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Form 990-PF

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

2009

OMB No. 1545-0052

Department of the Treasury The foundation may be able to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Note. 20 2009, and ending For calendar year 2009, or tax year beginning Check all that apply: Initial return Initial Return of a former public charity Final return Amended return Address change A Employer identification number Name of foundation Use the IRS 27-1530381 label. ERNEST C AND MARION R KARRAS Otherwise. Telephone number (see the instructions) Room/suite Number/street (or P O. box no. if mail is not delivered to street add.) print 75 FOREST GATE CIR or type. City or town, state, and ZIP code C If exemption application is pending, check here See Specific Instructions. OAK BROOK IL 60523-D Foreign organizations, check here Foreign organizations meeting the 85% test, check here and attach computation X Section 501(c)(3) exempt private foundation Check type of organization: If private foundation status was Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation rminated under section Accounting method: X Cash 507(b)(1)(A), check here I Fair market value of all assets at end of If the foundation is in a 60-month year (from Part II, col. (c), line 16) Other (specify) termination under section 50,000 (Part I, column (d) must be on cash basis.) 507(b)(1)(B), check here Analysis of Revenue and Expenses Part I (d) Disbursements (a) Revenue and (The total of amounts in columns (b), (b) Net investment (c) Adjusted net for chantable expenses per (c), & (d) may not necessarily equal the income income purposes books amounts in column (a) (see instr.).) (cash basis only) Contributions, gifts, grants, etc , received (attach schedule) 50,000 if the foundation is not 2 Check ▶ | required to attach Sch. B 3 Interest on savings and temp cash investments Dividends and interest from securities Gross rents (Net rental income or (loss) 43.00 Net gain/(loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain . . . Income modifications Gross sales less rtns & allowances Less Cost of 1 CEIVED goods sold 10a c Gross profit or (loss) (attach schedule) Other income (altach schedule) 11 50,000. Total: Add lines 1 through 11 12 13 Other employees 14 Pension plans, employee benefits 15 Operating and Administrative Expenses Legal fees (attach schedule)..... Accounting fees (attach schedule) Other professional fees (attach schedule) Taxes (attach schedule) (see instructions) Depreciation (attach sch.) and depletion. Occupancy Travel, conferences, and meetings 21 Printing and publications 22 Other expenses (attach schedule) 23 Total operating and administrative expenses. Add lines 13 through 23 ... Contributions, gifts, grants paid. 25 26 Total exp & disbursements Add lines 24 and 25 Subtract line 26 from line 12: Excess of revenue over expenses 50,000 and disbursements ···· Net Investment income (if neg. enter -0-) c Adjusted net income (if neg , enter -0-)

For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

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P:	art II	Attached schedules and amounts in the description column should be for	Beginning of year	End o	of year
		end-of-year amounts only. (See inst.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		50,000.	50,000.
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
	1	Less: allowance for doubtful accts. ▶			
		Pledges receivable ▶			
		Less: allowance for doubtful accts.			
		Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	l _	disqualified persons (attach schedule) (see the instructions)	i i		Ì
	7	Other notes and loans receivable (attach schedule)			
	l	Less allowance for doubtful accounts	· 1		<u> </u>
23	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
₹		Investments - U.S. and state govt. obligations (attach schedule)			
	ь	Investments - corporate stock (attach schedule)			
	c	Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings,		* ;	<u></u>
	' '	Investments - land, buildings, and equipment basis Less accumulated depreciation (attach schedule)			<u> </u>
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule)		<u></u>	
	14	Land huildings and equipment hases.			
]	Land, buildings, and equipment basis Less accumulated depreciation (attach schedule)	T T		
		Other assets (describe			
	' -				
	16	Total assets (to be completed by all filers - see the instructions Also, see page 1, item I)		50,000.	50,000.
_		Accounts payable and accrued expenses		30,000.	30,000.
		Grants payable			1
_	19	Deferred revenue			18 - 1 - 18 18 18 18 18 18 18 18 18 18 18 18 18
Ę	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
==		Other liabilities (describe)			1,
		Outer habilities (describe P			
	23	Total liabilities (add lines 17 through 22)			
	125	Foundations that follow SFAS 117, check here	 		
		and complete lines 24 through 26 and lines 30 and 31.			
	24	Unrestricted			to the same of
98	25	Temporarily restricted			
au	26	Permanently restricted			
Net Assets or Fund Balances	-	Foundations that do not follow SFAS 117, ck. here			1
直	}	and complete lines 27 through 31.			45
Ę	27	Capital stock, trust principal, or current funds			
ō	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
3et	29	Retained earnings, accumulated income, endowment, or other funds			1
8	23	Realing earnings, accumulated income, endowment, or other failus			1.
Ne Ne	30	Total net assets or fund balances (see the instructions)	[
	31	Total liabilities and net assets/fund balances (see the			1
	31		{		1,
D.	 	Analysis of Changes in Net Assets or Fund Balan	ll	 	
				ith	,
1		net assets or fund balances at beginning of year - Part II, column (
_		of-year figure reported on prior year's return)			50,000.
		amount from Part I, line 27a			30,000.
		r increases not included in line 2 (itemize)			50,000.
		ines 1, 2, and 3		6	30,000.
		eases not included in line 2 (itemize)	lost II. column (h). linn 20		50,000.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - P	arcii, column (b), line 30	<u> </u>	1 30,000.

