2949105803707

Form 990-PF

Return of Private Foundation

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

1912 201

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

OMB No 1545-0047

| F | or caler | ndar year 2019 or tax year beginning , | and ending | | | | |
|------------------------|------------|---|------------------------------|---------------------------------------|-----------------|--|-------------------------------|
| | Name of fo | | | | A Emp | oloyer identification number | |
| | | est C And Marion R Karras Fam | | | | | |
| | | ndation | | | 27 | <u>/-1530381</u> | |
| | | nd street (or P O box number if mail is not delivered to street address) | oom/suite | B Telephone number (see instructions) | | | |
| _ | | Box 4942 | | | 63 | 80-579-9800 | |
| | | vn, state or province, country, and ZIP or foreign postal code Brook IL 60522 | | | C If ex | emption application is pending, | , check here |
| | | | | | l | | |
| , | Check | A | irn of a former public c | nanty | D 1. F | Foreign organizations, check he | ere 🕨 📙 |
| ĺ | | | | | | foreign organizations meeting t IS% test, check here and attack | |
| 1_ | | Address change Name cha | _ | | | o in tost, criber flere and attack | Computation |
| $\stackrel{H}{\frown}$ | 1 | type of organization X Section 501(c)(3) exempt private | | 04 | | vate foundation status was term | ninated under |
| لبا | | | le private foundation | | secu | on 507(b)(1)(A), check here | |
| | | arket value of all assets at J Accounting method | X Cash Acc | rual | l | foundation is in a 60-month te | |
| | - | year (from Part II, col (c), University) | | | unae | r section 507(b)(1)(B), check h | iere |
| _ | line 16) | | | | | | (d) Disbursements |
| 3 | 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 | | (c) Adjusted net | for charitable |
| | | the amounts in column (a) (see instructions)) | books | incon | ne | income | purposes (cash basis only) |
| | 1 | Contributions, gifts, grants, etc , received (attach schedule) | 600,000 | | | TO THE THEORY | |
| | 2 | Check ► if the foundation is not required to attach Sch_B | | | | | |
| | 3 | Interest on savings and temporary cash investments | 1,127 | | 1,127 | 1,127 | |
| <u>co</u> | . 4 | Dividends and interest from securities | 11,312 | | 1,312 | 11,312 | |
| ö | 5a | Gross rents | | | | | |
| Ìa | ь | Net rental income or (loss) | 21 4 | ************ * | | | 1 111 |
| 27 | 6a | Net gain or (loss) from sale of assets not on line 10 | | | | | |
| 28 | Ь | Gross sales price for all assets on line 6a | | | | | |
| CANNIA DE | 7 | Capital gain net income (from Part IV, line 2) | | | 0 | | |
| _ | 8 | Net short-term capital gain | | | | 0 | |
| <u> </u> | 9 | Income modifications | | | | | |
| Z | 10a | Gross sales less returns and allowances | | | | | |
| <u>~</u> | b | Less Cost of goods sold | | | | | |
| | С | Gross profit or (loss) (attach schedule) | | | | | *************** |
| 3 | 11 | Other income (attach schedule) | | | | | |
| <u> </u> | 12 | Total. Add lines 1 through 11 | 612,439 | 1 | .2 <u>,439</u> | 12,439 | |
| S | 13 | Compensation of officers, directors, trustees, etc | 0 | | | | |
| penses | 14 | Other employee salaries and wages | | | | | |
| be | 15 | Pension plans, employee benefits | | | | | |
| | | Legal fees (attach schedule) | | | | | |
| ē | Ь | Accounting fees (attach schedule) | | | RE- | CEIVED | |
| and Administrative Ex | C | Other professional fees (attach schedule) | | مالــــــ | } | 70 | |
| ř | 17 | Interest | 129 | B025 | AUG | 1 0 2020 | |
| Ë | 18 | Taxes (attach schedule) (see instructions) Stmt 1 | 129 | | | - 2 | |
| Ξ | 19 | Depreciation (attach schedule) and depletion | | - | OC | DEN. UT | |
| A | 20 | Occupancy | | <u>L_</u> | <u> </u> | JEIN, UI | |
| þ | 21 | Travel, conferences, and meetings | | | | | |
| | 22 | Printing and publications Other expenses (att sch) Stmt 2 | 92 | | | | |
| Operating | 24 | · ` ` ` ´ | 32 | | | | |
| rat | 24 | Total operating and administrative expenses. | 221 | | o | o | n |
| bei | 25 | Add lines 13 through 23 Contributions, gifts, grants paid | 109,263 | | | | 109,263 |
| Õ | 26 | Total expenses and disbursements. Add lines 24 and 25 | 109,484 | | | 0 | 109,263 |
| | 27 | Subtract line 26 from line 12 | 203, 232 | | ~~ | <u> </u> | 103,203 |
| | a | Excess of revenue over expenses and disbursements | 502,955 | | | | |
| | b | Net investment income (if negative, enter -0-) | , | 1: | 2,439 | | |
| | 1 | Adjusted net income (if negative, enter -0-) | | | | 12,439 | |

