



2017  
JULY 2018

# Return of Private Foundation

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

2949122300603 8

OMB No 1545-0052

2017

Open to Public Inspection

For calendar year 2017 or tax year beginning

, and ending

Name of foundation

THE SELERELIANCE FOUNDATION

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, state or province, country, and ZIP or foreign postal code

CHICAGO

IL

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) ► \$ 11,012,973

J Accounting method  Cash  Accrual  
 Other (specify)

(Part I, column (d) must be on cash basis)

A Employer identification number

20-5423872

B Telephone number (see instructions)

773-328-7585

C If exemption application is pending, check here ►  6

D 1. Foreign organizations, check here ►

2. Foreign organizations meeting the 85% test, check here and attach computation ►

E If private foundation status was terminated under section 507(b)(1)(A), check here ►

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ►

**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)	2,107,000			
2	Check ► <input type="checkbox"/> if the foundation is not required to attach Sch B				
3	Interest on savings and temporary cash investments	53,009	53,009		
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	<b>Total.</b> Add lines 1 through 11	2,160,009	53,009		
13	Compensation of officers, directors, trustees, etc				
14	Other employee salaries and wages	9,835			
15	Pension plans, employee benefits				
16a	Legal fees (attach schedule)	25			
b	Accounting fees (attach schedule)				
c	Other professional fees (attach schedule)				
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)	259			
24	<b>Total operating and administrative expenses.</b>				
	Add lines 13 through 23	10,119			
25	Contributions, gifts, grants paid	500,000			500,000
26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	510,119			500,000
27	Subtract line 26 from line 12				
a	Excess of revenue over expenses and disbursements	1,649,890			
b	Net investment income (if negative, enter -0-)		53,009		
c	Adjusted net income (if negative, enter -0-)				

For Paperwork Reduction Act Notice, see instructions.

HTA

Form 990-PF (2017)

2018

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
	1 Cash—non-interest-bearing				
	2 Savings and temporary cash investments		9,363,083	11,012,973	11,012,973
	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 ►				
Assets	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)		9,363,083	11,012,973	11,012,973
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)				
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 24 through 26, and lines 30 and 31.				
	24 Unrestricted		9,363,083	11,012,973	
	25 Temporarily restricted				
	26 Permanently restricted				
	Foundations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 27 through 31.				
	27 Capital stock, trust principal, or current funds				
	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)		9,363,083	11,012,973	
	31 Total liabilities and net assets/fund balances (see instructions)		9,363,083	11,012,973	

**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	9,363,083
2 Enter amount from Part I, line 27a	2	1,649,890
3 Other increases not included in line 2 (itemize) ►	3	
4 Add lines 1, 2, and 3	4	11,012,973
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	11,012,973

**Part IV Capital Gains and Losses for Tax on Investment Income**

a) List and describe the kind(s) of property sold (for example, 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			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))		
(l) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (l) over col. (j), if any			
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		
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		

**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?  
If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part Yes  No

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))
2016	430,500		0 000000
2015	349,250		0 000000
2014	326,000		0 000000
2013	313,900		0 000000
2012	317,300		0 000000

2 Total of line 1, column (d)

3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by  
the number of years the foundation has been in existence if less than 5 years

4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5

5 Multiply line 4 by line 3

6 Enter 1% of net investment income (1% of Part I, line 27b)

7 Add lines 5 and 6

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

## 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:

6a 2017 estimated tax payments and 2016 overpayment credited to 2017

6b Exempt foreign organizations—tax withheld at source

6c Tax paid with application for extension of time to file (Form 8868)

6d 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 2018 estimated tax ► Refunded ►

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

## 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?

1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the 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

1c Did the foundation file Form 1120-POL for this year?

1d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  
(1) On the foundation ► \$ \_\_\_\_\_ (2) On foundation managers ► \$ \_\_\_\_\_

1e 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?

