W CHICAGO AVE CHICAGO, IL 60622	CHAIR 1 00	0		
OLEH KARAWAN 2332 W CHICAGO AVE CHICAGO, IL 60622	VICE CHAIR 1 00	0		
VICTOR WOJTYCHIW 2332 W CHICAGO AVE CHICAGO, IL 60622	SEC/TREASURER 1 00	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		

**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	_____	_____
<b>Total.</b> 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	<b>Total</b> (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	
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see instructions)	4	
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0
6	<b>Minimum investment return.</b> 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	
2a	Tax on investment income for 2015 from Part VI, line 5	2a	
b	Income tax for 2015 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
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	<b>Distributable amount as adjusted</b> 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	349,250
b	Program-related investments—total from Part IX-B	1b	
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	3a	
a	Suitability test (prior IRS approval required)	3b	
b	Cash distribution test (attach the required schedule)	4	349,250
4	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	5	
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)	6	349,250
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4		

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)**

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0	
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2015				
a From 2010				
b From 2011				
c From 2012				
d From 2013				
e From 2014				
f Total of lines 3a through e	0			
4 Qualifying distributions for 2015 from Part XII, line 4 ► \$ 349,250				
a Applied to 2014, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions)				
c Treated as distributions out of corpus (Election required—see instructions)				
d Applied to 2015 distributable amount				
e Remaining amount distributed out of corpus	349,250			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	349,250			
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				
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2015 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2016			0	
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	349,250			
10 Analysis of line 9				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013				
d Excess from 2014				
e Excess from 2015	349,250			

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

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling ►

4942(j)(3) or  4942(j)(5)

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

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

**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)(ii)

(3) Largest amount of support from an exempt organization

(4) Gross investment income

Tax year	Prior 3 years			(e) Total
	(a) 2015	(b) 2014	(c) 2013	
				0
				0
349,250	326,000	313,900	317,300	1,306,450
				0
349,250	326,000	313,900	317,300	1,306,450
				0
5,746,787	6,075,573	6,063,088	5,738,506	23,623,954
5,746,787	6,075,573	6,063,088	5,738,506	23,623,954
				0
				0
				0
				0
				0
				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 or e-mail address 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>				
AMERICAN UKRAINIAN YOUTH ASSN INC PAVLUSH 2457 W CHICAGO AVE CHICAGO, IL 60622	NONE		GENERAL EXPENSE	7,000
AMERICAN UKRAINIAN YOUTH ASSN VITOVSKY BR 136 E ILLINOIS PALATINE, IL 60067	NONE		GENERAL EXPENSE	4,000
BAHRIANY FOUNDATION 19669 VILLA ROSA LOOP FT MYERS, FL 33967	NONE	POF	GENERAL EXPENSE	2,000
CUSUR-AFPC 155 E 14TH ST STE 12H NEW YORK, NY 10009	NONE	POF	CONFERENCE	1,000
HOLY PATRONAGE UKRAINIAN ORTHODOX 904 N WASHTENAW CHICAGO, IL 60622	NONE		GENERAL EXPENSE	3,000
HOLY TRINITY UKRAINIAN ORTHODOX 1009 S CHURCH RD BENSENVILLE, IL 60106	NONE		GENERAL EXPENSE	3,000
HROMOVYTSIA UKRAINIAN DANCE ENSEMBLE 2247 W CHICAGO AV CHICAGO, IL 60622	NONE		GENERAL EXPENSE	10,000
IMMACULATE CONCEPTION UKRAINIAN CATHOLIC 745 S BENTON ST PALATINE, IL 60067	NONE		GENERAL EXPENSE	8,000
KYIV MOHYLA FOUNDATION P O BOX 46009 CHICAGO, IL 60646	NONE	POF	GENERAL EXPENSE	2,000
METROPOLITAIN ANDREY SHEPTYCKY INSTITUTE c/o 2245 W RICE ST CHICAGO, IL 60622	NONE	POF	GENERAL EXPENSE	3,000
NATIVITY OF THE BLESSED VIRGIN MARY UKRAINI 8530 W 131ST ST PALOS PARK, IL 60464	NONE		GENERAL EXPENSE	2,000
<b>Total</b>	See Attached Statement		► 3a	349,250
<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					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments	900099	39,054	14		
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					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		39,054		0	0
13 Total. Add line 12, columns (b), (d), and (e)			13		39,054