4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV in instructions)? If "Yes,"

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

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Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity		Ĭ	
	within the meaning of section 512(b)(13)?			
	If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract			
	before August 17, 2008?	12	·	Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		Х	
	Website address ▶			
14	The books are in care of ▶ SAME Telephone no. ▶			
	Located at ► ZIP+4 ►			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu oForm 1041 - Check here			▶
	and enter the amount of tax-exempt interest received or accrued during the year			` Ц
Pari	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.	44 (Yes	No
1a	During the year did the foundation (either directly or indirectly):	٠, ٠,		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			, ;
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		,57g (٠, ٠,
	a disqualified person?		′ ss. '	٠,
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No		, ,	,
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	(3.54)	14 m	1 (3)
	(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)?	`````, \$\´		* ^
	(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		1	1
	after termination of government service, if terminating within 90 days.)		7	شر
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in	77		, , ,
-	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)?	1b		"
	Organizations relying on a current notice regarding disaster assistance check here	., .	200	
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,	17.7	'3 -	
	that were not corrected before the first day of the tax year beginning in 2009?	1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	3.67		
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):	17		\ A
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d	ر ع سر	* , * ,	,
	and 6e, Part XIII) for tax year(s) beginning before 2009?		1, 2	\ `.´ .
	If "Yes," list the years ▶ 20 , 20, 20, 20	arr.		1,2
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	refers >	1	100
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)	33.	- 1	- 1
	to all years listed, answer "No" and attach statement - see the instructions.)	2b		<u> </u>
С	If the provisions of section 4942(a)(2) are being applied toany of the years listed in 2a, list the years here.		1.00	
	▶ 20 , 20 , 20 , 20	" ·4; ·	*	L 8.
3a			130	- 1
	enterprise at any time during the year? Yes 🛛 No	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1 46 to 1	' :
b	If "Yes," did it have excess business holdings in 2009 as a result o(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	P C]	۱
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; (43)		1	1.
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine		-,	
	ıf the foundation had excess business holdings in 2009.)	3b	 	
4a		<u>4a</u>	┼	X
b				
	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	. 4b	1	<u> </u>

