

Form 990

Return of Organization Exempt From Income Tax

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 08-31-2018

B Check if applicable

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
UKRAINIAN FUTURE CREDIT UNIOND Employer identification number
38-1686292

Doing business as

E Telephone number

Number and street (or P O box if mail is not delivered to street address) 26495 RYAN ROAD

(586) 757-1980

City or town, state or province, country, and ZIP or foreign postal code
WARREN, MI 48091

G Gross receipts \$ 1,390,452

F Name and address of principal officer

VITALIY KUTNYY
26495 RYAN ROAD
WARREN, MI 48091H(a) Is this a group return for
subordinates? Yes NoH(b) Are all subordinates
included? Yes No

If "No," attach a list (see instructions)

H(c) Group exemption number ►

I Tax-exempt status 501(c)(3) 501(c) (14) ► (insert no) 4947(a)(1) or 527

J Website: ► WWW UKRFUTCU.ORG

K Form of organization Corporation Trust Association Other ► CREDIT UNION

L Year of formation 1961

M State of legal domicile MI

Part I Summary

1 Briefly describe the organization's mission or most significant activities

TO SERVICE THE FINANCIAL NEEDS OF OUR AMERICAN-UKRAINIAN MEMBERS IN THE EXPRESSED MOTTO, NOT FOR PROFIT, NOT FOR CHARITY, BUT FOR SERVICE "

2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	9
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	20
6 Total number of volunteers (estimate if necessary)	6	17
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

Activities & Governance

Revenue

Expenses

Net Assets or Fund Balances

Sign Here

Paid Preparer Use Only

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	1,459,589	971,074
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	811,668	402,288
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,701	9,732
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,277,958	1,383,094

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	879,871	580,131
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ►0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	761,101	1,359,742
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,640,972	1,939,873
19 Revenue less expenses Subtract line 18 from line 12	636,986	-556,779

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	84,639,351	0
21 Total liabilities (Part X, line 26)	73,658,795	0
22 Net assets or fund balances Subtract line 21 from line 20	10,980,556	0

Part II Signature Block

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

Signature of officer

2019-07-03

Date

VITALIY KUTNYY PRESIDENT/CEO

Type or print name and title

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00740435
Firm's name ► DOEREN MAYHEW		Firm's EIN ► 38-2492570		
Firm's address ► 305 WEST BIG BEAVER ROAD		Phone no (248) 244-3000		
TROY, MI 48084				

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

Part III

Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III **1** Briefly describe the organization's mission

TO SERVICE THE FINANCIAL NEEDS OF OUR AMERICAN-UKRAINIAN MEMBERS IN THE EXPRESSED MOTTO, NOT FOR PROFIT, NOT FOR CHARITY, BUT FOR SERVICE "

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
See Additional Data				
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
See Additional Data				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
See Additional Data				
4d	Other program services (Describe in Schedule O) (Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses ►			

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	No
2 Is the organization required to complete Schedule B, <i>Schedule of Contributors</i> (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	No
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a	No
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	No
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	Yes
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	1,840
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	20		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No		
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No		
b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No		
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No		
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).	7a			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b			
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d			
d If "Yes," indicate the number of Forms 8282 filed during the year	7e			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	9a			
9a Did the sponsoring organization make any taxable distributions under section 4966?	9b			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				
10 Section 501(c)(7) organizations. Enter	10a			
a Initiation fees and capital contributions included on Part VIII, line 12	10b			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11 Section 501(c)(12) organizations. Enter	11a			
a Gross income from members or shareholders	11b			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	12a			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	No		
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15	No		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16	No		

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.

**Section A. Governing Body and Management**

1a Enter the number of voting members of the governing body at the end of the tax year

1a	9	Yes	No

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O

b Enter the number of voting members included in line 1a, above, who are independent

1b	8	Yes	No

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

2	No
3	Yes

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?

4	Yes
5	Yes

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

6	Yes
7a	Yes

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

7b	Yes
8a	Yes

6 Did the organization have members or stockholders?

8b	Yes
9	No

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

8a	Yes
8b	Yes

7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8b	Yes
9	No

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body?

10a	No
10b	No

b Each committee with authority to act on behalf of the governing body?

11a	No
12a	Yes

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

12a	Yes
12b	Yes

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

12c	Yes
13	No

10a Did the organization have local chapters, branches, or affiliates?