4b 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 ► 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 2017 or the tax year beginning in 2017? See the 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	Yes	No
1b		
1c		
2		
3	X	
4a		X
4b	N/A	
5		
6		X
7	X	
8b		
9	X	
10		X

## Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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"/> Yes	<input checked="" type="checkbox"/> No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ►	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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 Form 1041—check here and enter the amount of tax-exempt interest received or accrued during the year ►	<input type="checkbox"/> 15	<input type="checkbox"/> □
16	At any time during calendar year 2017, 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"/> Yes	<input checked="" type="checkbox"/> No

## Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a	During the year, did the foundation (either directly or indirectly)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(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	<input type="checkbox"/> 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 2017? ►	<input type="checkbox"/> 1c	<input checked="" type="checkbox"/> 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 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? If "Yes," list the years ► 20____, 20____, 20____, 20____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)	<input type="checkbox"/> 2b	<input type="checkbox"/> 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 2017 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 2017)	<input type="checkbox"/> 3b	<input type="checkbox"/> N/A
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<input type="checkbox"/> 4a	<input checked="" type="checkbox"/> 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 2017?	<input type="checkbox"/> 4b	<input checked="" type="checkbox"/> X

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

5a	During the year, did the foundation pay or incur any amount to	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 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		
	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		
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?		

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, and 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			
OLEH KARAWAN 2332 W CHICAGO AVE CHICAGO, IL 60622	VICE CHAIR 1 00			
VICTOR WOJTYCHIW 2332 W CHICAGO AVE CHICAGO, IL 60622	SEC/TREASURER 1 00			

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

**Part IX-A Summary of Direct Charitable Activities**

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

Expenses

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**

**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
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 1½ % 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
6	<b>Minimum investment return.</b> Enter 5% of line 5	6

**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	497,425
2a	Tax on investment income for 2017 from Part VI, line 5	2a	
b	Income tax for 2017 (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	497,425
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	497,425
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	497,425

**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	500,000
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	500,000
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	500,000
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 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only				
b Total for prior years. 20 ___, 20 ___, 20 ___				
3 Excess distributions carryover, if any, to 2017				
a From 2012				
b From 2013				
c From 2014				
d From 2015				
e From 2016				
f Total of lines 3a through e				
4 Qualifying distributions for 2017 from Part XII, line 4 ► \$ 500,000				
a Applied to 2016, 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 2017 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2017 (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				
b Prior years' undistributed income Subtract line 4b from line 2b				
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 2016 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				
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 2012 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015				
d Excess from 2016				
e Excess from 2017				



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
<b>Name and address (home or business)</b>				
<b>a Paid during the year</b>				
American Ukrainian Youth Assn Inc Pavlushkov Branch 2457 W Chicago Ave. Chicago, IL 60622 no	none	none	General Expenses	16,000
American Ukrainian Youth Association Inc Vitovsky Branch 136 E. Illinois Ave Palatine, IL 60067 no	none	none	General Expenses	12,000
Association of American Youth of Ukrainian Descent 6033 Crain Street Morton Grove, IL 60053 no	none	none	General Expenses	3,000
Bahriany Foundation 19669 Villa Rosa Loop Ft Myers, FL 33967 no	none	yes	General Expenses	2,000
Chicago Sister Cities International 78 E Washington Chicago, IL 60602 no	none	none	General Expenses	1,500
Holy Patronage Ukrainian Orthodox Church 904 N. Washtenaw Chicago, IL 60622 no	none	none	General Expenses	4,000
Holy Trinity Ukrainian Orthodox Church 1009 S Church Rd Bensenville, IL 60106 no	none	none	General Expenses	9,000
Hromovyttsia Ukrainian Dance Ensemble 2247 W Chicago Ave Chicago, IL 60622 no	none	none	General Expenses	10,000
Immaculate Conception Ukrainian Catholic Church 745 S Benton St. Palatine, IL 60067 no	none	none	General Expenses	17,000
Kyiv Mohyla Foundation PO Box 46009 Chicago, IL 60646 no	none	yes	General Expenses	5,000
Nativity of the Blessed Virgin Mary Ukrainian Catholic Church 8530 W. 131st St Palos Park, IL 50464 no	none	none	General Expenses	2,000
<b>Total</b> . . . See Attached Statement				► 3a 500,000
<b>b Approved for future payment</b>				
<b>Total</b> . . .				► 3b

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	53,009	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)		53,009			
13 Total. Add line 12, columns (b), (d), and (e)	13				53,009

(See worksheet in line 13 instructions to verify calculations )

**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) (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

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (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

Sign Here	<p>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</p> <p> </p> <p>Date: 15/11/2014 Title: Tax Advisor</p>		
	<p>May the IRS discuss this return with the preparer shown below?        See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>GEORGE M BOZIO</u>	Preparer's signature	Date 5/10/2018	Check <input type="checkbox"/> 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 221315	CHICAGO, IL 60622	Phone no	(773) 489-1040	

