2949132003314

## **Return of Private Foundation**

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

Open to Public Inspection

Department of the Treasury

▶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.

Internal Revenue Service For calendar year 2018 or tax year beginning and ending Employer identification number Name of foundation JOSEPH AND HELEN KOMAREK FOUNDATION 36-4294704 C/O HOWARD N. SCHWARTZ Telephone number (see instructions) Number and street (or P O box number if mail is not delivered to street address) Room/suite 847-519-9400 2155 STONINGTON AVENUE RM/STE 219 City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here 60169 HOFFMAN ESTATES IL Initial return of a former public charity 1 Foreign organizations, check here G Check all that apply Initial return Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach computation Address change Name change Check type of organization X Section 501(c)(3) exempt private foundation If private foundation status was terminated under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation J Accounting method X Cash Fair market value of all assets at If the foundation is in a 60-month termination under section 507(b)(1)(B), check here end of year (from Part II, col (c), Other (specify) line 16) ▶ \$ 1,031,726 (Part I, column (d) must be on cash basis ) (d) Disbursements Part**∮**∑ Analysis of Revenue and Expenses (The total of (a) Revenue and (c) Adjusted net (b) Net investment for charitable amounts in columns (b), (c), and (d) may not necessarily equal purposes income income the amounts in column (a) (see instructions) ) books cash basis only) 4 Contributions, gifts, grants, etc , received (attach schedule) 2 Check ▶ X if the foundation is **not** required to attach Sch. B स्र 4,006 4,006 Interest on savings and temporary cash investments 12,225 12,225 4 Dividends and interest from securities (5a Gross rents SCA BINE Net rental income or (loss) 66,092 Net gain or (loss) from sale of assets not on line 10 328,829 Gross sales price for all assets on line 6a 66,092 Capital gain net income (from Part IV, line 2) Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold Gross profit or (loss) (attach schedule) C 11 Other income (attach schedule) 0 82,323 82,323 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits Legal fees (attach schedule) See Stmt 1 4,573 4,573 16a 750 750 Stmt 2 Accounting fees (attach schedule) 39908 1V8228 IN CIT Other professional fees (attach schedule) C 17 Stmt 3 1,803 1,803 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 20 Occupancy 21-Travel, conferences, and meetings 22 Printing and publications Stmt 4 1,716 1,716 23 Other expenses (att sch) Total operating and administrative expenses. 8,842 8,842 0 Add lines 13 through 23 56,000 56,000 Contributions, gifts, grants paid 56,000 64,842 8,842 0 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 17,481 Excess of revenue over expenses and disbursements 73,481 Net investment income (if negative, enter -0-)

For Paperwork Reduction Act Notice, see instructions.

Adjusted net income (if negative, enter -0-)

Form 990-PF (2018)

0

Π	Part I	Balance Sheets Attached schedules and amounts in the description column should be for end-of-wear amounts only. (See instructions.)	Beginning of year	End o	of year
_	ran,	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	23,256	23,674	23,674
	2	Savings and temporary cash investments		•	<u> </u>
	3	Accounts receivable ▶			
	}	Less allowance for doubtful accounts ▶			•
	4	Pledges receivable ▶			·
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see			
		instructions)			
	7	Other notes and loans receivable (att schedule) > See Wrk 4,400		<del></del>	
		Less allowance for doubtful accounts ▶ 0	4,400	4,400	4,400
ι	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges		····	
Asi	10a	Investments – U S and state government obligations (attach schedule)			
-	ь	Investments – corporate stock (attach schedule) See Stmt 5	1,101,948	1,003,652	1,003,652
	С	Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.)	1		
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment basis			
	''	Less accumulated depreciation (attach sch )	[		
	15	Other assets (describe ▶ )			
	16	Total assets (to be completed by all filers – see the			
	'`	instructions Also, see page 1, item I)	1,129,604	1,031,726	1,031,726
_	17	Accounts payable and accrued expenses			
	18	Grants payable			
es		Deferred revenue			1
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
횽	21	Mortgages and other notes payable (attach schedule)			
Ξ	22	Other liabilities (describe )			
	23	Total liabilities (add lines 17 through 22)	o	0	
		Foundations that follow SFAS 117, check here			
Ś		and complete lines 24 through 26, and lines 30 and 31.			
nces	24	Unrestricted			
ılar	25	Temporarily restricted			
B	26	Permanently restricted		•	
nd		Foundations that do not follow SFAS 117, check here			
교		and complete lines 27 through 31.			
Net Assets or Fund Balan	27	Capital stock, trust principal, or current funds	1,129,604	1,031,650	
ets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
SS(	29	Retained earnings, accumulated income, endowment, or other funds		76	
t A	30	Total net assets or fund balances (see instructions)	1,129,604	1,031,726	ì
Š	31	Total liabilities and net assets/fund balances (see			
	31	Instructions)	1,129,604	1,031,726	
	Part I	—Analysis of Changes in Net Assets or Fund Balances			<del></del>
		net assets or fund balances at beginning of year – Part II, column (a), line 30 (mu	st agree with		
1		riet assets or fund balances at beginning of year – Part II, column (a), line 50 (mu if-year figure reported on prior year's return)	stagice will	1	1,129,604
,		amount from Part I, line 27a		2	17,481
				3	2,,131
		rincreases not included in line 2 (itemize)		4	1,147,085
_		nes 1, 2, and 3 eases not included in line 2 (itemize) ► See Statement 6		5	115,359
5		net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (	h) line 30	6	1,031,726
_6	ivial	not assets of fund balances at end of year time 4 miles line 3) - Part if, Column (	2/1 mic 00		