**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**

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

(2) Other assets

b Other transactions

(1) Sales of assets to a noncharitable exempt organization

(2) Purchases of assets from a noncharitable exempt organization

(3) Rental of facilities, equipment, or other assets

(4) Reimbursement arrangements

(5) Loans or loan guarantees

(6) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

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

	Yes	No
<b>1a(1)</b>		
<b>1a(2)</b>		
<b>1b(1)</b>		
<b>1b(2)</b>		
<b>1b(3)</b>		
<b>1b(4)</b>		
<b>1b(5)</b>		
<b>1b(6)</b>		
<b>1c</b>		

**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**

**Signature of officer or trustee**

Date

Tit

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 <b>GEORGE M BOZIO</b>	Preparer's signature 	Date <b>5/15/2016</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00335369</b>
	Firm's name ► <b>GEORGE M BOZIO, PC</b>	Firm's EIN ► <b>36-4372661</b>			
	Firm's address ► <b>2246 W CHICAGO AVE PO BOX 221375, CHICAGO, IL 60622</b>	Phone no	<b>(773) 489-1040</b>		

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

OMB No 1545-0047

**2015**

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

► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**Name of the organization**

THE SELFRELIANCE FOUNDATION

**Employer identification number**

20-5423872

**Organization type (check one)****Filers of:**

Form 990 or 990-EZ

**Section:**

501(c)( ) (enter number) organization

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

527 political organization

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Form 990-PF

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 its Form 990-PF, Part I, line 2, 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
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**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 UKR AMER FCU 2332 W CHICAGO AVE CHICAGO IL 60622 Foreign State or Province _____ Foreign Country _____	\$ _____	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions )</small>
	----- ----- Foreign State or Province _____ Foreign Country _____	\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions )</small>
	----- ----- Foreign State or Province _____ Foreign Country _____	\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions )</small>
	----- ----- Foreign State or Province _____ Foreign Country _____	\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions )</small>
	----- ----- Foreign State or Province _____ Foreign Country _____	\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions )</small>
	----- ----- Foreign State or Province _____ Foreign Country _____	\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions )</small>
	----- ----- Foreign State or Province _____ Foreign Country _____	\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions )</small>

Name of organization THE SELFRELIANCE FOUNDATION	Employer identification number 20-5423872
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**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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

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**Name of organization**

## THE SELFRELIANCE FOUNDATION

**Employer identification number**

20-5423872

### Part III

**Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** 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.) ► \$

Use duplicate copies of Part III if additional space is needed.