**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 WBENA

**Street**

888 Mendian Ave.

City Southington	State CT	Zip Code 6489	Foreign Country no
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Relationship none	Foundation Status none		
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Purpose of grant/contribution General Expenses	Amount 2,000
---	-----------------

**Name**

Organization for Defense of Lemko Western Ukraine

**Street**

P O Box 7

City Clifton	State NJ	Zip Code 7015	Foreign Country no
-----------------	-------------	------------------	-----------------------

Relationship none	Foundation Status none		
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Purpose of grant/contribution General Expenses	Amount 1,000
---	-----------------

**Name**

Plast Inc

**Street**

2128 W Chicago Ave

City Chicago	State IL	Zip Code 60622	Foreign Country no
-----------------	-------------	-------------------	-----------------------

Relationship none	Foundation Status none		
----------------------	---------------------------	--	--

Purpose of grant/contribution General Expenses	Amount 5,500
---	-----------------

**Name**

Plast Conference

**Street**

297 Clarksville Rd

City West Windsor	State NJ	Zip Code 8550	Foreign Country no
----------------------	-------------	------------------	-----------------------

Relationship none	Foundation Status yes		
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Purpose of grant/contribution General Expenses	Amount 2,500
---	-----------------

**Name**

St Andrew Ukrainian Orthodox Cathedral

**Street**

300 E Army Trail Rd

City Bloomingdale	State IL	Zip Code 60191	Foreign Country no
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Relationship none	Foundation Status none		
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Purpose of grant/contribution General Expenses	Amount 15,000
---	------------------

**Name**

St John the Baptist UCC Whippany

**Street**

69 N Jefferson Rd

City Whippany	State NJ	Zip Code 7981	Foreign Country no
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Relationship none	Foundation Status none		
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Purpose of grant/contribution General Expenses	Amount 20,000
---	------------------

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

Recipient(s) paid during the year

**Name**

St. Josaphat Ukrainian Catholic Church

**Street**

8624 White Oak St.

**City**

Munster

State  
IN  
Zip Code  
46321Foreign Country  
no**Relationship**

none

Foundation Status  
none**Purpose of grant/contribution**

General Expenses

**Amount**

500

**Name**

St. Joseph Ukrainian Catholic Church

**Street**

5000 N Cumberland Ave

**City**

Chicago

State  
IL  
Zip Code  
60656Foreign Country  
no**Relationship**

none

Foundation Status  
none**Purpose of grant/contribution**

Renovations

**Amount**

33,000

**Name**

St. Michael Ukrainian Catholic Church

**Street**

12211 S. Parnell Ave

**City**

Chicago

State  
IL  
Zip Code  
60628Foreign Country  
no**Relationship**

none

Foundation Status  
none**Purpose of grant/contribution**

General Expenses

**Amount**

1,500

**Name**

St. Michael UCC Milwaukee

**Street**

1025S 11th St.