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Part IV Capital Gains a	nd Losses for Tax on Investme	ent Income			
	the kind(s) of property sold (for example, real estate, arehouse, or common stock, 200 shs_MLC Co )		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a See Worksheet					
<u>b</u>			<u> </u>		
<u>c</u>	· · · · · · · · · · · · · · · · · · ·				<del></del>
	·		<u> </u>		
е	46 December allowed	(2) (22) 22	ather house	/h) C	ain or (loss)
(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		s (f) minus (g))
<u>a</u>					<del></del>
<u>b</u>				<del></del> -	
<u>c</u>					
e					
	g gain in column (h) and owned by the fo	oundation on 12/31/6	59	(I) Gains (C	ol (h) gain minus
(I) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (ı) (j), ıf any	col (k), but r	oot less than -0-) or (from col (h))
a					
b					
С					
d	, 14-44 - 18-3-4				
<u>e</u>	and the state of t	<u> </u>	*****	<del></del>	
2 Capital gain net income or (net o	apital loss)  If (loss), enter -0- in	<b>•</b>	Li	2	66,092
3 Net short-term capital gain or (lo	ss) as defined in sections 1222(5) and (6	5)			
If gain, also enter in Part I, line 8	, column (c) See instructions. If (loss), e	enter -0- in			
Part I, line 8			<del></del>		4,984
	nder Section 4940(e) for Reduc			е	·
	e foundations subject to the section 4940	i(a) tax on net invest	ment income )		
If section 4940(d)(2) applies, leave the	nis part blank				
	tion 4942 tax on the distributable amoun		pase period?		Yes X No
	y under section 4940(e) Do not complete				
1 Enter the appropriate amount in	each column for each year, see the instr	uctions before makii			(d)
Base period years	(b) Adjusted qualifying distributions	Net value	(c) of noncharitable-use assets		histribution ratio b) divided by col. (c))
Calendar year (or tax year beginning in 2017	, , , , , , , , , , , , , , , , , , , ,	,913	1,045,25		0.052536
2016		,961	994,29		0.056282
2015		,693	1,046,40		0.053223
2014	51	,075	1,098,62	1	0.046490
2013	48	,996	1,036,16	57	0.047286
2 Total of line 1, column (d)				2	0.255817
	5-year base period – divide the total on I				0 051163
the number of years the foundate	on has been in existence if less than 5 y	ears		3	0.051163
4 Enter the net value of noncharita	ble-use assets for 2018 from Part X, line	: 5		4	1,064,455
5 Multiply line 4 by line 3				5	54,461
6 Enter 1% of net investment inco	me (1% of Part I, line 27b)			6	735
	, in the second of the second				
7 Add lines 5 and 6				7	55,196
8 Enter qualifying distributions from	n Part XII, line 4			8	56,000
If line 8 is equal to or greater tha	n line 7, check the box in Part VI, line 1b	, and complete that	part using a 1% tax rate		
Part VI instructions			<del></del>		Form <b>990-PF</b> (2018)

	990-PF (2018) JOSEPH AND HELEN KOMAREK FOUNDATION 36-4294704			Pa	ge <b>4</b>	
Pa	# VE>` Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)		,			
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			7	<u> 35</u>	
	here ▶ X and enter 1% of Part I, line 27b					
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of			n e		
	Part I, line 12, col (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)				<u> </u>	
3	Add lines 1 and 2			7	35	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)				0	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			7	35	
6	Credits/Payments		`			
а	2018 estimated tax payments and 2017 overpayment credited to 2018					
b	Exempt foreign organizations – tax withheld at source					
С	Tax paid with application for extension of time to file (Form 8868)  6c  6c					
d	Backup withholding erroneously withheld 6d 6d					
7	Total credits and payments Add lines 6a through 6d					
8	Enter any penalty for underpayment of estimated tax. Check here  x if Form 2220 is attached				30	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			7	65	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			•		
11	Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ Refunded ▶ 11					
Pa	rt VII-A Statements Regarding Activities	- 1				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	-		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				77	
	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					
	published or distributed by the foundation in connection with the activities			ŀ	v	
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					
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
	on foundation managers  \$			ŀ	X	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	-	2			
•	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	İ	x	
40	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	H	4a		$\frac{x}{x}$	
4a		/A	4b	$\rightarrow$		
ь 5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	′ <sup></sup>	5	$\dashv$	X	
3	If "Yes," attach the statement required by General Instruction T	<b>-</b>	<del>-</del>			
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 state legislation that effectively amends the governing instrument so that no mandatory directions that					
	conflict with the state law remain in the governing instrument?		6	x		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		7	х		
, 8a	Enter the states to which the foundation reports or with which it is registered. See instructions.	r				
	None					
- b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General					
-	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	x		
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 2018 or the taxable year beginning in 2018? See instructions for Part XIV If "Yes,"		1	Í		1
	complete Part XIV		9	- 1	X	L
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					-
	names and addresses		10	_	X	
		For	m 990	0-PF	(2018)	