| <u> </u> | <u>orm 99</u> |)-PF(2019) Ernest C And Marion R Karras | rami | TY 27-133036 | | Page . |
|----------|---------------|--|---------------|--|----------------|--|
| | Part ! | Balance Sheets Attached schedules and amounts in the description columns should be for end-of-year amounts only. (See instructions | nή | Beginning of year | End o | |
| _ | | | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash – non-interest-bearing | | 206,157 | 697,800 | 697,800 |
| | 2 | Savings and temporary cash investments | | - | | |
| | 3 | Accounts receivable | | 1 | | |
| | ١. | 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 | | | | |
| | ļ | disqualified persons (attach schedule) (see | | | ł | |
| | _ | instructions) | | ļ | | |
| | 7 | Other notes and loans receivable (att schedule) | 0 | | 1 | |
| | | Less allowance for doubtful accounts ▶ | U | } - | | |
| sets | 8 | Inventories for sale or use | | | | |
| ŝ | 9 | Prepaid expenses and deferred charges | | | | |
| ⋖ | 10a | Investments – U S and state government obligations (attach schedule) | | | | |
| | b | Investments – corporate stock (attach schedule) | | | | |
| | С | Investments – corporate bonds (attach schedule) | | | | |
| | 11 | Investments – land, buildings, and equipment basis | | | | |
| | | Less accumulated depreciation (attach sch.) | | } | | - |
| | 12 | Investments – mortgage loans | | | | |
| | 13 | Investments – other (attach schedule) | | | | |
| | 14 | Land, buildings, and equipment basis | | 1 | | |
| | 4- | Less accumulated depreciation (attach sch) Other assets (describe See Statement | 3 、 | 210,589 | 221,901 | 221,901 |
| | 15 | | 3) | 210,389 | 221,901 | 221,901 |
| | 16 | Total assets (to be completed by all filers – see the | | 416,746 | 919,701 | 919,701 |
| 4 | 47 | Instructions Also, see page 1, item I) | | 410,740 | 919,701 | 919,101 |
| | 17 | Accounts payable and accrued expenses | | | | |
| 2 | 18 | Grants payable | | | | |
| 2 | 19 | Deferred revenue | | | | |
| 5 | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | | |
| ادّ | 21 | Mortgages and other notes payable (attach schedule) | ` | | | |
| | 22 23 | Other liabilities (describe > |) | 0 | 0 | |
| 1 | 23 | Total liabilities (add lines 17 through 22) Foundations that follow FASB ASC 958, check here | ightharpoonup | | | |
| S | | and complete lines 24, 25, 29, and 30. | | | | |
| 2 | 24 | Net assets without donor restrictions | | | 1 | |
| ₹ | 25 | Net assets with donor restrictions | | | | |
| ۵ | 23 | Foundations that do not follow FASB ASC 958, check here | ▶ 🕱 | | | |
| 2 | | and complete lines 26 through 30. | | | | |
| ᆲ | 26 | Capital stock, trust principal, or current funds | | | ĺ | |
| 5 | 27 | Paid-in or capital surplus, or land, bldg , and equipment fund | | | | |
| 2 | 28 | Retained earnings, accumulated income, endowment, or other funds | | 416,746 | 919,701 | |
| | | Total net assets or fund balances (see instructions) | | 416,746 | 919,701 | |
| | | Total liabilities and net assets/fund balances (see | | | | ······································ |
| | | instructions) | | 416,746 | 919,701 | |
| + | Part II | | ces | | | |
| | | net assets or fund balances at beginning of year – Part II, column (a), lin | - | st agree with | | - |
| • | | f-year figure reported on prior year's return) | (| · · · · · · · · · · · · · · · · · · · | 1 | 416,746 |
| 2 | | amount from Part I, line 27a | | | 2 | 502,955 |
| | | 3 | | | | |
| | | increases not included in line 2 (itemize) ► nes 1, 2, and 3 | | | 4 | 919,701 |
| | | ases not included in line 2 (itemize) | | | 5 | |
| | | net assets or fund balances at end of year (line 4 minus line 5) – Part II, | column (b |), line 29 | 6 | 919,701 |
| - | | | | | | |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