**City**

Milwaukee

State  
WI  
Zip Code  
53204Foreign Country  
no**Relationship**

none

Foundation Status  
none**Purpose of grant/contribution**

General Expenses

**Amount**

1,000

**Name**

St. Nicholas Cathedral School

**Street**

2224 W. Rice St

**City**

Chicago

State  
IL  
Zip Code  
60622Foreign Country  
no**Relationship**

none

Foundation Status  
none**Purpose of grant/contribution**

General Expenses

**Amount**

80,000

**Name**

St. Nicholas Ukrainian Catholic Cathedral

**Street**

2238 W Rice St

**City**

Chicago

State  
IL  
Zip Code  
60622Foreign Country  
no**Relationship**

none

Foundation Status  
none**Purpose of grant/contribution**

General Expenses

**Amount**

30,000

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

Recipient(s) paid during the year

**Name**

St Nicholas Eparchy

**Street**

2245 W Rice St

**City**

Chicago

**State**

IL

**Zip Code**

60622

**Foreign Country**

no

**Relationship**

none

**Foundation Status**

none

**Purpose of grant/contribution**

General Expenses

**Amount**

15,000

**Name**

St Sophia Ukrainian Orthodox Church

**Street**

6655 W. Higgins St

**City**

Chicago

**State**

IL

**Zip Code**

60656

**Foreign Country**

no

**Relationship**

none

**Foundation Status**

none

**Purpose of grant/contribution**

General Expenses

**Amount**

5,000

**Name**

St. Volodymyr Ukrainian Orthodox Cathedral

**Street**

2238 W Cortez St

**City**

Chicago

**State**

IL

**Zip Code**

60622

**Foreign Country**

no

**Relationship**

none

**Foundation Status**

yes

**Purpose of grant/contribution**

General Expenses

**Amount**

4,000

**Name**

Sts. Peter and Paul Ukrainian Orthodox Church

**Street**

8410 W 131st St

**City**

Palos Park

**State**

IL

**Zip Code**

60464

**Foreign Country**

no

**Relationship**

none

**Foundation Status**

yes

**Purpose of grant/contribution**

General Expenses

**Amount**

2,500

**Name**

Sts Volodymyr and Olha Ukrainian Catholic Church

**Street**

2245 W Superior St

**City**

Chicago

**State**

IL

**Zip Code**

60612

**Foreign Country**

no

**Relationship**

none

**Foundation Status**

none

**Purpose of grant/contribution**

General Expenses

**Amount**

33,000

**Name**

Shevchenko Scientific Society

**Street**

63 Fourth Ave

**City**

New York

**State**

NY

**Zip Code**

10003

**Foreign Country**

no

**Relationship**

none

**Foundation Status**

none

**Purpose of grant/contribution**

General Expenses

**Amount**

5,000

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

UAFF-WADFFU

**Street**

PO Box 255

**City**

New York

**State**

NY

**Zip Code**

10276

**Foreign Country**

no

**Relationship**

none

**Foundation Status**

yes

**Purpose of grant/contribution**

General Expenses

**Amount**

5,000

**Name**

Ukrainian Baptist Church

**Street**

6751 Riverside Drive

**City**

Berwyn

**State**

IL

**Zip Code**

60402

**Foreign Country**

no

**Relationship**

none

**Foundation Status**

none

**Purpose of grant/contribution**

General Expenses

**Amount**

2,000

**Name**

Ukrainian Catholic Education Foundation

**Street**

2247 W Chicago Ave

**City**

Chicago

**State**

IL

**Zip Code**

60622

**Foreign Country**

no

**Relationship**

none

**Foundation Status**

yes

**Purpose of grant/contribution**

General Expenses

**Amount**

31,000

**Name**

Ukrainian Christian Pentecostal Church

**Street**

644 John St

**City**

Bensenville

**State**

IL

**Zip Code**

60106

**Foreign Country**

no

**Relationship**

none

**Foundation Status**

yes

**Purpose of grant/contribution**

General Expenses

**Amount**

6,000

**Name**

Ukrainian Congress Committee of America

**Street**

203 2nd Ave.

**City**

New York

**State**

NY

**Zip Code**

10003

**Foreign Country**

no

**Relationship**

none

**Foundation Status**

none

**Purpose of grant/contribution**

General Expenses

**Amount**

22,000

**Name**

Ukrainian Congress Committee of America III Branch

**Street**

2247 W Chicago Ave

**City**

Chicago

**State**

IL

**Zip Code**

60622

**Foreign Country**

no

**Relationship**

none

**Foundation Status**

none

**Purpose of grant/contribution**

General Expenses

**Amount**

5,500

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

Ukrainian Free University Foundation

**Street**

P.O. Box 1028

City New York	State NY	Zip Code 10276	Foreign Country no
------------------	-------------	-------------------	-----------------------

Relationship none	Foundation Status yes		
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Purpose of grant/contribution General Expenses	Amount 1,000
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**Name**

Ukrainian Genocide Famine Foundation

**Street**

2249 W Superior St

City Chicago	State IL	Zip Code 60612	Foreign Country no
-----------------	-------------	-------------------	-----------------------

Relationship none	Foundation Status yes		
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Purpose of grant/contribution General Expenses	Amount 1,000
---	-----------------

**Name**

Ukrainian Institute of Modern Art

**Street**

2320 W Chicago Ave

City Chicago	State IL	Zip Code 60622	Foreign Country no
-----------------	-------------	-------------------	-----------------------

Relationship none	Foundation Status none		
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Purpose of grant/contribution General Expenses	Amount 36,000
---	------------------

**Name**

UMANA Foundation

**Street**

2247 W Chicago Ave

City Chicago	State IL	Zip Code 60622	Foreign Country no
-----------------	-------------	-------------------	-----------------------

Relationship none	Foundation Status yes		
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Purpose of grant/contribution General Expenses	Amount 1,000
---	-----------------

