

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

Fo	r caler	ndar year 2017 or tax year beginning , a	and ending				
		oundation			A Emplo	oyer identification number	
	_	eph and helen komarek founda	TION				
		HOWARD N. SCHWARTZ				-4294704	
		and street (or P O box number if mail is not delivered to street address)		om/suite		hone number (see instruction	ns)
		5 STONINGTON AVENUE RM/STE 2 wn, state or province, country, and ZIP or foreign postal code	19		84	7-519-9400	
		FMAN ESTATES IL 60169			C If exer	mption application is pending	g, check here
_			rn of a former public of	harity.	n 1 50	reign organizations, check h	ere 🕨 🗍
G	CHECK	Final return Amended	•	manty	ł	-	_
						reign organizations meeting % test, check here and attac	
		Address change Name cha				n test, areas riere and attac	ar computation
H		type of organization: Section 501(c)(3) exempt priva		and the		ate foundation status was ter	minated under
		on 4947(a)(1) nonexempt charitable trust Other taxab		03/	Section	n 507(b)(1)(A), check here	
		arket value of all assets at J Accounting method	X Cash Acci	rual		foundation is in a 60-month t	
		year (from Part II, col (c), Other (specify)			under	section 507(b)(1)(B), check	nere
) ▶ \$ 1,129,604 (Part I, column (d) must	t be on cash basis)	 	L		(d) D -b -co
` ¡	Part I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net inv	estment	(c) Adjusted net	(d) Disbursements for chantable
		the amounts in column (a) (see instructions))	books	incor	ne	ıncome	purposes (cash basis only)
_	1	Contributions, gifts, grants, etc , received (attach schedule)					(case, pasie only)
	2	Check ► X if the foundation is not required to attach Sch.					
	3	Interest on savings and temporary cash investments	4,034		4,034		
	4	Dividends and interest from securities	11,385	1	1,385		
	5a				-/		
a							
Revenue	6a	· -	118,424				
٥	, p	616 050					
á	2 7	Capital gain net income (from Part IV, line 2)		1:	18,424		
	8	Net short-term capital gain			<u> </u>	0	
	9	Income modifications					
	10a						
	b						
	C						
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	133,843	13	33,843	0	
7		Compensation of officers, directors, trustees, etc	0				
CU <i>lő</i> Exnensed	14	Other employee salaries and wages					
و ھ	15	Pension plans, employee benefits					
2018 Fyn	i 16a		2,039		2,039		
کا چا	b	`	750		750		
_	C	Other professional face (attention to be dule) C+m+ 3	20,116		20,116	IRE	
. T	17	Interest					AFINEU J
Operating and Administrat	18	Taxes (attach schedule) (see instructions) Stmt 4	508		508	TEL MAN	Pen
·	19	Depreciation (attach schedule) and depletion				MAY	17 2018 121
Ž	20	Occupancy					
7	21	Travel, conferences, and meetings				l ogr	
Š	22	Printing and publications					SIV UT I
Ē	23	Other expenses (att sch) Stmt 5	1,714		1,714		
ŧ	24						
200	;	Add lines 13 through 23	25,127	2	25,127	0	
ڲ	25	Contributions, grits, grants paid	56,000				56,000
	26	Total expenses and disbursements. Add lines 24 and 25	81,127		25,127	0	56,000
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	52,716				
	b			10	08,716		L
_	c	Adjusted net income (if negative, enter -0-)				0	
Fo	r Pape	erwork Reduction Act Notice, see instructions.					Form 990-PF (2017)

For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2017) JOSEPH AND HELEN KOMAREK FOUNDATION 86-4294704

Page 2

ı	Part II	Ralance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
_'	raiti	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing	23,823	23,256	23,256
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
ı		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 (att schedule) >See Wrk 4,400			
		Less allowance for doubtful accounts ▶ 0	4,400	4,400	4,400
ম	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments – U S and state government obligations (attach schedule)			
-	b	investments – corporate stock (attach schedule) See Stmt 6	964,518	1,101,948	1,101,948
	С	Investments – corporate bonds (attach schedule)			
-1	11	Investments – land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.)			
	12	Investments – mortgage loans			
- 1	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.) ▶			
- 1	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers – see the			
4		instructions. Also, see page 1, item I)	992,741	1,129,604	1,129,604
		Accounts payable and accrued expenses			
S		Grants payable			
Ë.		Deferred revenue			
Liabilities		Loans from officers, directors, trustees, and other disqualified persons			
<u>.</u>		Mortgages and other notes payable (attach schedule)			
7		Other liabilities (describe ▶)			
4		Total liabilities (add lines 17 through 22)	0	0	
Ses		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
ā	24	Unrestricted			
찚	25	Temporarily restricted			
힣	26	Permanently restricted			
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds	992,741	1,129,604	
ig	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
Š	29	Retained earnings, accumulated income, endowment, or other funds			
ᇹ	30	Total net assets or fund balances (see instructions)	992,741	1,129,604	
Z	31	Total liabilities and net assets/fund balances (see			
		instructions)	992,741	1,129,604	
_	Part I				
1		net assets or fund balances at beginning of year - Part II, column (a), line 30 ((must agree with		
		f-year figure reported on prior year's return)		1	992,741
		amount from Part I, line 27a		2	52,716
		increases not included in line 2 (itemize) >See Statement 7		3	84,147
		ines 1, 2, and 3		4	1,129,604
		eases not included in line 2 (itemize) ► net assets or fund balances at end of year (line 4 minus line 5) – Part II, colum	an (h) line 30	5	1,129,604
_0	וטומו	ther assets of futio balances at end of year (little 4 fillinus little 5) – Part II, Colum	iii (b), iiile 30	1 9 1	Form 990-PF (2017)