13	No
14	Yes

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

14	Yes
15a	Yes

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

15b	No
16a	No

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

16b	No
17	Yes

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

17	Yes
18	No

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

18	No
19	Yes

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done

19	Yes
20	Yes

13 Did the organization have a written whistleblower policy?

20	Yes
21	Yes

14 Did the organization have a written document retention and destruction policy?

21	Yes
22	Yes

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

22	Yes
23	Yes

a The organization's CEO, Executive Director, or top management official

23	Yes
24	Yes

b Other officers or key employees of the organization

24	Yes
25	Yes

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

25	Yes
26	Yes

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

26	Yes
27	Yes

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

27	Yes
28	Yes

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed►

28	Yes
29	Yes

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

29	Yes
30	Yes

Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

30	Yes
31	Yes

20 State the name, address, and telephone number of the person who possesses the organization's books and records

►UKRAINIAN FUTURE CREDIT UNION 26495 RYAN ROAD WARREN, MI 48091 (586) 757-1980

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
 - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former highest compensated employee	Key employee	Officer			

1b Sub-Total ► | | |
c Total from continuation sheets to Part VII, Section A ► | | |
d Total (add lines 1b and 1c) ► | 25,369 | 0 | 7,671

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule 1 for such individual.

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule 1 for such person.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
JOSEPH SHOSHOO, 2549 LUBERON DR HENDERSON, NV 89044	NCUA CONSERVATORSHIP MANAGER	236,250
FINASTRA USA CORPORATION PO BOX 535120 ATLANTA, GA 30353	CORE SYSTEM PROCESSING SOFTWARE, ONLINE	112,036

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 2

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

Contributions, Gifts, Grants and Other Similar Amounts		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
1a Federated campaigns . . .	1a						
b Membership dues . . .	1b						
c Fundraising events . . .	1c						
d Related organizations	1d						
e Government grants (contributions)	1e						
f All other contributions, gifts, grants, and similar amounts not included above	1f						
g Noncash contributions included in lines 1a - 1f \$ _____							
h Total. Add lines 1a-1f ►							
Program Service Revenue		Business Code					
		2a LOAN INTEREST INCOME	522100	784,198	784,198		
		b FEE AND OTHER INCOME	522100	186,876	186,876		
		c _____					
		d _____					
		e _____					
		f All other program service revenue		971,074			
g Total. Add lines 2a-2f ►							
Other Revenue		402,288			402,288		
		3 Investment income (including dividends, interest, and other similar amounts) ►					
		4 Income from investment of tax-exempt bond proceeds					
		5 Royalties ►					
		6a Gross rents	(i) Real	(ii) Personal			
		b Less rental expenses	8,000				
		c Rental income or (loss)	7,358				
		d Net rental income or (loss) ►		642	642		
		7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
d Net gain or (loss) ►							
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a							
b Less direct expenses b							
c Net income or (loss) from fundraising events ►							
9a Gross income from gaming activities See Part IV, line 19 a							
b Less direct expenses b							
c Net income or (loss) from gaming activities ►							
10a Gross sales of inventory, less returns and allowances a							
b Less cost of goods sold b							
c Net income or (loss) from sales of inventory ►							
Miscellaneous Revenue	Business Code						
11a MISCELLANEOUS INCOME	522100	9,090	9,090				
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d ►		9,090					
12 Total revenue. See Instructions ►		1,383,094	980,806	0	402,288		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	33,040			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	378,458			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	32,853			
9 Other employee benefits	105,367			
10 Payroll taxes	30,413			
11 Fees for services (non-employees)				
a Management				
b Legal	2,955			
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	299,163			
12 Advertising and promotion	20,897			
13 Office expenses	319,258			
14 Information technology	151,613			
15 Royalties				
16 Occupancy	85,600			
17 Travel	2,720			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	214,522			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	23,110			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a LEGAL SETTLEMENT	200,101			
b LOAN SERVICING	143,527			
c EXAMINATION FEES/ASSOCI	10,964			
d MISC OPERATING EXPENSES	7,331			
e All other expenses	-122,019			
25 Total functional expenses. Add lines 1 through 24e	1,939,873			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	645,206	1	0
	2 Savings and temporary cash investments	13,772,106	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	27,450,744	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	29,683	9	0
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	0	10a	
	b Less accumulated depreciation	878,848	10c	0
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities See Part IV, line 11	40,423,349	12	0
	13 Investments—program-related See Part IV, line 11	403,800	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	1,035,615	15	0
	16 Total assets. Add lines 1 through 15 (must equal line 34)	84,639,351	16	0
Liabilities	17 Accounts payable and accrued expenses	150,265	17	
	18 Grants payable	0	18	
	19 Deferred revenue	0	19	
	20 Tax-exempt bond liabilities	0	20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	
	24 Unsecured notes and loans payable to unrelated third parties	0	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	73,508,530	25	0
	26 Total liabilities. Add lines 17 through 25	73,658,795	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	0	27	
	28 Temporarily restricted net assets	0	28	
	29 Permanently restricted net assets	0	29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	10,980,556	32	0
	33 Total net assets or fund balances	10,980,556	33	0
	34 Total liabilities and net assets/fund balances	84,639,351	34	0