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P	art VII-A Statements Regarding Activities (continued)	<del></del>	·	
			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	<del> </del>	X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified		1	
	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	<u> </u>
	Website address ► N/A  The books are in care of ► HOWARD N. SCHWARTZ  Telephone no ► 847	510	040	Λ
14	The books are in care of ► HOWARD N. SCHWARTZ  2155 STONINGTON AVENUE  Telephone no ► 847	. 219-	940	U
	Located at ▶ HOFFMAN ESTATES  IL ZIP+4 ▶ 601	69		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here	• •		<b>•</b> []
13	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2018, 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	1	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	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
-	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No.			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?  (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes  X No  Yes  No  Yes			
•				
	(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)?  Yes X No.			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days )  Yes X No	.		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	A 16	1	ĺ
	Organizations relying on a current notice regarding disaster assistance, check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2018?  N/2	A 1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2018?			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement – see instructions.)  N/2	A 2b	1	İ
•	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	-	<b>†</b>	
С	► 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2018 ) N/2	A 3b	<u> </u>	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	ļ	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b	<u> </u>	X
		Form 3	コリーアド	CZCITA)

Forn	990-PF (2018) JOSEPH AND HELEN KOMAREK FOUND.	ATION 36-4	294704			P	age (
P	rt VIFB Statements Regarding Activities for Which Form	4720 May Be R	Required (cor	tinued)			
5a						Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section			Yes X No			
	(2) Influence the outcome of any specific public election (see section 4955), or	to carry on,		<u></u>			
	directly or indirectly, any voter registration drive?		$\vdash$	Yes X No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			Yes X No	`		
	(4) Provide a grant to an organization other than a charitable, etc., organization	n described in		<del>.</del>			
	section 4945(d)(4)(A)? See instructions			Yes X No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, of	or educational		v 👽 👊			
	purposes, or for the prevention of cruelty to children or animals?	446		Yes X No			
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify und		escribed in	N/A			
	Regulations section 53 4945 or in a current notice regarding disaster assistance			₩/₽	5b		
_	Organizations relying on a current notice regarding disaster assistance, check						
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption for	om the tax	N/A	Yes No		.	
	because it maintained expenditure responsibility for the grant?		M/A [	Tes NO		•	
6a	If "Yes," attach the statement required by Regulations section 53 4945–5(d)  Did the foundation, during the year, receive any funds, directly or indirectly, to provide the foundation of the statement required by Regulations section 53 4945–5(d)	nav premiume					
va	on a personal benefit contract?	ay pierindins		Yes X No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a po	ersonal henefit conti	ract?	163 22 140	6b		X
	If "Yes" to 6b, file Form 8870	craonar benefit conti	act		0.0		
7a	At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	П	Yes X No			
b	If "Yes," did the foundation receive any proceeds or have any net income attribute.		ction?	N/A	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$			,			
	remuneration or excess parachute payment(s) during the year?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes 🛚 X No			
Pa	rt VIII Information About Officers, Directors, Trustees, Fe	oundation Man	agers, Highly	Paid Employ	ees,		
	and Contractors	<del> </del>					
<u>1 l</u>	ist all officers, directors, trustees, and foundation managers and their com	npensation. See ins	structions.	T	1		<u> </u>
		(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Ex	pense ac	count,
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred compensation	othe	er allowar	nces
	- Obstance   P	<del></del>		Compensation	<u> </u>		
5 <b>E</b>	e Statement 7						
-							
			<u></u>				
						<del></del>	
							-
2	Compensation of five highest-paid employees (other than those included	on line 1 – see insi	tructions). If no	ne, enter			
2	Compensation of five highest-paid employees (other than those included "NONE."	on line 1 – see ins	tructions). If no	ne, enter			
2		on line 1 – see inst	tructions). If no	(d) Contributions to	(2) Ex		
2		(b) Title, and average hours per week	tructions). If no	(d) Contributions to employee benefit plans and deferred		pense acer allowar	
2	"NONE."	(b) Title, and average		(d) Contributions to employee benefit			
2	"NONE."  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred			
	"NONE."  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred			
	"NONE."  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred			
	"NONE."  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred			
	"NONE."  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred			
	"NONE."  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred			
	"NONE."  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred			
	"NONE."  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred			
	"NONE."  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred			