3

	990-PF (2017) JUSEPH AND HELEN KOMAREK FOUNDATIONS 6-4294 / U4			Pa	ige 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instruction	ons)			
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	<u> </u>			
	Date of ruling or determination letter. (attach copy of letter if necessary—see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	-1-		1,0	18 /
	here ► X and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of				
	Part I, line 12, col (b)				^
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2		4 /	<u> </u>
3	Add lines 1 and 2	3		1,0	<u> </u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4			<u> </u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		1,0	187
6	Credits/Payments				
а	2017 estimated tax payments and 2016 overpayment credited to 2017				
b	Exempt foreign organizations – tax withheld at source				
С	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld				
7	Total credits and payments Add lines 6a through 6d	_7			
8	Enter any penalty for underpayment of estimated tax. Check her I if Form 2220 is attached	_8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		1,0	<u> 187</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
11_	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ Refunded ▶	11			
	rt VII-A Statements Regarding Activities		T		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		<u> </u>	Yes	No
	participate or intervene in any political campaign?		<u>1a</u>		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the		1 . 1	i	
	Instructions for the definition		1b		<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		1	ŀ	
	published or distributed by the foundation in connection with the activities		1	1	
C	Did the foundation file Form 1120-POL for this year?		1c		<u>x</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			İ	
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$	_	1	Ì	
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		1	ŀ	
	on foundation managers > \$			ŀ	••
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
_	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				77
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		<u> </u>
_	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	37/3	4a		<u>X</u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
_	If "Yes," attach the statement required by General Instruction T			1	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			1	
	By language in the governing instrument, or By language in t				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		6	x	
_	conflict with the state law remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), an	d Bod VV	7	$\hat{\mathbf{x}}$	
7	Enter the states to which the foundation reports or with which it is registered. See instructions.	u Fait AV			
oa	None]]	
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General]]	
b			8b	x	
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation		AD.	A	
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 taxable year beginning in 2017? See instructions for Part XIV. If "Yes,"				9
			9	[x V
			. 5		<u></u>
10	complete Part XIV				
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10		x

Form	1990-PF (2017) JOSEPH AND HELEN KOMAREK FOUNDATION 6-4294704			Pa	age 5
Pa	art VII-A Statements Regarding Activities (continued)				
				Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the				
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions		11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified		ļi		
	person had advisory privileges? If "Yes," attach statement. See instructions		12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	X	
	Website address ► N/A				
14	The books are in care of ▶ HOWARD N. SCHWARTZ Telephone no. ▶	847-5	19-	940	0
	2155 STONINGTON AVENUE				
	Located at ▶ HOFFMAN ESTATES IL ZIP+4 ▶	60169	9		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here				▶ ∐
	· · · · · · · · · · · · · · · · · · ·	15			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority			Yes	No
	over a bank, securities, or other financial account in a foreign country?		16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of		!	- 1	
	the foreign country ▶_		<u> </u>		
Pa	urt 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.		L	Yes	No
1a	During the year, did the foundation (either directly or indirectly).		[[ı
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a				
	disqualified person? Yes	X No		1	1
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	X No		1	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			- 1	
	the benefit or use of a disqualified person)?	X No	1	·	
	(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			- 1	
	termination of government service, if terminating within 90 days)	X No	1		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations	/-	l I		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			I	
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	37/3			
	were not corrected before the first day of the tax year beginning in 2017?	N/A	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			1	
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))				
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and	₩	1	ł	
	6e, Part XIII) for tax year(s) beginning before 2017? Yes	X No			
L	If "Yes," list the years ▶ 20 , 20 , 20 , 20			}	
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)				
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	N/A	25	İ	
_	all years listed, answer "No" and attach statement – see instructions)	IV/A	2b	\dashv	
С	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			- 1	
32	▶ 20 , 20 , 20 , 20 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise				
3a	at any time during the year?	X No		[
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or	45 110			
-	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			Ì	
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	ļ			
	foundation had excess business holdings in 2017.)	N/A	3ь	}	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	-1/52	4a	\dashv	x
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	ļ		\dashv	_==
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?		4b	ı	X
	The state of the s	Fr		0-PF	(2017)