**Name**

Ukrainian National Museum of Chicago

**Street**

2249 W Superior St

City Chicago	State IL	Zip Code 60612	Foreign Country no
-----------------	-------------	-------------------	-----------------------

Relationship none	Foundation Status none		
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Purpose of grant/contribution General Expenses	Amount 30,000
---	------------------

**Name**

Ukrainian Public Organization "Orange Wave"

**Street**

P.O. Box 564484

City Chicago	State IL	Zip Code 60656	Foreign Country no
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Relationship none	Foundation Status none		
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Purpose of grant/contribution General Expenses	Amount 5,000
---	-----------------

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

Recipient(s) paid during the year

**Name**

Ukrainian Sports Hall of Fame

**Street**

60C N Jefferson Road

**City**

Whippany

**State**

NJ

**Zip Code**

7981

**Foreign Country**

no

**Relationship**

none

**Foundation Status**

none

**Purpose of grant/contribution**

General Expenses

**Amount**

1,000

**Name**

UYCO Ukrainian Youth Camping Organization Plast

**Street**

2128 W Chicago Ave

**City**

Chicago

**State**

IL

**Zip Code**

60622

**Foreign Country**

no

**Relationship**

none

**Foundation Status**

yes

**Purpose of grant/contribution**

General Expenses

**Amount**

11,500

**Name**

UNWLA Chicago

**Street**

742 N Oakley Blvd

**City**

Chicago

**State**

IL

**Zip Code**

60612

**Foreign Country**

no

**Relationship**

none

**Foundation Status**

none

**Purpose of grant/contribution**

General Expenses

**Amount**

2,000

**Name**

UUARC-ZUADK

**Street**

1206 Cottman Ave

**City**

Philadelphia

**State**

PA

**Zip Code**

19111

**Foreign Country**

no

**Relationship**

none

**Foundation Status**

none

**Purpose of grant/contribution**

General Expenses

**Amount**

2,000

**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**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2017**

- Attach to Form 990, Form 990-EZ, or Form 990-PF.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SELFRELIANCE UKR AMER FCU 2332 W CHICAGO AVE CHICAGO IL 60622 Foreign State or Province _____ Foreign Country _____	\$ 2,107,000	Person <input 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 )
	Foreign State or Province _____ Foreign Country _____	\$ _____	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 )
	Foreign State or Province _____ Foreign Country _____	\$ _____	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 )
	Foreign State or Province _____ Foreign Country _____	\$ _____	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 )
	Foreign State or Province _____ Foreign Country _____	\$ _____	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 )
	Foreign State or Province _____ Foreign Country _____	\$ _____	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
-----	-----	\$ -----	-----

<b>Name of organization</b> THE SELFRELIANCE FOUNDATION			<b>Employer identification number</b> 20-5423872
<b>Part III</b> <i>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.</i> Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of <i>exclusively</i> religious, charitable, etc., contributions of <b>\$1,000 or less</b> for the year (Enter this information once. See instructions.) ► \$ _____ Use duplicate copies of Part III if additional space is needed			
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
-----	-----	-----	-----
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
-----		-----	
For Prov. _____ Country _____		-----	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
-----	-----	-----	-----
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
-----		-----	
For Prov. _____ Country _____		-----	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
-----	-----	-----	-----
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
-----		-----	
For Prov. _____ Country _____		-----	

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

25

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

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

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

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

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

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

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				
2	Tax on investment income				
3	Income tax				

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

259

Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	BANK SERVICE CHARGES	259			

**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 FEDYNAK		2332 W CHICAGO AVE	CHICAGO	IL	60622		CHAIR	100			
2	OLEH KARAWAN		2332 W CHICAGO AVE	CHICAGO	IL	60622		VICE CHAIR	100			
3	VICTOR WOJTYCHW		2332 W CHICAGO AVE	CHICAGO	IL	60622		SECRETAR URER	100			

Return of Certain Excise Taxes Under Chapters  
41 and 42 of the Internal Revenue Code(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4965, 4966, and 4967)  
► Go to [www.irs.gov/Form4720](http://www.irs.gov/Form4720) for instructions and the latest information.

2017

For calendar year 2017 or other tax year beginning

, 2017, and ending

, 20

Name of organization or entity

THE SELFRELIANCE FOUNDATION

Number, street, and room or suite no (or PO box if mail is not delivered to street address)

2332 W CHICAGO AVE

City or town, state or province, country, and ZIP or foreign postal code

CHICAGO, IL 60622

Employer identification number

20-5423872

Check box for type of annual return

 Form 990 Form 990-EZ Form 990-PF Form 5227

Yes No

A Is the organization a foreign private foundation within the meaning of section 4948(b)?