		F(2009) ERNEST C AND MA	KION R KARR	45	27	<u>-153</u>	0381	Page 6
Pa	rt VII-E	Statements Regarding Activ	ities for Which For	m 4720 May Be Requ	uired (contin	ued)		
5	a Durin	g the year did the foundation pay or incur	any amount to:					
	(1) C	arry on propaganda, or otherwise attemp	t to influence legislation	(section 4945(e))?	Yes	; 🛛 N	0 /	
	(2) in	fluence the outcome of any specific publ	ic election (see section 4	1955); or to carry	_	_	78	
	O	n, directly or indirectly, any voter registrat	ion drive?		Yes	3 🛛 N		
	(3) P	rovide a grant to an individual for travel,	study, or other similar pu	rposes?	Yes	, 🛛 N	o 🧏	
		rovide a grant to an organization other th				_		\ ,\ ,
		section 509(a)(1), (2), or (3), or section				s 🛛 N	0 1	
		rovide for any purpose other than religiou				ш		
		ducational purposes, or for the prevention		• •	Ye:	5 🛛 N	o 100%	4.5 120-3
!		answer is "Yes" to 5a(1)-(5), didany of the						
	•	lations section 53.4945 or in a current no		•			5b	
	_	nizations relying on a current notice regar	• •	•	•	▶ □		
		answer is "Yes" to question 5a(4), does t				٠ اــا	Ç.,	
		ecause it maintained expenditure respons		•		s \square N	::	
		s," attach the statement required by Regu	-			, [] M	• -	
		• • •		` '			1.3	
0		e foundation, during the year, receive an ums on a personal benefit contract?	•	• • •	□ v-		- S. V.	
	•	•			_			
		e foundation, during the year, pay premi	ums, airectly or indirectly	, on a personal benefit co	ntract?		<u>[6b</u>	X
_		s" to 6b, file Form 8870.					1	
		y time during the tax year, was the found	• •			s 🛛 N	I^^'~	
		did the foundation receive any proceeds						
P	art VIII	•	Directors, Trustees	s, Foundation Manag	gers, Highly	Paid Er	nploye	es,
		and Contractors						-
1	List all	officers, directors, trustees, foundation					1	
		(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contribut employee bend and deferred	efit plans	, , ,	ense account, allowances
	ERNE	ST C KARRAS	CO-TTEE	,	and deterred	comp.	ļ	
		FOREST GATE CIRCLE	5	0				
		ON R KARRAS	CO-TTEE	<u> </u>				
_		FOREST GATE CIRCLE	5	0				
-	75 1	ONEST GATE CINCIL			.			
_			-					
_			 		 		 	
_			-					
_			1-4h4h4h1h	aladaa Naadaa Alaa In			<u>. </u>	
2	_	nsation of five highest-paid employees , enter ``NONE."	(other than those inclu	ided on line 1 -see the in	structions).			
_	11 110110	, enter NONE.			(d) Contribut	ions to	T	
	(a) Nam	e and address of each employee paid	(b) Title, and average hours per week	(c) Compensation	employee b	enefit		ense account
		more than \$50,000	devoted to position	(c) compensation	plans and de compensa		othe	r allowances
	NONE		 		Compense		 	
_	NON	<u>د</u>					1	
					 		 	
			-					
					 		 	
_			\dashv				-	
_			- 		 		 	
			\dashv]				
_			<u> </u>		 		 	
_			4					
					<u> </u>		1	<u>. </u>
To	tal numb	per of other employees paid over \$50,000) <u></u> .	<u></u>	<u> </u>		<u></u>	<u> </u>
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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, H., and Contractors (continued)	lighly Paid Employees,
3 Five highest-paid independent contractors for professional services (see the instructions). If none, en	ter "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of ser	
NONE	107 Semponosach
Total number of others receiving over \$50,000 for professional services	
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical info	o such
as the number of organizations and other beneficiaries served, conferences convened, research papers process	
1	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines	1 and 2. Amount
2	
All other program-related investments. See instructions.	1
3	

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Total. Add lines 1 through 3