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

Recipient(s) paid during the year

**Name**

NEW YORK BANDURA ENSEMBLE FOR WOMEN'S BANDURA

**Street**

888 MERIDEN AVE

**City**

SOUTHINGTON

**State**

CT

**Zip Code**

06489

**Foreign Country****Relationship**

NONE

**Foundation Status****Purpose of grant/contribution**

GENERAL EXPENSE

**Amount**

1,000

**Name**

ODFFU PALATINE

**Street**

136 E ILLINOIS AVE

**City**

PALATINE

**State**

IL

**Zip Code**

60067

**Foreign Country****Relationship**

NONE

**Foundation Status****Purpose of grant/contribution**

GENERAL EXPENSE

**Amount**

1,000

**Name**

PLAST UKRAINIAN SCOUTING ORGANIZATION

**Street**

P O BOX 206

**City**

SPRINGHOUSE

**State**

PA

**Zip Code**

19477

**Foreign Country****Relationship**

NONE

**Foundation Status**

POF

**Purpose of grant/contribution**

GENERAL EXPENSE

**Amount**

2,000

**Name**

PLAST USA

**Street**

700 CEDAR ROAD

**City**

JENKINTOWN

**State**

PA

**Zip Code**

19046

**Foreign Country****Relationship**

NONE

**Foundation Status****Purpose of grant/contribution**

GENERAL EXPENSE

**Amount**

1,000

**Name**

POBRATYMY FOUNDATION

**Street**

5 YORK LAKE COURT

**City**

OAK BROOK

**State**

IL

**Zip Code**

60523

**Foreign Country****Relationship**

NONE

**Foundation Status**

POF

**Purpose of grant/contribution**

FOR PLAST

**Amount**

1,000

**Name**

SC CONNECTION - UA NFP SOCCER

**Street**

2319 W CHICAGO AVE STE B

**City**

CHICAGO

**State**

IL

**Zip Code**

60622

**Foreign Country****Relationship**

NONE

**Foundation Status****Purpose of grant/contribution**

GENERAL EXPENSE

**Amount**

1,250

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

Recipient(s) paid during the year

**Name**

SHEVCHENKO SCIENTIFIC SOCIETY OF EUD

**Street**

63 FOURTH AVE

**City**

NEW YORK

**State**

NY

**Zip Code**

10003

**Foreign Country****Relationship**

NONE

**Foundation Status****Purpose of grant/contribution**

GENERAL EXPENSE

**Amount**

5,000

**Name**

SMOLOSKYP FOUNDATION

**Street**

P O BOX 561

**City**

ELЛИCOTT CITY

**State**

MD

**Zip Code**

21041

**Foreign Country****Relationship**

NONE

**Foundation Status**

POF

**Purpose of grant/contribution**

GENERAL EXPENSE

**Amount**

1,000

**Name**

SOCIETY OF VETERANS OF UKRAINIAN INSURGENT

**Street**

215 S FOREST AVE

**City**

PALATINE

**State**

IL

**Zip Code**

60074

**Foreign Country****Relationship**

NONE

**Foundation Status****Purpose of grant/contribution**

GENERAL EXPENSE

**Amount**

1,000

**Name**

ST ANDREW UKRAINIAN ORTHODOX

**Street**

300 E ARMY TRAIL RD

**City**

BLOOMINGDALE

**State**

IL

**Zip Code**

60191

**Foreign Country****Relationship**

NONE

**Foundation Status****Purpose of grant/contribution**

GENERAL EXPENSE

**Amount**

19,000

**Name**

ST JOHN THE BAPTIST UCC WHIPPANY

**Street**

69 N JEFFERSON RD

**City**

WHIPPANY

**State**

NJ

**Zip Code**

07981

**Foreign Country****Relationship**

NONE

**Foundation Status****Purpose of grant/contribution**

GENERAL EXPENSE

**Amount**

10,000

**Name**

ST JOSAPHAT UKRAINIAN CATHOLIC

**Street**

8624 WHITE OAK ST

**City**

MUNSTER

**State**

IN

**Zip Code**

46321

**Foreign Country****Relationship**

NONE

**Foundation Status****Purpose of grant/contribution**

GENERAL EXPENSE

**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 JOSEPH UKRAINIAN CATHOLIC

**Street**

5000 N CUMBERLAND AVE

**City**

CHICAGO

**State**

IL

**Zip Code**

60656

**Foreign Country****Relationship**

NONE

**Foundation Status****Purpose of grant/contribution**

RENOVATIONS

**Amount**

17,000

**Name**

ST MICHAEL UKRAINIAN CATHOLIC

**Street**

12211 S PARSELL AVE

**City**

CHICAGO

**State**

IL

**Zip Code**

60628

**Foreign Country****Relationship**

NONE

**Foundation Status****Purpose of grant/contribution**

GENERAL EXPENSE

**Amount**

500

**Name**

ST NICHOLAS CATHEDRAL SCHOOL

**Street**

2224 W RICE ST

**City**

CHICAGO

**State**

IL

**Zip Code**

60622

**Foreign Country****Relationship**

NONE

**Foundation Status****Purpose of grant/contribution**

GENERAL EXPENSE

**Amount**

25,000

**Name**

ST NICHOLAS UKRAINIAN CATHOLIC CATHEDRAL

**Street**

2238 W RICE ST

**City**

CHICAGO

**State**

IL

**Zip Code**

60622

**Foreign Country****Relationship**

NONE

**Foundation Status****Purpose of grant/contribution**

GENERAL EXPENSE

**Amount**

11,000