	990-PF (2017) JOSEPH AND HELEN KOMAREK FOUND					Pa	ge 6
	art, VII-B Statements Regarding Activities for Which Form	n 4/20 May B	e Requirea (d	continuea)			
5a	During the year did the foundation pay or incur any amount to		σ.	. 📻		ŀ	
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section	• • •	<u> </u>	res 🗶 No			
	(2) Influence the outcome of any specific public election (see section 4955),	or to carry on,		120			
	directly or indirectly, any voter registration drive?		<u> </u>	∕es X No		ł	
	(3) Provide a grant to an individual for travel, study, or other similar purposes		\ \ \	res 🗶 No			
	(4) Provide a grant to an organization other than a charitable, etc., organizat	ion described in					
	section 4945(d)(4)(A)? See instructions		_\ \	′es 🏋 No	' i	- 1	
	(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational					
	purposes, or for the prevention of cruelty to children or animals?		\ \	res 🗶 No			
b	if any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify t	inder the exceptio	ns described in			İ	
	Regulations section 53 4945 or in a current notice regarding disaster assistant	nce? See instructi	ons	N/A	5b	ŀ	
	Organizations relying on a current notice regarding disaster assistance, chec	k here		▶ 🗍			
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption					- 1	
	because it maintained expenditure responsibility for the grant?		N/A 🗌	′es 🗌 No		ļ	
	If "Yes," attach the statement required by Regulations section 53 4945-5(d)		,		1	ŀ	
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to	nav premiums			ì	- 1	
•	on a personal benefit contract?	s pay promisino		′es 🕱 No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a	nersonal benefit o		C3 <u>22</u> 110	6b	ľ	x
U	If "Yes" to 6b, file Form 8870	personal benefit (JOHN ACL!		0.5		<u></u>
70	At any time during the tax year, was the foundation a party to a prohibited tax	cabaltar transaction		′es 🕱 No			
	If "Yes," did the foundation receive any proceeds or have any net income attr			'es X No N/A	7b	Ì	
P		roundation ivi	anayers, mig	illy Paid Ellip	oloye	e5,	
4 1	and Contractors .ist all officers, directors, trustees, and foundation managers and their co	macraetica Se	- instructions				
<u></u>	ist all officers, directors, trustees, and foundation managers and their co	Inpensation, Sec	e instructions.	400-1-1-1-1			
	(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		ense acc allowant	
Se	e Statement 8			<u> </u>			
					-		
					}		
				_ 			
		1		·	[
		<u> </u>	<u> </u>		<u> </u>		
2	Compensation of five highest-paid employees (other than those include "NONE."	ed on line 1 – see	instructions). If	none, enter			
		(b) Title, and average		(d) Contributions to	4-15-		
	(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred		ense acc	
		devoted to position		compensation		a.ionaii	
NO	NE						
		1		ı.	ł		
		1		,			
		1					
		 			1		
		1					
		 		 	 		
		}]]		
Tota	I number of other employees paid over \$50,000			•	 		0
	Thannes of other employees paid over 400,000					0-PF	

Part VIII Information About Officer	N KOMAREK FOUND!	ATION86-4294704 Dundation Managers, Highly Pa	Page 7
and Contractors (continue		Dundation Managers, Highly Pa	iu Employees,
3 Five highest-paid independent contractors		instructions. If none, enter "NONE."	
(a) Name and address of each per	son paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
T-4-1			
Total number of others receiving over \$50,000 for p	rofessional services		<u> </u>
Part IX-A Summary of Direct Char	table Activities		
List the foundation's four largest direct chantable activities during the organizations and other beneficianes served, conferences convened		nation such as the number of	Expenses
1 N/A			
2			
3			
4			
Part IX-B Summary of Program-Re	lated Investments (see in	nstructions)	
Describe the two largest program-related investments made by the	foundation during the tax year on lines 1 ar	nd 2	Amount
1 N/A			
2			
All other program-related investments. See instructions			
3			
Total. Add lines 1 through 3		<u> </u>	Form 990-PF (2017)