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundation	ons, see the instructions.)
Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	
Average monthly fair market value of securities 1	a
Average of monthly cash balances	b
Fair market value of all other assets (see the instructions)	С
Total (add lines 1a, b, and c)	d
Reduction claimed for blockage or other factors reported on lines 1a and 1c	
(attach detailed explanation)	{ ·
Acquisition indebtedness applicable to line 1 assets	2
Subtract line 2 from line 1d	3
Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount,	
see the instructions)	4
Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5
Programme and the second se	6
Distributable Amount (see the instructions) (Section 4942(j)(3) and (j)(5) private operating foundation	ns
and certain foreign organizations check here ▶ ☐ and do not complete this part.)	
· · · · · · · · · · · · · · · · · · ·	1
Tay on investment income for 2009 from Part VI, line 5	
Income tax for 2009. (This does not include the tax from Part VI.)	XX.
Add lines 2a and 2b	ec
Distributable amount before adjustments. Subtract line 2c from line 1	
Recoveries of amounts treated as qualifying distributions	
	5
-	6
· · · · · · · · · · · · · · · · · · ·	7
	<u> </u>
art XII Qualifying Distributions (see the instructions)	
Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	
Expenses, contributions, gifts, etctotal from Part I, column (d), line 26	la
	lb
Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	
Amounts set aside for specific charitable projects that satisfy the:	
Suitability test (prior IRS approval required)	3a
• • • • • • • • • • • • • • • • • • • •	3b
	4
Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	`
	5
	6
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found	
qualifies for the section 4940(e) reduction of tax in those years.	**

	Citabilibated income (see a)	T T T T T T T T T T T T T T T T T T T			
1	Distributable amount for 2009 from Part XI, line 7	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
2	Undistributed income, if any, as of the end of 2009				
	Enter amount for 2008 only	•			
	•		 		
	Total for prior yrs.: 20, 20, 20				
	Excess distribs carryover, if any, to 2009:				
	From 2004				•
	From 2005				
	From 2006	,			
	From 2007				<i>*</i>
	From 2008				
	Total of lines 3a through e				
4	Qualifying distributions for 2009 from Part XII,				
	line 4: ▶ \$		ı		
а	Applied to 2008, but not more than line 2a				
b	Applied to undistributed income of prior				
	years (Election required - see the instr.)			*	
c	Treated as distributions out of corpus				
	(Election required - see the instructions)				
d	Applied to 2009 distributable amount				
e	Remaining amt. distributed out of corpus				
5	Excess distribs. carryover applied to 2009				
	(If an amount appears in column (d), the		,		
	same amount must be shown in col. (a).)	,			
6	Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, & 4e. Subtract line 5				
b	Prior years' undistributed income. Subtract				· · · · · · · · · · · · · · · · · · ·
	line 4b from line 2b				
С	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 the instructions				
е	Undistributed income for 2008. Subtract	<u> </u>			
	line 4a from line 2a. Taxable amount -				
	see the instructions				
f	Undistributed income for 2009. Subtract				
	lines 4d and 5 from line 1. This amount	•			·
	must be distributed in 2010				
7	Amounts treated as distributions out of				
	corpus to satisfy requirements imposed by				·
	section 170(b)(1)(F) or 4942(g)(3) (see the				
	instructions)				
8	Excess distributions carryover from 2004				
	not applied on line 5 or line 7 (see the			,	
	instructions)				
9	Excess distributions carryover to 2010.		,		
	Subtract lines 7 and 8 from line 6a				
	Analysis of line 9:				
	Excess from 2005	-			
	Excess from 2006				
	Excess from 2007	. 2-			
_	Excess from 2008				
9	Excess from 2009				400 DE (0000)

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

c Any submission deadlines:

Part XV Supplementary Information (continued)							
3 Grants and Contributions Paid Durlr	ng the Year or Appr	oved for F	uture Payment	_			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount			
Name and address (home or business)	or substantial contributor	recipient					
a Paid during the year							
**		<u> </u>	1				
Total	<u></u> <u></u>	 T					
b Approved for future payment							