Part XI

Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,383,094
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,939,873
3	Revenue less expenses Subtract line 2 from line 1	3	-556,779
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,980,556
5	Net unrealized gains (losses) on investments	5	-11,642
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-10,412,135
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	0

Part XII **Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

1 Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

	Yes	No
2a		No
2b		No
2c		
3a		No
3b		

2a Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both

Separate basis Consolidated basis Both consolidated and separate basis

2b Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both

Separate basis Consolidated basis Both consolidated and separate basis

2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Additional Data

Software ID:

Software Version:

EIN: 38-1686292

Name: UKRAINIAN FUTURE CREDIT UNION

Form 990 (2018)

Form 990, Part III, Line 4a:

PROVIDE OUR 3,800 MEMBERS WITH SHARE, SHAREDRAFT, JR PLAN SAVINGS, IRAS, AND CERTIFICATE OF DEPOSIT ACCOUNTS AND SERVICES THE CREDIT UNION MERGED WITH SELFRELIANCE FEDERAL CREDIT UNION EFFECTIVE 8/31/18 CREDIT UNION DEPOSIT, LENDING, AND OTHER SERVICES FOR THE FORMER MEMBERS OF UKRAINIAN FUTURE CREDIT UNION WILL CONTINUE, BUT UNDER SELFRELIANCE FEDERAL CREDIT UNION

Form 990, Part III, Line 4b:

PROVIDE 1,240 LOANS INCLUDING NEW AND USED AUTO, NEW AND USED RECREATIONAL VEHICLE, BUSINESS, CREDIT CARD, SIGNATURE, AND MORTGAGE LOANS TO OUR 3,800 MEMBERS. THE CREDIT UNION MERGED WITH SELFRELIANCE FEDERAL CREDIT UNION DEPOSIT, LENDING, AND OTHER SERVICES FOR THE FORMER MEMBERS OF UKRAINIAN FUTURE CREDIT UNION WILL CONTINUE, BUT UNDER SELFRELIANCE FEDERAL CREDIT UNION.

Form 990, Part III, Line 4c:

PROVIDE ATM AND DEBIT CARD, SAFE DEPOSIT BOX, ELECTRONIC BANKING, WIRE TRANSFER, OVERDRAFT AND COURTESY PAY TO ALL ELIGIBLE MEMBERS THE CREDIT UNION MERGED WITH SELFRELIANCE FEDERAL CREDIT UNION EFFECTIVE 8/31/18 CREDIT UNION DEPOSIT, LENDING, AND OTHER SERVICES FOR THE FORMER MEMBERS OF UKRAINIAN FUTURE CREDIT UNION WILL CONTINUE, BUT UNDER SELFRELIANCE FEDERAL CREDIT UNION

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

SCHEDULE N
(Form 990 or 990-EZ)

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

► **Attach certified copies of any articles of dissolution, resolutions, or plans.**

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
UKRAINIAN FUTURE CREDIT UNION

Employer identification number

38-168629

Part I **Liquidation, Termination, or Dissolution.** Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

2 Did or will any officer, director, trustee, or key employee of the organization

a Become a director or trustee of a successor or transferee organization?
b Become an employee of, or independent contractor for, a successor or transferee organization?
c Become a direct or indirect owner of a successor or transferee organization?
d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?
e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ►

	Yes	No
2a		No
2b		No
2c		No
2d		No

Part I Liquidation, Termination, or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-

Yes **No**

3 Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III.

4a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?

b If "Yes," did the organization provide such notice?

5 Did the organization discharge or pay all of its liabilities in accordance with state laws?

6a Did the organization have any tax-exempt bonds outstanding during the year?

b If "Yes" on line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?

c If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III

3	Yes
4a	Yes
4b	Yes
5	Yes
6a	No
6b	

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets.

Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity	Yes	No
----------	---	---------------------------------	--	---	-----------------------------	--	--	------------	-----------

2 Did or will any officer, director, trustee, or key employee of the organization

a Become a director or trustee of a successor or transferee organization?

b Become an employee of, or independent contractor for, a successor or transferee organization?

c Become a direct or indirect owner of a successor or transferee organization?

d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?

e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ►

2a	No
2b	No
2c	No
2d	No

Part III Supplemental Information.

Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

Return Reference	Explanation

Additional Data**Software ID:****Software Version:**

EIN: 38-1686292

Name: UKRAINIAN FUTURE CREDIT UNION

Form 990, Schedule N, Part I - Liquidation, Termination or Dissolution

1	(a) Description of asset(s) distributed or transactional expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transactional expenses	(d) Method of determining FMV for asset(s) distributed or transactional expenses	(e) Ein of recipient	(f) Name and address of recipient	(g) IRC Code section recipient(s) (if tax-exempt) or type of entity
	LOANS TO MEMBERS	09-01-2018	25,676,800	FAIR VALUE AS OF 8/31/18	36-2259531	SELFRELIANCE FEDERAL CREDIT UNION 2332 W CHICAGO AVE CHICAGO, IL 60622	501(C)(1)(A)(I)
	INVESTMENTS	09-01-2018	50,026,961	FAIR VALUE AS OF 8/31/18	36-2259531	SELFRELIANCE FEDERAL CREDIT UNION 2332 W CHICAGO AVE CHICAGO, IL 60622	501(C)(1)(A)(I)
	LAND, BUILDING AND FURNITURE & EQUIPMENT	09-01-2018	876,170	FAIR VALUE AS OF 8/31/18	36-2259531	SELFRELIANCE FEDERAL CREDIT UNION 2332 W CHICAGO AVE CHICAGO, IL 60622	501(C)(1)(A)(I)
	PREPAID AND OTHER ASSETS	09-01-2018	190,938	FAIR VALUE AS OF 8/31/18	36-2259531	SELFRELIANCE FEDERAL CREDIT UNION 2332 W CHICAGO AVE CHICAGO, IL 60622	501(C)(1)(A)(I)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZComplete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

2018**Open to Public
Inspection**

Name of the organization

UKRAINIAN FUTURE CREDIT UNION

Employer identification number

38-1686292

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	THE MICHIGAN DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES PLACED UKRAINIAN FUTURE CREDIT UNION INTO CONSERVATORSHIP ON FEBRUARY 23, 2018 AND APPOINTED THE NATIONAL CREDIT UNION ADMINISTRATION AS CONSERVATOR. THE TWO ORGANIZATIONS RESOLVED THAT MERGING INTO SELFRELIANCE FEDERAL CREDIT UNION WAS IN THE BEST INTEREST OF THE MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	UKRAINIAN FUTURE CREDIT UNION MERGED WITH SELFRELIANCE FEDERAL CREDIT UNION EFFECTIVE 8/31/18

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 5	EFFECTIVE 8/31/18, UKRAINIAN FUTURE CREDIT UNION MERGED ITS NET ASSETS INTO SELFRELIANCE FEDERAL CREDIT UNION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE CREDIT UNION HAS A SINGLE CLASS OF MEMBERS WITH EQUAL RIGHTS OF OWNERSHIP, GOVERNANCE AND VOTING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	BOARD MEMBERS ARE ELECTED BY THE MEMBERSHIP FOR 3 YEAR TERMS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	DECISIONS THAT REQUIRE MEMBERSHIP APPROVAL ARE MERGERS, FIELD OF MEMBERSHIP CHANGES, AND BY-LAW CHANGES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 AND SCHEDULES ARE REVIEWED BY THE CEO OF SELFRELIANCE FEDERAL CREDIT UNION PRIOR TO FILING WITH THE IRS. IT IS MADE AVAILABLE TO THE BOARD FOR REVIEW.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICTS OF INTEREST ARE DISCUSSED AT BOARD MEETINGS AND EMPLOYEE MEETINGS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE CEO/TREASURER'S COMPENSATION IS APPROVED BY THE BOARD OF DIRECTORS THE LAST COMPENSATION REVIEW WAS IN 2017

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	MONTHLY FINANCIAL STATEMENTS ARE POSTED IN THE LOBBY OF THE CREDIT UNION. ALL OTHER GOVERNING DOCUMENTS ARE AVAILABLE FOR REVIEW UPON REQUEST THROUGH THE MEMBERSHIP SERVICES DEPARTMENT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	ADMINISTRATIVE FEES 283,454 IRA ADMINISTRATIVE FEES 2,650 PAYROLL SERVICE 3,501 ARMoured CAR SERVICE 9,558

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	NET ASSETS MERGED INTO SELFRELIANCE FEDERAL CREDIT UNION -10,412,135