B Has corrective action been taken on any taxable event that resulted in Chapter 42 taxes being reported on this form? (Enter "N/A" if not applicable).

If "Yes," attach a detailed description and documentation of the corrective action taken and, if applicable, enter the fair market value of any property recovered as a result of the correction ► \$ \_\_\_\_\_ If "No," (that is, any uncorrected acts or transactions), attach an explanation (see instructions)

**Part I Taxes on Organization** (Sections 170(f)(10), 664(c)(2), 4911(a), 4912(a), 4942(a), 4943(a), 4944(a)(1), 4945(a)(1), 4955(a)(1), 4959, 4965(a)(1), and 4966(a)(1))

1	Tax on undistributed income—Schedule B, line 4	1
2	Tax on excess business holdings—Schedule C, line 7	2
3	Tax on investments that jeopardize charitable purpose—Schedule D, Part I, column (e)	3
4	Tax on taxable expenditures—Schedule E, Part I, column (g)	4
5	Tax on political expenditures—Schedule F, Part I, column (e)	5
6	Tax on excess lobbying expenditures—Schedule G, line 4	6
7	Tax on disqualifying lobbying expenditures—Schedule H, Part I, column (e)	7
8	Tax on premiums paid on personal benefit contracts	8
9	Tax on being a party to prohibited tax shelter transactions—Schedule J, Part I, column (h)	9
10	Tax on taxable distributions—Schedule K, Part I, column (f)	10
11	Tax on a charitable remainder trust's unrelated business taxable income Attach statement	11
12	Tax on failure to meet the requirements of section 501(r)(3)—Schedule M, Part II, line 2	12
13	Total (add lines 1-12)	13

**Part II-A Taxes on Managers, Self-Dealers, Disqualified Persons, Donors, Donor Advisors, and Related Persons** (Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2), 4966(a)(2), and 4967(a))

(a) Name and address of person subject to tax City or town, state or province, country, ZIP or foreign postal code

(b) Taxpayer identification number

a			
b			
c			
<b>Total</b>	<b>(c) Tax on self-dealing—Schedule A, Part II, col (d), and Part III, col (d)</b>	<b>(d) Tax on investments that jeopardize charitable purpose—Schedule D, Part II, col (d)</b>	<b>(e) Tax on taxable expenditures—Schedule E, Part II, col (d)</b>
a			
b			
c			
<b>Total</b>	<b>(g) Tax on disqualifying lobbying expenditures—Schedule H, Part II, col (d)</b>	<b>(h) Tax on excess benefit transactions—Schedule I, Part II, col (d), and Part III, col (d)</b>	<b>(i) Tax on being a party to prohibited tax shelter transactions—Schedule J, Part II, col (d)</b>
a			
b			
c			
<b>Total</b>	<b>(k) Tax on prohibited benefits—Sch L, Part II, col (d), and Part III, col (d)</b>	(l) Tax on taxable distributions—Schedule K, Part II, col (d)	
a			
b			
c			
<b>Total</b>	<b>(l) Total—Add cols (c) through (k)</b>		

**Part II-B . Summary of Taxes (See Tax Payments in the instructions.)**

- 1 Enter the taxes listed in Part II-A, column (I), that apply to managers, self-dealers, disqualified persons, donors, donor advisors, and related persons who sign this form. If all sign, enter the total amount from Part II-A, column (I)
- 2 **Total tax.** Add Part I, line 13, and Part II-B, line 1
- 3 Total payments including amount paid with Form 8868 (see instructions)
- 4 **Tax due.** If line 2 is larger than line 3, enter amount owed (see instructions)
- 5 **Overpayment.** If line 2 is smaller than line 3, enter the difference. This is your refund

**SCHEDULE A—Initial Taxes on Self-Dealing (Section 4941)**

## Part I **Acts of Self-Dealing and Tax Computation**

(a) Act number	(b) Date of act	(c) Description of act
1		
2		
3		
4		
5		
(d) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VI-B, applicable to the act		(e) Amount involved in act
		(f) Initial tax on self-dealer (10% of col (e))
		(g) Tax on foundation managers (if applicable) (lesser of \$20,000 or 5% of col (e))