Part VIII Information About Officers, Directors, Trustees, Fou	Indation Managers. Highly	/ Paid Emplovees.
Part VIII Information About Officers, Directors, Trustees, Foundary and Contractors (continued)	inaction managers, inging	, . a.ap.o,ooo,
3 Five highest-paid independent contractors for professional services. See in	structions. If none, enter "NONE	
(a) Name and address of each person paid more than \$50,000	(b) Type of	f service (c) Compensation
NONE		
otal number of others receiving over \$50,000 for professional services	<u> </u>	<b>•</b>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical informat organizations and other beneficianes served, conferences convened, research papers produced, etc.	ion such as the number of	Expenses
1 N/A		
2	1.A	
3		
4		
Part IX-B Summary of Program-Related Investments (see ins	tructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A		
2		
		•

Total. Add lines 1 through 3

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56,000

3b

4

5

6

Cash distribution test (attach the required schedule)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

Enter 1% of Part I, line 27b See instructions

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

KOMAREK 05/09/2019 9 30 A	м, ,					
` , ,	. •		•			
Form 990-PF (2018)	TOSEPH	AND	HELEN	KOMAREK	FOUNDATION	36-4294704

Pa	rt XIII Undistributed Income (see instructions)				<u> </u>
	,	' (a)	(b)	(c)	(d)
1	Distributable amount for 2018 from Part XI,	Corpus	Years prior to 2017	2017	2018
	line 7	,			52,488
2	Undistributed income, if any, as of the end of 2018			·	
а	Enter amount for 2017 only				
b	Total for prior years 20, 20, 20				
3	Excess distributions carryover, if any, to 2018				`
а	From 2013				]
b	From 2014				
С	From 2015 3, 987				
đ	From 2016 6,324				
е	From 2017 4,824				
f	Total of lines 3a through e	15,135		`	
4	Qualifying distributions for 2018 from Part XII,			·	
	line 4 ▶ \$56,000				
а	Applied to 2017, but not more than line 2a	, ,			
b	Applied to undistributed income of prior years				
	(Election required – see instructions)				
С	Treated as distributions out of corpus (Election			,	
	required - see instructions)				
d	Applied to 2018 distributable amount				52,488
	Remaining amount distributed out of corpus	3,512			
5	Excess distributions carryover applied to 2018				
	(If an amount appears in column (d), the same	, , ,			
	amount must be shown in column (a) )				
6	Enter the net total of each column as		,		
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	18,647			
	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 instructions				
e	Undistributed income for 2017 Subtract line				
Ī	4a from line 2a Taxable amount – see				
	Instructions				
f	Undistributed income for 2018 Subtract lines				
•	4d and 5 from line 1. This amount must be				
	distributed in 2019				0
7	Amounts treated as distributions out of corpus		······································		
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				1
	required—see instructions)				
8	Excess distributions carryover from 2013 not				
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2019.		<del></del>		
•	Subtract lines 7 and 8 from line 6a	18,647			
0	Analysis of line 9				
	Excess from 2014				
a b	Excess from 2015 3, 987				
C	Excess from 2016 6,324	1			
d	Excess from 2017 4,824				
_	Excess from 2018 3,512				
<u>e</u>		<u></u>	<u> 111 </u>	<u> </u>	- 000 DE

art XIV Private Operating Four	dations (see in:	structions and Pa	rt VII-A, question 9	)	
If the foundation has received a ruling or de	etermination letter th	at it is a private opera	iting		
foundation, and the ruling is effective for 20			•		
Check box to indicate whether the foundati		-	ibed in section 49	142(j)(3) or 4942	3(j)(5)
Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Tota
investment return from Part X for	·····	<u> </u>			
each year listed					
85% of line 2a		····			
Qualifying distributions from Part XII,		*** 1			
line 4 for each year listed					
Amounts included in line 2c not used directly					<del> </del>
for active conduct of exempt activities					
Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c			<del></del>		
Complete 3a, b, or c for the					
alternative test relied upon					
"Assets" alternative test – enter					
(1) Value of all assets			<del> </del>		
(2) Value of assets qualifying under					
section 4942(j)(3)(B)(i)		<u>/</u>			
"Endowment" alternative test – enter 2/3					
of minimum investment return shown in					
Part X, line 6 for each year listed			<u> </u>		
"Support" alternative test – enter					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties) (2) Support from general public					
and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from	-				
an exempt organization					
(4) Gross investment income	•				
et XV Supplementary Informa	tion (Complete	this part only if	the foundation ha	ad \$5,000 or more	in assets
any time during the year	•	•	•	. ,	
Information Regarding Foundation Mana		<del> </del>	·· -	· · · · · · · · · · · · · · · · · · ·	
List any managers of the foundation who h	-	e than 2% of the total	contributions received	by the foundation	
before the close of any tax year (but only if					
N/A	mey mare communic	, a ( , o, o o o ,	(200 000 00) (2)(2)	,	
List any managers of the foundation who or	wn 10% or more of t	he stock of a cornora	tion (or an equally large	portion of the	
ownership of a partnership or other entity)		•		portion or the	
N/A	or willout the loundati	on has a 1070 or grea	iter interest		
Information Regarding Contribution, Gra	ant Gift Loon Sch	olarchin etc. Progr	ame:		
		-		ann not namet	
Check here I if the foundation only n					
unsolicited requests for funds. If the foundation		ants, etc , to individua	is or organizations unde	er other conditions,	
complete items 2a, b, c, and d See instruc					<del></del>
The name, address, and telephone numbe	r or email address of	the person to whom	applications should be	addressed	
N/A					
			<del></del>		
The form in which applications should be s	ubmitted and informa	ation and materials th	ey should include		
N/A	~~ <u>~</u>	· · · · · · · · · · · · · · · · · · ·		<del></del>	
Any submission deadlines					
N/A					