109,263

7 Add lines 5 and 6

Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

3

| Form | 1990-PF(2019) Ernest C And Marion R Karras Family 27-1530381 | | | | Page 4 |
|------|---|------|-------|----------|----------------|
| Pa | irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see | insi | truct | lions | .) |
| 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 | | | | 124 |
| | 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 | | | | |
| | Part I, line 12, col (b) | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) | | | | 0 |
| 3 | Add lines 1 and 2 | | | | 124 |
| 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- | | | | 124 |
| 6 | Credits/Payments | | | | |
| а | 2019 estimated tax payments and 2018 overpayment credited to 2019 6a | | | | |
| b | Exempt foreign organizations – tax withheld at source 6b | | | | |
| C | Tax paid with application for extension of time to file (Form 8868) 6c | | | | |
| ď | 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 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 . | | | | 124 |
| 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 2020 estimated tax ▶ Refunded ▶ 11 | | | | |
| Pa | rt VII-A Statements Regarding Activities | | | | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | | | Yes | No |
| | participate or intervene in any political campaign? | ļ | 1a | | <u>X</u> |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the | ĺ | | ĺ | Ĭ |
| | instructions for the definition | ļ | 1b | | X |
| | 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 | | | | |
| | Did the foundation file Form 1120-POL for this year? | Ļ | 1c | | X |
| | 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 ▶ \$ | | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | | |
| | on foundation managers 🕨 \$ | | | | ĺ |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | L | 2 | | X |
| | If "Yes," attach a detailed description of the activities | | | | |
| | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles | | - 1 | | |
| | of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | L | 3 | | X |
| | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | _ | 4a | | X |
| | If "Yes," has it filed a tax return on Form 990-T for this year? | A | 4b | | |
| | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | Ļ | 5 | | X |
| | If "Yes," attach the statement required by General Instruction T | | | | i |
| | 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 | ŀ | İ | | |
| | conflict with the state law remain in the governing instrument? | L | 6 | <u> </u> | |
| | 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 | X | |
| 8a | Enter the states to which the foundation reports or with which it is registered. See instructions. | | | | |
| b i | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | | 1 | | |
| (| (or designate) of each state as required by General Instruction G? If "No," attach explanation | L | 8b | X | |
| 9 | s the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or | | | | |
| 4 | 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See instructions for Part XIV If "Yes," | | 1 | | ^ |
| (| complete Part XIV | L | 9 | | <u> エ</u> レ |
| 0 [| Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their | | | | - - |
| | names and addresses Stmt 4 | | 10 | X | |
| | | For | m 99 | 0-PF | (2019) |