## Part II Summary of Tax Liability of Self-Dealers and Proration of Payments

### **Part III      Summary of Tax Liability of Foundation Managers and Proration of Payments**

**SCHEDULE B—Initial Tax on Undistributed Income (Section 4942)**

**1** Undistributed income for years before 2016 (from Form 990-PF for 2017, Part XIII, line 6c).  
**2** Undistributed income for 2016 (from Form 990-PF for 2017, Part XIII, line 6e).  
**3** Total undistributed income at end of current tax year beginning in 2017 and subject to tax under section 4942 (add lines 1 and 2).  
**4** **Tax**—Enter 30% of line 3 here and on Part I, line 1

**SCHEDULE C—Initial Tax on Excess Business Holdings (Section 4943)****Business Holdings and Computation of Tax**

If you have taxable excess holdings in more than one business enterprise, attach a separate schedule for each enterprise. Refer to the instructions for each line item before making any entries.

Name and address of business enterprise

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Employer identification number

Form of enterprise (corporation, partnership, trust, joint venture, sole proprietorship, etc.)

	(a) Voting stock (profits interest or beneficial interest)	(b) Value	(c) Nonvoting stock (capital interest)
1 Foundation holdings in business enterprise	1 %	2 %	
2 Permitted holdings in business enterprise	2 %	3 %	
3 Value of excess holdings in business enterprise	3		
4 Value of excess holdings disposed of within 90 days, or, other value of excess holdings not subject to section 4943 tax (attach statement)	4		
5 Taxable excess holdings in business enterprise—line 3 minus line 4	5		
6 Tax—Enter 10% of line 5	6		
7 Total tax—Add amounts on line 6, columns (a), (b), and (c), enter total here and on Part I, line 2	7		

**SCHEDULE D—Initial Taxes on Investments That Jeopardize Charitable Purpose (Section 4944)****Part I Investments and Tax Computation**

(a) Investment number	(b) Date of investment	(c) Description of investment	(d) Amount of investment	(e) Initial tax on foundation (10% of col (d))	(f) Initial tax on foundation managers (if applicable)—(lesser of \$10,000 or 10% of col (d))
1					
2					
3					
4					
5					

Total—Column (e) Enter here and on Part I, line 3

Total—Column (f) Enter total (or prorated amount) here and in Part II, column (c), below

**Part II Summary of Tax Liability of Foundation Managers and Proration of Payments**

(a) Names of foundation managers liable for tax	(b) Investment no from Part I, col (a)	(c) Tax from Part I, col (f), or prorated amount	(d) Manager's total tax liability (add amounts in col (c)) (see instructions)

**SCHEDULE E—Initial Taxes on Taxable Expenditures (Section 4945)****Part I Expenditures and Computation of Tax**

(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Name and address of recipient	(e) Description of expenditure and purposes for which made
1				
2				
3				
4				
5				
(f) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VI-B, applicable to the expenditure		(g) Initial tax imposed on foundation (20% of col (b))		(h) Initial tax imposed on foundation managers (if applicable)—(lesser of \$10,000 or 5% of col (b))
Total—Column (g). Enter here and on Part I, line 4.				
Total—Column (h) Enter total (or prorated amount) here and in Part II, column (c), below				

**Part II Summary of Tax Liability of Foundation Managers and Proration of Payments**

(a) Names of foundation managers liable for tax	(b) Item no from Part I, col (a)	(c) Tax from Part I, col (h), or prorated amount	(d) Manager's total tax liability (add amounts in col (c)) (see instructions)

**SCHEDULE F—Initial Taxes on Political Expenditures (Section 4955)****Part I Expenditures and Computation of Tax**

(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of political expenditure	(e) Initial tax imposed on organization or foundation (10% of col (b))	(f) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 2 1/2% of col (b))
1					
2					
3					
4					
5					
Total—Column (e) Enter here and on Part I, line 5					
Total—Column (f) Enter total (or prorated amount) here and in Part II, column (c), below					

**Part II Summary of Tax Liability of Organization Managers or Foundation Managers and Proration of Payments**

(a) Names of organization managers or foundation managers liable for tax	(b) Item no from Part I, col (a)	(c) Tax from Part I, col (f), or prorated amount	(d) Manager's total tax liability (add amounts in col (c)) (see instructions)