factors N/A

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year OSHER LIFELONG LEARNING 1,000 CHRISTOPHER HOUSE 1,000 LARABIDA CHILDREN'S HOSPITAL 1,000 JEWISH CHILD & FAMILY SERVICES 2,000 WTTW-CHANNEL 11 4,000 MOGEN DAVID ADOM 1,000 METROPOLITAN FAMILY SERVICES 500 U.S. HOLOCAUST MEMORIAL MUSEUM 500 ANTI-DEFAMATION LEAGUE 1,500 AMERICAN SOCIETY OF TECHNION 500 56,000 ▶ 3a Total b Approved for future payment N/A **▶** 3b Total

Form,990-PF (2018) JOSEPH AND HELEN KOMAREK FOUNDATION 36-4294704 Page 11 . Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year OSHER LIFELONG LEARNING LIFE LONG LEARNING PROJECT 1,000 CHRISTOPHER HOUSE EDUCATION FOR LOW INCOME FAMILIES 1,000 LARABIDA CHILDREN'S HOSPITAL CHILDREN WITH LIFE LONG MEDICAL ISSU 1,000 JEWISH CHILD & FAMILY SERVICES ENHANCE PEOPLE WITH INTELLECTUAL AND 2,000 WTTW-CHANNEL 11 PUBLIC BROACASTING SERVICE 4,000 MOGEN DAVID ADOM MEDICAL FIRST RESPONDERS 1,000 METROPOLITAN FAMILY SERVICES PROVIDE EDUCATION TO WORKING POOR 500 U.S. HOLOCAUST MEMORIAL MUSEUM HOLOCAUST MEMORY ALIVE 500 ANTI-DEFAMATION LEAGUE 1,500 STOP DEFAMATION AMERICAN SOCIETY OF TECHNION ENHANCE \$CIENTIFIC ADVANCEMENT 500 56,000 ▶ 3a Total b Approved for future payment N/A

**▶** 3b

Total

Form.990-PF (2018) JOSEPH AND HELEN KOMAREK FOUNDATION 36-4294704

Supplementary Information (Co		- F 4		<del></del>
3 Grants and Contributions Paid During	If recipient is an individual,	Future Payment	1	<u> </u>
Recipient	show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid duning the year FRIENDS OF ISRAEL DEFENSE	FORCES			
	CARE FOR THOS	E THAT PROTE	CT ISRAEL	4,000
REHAB INSTITUTE OF CHICAGO				
	PROVII	E REHABILITA	TIVE CARE	1,000
NATIONAL MULTIPLE SCLEROSI	5	1		
	HELP I	ERSONS AFFEC	TED BY MS	500
AMERICAN HEART ASSOCIATION				
	HELP PEOPLE SU	FERING FROM	HEART DIS	500
HADLEY SCHOOL FOR THE BLIN	Þ			
	HELI	PEOPLE WHO	ARE BLIND	500
THE HOLOCAUST MEMORIAL FOUR	NDATION O			
	HELP PEOPLE F	EMEMBER THE	HOLOCAUST	2,000
NORTHWESTERN MEMORIAL FOUNT	DATION			
	HELP PEOPLE	NEEDING HOSP	ITAL CARE	1,500
CRADLES TO CRAYONS				
	н	LP CHILDREN	EDUCATION	4,000
GASTRO-INTESTINAL FOUNDATION	ON RESEAR			
	HELP PEOPLE WI	TH GI HEALTH	PROBLEMS	500
ALZHEIMER ASSOCIATION				
	HELP PEOPLE SUB	FERING FROM A	ALZHEIMER	500
Total			▶ 3a	
b Approved for future payment N/A				
	,			
		ļ		
			}	
Total	<u></u>		▶ 3b	

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to status of any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year DOCTORS WITHOUT BORDERS PROVIDE URGENT MEDICAL CARE 500 ST. JUDES CHILDREN'S HOSPITAL PROVIDE ASSISTANCE TO CHILDREN AT ST 1,000 AMERICAN CANCER ASSOCIATION HELP PEOPLE SUFFERING FROM CANCER 500 CHICAGO YOUTH PROGRAMS HELP DISADVANTAGE YOUTH 6,000 WILLOW HOUSE HELP FAMILIES SUFFERING FROM GRIEF 2,000 LURIE CHILDREN'S HOSPITAL HELP CHILDRENS HOSPITAL 6,000 PEDIATRIC AIDS FOUNDATION HELP CHILDREN SUFFERING FROM AIDS 4,000 JUVENILE DIABETES FOUNDATION HELP CHILDREN SUFFERING FROM DIABETE 1,000 FAMILIAL DYSAUTONOMIA HELP PEOPLE SUFFERING FROM FAMILIAL 500 OMNI YOUTH PROVIDE EDUCATIONAL SUPPORT TO CHILD 1,500 ▶ 3a Total **b** Approved for future payment N/A