nter gross amounts unless otherwi	se indicated	Unrelate	d business income	Excluded	by section 512, 513, or 514	(e)
		(a) Business	(b) Amount	(c) Excl.	(d) Amount	Related or exempt function income (See the
Program service revenue:	-	code		code		instructions.)
a			·····	+		
b						+
c d						
				+		
e f						
g Fees and contracts from gove	ernment agencies					
Membership dues and assess				†		
Interest on savings and temporary cash			· · · · · · · · · · · · · · · · · · ·	1 -		
Dividends and interest from se	F					
Net rental income or (loss) fro	-			1 -		,
a Debt-financed property	-			- 		
b Not debt-financed property .						
Net rental inc or (loss) from p				1		
Other investment income						
Other investment income Gain or (loss) from sales of assets other				1		
Net income or (loss) from spe	· · · · · · · · · · · · · · · · · · ·		 			· · · · · · · · · · · · · · · · · · ·
Gross profit or (loss) from sale	F					<u> </u>
Other revenue: a	· }-					
b	i i			1		
С			<u> </u>			
d						ļ
d				,		<u> </u>
), and (e)				13	
e Subtotal. Add columns (b), (d) Total. Add line 12, columns (b) we worksheet in line 13 instruction), and (e) o), (d), and (e) ns to verify calculatio	 ns.)				
e Subtotal. Add columns (b), (d) Total. Add line 12, columns (b) e worksheet in line 13 instruction art XVI-B Relationship), and (e) b), (d), and (e) ns to verify calculation of Activities to t	ns.) he Accom	plishment of Exe	mpt Pu	poses	
Subtotal. Add columns (b), (d) Total. Add line 12, columns (b) we worksheet in line 13 instruction art XVI-B Relationship ine No. Explain below how	o), and (e)	ns.) he Accom	plishment of Exe	mpt Pu	rposes VI-A contributed import	•
Subtotal. Add columns (b), (d) Total. Add line 12, columns (b) e worksheet in line 13 instruction art XVI-B Relationship ine No. Explain below how	o), and (e)	ns.) he Accom	plishment of Exe	mpt Pu	poses	•
Subtotal. Add columns (b), (d) Total. Add line 12, columns (b) e worksheet in line 13 instruction art XVI-B Relationship ine No. Explain below how	o), and (e)	ns.) he Accom	plishment of Exe	mpt Pu	rposes VI-A contributed import	•
Subtotal. Add columns (b), (d) Total. Add line 12, columns (b) we worksheet in line 13 instruction art XVI-B Relationship ine No. Explain below how	o), and (e)	ns.) he Accom	plishment of Exe	mpt Pu	rposes VI-A contributed import	•
Subtotal. Add columns (b), (d) Total. Add line 12, columns (b) e worksheet in line 13 instruction art XVI-B Relationship ine No. Explain below how	o), and (e)	ns.) he Accom	plishment of Exe	mpt Pu	rposes VI-A contributed import	•
Subtotal. Add columns (b), (d) Total. Add line 12, columns (b) e worksheet in line 13 instruction art XVI-B Relationship ine No. Explain below how	o), and (e)	ns.) he Accom	plishment of Exe	mpt Pu	rposes VI-A contributed import	•
Subtotal. Add columns (b), (d) Total. Add line 12, columns (b) we worksheet in line 13 instruction art XVI-B Relationship ine No. Explain below how	o), and (e)	ns.) he Accom	plishment of Exe	mpt Pu	rposes VI-A contributed import	•
Subtotal. Add columns (b), (d) Total. Add line 12, columns (b) e worksheet in line 13 instruction art XVI-B Relationship ine No. Explain below how	o), and (e)	ns.) he Accom	plishment of Exe	mpt Pu	rposes VI-A contributed import	•
Subtotal. Add columns (b), (d) Total. Add line 12, columns (b) e worksheet in line 13 instruction art XVI-B Relationship ine No. Explain below how	o), and (e)	ns.) he Accom	plishment of Exe	mpt Pu	rposes VI-A contributed import	•
Subtotal. Add columns (b), (d) Total. Add line 12, columns (b) e worksheet in line 13 instruction art XVI-B Relationship ine No. Explain below how	o), and (e)	ns.) he Accom	plishment of Exe	mpt Pu	rposes VI-A contributed import	•
Subtotal. Add columns (b), (d) Total. Add line 12, columns (b) e worksheet in line 13 instruction art XVI-B Relationship ine No. Explain below how	o), and (e)	ns.) he Accom	plishment of Exe	mpt Pu	rposes VI-A contributed import	•
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P	art XVI	Information Exempt Orga	•	ansfers To and Tra	nsactio	ons and R	elations	nips With	Noncharita	ble	
1	Did the	organization directly or	indirectly engage	e in any of the following	with any	other organia	ation desc	ribed ın sect	ion	Yes	No
) organizations) or in sec			olitical orga	anizations?			
а	Transfe	ers from the reporting fo	undation to a nor	ncharitable exempt organ	nization (of:					,
										1)	X
						••••	· · · · · · · · · · · · · · · · · · ·		<u>1a(</u>	2)	X
b	-	ransactions:							44.4	ı	- 4
			•	t organization						1)	X
				exempt organization							X
				ssets							X
											X
										- 	X
_				or fundraising solicitation							X
				ner assets, or paid emplo							X
a		-		plete the following sched			_				
	-		- •	porting foundation. If the				air market va	alue in any trar	saction	
	or snar	ing arrangement, snow	in column(a) the	value of the goods, othe	er assets	, or services	receivea.				
(2)	Line no	(b) Amount involved	(a) Name of son	ncharitable exempt organ	nization	(d) Doop of	transfora (
<u>(4)</u>	une no	(b) Amount involved	(c) Name of nor	ichaniable exempt organ	ilizauOII	(G) Desc. Of	ualisieis, i	i ai isacuoi is	, and Snaring a	mangem	ents
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	$\neg \uparrow$		1								
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			<u>L</u>			l					
2a	Is the	e foundation directly or	indirectly affiliated	d with, or related to, one	or more	tax-exempt of	organization	ns described	lin _		-
		, ,		n 501(c)(3)) or in section	527?				📙	Yes 2	∐ No
b	If "Ye	es," complete the follow		4) 7	A! _			(-) December			
_		(a) Name of organiza	ition	(b) Type of org	ganizatio	<u>n</u>		(c) Descript	ion of relations	nip	
_											
											