**SCHEDULE G—Tax on Excess Lobbying Expenditures (Section 4911)**

1	Excess of grassroots expenditures over grassroots nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1h) (See the instructions before making an entry.)	1
2	Excess of lobbying expenditures over lobbying nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1i) (See the instructions before making an entry.)	2
3	Excess lobbying expenditures—enter the larger of line 1 or line 2	3
4	Tax—Enter 25% of line 3 here and on Part I, line 6	4

**SCHEDULE H—Taxes on Disqualifying Lobbying Expenditures (Section 4912)**

<b>Part I Expenditures and Computation of Tax</b>					
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of lobbying expenditures	(e) Tax imposed on organization (5% of col (b))	(f) Tax imposed on organization managers (if applicable)—(5% of col (b))
1					
2					
3					
4					
5					

**Total—Column (e)** Enter here and on Part I, line 7

Total—Column (f) Enter total (or prorated amount) here and in Part II, column (c), below

**Part II Summary of Tax Liability of Organization Managers and Proration of Payments**

(a) Names of organization managers liable for tax	(b) Item no from Part I, col (a)	(c) Tax from Part I, col (f), or prorated amount	(d) Manager's total tax liability (add amounts in col (c)) (see instructions)

**SCHEDULE I—Initial Taxes on Excess Benefit Transactions (Section 4958)**

<b>Part I Excess Benefit Transactions and Tax Computation</b>		
(a) Transaction number	(b) Date of transaction	(c) Description of transaction
1		
2		
3		
4		
5		

  

(d) Amount of excess benefit	(e) Initial tax on disqualified persons (25% of col (d))	(f) Tax on organization managers (if applicable) (lesser of \$20,000 or 10% of col (d))

**SCHEDULE I—Initial Taxes on Excess Benefit Transactions (Section 4958) Continued**

## Part II. Summary of Tax Liability of Disqualified Persons and Proration of Payments

**Part III Summary of Tax Liability of 501(c)(3), (c)(4) & (c)(29) Organization Managers and Proration of Payments**

**SCHEDULE J—Taxes on Being a Party to Prohibited Tax Shelter Transactions (Section 4965)**

**Part I Prohibited Tax Shelter Transactions (PTST) and Tax Imposed on the Tax-Exempt Entity  
(see instructions)**

(a) Transaction number	(b) Transaction date	(c) Type of transaction	(d) Description of transaction
1			
2			
3			
4			
5			

**Total—** Column (h) Enter here and on Part I, line 9

Part II : **Tax Imposed on Entity Managers (Section 4965) Continued**

**SCHEDULE K—Taxes on Taxable Distributions of Sponsoring Organizations Maintaining Donor Advised Funds (Section 4966). See the instructions.**

## Part I **Taxable Distributions and Tax Computation**

(a) Item number	(b) Name of sponsoring organization and donor advised fund	(c) Description of distribution
1		
2		
3		
4		
(d) Date of distribution	(e) Amount of distribution	(f) Tax imposed on organization (20% of col (e))

**Total—Column (g)** Enter total (or prorated amount) here and in Part II, column (c), below

**SCHEDULE L—Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967).**

See the instructions.

## Part I Prohibited Benefits and Tax Computation

(a) Item number	(b) Date of prohibited benefit	(c) Description of benefit
1		
2		
3		
4		
5		

## Part II Summary of Tax Liability of Donors, Donor Advisors, Related Persons, and Proration of Payments

Part III Tax Liability of Fund Managers and Proration of Payments

**Schedule M—Tax on Hospital Organization for Failure to Meet the Community Health Needs**  
**Assessment Requirements (Sections 4959 and 501(r)(3)). (See instructions )**

**Part I Failures to Meet Section 501(r)(3)**

(a) Item number	(b) Name of hospital facility	(c) Description of the failure	(d) Tax year hospital facility last conducted a CHNA	(e) Tax year hospital facility last adopted an implementation strategy
1				
2				
3				
4				
5				

**Part II Computation of Tax**

1 Number of hospital facilities operated by the hospital organization that failed to meet the Community Health Needs Assessment requirements of section 501(r)(3)	1
2 Tax—Enter \$50,000 multiplied by line 1 here and on Part I, line 12	2

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

Title

Date

Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person

Date

Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person

Date

Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person

Date

Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person

Date

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>5/10/2018</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00335369</b>
	Firm's name ► <b>GEORGE M BOZIO, P.C.</b>			Firm's EIN ► <b>36-4372661</b>	
	Firm's address ► <b>2246 W CHICAGO AVE P O BOX 221315, CHICAGO, IL 60622</b>			Phone no <b>(773) 489-1040</b>	