▶ 3b

Total

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SHELTER, INC PROVIDE HOUSING FOR ABUSED CHILDREN 1,000 FAMILY RESCUE PROVIDE SERVICE TO FAMILY DOMESTIC C 1,000 PEDIATRIC BRAIN TUMOR FOUNDATION OF PROVIDE HELP TO CHILDREN WITH BRIAN 2,000 CHICAGO CHILDREN'S ADVOCACY CHILDREN PROTECTION SERVICE 1,000 **▶** 3a Total **b** Approved for future payment N/A ▶ 3b Total

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year FRIENDS OF ISRAEL DEFENSE FORCES 4,000 REHAB INSTITUTE OF CHICAGO 1,000 NATIONAL MULTIPLE SCLEROSIS 500 AMERICAN HEART ASSOCIATION 500 HADLEY SCHOOL FOR THE BLIND 500 THE HOLOCAUST MEMORIAL FOUNDATION O 2,000 NORTHWESTERN MEMORIAL FOUNDATION 1,500 CRADLES TO CRAYONS 4,000 GASTRO-INTESTINAL FOUNDATION RESEAR 500 ALZHEIMER ASSOCIATION 500 ▶ 3a Total **b** Approved for future payment N/A Total ▶ 3b

**Supplementary Information** (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year DOCTORS WITHOUT BORDERS 500 ST. JUDES CHILDREN'S HOSPITAL 1,000 AMERICAN CANCER ASSOCIATION 500 CHICAGO YOUTH PROGRAMS 6,000 WILLOW HOUSE 2,000 LURIE CHILDREN'S HOSPITAL 6,000 PEDIATRIC AIDS FOUNDATION 4,000 JUVENILE DIABETES FOUNDATION 1,000 FAMILIAL DYSAUTONOMIA 500 OMNI YOUTH 1,500 ▶ 3a Total **b** Approved for future payment N/A **▶** 3b Total

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 Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid during the year SHELTER, INC 1,000 FAMILY RESCUE 1,000 PEDIATRIC BRAIN TUMOR FOUNDATION OF 2,000 CHICAGO CHILDREN'S ADVOCACY 1,000 **Total** ▶ 3a b Approved for future payment N/A ▶ 3b Total

Form 990-PF (2018) JOSEPH AND HELEN KOMA		TION 36-	4294/04	<u> </u>	Page 12
Part XVI-A Analysis of Income-Producing A		usiness income	Evoluded by	section 512, 513, or 514	
Enter gross amounts unless otherwise indicated	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
1 Program service revenue					(000 110110010110 )
<u>a</u>			<del></del>		
b	-		<del>                                     </del>		
c				<del></del>	
d	-				
e	-				
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	4,006	
4 Dividends and interest from securities			14	12,225	
5 Net rental income or (loss) from real estate					***************************************
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory	ļ				66,092
Net income or (loss) from special events     Gross profit or (loss) from sales of inventory	<del>                                     </del>		+ +		
· · · · · · · · · · · · · · · · · · ·		<del> </del>	+		
11 Other revenue a	-		<u> </u>		
G		· <del>-</del>			
d					
e					
12 Subtotal Add columns (b), (d), and (e)			0	16,231	66,092
13 Total. Add line 12, columns (b), (d), and (e)				13	82,323
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to the					
Line No. Explain below how each activity for which incom accomplishment of the foundation's exempt pur					nc \
N/A	poses (other than by	providing funds	TOT SUCH PUIPE	(Oce manuche	113 )
			_		
				**	
				· · · · · · · · · · · · · · · · · · ·	
····					
		············	· · · · · · · · · · · · · · · · · · ·		
				·	
			<del></del>		
					· · · · · · · · · · · · · · · · · · ·
	······································				
				· · · · · · · · · · · · · · · · · · ·	