**Name**

ST SOPHIA RELIGIOUS ASSN OF UKRAINIAN CATHOLICS

**Street**

7911 WHITEWOOD ROAD

**City**

ELKINS PARK

**State**

PA

**Zip Code**

19027

**Foreign Country****Relationship**

NONE

**Foundation Status****Purpose of grant/contribution**

GENERAL EXPENSE

**Amount**

1,000

**Name**

ST SOPHIA UKRAINIAN ORTHODOX CHURCH

**Street**

6655 W HIGGINS ST

**City**

CHICAGO

**State**

IL

**Zip Code**

60656

**Foreign Country****Relationship**

NONE

**Foundation Status****Purpose of grant/contribution**

GENERAL EXPENSE

**Amount**

9,000

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

Recipient(s) paid during the year

**Name**

ST VOLODYMYR UKRAINIAN ORTHODOX

**Street**

2238 W CORTEZ ST

**City**

CHICAGO

**State**

IL

**Zip Code**

60622

**Foreign Country****Relationship**

NONE

**Foundation Status****Purpose of grant/contribution**

GENERAL EXPENSE

**Amount**

3,000

**Name**

STS PETER AND PAUL UKRAINIAN ORTHODOX

**Street**

8410 W 131ST ST

**City**

PALOS PARK

**State**

IL

**Zip Code**

60464

**Foreign Country****Relationship**

NONE

**Foundation Status****Purpose of grant/contribution**

GENERAL EXPENSE

**Amount**

4,000

**Name**

STS VOLODYMYR AND OLHA UKRAINIAN CATHOLIC

**Street**

2245 W SUPERIOR ST

**City**

CHICAGO

**State**

IL

**Zip Code**

60612

**Foreign Country****Relationship**

NONE

**Foundation Status****Purpose of grant/contribution**

GENERAL EXPENSE

**Amount**

19,000

**Name**

SUBLIMITAS FOUNDATION

**Street**

1633 BROADWAY FLOOR 31

**City**

NEW YORK

**State**

NY

**Zip Code**

10019

**Foreign Country****Relationship**

NONE

**Foundation Status**

POF

**Purpose of grant/contribution**

GENERAL EXPENSE

**Amount**

1,000

**Name**

UKRAINIAN AMERICAN VETERANS POST 32

**Street**

2135 W POTOMAC AVE

**City**

CHICAGO

**State**

IL

**Zip Code**

60622

**Foreign Country****Relationship**

NONE

**Foundation Status****Purpose of grant/contribution**

GENERAL EXPENSE

**Amount**

5,000

**Name**

UKRAINIAN BAPTIST CHURCH

**Street**

6751 RIVERSIDE DRIVE

**City**

BERWYN

**State**

IL

**Zip Code**

60402

**Foreign Country****Relationship**

NONE

**Foundation Status****Purpose of grant/contribution**

GENERAL EXPENSE

**Amount**

4,000

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

Recipient(s) paid during the year

**Name**

UKRAINIAN CATHOLIC EDUCATION FOUNDATION

**Street**

2247 W CHICAGO AVE

**City**

CHICAGO

**State**

IL

**Zip Code**

60622

**Foreign Country****Relationship**

NONE

**Foundation Status**

POF

**Purpose of grant/contribution**

GENERAL EXPENSE

**Amount**

25,000

**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****Purpose of grant/contribution**

GENERAL EXPENSE

**Amount**

5,000

**Name**

UKRAINIAN CHRISTIAN PENTECOSTAL CHURCH

**Street**

644 JOHN ST

**City**

BENSENVILLE

**State**

IL

**Zip Code**

60106

**Foreign Country****Relationship**

NONE

**Foundation Status****Purpose of grant/contribution**

GENERAL EXPENSE

**Amount**

5,000

**Name**

UKRAINIAN CONGRESS COMMITTEE OF AMERICA

**Street**

203 2ND AVE

**City**

NEW YORK

**State**

NY

**Zip Code**

10003

**Foreign Country****Relationship**

NONE

**Foundation Status****Purpose of grant/contribution**

GENERAL EXPENSE

**Amount**

60,000

**Name**

UKRAINIAN FREE UNIVERSITY FOUNDATION

**Street**

206 W 100TH ST

**City**

NEW YORK

**State**

NY

**Zip Code**

10025

**Foreign Country****Relationship**

NONE

**Foundation Status****Purpose of grant/contribution**

GENERAL EXPENSE

**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**

POF

**Purpose of grant/contribution**

GENERAL EXPENSE

**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**

UKRAINIAN INSTITUTE OF MODERN ART

**Street**

2320 W CHICAGO AVE

**City**

CHICAGO

**State**

IL

**Zip Code**

60622

**Foreign Country****Relationship**

NONE

**Foundation Status****Purpose of grant/contribution**

GENERAL EXPENSE

**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****Purpose of grant/contribution**

GENERAL EXPENSE

**Amount**

20,000

**Name**

UKRAINIAN PATRIARCHAL SOCIETY IN THE USA

**Street**

10708 MIST HAVEN TERRACE

**City**

ROCKVILLE

**State**

MD

**Zip Code**

20852

**Foreign Country****Relationship**

NONE

**Foundation Status****Purpose of grant/contribution**

GENERAL EXPENSE

**Amount**

1,000

**Name**

UKRAINIAN PUBLIC ORGANIZATION "ORANGE WAVE"

