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

OMB No 1545-0052

2015

Open to Public Inspection

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▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For calendar year 2015 or tax year beginning , and ending

Name of foundation THE SELFRELIANCE FOUNDATION			A Employer identification number 20-5423872	
Number and street (or P.O. box number if mail is not delivered to street address) 2332 W CHICAGO AVE			Room/suite	
City or town CHICAGO		State IL	ZIP code 60622	
Foreign country name		Foreign province/state/county		Foreign postal code
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change			B Telephone number (see instructions) 773-328-7500	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			C If exemption application is pending, check here <input type="checkbox"/>	
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) _____	
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>				

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	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		
Operating and Administrative Expenses	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		

For Paperwork Reduction Act Notice, see instructions.

HTA

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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)				
	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	Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)		6,076,049	5,753,848	5,753,848	
Liabilities	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 ▶)				
	23	Total liabilities (add lines 17 through 22)		0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input checked="" type="checkbox"/>					
	24	Unrestricted		6,076,049	5,753,848	
	25	Temporarily restricted				
	26	Permanently restricted				
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input type="checkbox"/>					
	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	Total net assets or fund balances (see instructions)		6,076,049	5,753,848	
31	Total liabilities and net assets/fund balances (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 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.		8 0

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input checked="" type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)	1	N/A
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2	3	0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	0
6	Credits/Payments		
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a	
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	0
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	0
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	0

Part VII-A Statements Regarding Activities

	Yes	No
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?		
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? <i>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</i>		
c Did the foundation file Form 1120-POL for this year?		X
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? <i>If "Yes," attach a detailed description of the activities</i>		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>		X
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?		X
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	X	
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 <i>General Instruction G</i> ? <i>If "No," attach explanation</i>		
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)? <i>If "Yes," complete Part XIV</i>	X	
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>		X

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶	13		X
14	The books are in care of ▶ Telephone no ▶ Located at ▶ ZIP+4 ▶			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			
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 ▶	16	Yes	No
				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.

		Yes	No
1a	During the year did the foundation (either directly or indirectly)		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here ▶ <input type="checkbox"/>	1b	N/A
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	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 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 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"/> 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)	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 2015?	4b	X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

- 5a** During the year did the foundation pay or incur any amount to
- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions) ☐ Yes ☒ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No
- b** If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? ☐ Yes ☒ No
- Organizations relying on a current notice regarding disaster assistance check here ☒
- c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No
- If "Yes," attach the statement required by Regulations section 53.4945–5(d)
- 6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No
- If "Yes" to 6b, file Form 8870
- 7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☐ No
- b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☐ No

5b	N/A
6b	X
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 FEDYNIK 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	
Total. Add lines 1 through 3	0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	0
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see instructions)	4	
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	
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	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	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		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	349,250
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	349,250

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			0	
a Enter amount for 2014 only				
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 ▶

b Check box to indicate whether the foundation is a private operating foundation described in section ☒ 4942(j)(3) or ☐ 4942(j)(5)

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

Tax year	Prior 3 years			(e) Total	
(a) 2015	(b) 2014	(c) 2013	(d) 2012		
				0	
				0	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed	349,250	326,000	313,900	317,300	1,306,450
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 Subtract line 2d from line 2c	349,250	326,000	313,900	317,300	1,306,450
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets	5,746,787	6,075,573	6,063,088	5,738,506	23,623,954
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	5,746,787	6,075,573	6,063,088	5,738,506	23,623,954
b "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					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 or e-mail address of the person to whom applications should be addressed

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

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

LETTER REQUESTING ASSISTANCE

- c** Any submission deadlines

NONE

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

ORGANIZATION MUST HAVE 501 c(3) STATUS

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
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
Total See Attached Statement			▶ 3a	349,250
b <i>Approved for future payment</i>				
Total			▶ 3b	0

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

- | | | |
|---|--|---|
| 1 | <p>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?</p> | |
| a | <p>Transfers from the reporting foundation to a noncharitable exempt organization of</p> | |
| | <p>(1) Cash</p> | 1 |
| | <p>(2) Other assets</p> | 1 |
| b | <p>Other transactions</p> | |
| | <p>(1) Sales of assets to a noncharitable exempt organization</p> | 1 |
| | <p>(2) Purchases of assets from a noncharitable exempt organization</p> | 1 |
| | <p>(3) Rental of facilities, equipment, or other assets</p> | 1 |
| | <p>(4) Reimbursement arrangements</p> | 1 |
| | <p>(5) Loans or loan guarantees</p> | 1 |
| | <p>(6) Performance of services or membership or fundraising solicitations</p> | 1 |
| c | <p>Sharing of facilities, equipment, mailing lists, other assets, or paid employees</p> | |
| d | <p>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</p> | |

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

[illegible]

- 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

[illegible]

**Sign
Here**

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.

Signature of officer or trustee: X Orestas Fedyniuk Date: 5/15/16 Title: President

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

**Paid
Preparer
Use Only**

Print/Type preparer's name

GEORGE M BOZIO

Preparer's signature

Date

5/15/2016

Check ☐ if self-employed

PTIN

P00335369

Firm's name ► GEORGE M BOZIO, P C

Firm's EIN ▶ 36-4372661

Firm's address ► 2246 W CHICAGO AVE PO BOX 221375, CHICAGO, IL 60622

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

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.

Name of the organization

THE SELFRELIANCE FOUNDATION

Employer identification number

20-5423872

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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 SELFRELANCE FOUNDATION	Employer identification number 20-5423872
--	--

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SELFRELANCE UKR AMER FCU 2332 W CHICAGO AVE CHICAGO IL 60622 Foreign State or Province Foreign Country	\$	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

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
-----	----- ----- -----	\$ -----	-----
(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
-----	----- ----- -----	\$ -----	-----

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.) ▶ \$ 0

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

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

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

Recipient(s) paid during the year

Name

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

SMOLOSYP FOUNDATION

Street

P O BOX 561

City

ELLCOTT 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 PARNELL 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****Foundation Status****Purpose of grant/contribution****Amount****Name****Street****City****State****Zip Code****Foreign Country****Relationship****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
1	ORESTA FEDYNIAK		2332 W CHICAGO AVE	CHICAGO	IL	60622		CHAIR	1 00	0		
2	OLEH KARAWAN		2332 W CHICAGO AVE	CHICAGO	IL	60622		VICE CHAIR	1 00	0		
3	VICTOR WOJTYCHIW		2332 W CHICAGO AVE	CHICAGO	IL	60622		SEC/TREASURER	1 00	0		