4.4	47 % <b>/</b> Y.		Organizations	aranig mansi	cis io and	u munisactio	iio and	. Rolationompo W		A	·p	· •/
1	Did t		nization directly or ind	rectly engage in	any of the foll	lowing with any o	ther orga	anization described			Yes	No
	ın se	ection 50	01(c) (other than secti	on 501(c)(3) orga	inizations) or	in section 527, re	elating to	political				
	orga	nızatıon	s?									
а			om the reporting found	ation to a noncha	ırıtable exemp	ot organization o	f					7.7
		Cash							I	1a(1)		X
		Other as								1a(2)		^
D		er transa		able evenuet erae	n.=ot.oo					1b(1)		х
			assets to a noncharitates of assets from a no			on			r	1b(1)		x
	٠,		of facilities, equipment,		ipi oigainzain	011				1b(3)		X
			rsement arrangements						f	1b(4)		X
			r loan guarantees							1b(5)		X
	(6) I	Perform	ance of services or me	embership or fund	traising solicit	tations				1b(6)		X
C	Shar	ring of fa	acilities, equipment, m	ailing lists, other	assets, or pai	d employees			Į	1c		<u> </u>
d			•		_			nould always show the f				
			-	_		-		dation received less tha				
			transaction or sharing (b) Amount involved		ncharitable exemp		tne good	ds, other assets, or serv (d) Description of transfers, t			nts	—
N/	(a) Line	1110	(b) Amount involved	(c) Name of no	I CHAIRCANA AVAILL	or organization		(u) Description of transfers, t	ansactions, and sharing and	ingoine	ing	
.,,.									,			
			···-				<u> </u>	-				
											-	<u> </u>
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				<u> </u>			l					
2a			ation directly or indirec	=			-exempt	organizations	Г	٦.,	120	1
L			section 501(c) (other		(c)(3)) or in se	ection 52/7			L	¥€	s X	NO
<u> </u>	IT Y		nplete the following sc Name of organization	nedule	(b) Type of o	rganization		(c) Descri	ption of relationship			
]	N/A		, , , , , , , , , , , , , , , , , , ,		(4) 1)20 0	. 5			· · · · · · · · · · · · · · · · · · ·			
	.,											
	<u> </u>											
			alties of perjury, I declare the id complete Declaration of p					statements, and to the best of arer has any knowledge	·			
<b>.</b> :	_								May the IRS discur with the preparer s			
Sig: Her		_	_						See instructions		Yes	No
цен	•   1	Ď	01	A. Jack		15	11-19	ואדת 🛦	ECTOR			
		Signa	iture of officer or trustee	Carner -	<b></b> _	Date	<u>u-(1</u>	Title	<u> </u>			
	$\neg \neg$	Print/Tvi	pe preparer's name			Preparer's signatur	re		Date		Check	$\overline{\Box}$
						,		1 1		İ	self-em	_
Paid	- 1	John	J. Kiely			John J. K		-taymit. K	05/09			
rep Isa I	arer Only	Firm's n					fice	Services	PTIN POO			
/3 <del>U</del> (	J. IIY	Firm's a		La Sall		1 12			Firm's EIN ▶ 81-			
			Chica	go, IL	60604				Phone no 312			961
									C,	irm .	E	(2019)

Capital Gains and Losses for Tax on Investment Income 2018 990-PF Form For calendar year 2018, or tax year beginning and ending **Employer Identification Number** Name JOSEPH AND HELEN KOMAREK FOUNDATION 36-4294704 C/O HOWARD N. SCHWARTZ (b) How acquired P-Purchase (C) Date acquired (mo , day, yr ) (d) Date sold (mo, day, yr) (a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co D-Donation Various Various ₽ MORGAN STANLEY # 159 (1) MORGAN STANLEY # 159 P Various Various (2)P Various MORGAN STANLEY 159 Various (3)Various # 160 P Various MORGAN STANLEY (4)P Various Various STANLEY # 160 MORGAN (5) P Various Various 160 (6)MORGAN STANLEY STANLEY P Various MORGAN # 161 Various (7)**MORGAN** STANLEY 161 P Various Various (8) P Various Various **MORGAN** STANLEY # 161 (9)P Various Various 745 MORGAN STANLEY (10)745 P Various Various MORGAN STANLEY # (11)P Various Various 745 (12)MORGAN STANLEY # (13)(14)(15)(h) Gain or (loss) (e) plus (f) minus (g) (e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale 78,104 83,310 5,206 (1) 76,103 42,986 119,089 (2) 12,902 8,915 3,987 (3)-555 1,839 2,394 (4)16,790 3,756 20,546 (5)115 1,209 1,094 (6)2,879 2,866 13 (7)-66 35,983 36,049 (8)10,000 10,000 (9)320 6,282 6,602 (10)28,981 5,259 34,240 (11)229 87 142 (12)(13) (14)(15)ani agra Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col (h) gain minus i (k), but not less than -0-) **Or** Losses (from col (h)) (j) Adjusted basis as of 12/31/69 (k) Excess of col (i) over col (j), if any (i) FMV as of 12/31/69 5,206 (1) 42,986 (2) 8,915(3) -555 (4)3,756 (5)115 (6)13 (7) -66 (8) (9)320 (10)5,259 (11)142 (12)(13)(14)(15)