**Street**

P O BOX 564484

**City**

CHICAGO

**State**

IL

**Zip Code**

60656

**Foreign Country****Relationship**

NONE

**Foundation Status****Purpose of grant/contribution**

GENERAL EXPENSE

**Amount**

2,000

**Name**

UNA FOUNDATION FOR OSTROH ACADEMY

**Street**

2200 ROUTE 10

**City**

PARSIPPANY

**State**

NJ

**Zip Code**

07054

**Foreign Country****Relationship**

NONE

**Foundation Status**

POF

**Purpose of grant/contribution**

GENERAL EXPENSE

**Amount**

5,000

**Name**

UNWAL BRANCH 85 IN CHICAGO

**Street**

742 N OAKLEY BLVD

**City**

CHICAGO

**State**

IL

**Zip Code**

60622

**Foreign Country****Relationship**

NONE

**Foundation Status****Purpose of grant/contribution**

GENERAL EXPENSE

**Amount**

500

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

Recipient(s) paid during the year

**Name**

UNWLA REGIONAL COUNCIL

**Street**

742 N OAKLEY BLVD

**City**

CHICAGO

**State**

IL

**Zip Code**

60622

**Foreign Country****Relationship**

NONE

**Foundation Status****Purpose of grant/contribution**

GENERAL EXPENSE

**Amount**

1,000

**Name**

US UKRAINE FOUNDATION

**Street**

1660L STR NW STE 1000

**City**

WASHINGTON

**State**

DC

**Zip Code**

20036

**Foreign Country****Relationship**

NONE

**Foundation Status**

POF

**Purpose of grant/contribution**

GENERAL EXPENSE

**Amount**

1,000

**Name**

UYCO PLAST INC

**Street**

2128 W CHICAGO AVE

**City**

CHICAGO

**State**

IL

**Zip Code**

60622

**Foreign Country****Relationship**

NONE

**Foundation Status****Purpose of grant/contribution**

GENERAL EXPENSE

**Amount**

10,000

**Name**

WADFFU

**Street**

2457 W CHICAGO AVE

**City**

CHICAGO

**State**

IL

**Zip Code**

60622

**Foreign Country****Relationship**

NONE

**Foundation Status****Purpose of grant/contribution**

GENERAL EXPENSE

**Amount**

1,000

**Name****Street****City****State****Zip Code****Foreign Country****Relationship**

NONE

**Foundation Status****Purpose of grant/contribution****Amount****Name****Street****City****State****Zip Code****Foreign Country****Relationship**

NONE

**Foundation Status****Purpose of grant/contribution****Amount**

**Part I, Line 11 (990-PF) - Other Income**

		0	0	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income
1	STALE CHECK - NOT CASHED		0	

**Part I, Line 16a (990-PF) - Legal Fees**

		25	0	0	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	OLEKSIUK & ASSOCIATES	10			0
2	ILLINOIS CHARITY BUREAU FUND	15			0
3	GEORGE M BOZIO, PC	0			0
4		0			0

**Part I, Line 16b (990-PF) - Accounting Fees**

		675	0	0	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	GEORGE M BOZIO, PC	675			0

**Part I, Line 16c (990-PF) - Other Professional Fees**

		5,000	0	0	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	SUAFCU NJ ADVISORY COMMITTEE	0			0
2	BARANYK ASSOCIATES LTD	5,000			0

**Part I, Line 18 (990-PF) - Taxes**

		0	0	0	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Real estate tax not included in line 20	0			
2	Tax on investment income	0			
3	Income tax	0			

**Part I, Line 23 (990-PF) - Other Expenses**

		40	0	0	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	BANK SERVICE CHARGES	40	0		

**Part VIII, Line 1 (990 PF) - Compensation of Officers, Directors, Trustees and Foundation Managers**

Name		Check "X" if Business	Street	City	State	Zip Code	Foreign Country	Title	Avg Hrs Per Week	Compensation	Benefits	Expense Account
ORESTA FEDYNIK			2332 W CHICAGO AVE	CHICAGO	IL	60622		CHAIR	1.00	0	0	0
OLEH KARAWAN			2332 W CHICAGO AVE	CHICAGO	IL	60622		VICE CHAIR	1.00	0	0	0
VICTOR WOJTYCHIW			2332 W CHICAGO AVE	CHICAGO	IL	60622		SEC/TREASURER	1.00	0	0	0
3												