	1990-PF (2017) JUSEPH AND HELEN KOMAREK FOUNDATIONS-4294/U4		Page 8
Pa	Minimum Investment Return (All domestic foundations must complete this part Fo	preigr	n toundations,
	see instructions.)	1 1	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	1,033,233
b	Average of monthly cash balances	1b	23,540
c	Fair market value of all other assets (see instructions)	1c	4,400
d	Total (add lines 1a, b, and c)	1d	1,061,173
e	Reduction claimed for blockage or other factors reported on lines 1a and		
•	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	1,061,173
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see	۳	270027273
•	instructions)	4	15,918
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,045,255
6	Minimum investment return. Enter 5% of line 5	6	52,263
	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opera	_	
•	and certain foreign organizations check here ▶ and do not complete this part)		04114410110
1	Minimum investment return from Part X, line 6	1	52,263
2a	Tax on investment income for 2017 from Part VI, line 5 2a 1,087		
b	Income tax for 2017 (This does not include the tax from Part VI)	1 1	
C	Add lines 2a and 2b	2c	1,087
3	Distributable amount before adjustments Subtract line 2c from line 1	3	51,176
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	51,176
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
•	line 1	7	51,176
	art VII — Overlifying Dietaihutiene (een instructions)		
	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	56,000
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		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	56,000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b See instructions	5	1,087
6	Adjusted qualifying distributions. Subtract line 5 from line 4	_6	54,913
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the f	ounda	ition
	qualifies for the section 4940(e) reduction of tax in those years.		
			Form 990-PF (2017)

	n 990-PF (2017) JOSEPH AND art XIII Undistributed Incom			ION86-429470	4	Page 9
	art Alli Undistributed Incom	ie (see instructions		/ b)	(a)	(4)
1	Distributable amount for 2017 from Pai	rt XI.	(a) Corpus	(b) Years pnor to 2016	(c) 2016	(d) 2017
-	line 7	·····				51,176
2	Undistributed income, if any, as of the	end of 2017				
а	Enter amount for 2016 only	Ĺ				
b	Total for prior years 20 , 20	, 20				
3	Excess distributions carryover, if any, t	o 2017	-		· · ·	
а	From 2012				1	
b	From 2013					
С	From 2014					
d	From 2015	3,987				
е	From 2016	6,324				
f	Total of lines 3a through e	<u> </u>	10,311			
4	Qualifying distributions for 2017 from F	Part XII,				
	line 4 ▶ \$56,000		1			
	Applied to 2016, but not more than line					
þ	Applied to undistributed income of prio	r years	4			
	(Election required – see instructions)	<u> </u>				
С	Treated as distributions out of corpus (Election	İ			
_	required – see instructions)	_				
	Applied to 2017 distributable amount	_				51,176
	Remaining amount distributed out of co	·	4,824			
5	Excess distributions carryover applied					
	(If an amount appears in column (d), th	į.	,	ļ		
_	amount must be shown in column (a))					
6	Enter the net total of each column as	5	1	i		
_	indicated below:	root line E	15,135	Ì		
	Corpus Add lines 3f, 4c, and 4e Subtr	_	15,135			
D	Prior years' undistributed income Subt line 4b from line 2b	raci	\			
_	Enter the amount of prior years' undisti	ributed				
·	income for which a notice of deficiency			ľ		
	been issued, or on which the section 4					
	tax has been previously assessed	5 ,2(a)				
d	Subtract line 6c from line 6b Taxable	<u> </u>				
_	amount - see instructions					
е	Undistributed income for 2016, Subtract	at line				
	4a from line 2a Taxable amount - see					
	instructions	Į.	ļ		Į	
f	Undistributed income for 2017 Subtract	t lines				
	4d and 5 from line 1. This amount mus	t be				
	distributed in 2018					0
7	Amounts treated as distributions out of	corpus				
	to satisfy requirements imposed by sec	tion	1		[
	170(b)(1)(F) or 4942(g)(3) (Election ma	y be				
	required—see instructions)	Ĺ				
8	Excess distributions carryover from 20					
	applied on line 5 or line 7 (see instruction	ons)				
9	Excess distributions carryover to 20	18.		Ì	ļ	
	Subtract lines 7 and 8 from line 6a	L	15,135			
10	Analysis of line 9	,			ļ	
а	Excess from 2013					
b	Excess from 2014				i	
C	Excess from 2015	3,987		})	
d	Excess from 2016	6,324				
е	Excess from 2017	4,824		l l	į	