Totals

Form <b>990-F</b>	<del></del>	Oth	able	20						
Form 330-L		or calendar year 2018, o	r tax vear beginnin	a .	, and ending					
Name ,			<del></del>			Employer Ideni	tification Number			
		N KOMAREK FO	UNDATION		704					
C/O HOWA	RD N. SC	CHWARTZ		36-4294704						
Form 990	-PF, Pa	rt II, Line	7 - Addit	ional Informa	ation					
	,	Name of borrower			Relationship to disqua	lified person				
(1) Loan Re	ceivab				relationiship to disqua	amed person				
(2)										
(3)	·····									
(4)		<del>.</del>								
(5) (6)										
(7)	<del></del>									
(8)		., -								
(9)										
(10)	······································		······							
Origina borr	l amount owed	Date of loan	Maturity date	R	epayment terms	······································	Interest rate			
(1)										
2)							,,			
(3)			·····							
4)	<del></del>	<del> </del>					*			
5) 6)		<del> </del>			·	<del></del>	<u>.</u>			
7)						,				
8)			,							
9)										
(10)	.,					•				
						•				
4\	Security p	provided by borrower	<del></del>		Purpose of lo	oan				
2)		<del> </del>								
3)		<del></del>	,							
4)	·									
5)										
6)		<del></del>								
(9)					**		· · · · · · · · · · · · · · · · · · ·			
(3) (4) (5) (6) (7) (8) (9)		<del></del>				· · · · · · · · · · · · · · · · · · ·	·····			
10)		****								
	onsideration f	urnished by leader		Balance due at beginning of year	Balance due at end of year	Fair	market value			
Consideration furnished by lender				4,400	4,40	00	4,400			
3)										
4)										
2) 3) 4) 5) 6) 7) 8)										
<u>b)</u> 7)			<del>                                     </del>				<del></del>			
<u>' /                                     </u>			+				<u></u>			
9)										
10)										
Totals				4,400	4,40	00	4,400			

KOMAREK JOSEPH AND HELEN KOMAREK FOUNDATION 36-4294704 FYE: 12/31/2018	AREK FOUNDATION Federal (	Statements		5/9/2019 9:30 AM
Sta	Statement 1 - Form 990-PF	- Form 990-PF, Part I, Line 16a - Legal Fees	al Fees	
Description LEGAL Total	<b>Total</b> \$ 4,573	Net Investment \$ 4,573	Adjusted Net	Charitable Purpose
Staten	Statement 2 - Form 990-PF, P.	Part I, Line 16b - Accounting Fees		
Description ACCOUNTING FEES Total	<b>Total</b> \$ 750	Net Investment \$ 750	Adjusted Net	Charitable Purpose
	Statement 3 - Form 990	Form 990-PF, Part I, Line 18 - Taxes	axes	
Description FEDERAL INVESTMENT INCOME TAX FOREIGN TAXES Total	Fotal \$ 1,117 686 \$ 1,803	Net	Adjusted Net	Charitable Purpose
State	Statement 4 - Form 990-PF, Part I,	Line 23	- Other Expenses	
Description	I	Φl	Adjusted Net	Charitable Purpose \$
INSUKANCE Total	\$ 1,716	\$ 1,716	\$	\$
				4

## KOMAREK JOSEPH AND HELEN KOMAREK FOUNDATION 36-4294704

36-4294704 FYE: 12/31/2018

Statement 5 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Fair Market	\$ 1,003,652
Value	\$ 1,003,652
Basis of Valuation	Market
End of	\$ 1,003,652
Year	\$ 1,003,652
Beginning	\$ 1,101,948
of Year	\$ 1,101,948
Description	INVESTMENT ACCTS MORGAN STANLEY Total

KOMAREK JOSEPH AND HELEN KOMAREK FOUNDATION 36-4294704 Federal Statements 36-4294704

FYE: 12/31/2018

Statement 6 - Form 990-PF, Part III, Line 5 - Other Decreases

Description	 Amount		
UNREALIZED LOSS ON INVESTMENT NONDEDUCTIBLE EXPENSE	\$ 93,541 21,818		
Total	\$ 115,359		

5/9/2019 9:30 AM

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5/9/2019 9:30 AM		Expenses	0	0	O .	O ,	0					2
	Trustees, Etc.	Benefits	0	0	0	0	0					
ts	Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.	Compensation	0	0	0	0	0				·	
IDATION Federal Statements	ine 1 - List of O	Average Hours	0.00	00.00	00.00	00.00	00.00					
MAREK FOUNDATION Feder		Title	DIRECTOR	DIRECTOR	DIRECTOR	DIRECTOR	DIRECTOR					
KOMAREK JOSEPH AND HELEN KOMAREK FOUNDATION 36-4294704 FYE: 12/31/2018	Statement 7 - Form 990-PF,	Name and Address	GENE MACKEVICH 950 N. MICHIGAN AVENUE CHICAGO IL 60611	ELIZABETH BUTLER 2155 STONINGTON AVENUE HOFFMAN ESTATES IL 60169	BRUCE BUTLER 2155 STONINGTON AVENÜE HOFFMAN ESTATES IL 60169	HOWARD SCHWARTZ 2155 STONINGTON AVENUE HOFFMAN ESTATES IL 60169	BARBARA MACKEVICH 950 N. MICHIGAN AVENÜE CHICAGO IL 60611	 , <del></del> -	- • -	 		• • • • • • • • • • • • • • • • • • •