_											
_											
_	Under	penalties of penury, I declare the	at I have examined this	return, including accompanying s	schedules a	nd statements, a	nd to the best o	f my knowledge	and belief, it is		
	true, co	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 or fiduciary) is based on all information of which preparer has any knowledge						1			
	\w/	1/ Faish Farras 19/14/10 \ Kente				utee					
	Su	gnature of officer or trus				Date		Title			
e e	1.00	griditare or omeorior and			Date		Check if		Preparer's IC	numbei	r
Sign Here			1				self-empl	oyed ▶☐	(see Signati	re in the	
gu	ړ≥	Preparer's	Y		+	·)	_	instructions.		
S	Paid Preparer's	signature			09/0)1/2010	<u> </u>		P00057		
	9 6 8	Firm's name (or you	rs SWART			AGEMENT		EIN ► 3	6-36936	77	
	"-	if self-employed),	650 E	ALGONQUIN E	RD S	re 404		Phone no.			_
		address, and ZIP c	ode SCHAU	MBURG IL 60:	173-				847-241	<u> -580</u>	<u> </u>

Form **990-PF** (2009)

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

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, and 990-PF.

OMB No 1545-0047

2009

Employer identification number

ERNEST C AND MARION R KARRAS 27-1530381 Organization type (check one): Filers of: Section: 501(c)() (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trustnot treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 K For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater 41) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, Caution. Organization that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule B (Form 990, 990-EZ, or 990-PF) (2009) These instructions will be Issued separately.

Name of organization
ERNEST C AND MARION R KARRAS

Page _1 of _1 of Part I
Employer identification number
27-1530381

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
1	ERNEST C KARRAS 75 FOREST GATE CIRCLE	s 50,000.	Person X Payroll Noncash
	OAK BROOK IL 60523-		(Complete Part II If there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP +4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II If there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP +4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP +4	(c) Aggregate contributions	(d) Type of contribution
		s	Person Payroll Noncash (Complete Part II if there is a
(a)	(b)	(c)	noncash contribution.) (d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash
	IISOORRE2	Pay 1 Schedule B (Form 990.	(Complete Part II if there is a noncash contribution.)