Forn	1990-PF (2017) JOSEPH AND					Page 10
<u>P</u>	art XIV · Private Operating Fo	oundations (see	instructions and	Part VII-A, questi	on 9)	
1a	If the foundation has received a ruling	or determination lette	er that it is a private of	perating		
	foundation, and the ruling is effective for	or 2017, enter the dat	te of the ruling	_		/
b	Check box to indicate whether the four	dation is a private or	perating foundation de	escribed in section 4	942(j)(3) or 4942	(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	L	Prior 3 years		(e) Total
	income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014/	(e) 10ta:
	investment return from Part X for					
	each year listed		•		/	
b	85% of line 2a					
С	Qualifying distributions from Part XII,					
	line 4 for each year listed	1	1	1		
d	Amounts included in line 2c not used directly			-	,	
	for active conduct of exempt activities				1	
е	Qualifying distributions made directly					
_	for active conduct of exempt activities			1	1	
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the		 	1	 	
·	alternative test relied upon				l l	
а	"Assets" alternative test – enter.	}	1		}	
a	(1) Value of all assets	1				
	(2) Value of assets qualifying under		 	 	 	
	section 4942(j)(3)(B)(i)					
_	"Endowment" alternative test ~ enter 2			 	 	
b				ļ		
	of minimum investment return shown in			1	1	
_	Part X, line 6 for each year listed				 	
С	"Support" alternative test – enter			ì	}	
	(1) Total support other than gross investment income (interest,					
	dividends, rents, payments on			ł	}	
	securities loans (section	,	d.			
	512(a)(5)), or royalties)			ŀ	1	
	(2) Support from general public					
	and 5 or more exempt			ļ	i	
	organizations as provided in		ļ			
	section 4942(j)(3)(B)(iii)		ļ_ 	ļ	<u> </u>	
	(3) Largest amount of support from			1		
	an exempt organization		ļ			···
	(4) Gross investment income		<u> </u>	<u> </u>	<u> </u>	
Pa	art XV Supplementary Info			if the foundatio	n had \$5,000 or n	nore in assets a
	any time during the	<u>year – see instru</u>	uctions.)			
1	Information Regarding Foundation I	Managers:				
а	List any managers of the foundation w	ho have contributed r	nore than 2% of the to	otal contributions rece	eived by the foundation	
	before the close of any tax year (but or	nly if they have contri	buted more than \$5,0	00) (See section 507	(d)(2).)	
	N/A					
b	List any managers of the foundation w	ho own 10% or more	of the stock of a corp	oration (or an equally	large portion of the	
	ownership of a partnership or other en	tity) of which the foun	dation has a 10% or	greater interest		
	N/A					
2	Information Regarding Contribution	, Grant, Gift, Loan, S	Scholarship, etc., Pr	ograms:		
	Check here ▶ ☐ If the foundation on			-	nd does not accept	
	unsolicited requests for funds If the fo	•	·	-	•	5.
	complete items 2a, b, c, and d See ins	-		•		•
a	The name, address, and telephone nu		s of the person to wh	om applications shou	ld be addressed:	
-	N/A		o o, mo poroon to m.			
	,					
	The form in which applications should	he submitted and info	ormation and material	s they should include		
	N/A	be submitted and init	omation and material	s they should include		
	Any submission deadlines					
·	N/A					
	Any restrictions or limitations on award	s such as by sooms	phical areas charitat	ale fields kinds of inst	itutions or other	
u	factors.	o, such as by geogla	pinoai aicas, Chantab	no noide, kinds Of 1115t	addone, or other	
	N/A					
	41/ 43					

Form 990-PF (2017) JOSEPH AND HELEN KOMAREK FOUNDATION86-4294704 Page 11 Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to any foundation manager or substantial contributor Purpose of grant or status of Amount contribution recipient Name and address (home or business) a Paid during the year See Statement 9 56,000 56,000 Total ▶ 3a b Approved for future payment N/A Total ▶ 3b

Part XVI	-A Analysis of Income-Producing A	ctivities				
Enter gross a	amounts unless otherwise indicated		ed business income	Excluded	1 by section 512, 513, or 514	
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
=	service revenue			ļ		(See instructions)
				ļ		
				 		
ů				 		
f			 	+		
· -	and contracts from government agencies			 		
	hip dues and assessments			†		
	n savings and temporary cash investments	-		14	4,034	
	s and interest from securities			14	11,385	
5 Net renta	I income or (loss) from real estate.					
	financed property					
b Not d	ebt-financed property					
6 Net renta	I income or (loss) from personal property					
7 Other inv	estment income					1
	oss) from sales of assets other than inventory			ļ		118,424
	ne or (loss) from special events					
	ofit or (loss) from sales of inventory			1		
	enue a			<u> </u>		
	·····					
				-		
				 		
e	Add columns (b), (d), and (e)		0	1	15,419	118,424
	d line 12, columns (b), (d), and (e)	L.,		<u>′Il</u>	13,419	133,843
	eet in line 13 instructions to verify calculations)				'' _	133,043
Part XVI-		Accomplish	ment of Exemp	t Purpo	oses	· · · · · · · · · · · · · · · · · · ·
Line No. ▼	Explain below how each activity for which incom accomplishment of the foundation's exempt pur	ne is reported i	n column (e) of Part	XVI-A co	ntributed importantly t	to the
N/A						