| person had advisory privileges? If "Yes," attach statement See instructions 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A 14 The books are in care of ► Ernest C Karras - Telephone no I 75 Forest Gate Cir Located at ► Oak Brook IL ZIP+4 I | → 630-5 | 11 12 13 | Yes | No X |
|--|----------------|---------------------|---------------|----------|
| meaning of section 512(b)(13)? If "Yes," attach schedule See instructions 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement See instructions 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ➤ N/A 14 The books are in care of ➤ Ernest C Karras - Telephone no ► 75 Forest Gate Cir Located at ➤ Oak Brook IL ZIP+4 ► | - 630−5 | 12 | | x |
| Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ➤ N/A The books are in care of ➤ Ernest C Karras - Telephone no 1 75 Forest Gate Cir Located at ➤ Oak Brook IL ZIP+4 | ► 630-5 | 12 | | <u> </u> |
| person had advisory privileges? If "Yes," attach statement See instructions 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A 14 The books are in care of ► Ernest C Karras - Telephone no I 75 Forest Gate Cir Located at ► Oak Brook IL ZIP+4 I | → 630-5 | - | | , |
| Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ➤ N/A The books are in care of ➤ Ernest C Karras 75 Forest Gate Cir Located at ➤ Oak Brook IL ZIP+4 | - 630−5 | - | | |
| Website address ► N/A 14 The books are in care of ► Ernest C Karras - Telephone no 1 75 Forest Gate Cir Located at ► Oak Brook IL ZIP+4 1 | ► 630-5 | 13 | | X |
| 75 Forest Gate Cir Located at ▶ Oak Brook IL ZIP+4 ▶ | ► 630-5 | | X | |
| Located at ▶ Oak Brook IL ZIP+4 ▶ | | 579- | 980 | 0 |
| | | _ | | |
| | ▶ 6052. | 3 | | |
| Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here | 1 | | | ▶ |
| and enter the amount of tax-exempt interest received or accrued during the year | 15 | | | |
| At any time during calendar year 2019, 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 | L | X |
| See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of | | | | |
| the foreign country ▶ | | <u></u> | | |
| Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | Ţ | | |
| 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 sele or explanate of prepart with a discussified passen? Ver | X No | | | |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Person manager from land manager to an otherwise extend asset to (as except to from) a | X No | | | |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a | X No | | | |
| disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes Yes | X No | | . | |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | X No | | | |
| (5) Transfer any income or assets to a disqualified person (or make any of either available for | 25 140 | | . | |
| the benefit or use of a disqualified person)? | 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 | <u> </u> | | 1 | |
| Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions | N/A | 1b | ţ | |
| Organizations relying on a current notice regarding disaster assistance, check here | ▶ □ | , | | |
| c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that | ر ا | |] | |
| were not corrected before the first day of the tax year beginning in 2019? | N/A | 1c | - 1 | |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private | · | | | |
| operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | | | |
| a At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines | | | | |
| 6d and 6e) for tax year(s) beginning before 2019? | X No | | | |
| If "Yes," list the years ▶ 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 | | | | |
| all years listed, answer "No" and attach statement – see instructions) | N/A | 2b | | |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | | | | |
| ▶ 20 , 20 , 20 , 20 | | | | |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise | | | | |
| at any time during the year? | X No | | | |
| b If "Yes," did it have excess business holdings in 2019 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 Form 4720, Schedule C, to determine if the | /- | | | |
| foundation had excess business holdings in 2019) | N/A | 3b_ | \rightarrow | |
| Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | | 4a | | X |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its | | | | 7.7 |
| charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019? | | 4b orm 99 | | <u>x</u> |

Form 990-PF (2019)

Total number of other employees paid over \$50,000

| Form 990-PF (2019) Ernest C And Marion R Karras Family | y 27-1530381 | Page 7 |
|---|------------------------------|------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundat vand Contractors (continued) | ion Managers, Highly Paid Er | |
| 3 Five highest-paid independent contractors for professional services. See instructi | ions. If none, enter "NONE." | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | | D |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the lax year. Include relevant statistical information such organizations and other beneficiaries served, conferences convened, research papers produced, etc. | as the number of | Expenses |
| 1 N/A | | |
| 2 | · | |
| 3 | | |
| 4 | | |
| Part IX-B Summary of Program-Related Investments (see instruction | ons) | |
| 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 | | |
| All other program-related investments. See instructions | | - V |
| | | |