				<u>.</u>		
				-		
<u>-</u>						
						
	 				_	
	<u></u>					

<u>Form 99</u>	<u>90-PF (20</u>	17) JOSEPH A	ND HEL	EN KOMARI	EK FOUNL	<u> </u>	<u> 294704</u>			Pag	<u>je 13</u>
Part	XVII	Information Reg Exempt Organiz	arding Ti ations	ransfers To a	nd Transac	tions and Rela	itionships	With Nonchar	itabl	е	
1 D	id the orga	anization directly or in	directly enga	age in any of the	following with a	ıny other organızatı	on described			Yes	No
ın	section 5	01(c) (other than sec	tion 501(c)(3) organizations)	or in section 52	7, relating to politic	al		ļ		1
or	ganızatıoı	ns?									
a Tı	ransfers fr	om the reporting four	idation to a i	noncharitable exe	empt organization	on of					1
) Cash	, ,							1a(1)		X
•) Other a	ceate							1a(2)		X
•	ther trans								1.6(2)		_ -
			dabla avama						4 15/4 \		v
•	•	f assets to a nonchar	-	-	_4				1b(1)		X
	-	ses of assets from a r		• -	ation				1b(2)		X
•	•	of facilities, equipmen	· ·	ssets					1b(3)		X
		rsement arrangemen	ts						1b(4)		X
	-	or loan guarantees							1b(5)		X
(6) Perform	nance of services or n	nembership	or fundraising sol	ıcıtations				1b(6)		X
c S	haring of f	acilities, equipment, r	nailing lists,	other assets, or p	paid employees	;			1c_		<u> </u>
		er to any of the above									
Va	alue of the	goods, other assets,	or services	given by the repo	orting foundatio	n. If the foundation	received less	than fair market			
va	alue in any	transaction or sharing	<u>ig arrangem</u>	ent, show in colu	mn (d) the valu	e of the goods, oth	er assets, or	services received			
(a) L	ine no	(b) Amount involved	(c) Name	of nonchantable exem	pt organization	(d) Description	on of transfers, tra	nsactions, and sharing a	rrangem	ents	
N/A	-									_	
		· · · · · · · · · · · · · · · · · · ·									
					· 						
		<u> </u>				<u> </u>					
						 					
			ļ			 					
			ļ			 					
			<u> </u>			 					
			<u> </u>								
		ļ	ļ								
						<u></u>		 			
		ļ		·							
			<u> </u>			<u> </u>					
						L					
de	escribed in	lation directly or indirently	r than section	•	•	tax-exempt organi	ızatıons		Y	es X	No
b If	"Yes," cor	nplete the following s	chedule			,					
	<u>_</u>) Name of organization		(b) Type of o	rganization		(c) Descrip	tion of relationship			
N/	<u>'A</u>					<u> </u>					
		·									
		·									
						<u> </u>					
		nalties of perjury, I declare nd complete Declaration of						est of my knowledge an	d belief,	ıt ıs tru	e,
	Conect, a	nd complete Declaration o	preparer (otne	ir than taxpayer) is bas	sed on all information	on or which preparer has	ally knowledge	May the IRS disc			\Box
Sign								with the prepare			٦ l
Here	!	7 4	•					See instructions		Yes	No
		50.10 (1)	4	./ -	10	-12-18	DTRE	CTOR			
	Signa	ature of officer or trustee	MALKELY		Date		Title	0101			
	' 				r			1 5			$\overline{}$
	Pnnt/Ty	pe preparer's name			Preparer's signat	ш е \	1	Date		Check	
Paid	7_1_	T V1			Tob	/x	(/)	1 - he 13	7/10		nployed
Prepar	er	J. Kiely	- 6 3 -		John J. 1	TATA -AF	100 A. 4		<u> </u>		
Use Or	IV Firm's r			sociates,	LLC		- 4		0798		
	Firm's 8			alle St E	£1 12			Firm's EIN ▶ 81~			
		Chica	ago, I	L 60604				Phone no 312	<u>-78</u>	6-5	
								_	00	11_DC	

Form , 990-PF	apital Gains and Losses	s for Tax on Investme		2017
Name	KOMAREK FOUNDATIO	·		entification Number
	CHWARTZ	21	36-429	4704
(a) List and descrit 2-story brick wa	pe the kind(s) of property sold, e.g., real estate, arehouse, or common stock, 200 shs. MLC Co	(b) How acq P-Purcha D-Donatio	uired (C) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
(1) MORGAN STANLEY	1099B	P	Various	Various
(2) MORGAN STANLEY	1099B	P	Various	Various
(3) MORGAN STANLEY		P	Various	Various
(4) MORGAN STANLEY	1099B	P	Various	Various
(5) MORGAN STANLEY	1099B	P	Various	Various
(6) MORGAN STANLEY		P	Various	Various
(7) MORGAN STANLEY		P	Various	Various
(8) MORGAN STANLEY		P	Various	Various
(9) MORGAN STANLEY		P	Various	Various
(10) MORGAN STANLEY		P	Various	Various
(11) MORGAN STANLEY	1099B	P	Various	Various
(12)				
(13) (14)				
(15)				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gai (e) plus (n or (loss) f) minus (g)
(1) 2,107		2,267		-160
(2) 16,339		13,845		2,494
(3) 2,790		1,772		1,018
(4) 15,995		16,069		-74
(5) 9,132		9,172		-40
(6) 16,000		16,000		
(7) 127,373		114,998		12,375
(8) 144,956		109,824		35,132
(9) 37,267		14,722		22,545
(10) 124,063		115,686		8,377
(11) 120,935		84,178		36,757
(12)				
(13)				
(14)				
(15)				
Occupieto col di		L. C		
	ing gain in column (h) and owned by t		(I) Gains (C	ol (h) gain minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col (k), but not le Losses (fro	ol (h) gain minus ess than -0-) OF m col (h))
(1)				-160
(2)				2,494
(3)				1,018
(4)				-74
(5)				-40
(6)				10 0==
(7)		 		12,375
(8)		 		35,132
(9)		 	-	22,545
(10)		1	_	8,377
(11)		 	- 	36,757
(12)		+		
(13)		+		
(14)				
(15)	<u> </u>	1	L	

Other Notes and Loans Receivable						
Form 990-PF	Form 990-PF For calendar year 2017, or tax year beginning , and ending					2017
Name Employer Id						lentification Number
JOSEPH AND HELEN KOMAREK FOUNDATION C/O HOWARD N. SCHWARTZ			ON	36-4294704		
Form 990-PF,	Part II I.	ine 7 - Add	ditional T	formation	-	
FOIM 330 II,				,		
(1) Loan Recei	Name of borrower			Relationship to dis	qualified perso	iù
(2)						
(3) (4)						
(5)						
(6) (7)						
(8)						
(10)						· · · · · · · · · · · · · · · · · · ·
Original amoun	, 	Maturity				Interest
borrowed	Date of loa	n date		Repayment terms		rate
<u>(1)</u> (2)						
(3)						
(4) (5)						
<u>(6)</u> (7)						-
(8)						
(9) (10)				 		
Sec	curity provided by borro	wer		Purpose	of loan	
(1)						
(2) (3)						
(4)						
(5) (6)						
(7)						
(9)						
(10)			L			· · · · · · · · · · · · · · · · · · ·
Consider	ation furnished by lend	er	Balance due at beginning of year	Balance due ar end of yea	at Fa	air market value
(1)			4,4		400	4,400
(2)			······································			
(4)						
(5) (6)						
(7)						
(8) (9)						
(10) Totals			4,4	00 4.	400	4,400

KOMAREK JOSEPH AND HELEN K 36-4294704 FYE 12/31/2017	5/10/2018 3 [.] 08 PN			
	Statement 1 - Form 990-PF	, Part I, Line 16a - Le	aal Fees	
Description LEGAL Total	Total \$ 2,039 \$ 2,039	Net Investment	Adjusted Net \$ 0	Charitable Purpose \$ 5 0
<u>St</u>	atement 2 - Form 990-PF, P	art Ι, Line 16b - Αccοι	ınting Fees	
Description ACCOUNTING FEES Total	Total \$ 750 \$ 750	Net Investment \$ 750 \$ 750	Adjusted	Charitable Purpose \$ \$ 0
State	ment 3 - Form 990-PF, Part	, Line 16c - Other Pro	fessional Fees	· · · · · · · · · · · · · · · · · · ·
Description INVESTMENT ADVISORY FEES Total	Total \$ 20,116 \$ 20,116	Net Investment \$ 20,116 \$ 20,116	Adjusted Net \$0	Charitable Purpose \$ 0
	Statement 4 - Form 990	-PF, Part I, Line 18 - T	axes	
Description FEDERAL INVESTMENT INCOME TAX FOREIGN TAXES Total	Total \$ 39 469 \$ 508	Net Investment \$ 39 469 \$ 508	Adjusted Net \$0	Charitable Purpose \$ \$ 0
				1-4

KOMAREK JOSEPH AND HELEN KOMAREK FOUNDATION 36-4294704 Federal Statements FYE ⁻ 12/31/2017						5/10/2018 3	5/10/2018 3 08 PM	
<u>Staten</u>	nent 5 - For	m 990-PF, Par	<u>l I, Line</u>	23 - Other Ex	penses			
Description		otal	Net Investment		Adjusted Net	Charitable Purpose	• —	
Expenses INSURANCE	\$	1,714	\$	1,714	\$	\$		
Total	\$		\$	1,714	\$ 0	\$	0	
Statement 6 -	Form 990-F	F, Part II, Line	10b - C	orporate Sto	ck Investments			
Description		Beginning of Year	End of Year		Basis of Valuation	Fair Market Value		
NVESTMENT ACCTS MORGAN STANLEY	_	964,518	\$_	1,101,948	Market	\$ 1,101,94	18	
							5-6	

_ _

-

- --

KOMAREK JOSEPH AND HELEN KOMAREK FOUNDATION 36-4294704 Federal Statements

5/10/2018 3:08 PM

FYE: 12/31/2017

Statement 7 - Form 990-PF, Part III, Line 3 - Other Increases

Description		Amount		
INCREASE IN UNREALIZED GAINS	\$	84,147		
Total	\$	84,147		

KOMAREK JOSEPH AND HELEN KOMAREK FOUNDATION 36-4294704 Federal Statements

5/10/2018 3 08 PM

FYE 12/31/2017

Statement 8 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
GENE MACKEVICH 950 N. MICHIGAN AVENUE CHICAGO IL 60611	DIRECTOR	0.00	0	0	0
ELIZABETH BUTLER 2155 STONINGTON AVENUE HOFFMAN ESTATES IL 60169	DIRECTOR	0.00	0	o	0
BRUCE BUTLER 2155 STONINGTON AVENUE HOFFMAN ESTATES IL 60169	DIRECTOR	0.00	0	o	0
HOWARD SCHWARTZ 2155 STONINGTON AVENUE HOFFMAN ESTATES IL 60169	DIRECTOR	0.00	0	o	0
BARBARA MACKEVICH 950 N. MICHIGAN AVENUE CHICAGO IL 60611	DIRECTOR	0.00	o	O	0

Statement 9 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Name	Address				
Address	Relationship	Status	Purpose	Amount	
OSHER LIFELONG LEARNING				1,000	
CHRISTOPHER HOUSE				1.000	
LARABIDA CHILDREN'S HOSPITAL				•	
JEWISH CHILD & FAMILY SERVICES				1,000	
				2,000	
OSHER LIFELONG LEARNING CHRISTOPHER HOUSE LARABIDA CHILDREN'S HOSPITAL				1,000	

8-9

KOMAREK JOSEPH AND HELEN KOMAREK FOUNDATION 36-4294704 Federal Statements FYE 12/31/2017

5/10/2018 3 08 PM

Statement 9 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

Name		Address		
Address	Relationship	Status	Purpose	Amount
WTTW-CHANNEL 11				4,000
MOGEN DAVID ADOM				1,000
METROPOLITAN FAMILY SERVICES				
U.S. HOLOCAUST MEMORIAL MUSEUM				500
ANTI-DEFAMATION LEAGUE				500
AMERICAN SOCIETY OF TECHNION				1,000
FRIENDS OF ISRAEL DEFENSE FORCE	7.5			500
REHAB INSTITUTE OF CHICAGO				4,000
				1,000
NATIONAL MULTIPLE SCLEROSIS				500
AMERICAN HEART ASSOCIATION				500
HADLEY SCHOOL FOR THE BLIND				500
THE HOLOCAUST MEMORIAL FOUNDAT	ION O			2,000
NORTHWESTERN MEMORIAL FOUNDATION	NC			1,500
NATIONAL ABLE NETWORK, INC				
GASTRO-INTESTINAL FOUNDATION R	ESEAR			500
ALZHEIMER ASSOCIATION				500
DOCTORS WITHOUT BORDERS				500
20010221001 2021				500
				9

KOMAREK JOSEPH AND HELEN KOMAREK FOUNDATION 36-4294704 Federal Statements

5/10/2018 3 08 PM

FYE. 12/31/2017

Statement 9 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

Name	Address					
Address	Relationship	Status	Purpose	Amount		
ST. JUDES CHILDREN'S HOSPITAL				1 000		
AMERICAN CANCER ASSOCIATION				1,000		
CHICAGO YOUTH PROGRAMS				500		
PJ LIBRARY				8,000		
LURIE CHILDREN'S HOSPITAL				2,000		
-				8,000		
PEDIATRIC AIDS FOUNDATION				4,000		
JUVENILE DIABETES FOUNDATION				1,000		
FAMILIAL DYSAUTONOMIA				500		
OMNI YOUTH						
SHELTER, INC				1,500		
FAMILY RESCUE				1,000		
	N			1,000		
PEDIATRIC BRAIN TUMOR FOUNDATIO	W OF.			2,000		
CHICAGO CHILDREN'S ADVOCACY				1,000		
Total				56,000		

9