Total. Add lines 1 through 3

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

| | n 990-PF (2019) Ernest C An | | | ly 27-15303 | 381 | Page |
|-----|--|----------------------|---|---|--|--|
| | art XIII Undistributed Incom | ie (see instructions | | | | |
| 1 | Distributable amount for 2019 from Par | + XI | (a) Corpus | (b) Years prior to 2018 | (c) 2018 | (d) 2019 |
| • | line 7 | (7), | | | | 23,17 |
| 2 | Undistributed income, if any, as of the | end of 2019 | | , | | |
| | Enter amount for 2018 only | | | | | |
| | Total for prior years: 20 , 20 | . 20 | | | | |
| 3 | Excess distributions carryover, if any, to | | | | | |
| а | = | | | | | |
| b | From 2015 | | | | | |
| С | From 2016 | 35,851 | | | | |
| d | From 2017 | 5,005 | | | | |
| е | From 2018 | 26,041 | | | | |
| f | Total of lines 3a through e | | 66,897 | | | |
| 4 | Qualifying distributions for 2019 from Pa | art XII. | 7, | | | |
| | line 4 > \$ 109,263 | | | | | |
| а | Applied to 2018, but not more than line | 2a | | | | |
| | Applied to undistributed income of prior | | | | | |
| | (Election required – see instructions) | , | | | | |
| С | Treated as distributions out of corpus (E | Election | -1-1 | ······································ | | ······································ |
| | required - see instructions) | | 1 | | | |
| d | Applied to 2019 distributable amount | | | *************************************** | | 23,17 |
| е | Remaining amount distributed out of co | rpus | 86,089 | | | |
| 5 | Excess distributions carryover applied to | · . | | | | |
| | (If an amount appears in column (d), the |) | • | | | |
| | amount must be shown in column (a)) | | | | | |
| 6 | Enter the net tôtal of each côluinn as | | | -{ | | |
| | indicated below: | | | | | |
| а | Corpus Add lines 3f, 4c, and 4e Subtra | ct line 5 | 152,986 | | | |
| | Prior years' undistributed income Subtra | | | | | |
| | line 4b from line 2b | | | : | | |
| С | Enter the amount of prior years' undistril | outed | *************************************** | | | |
| | income for which a notice of deficiency h | f | | | | |
| | been issued, or on which the section 494 | | | | | |
| | tax has been previously assessed | | | J | | |
| d | Subtract line 6c from line 6b Taxable | Ī | | | | |
| | amount - see instructions | | | | | |
| е | Undistributed income for 2018. Subtract | line | | | | |
| | 4a from line 2a Taxable amount - see | | | | | |
| | instructions | ľ | | | | |
| f | Undistributed income for 2019 Subtract | lines | | | | ······································ |
| | 4d and 5 from line 1. This amount must l | pe l | | | | |
| | distributed in 2020 | | | | | (|
| 7 | Amounts treated as distributions out of c | orpus | | | | |
| | to satisfy requirements imposed by secti | on | | | | |
| | 170(b)(1)(F) or 4942(g)(3) (Election may | be | | | | |
| | required—see instructions) | | | | | |
| 8 | Excess distributions carryover from 2014 | not | | | | ······································ |
| | applied on line 5 or line 7 (see instruction | | | | | |
| | Excess distributions carryover to 2020 | · | | | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| | Subtract lines 7 and 8 from line 6a | | 152,986 | | | |
| | Analysis of line 9 | ļ | procession established | Traffilia et al. | 1 1 1 1 1 1 1 1 1 | |
| | Excess from 2015 | 1 | | 1 | | |
| ь | Excess from 2016 | 35,851 | | 1 | | |
| c I | Excess from 2017 | 5,005 | | | | |
| d ! | Excess from 2018 | 26,041 | | | | |
| e I | Excess from 2019 | 86,089 | İ. | | | |

10

Part XV Supplementary Information (continued)

| Part XV Supplementary Information (co | | | | |
|--|--|----------------------|----------------------------------|----------|
| 3 Grants and Contributions Paid During t | | or Future Payment | | |
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| a Paid during the year | | | | |
| ST JUDE CHILDRENS HOSPITAL 501 ST JUDE PLACE | | | | |
| Memphis TN 38105 | <u>. </u> | - | Research | 500 |
| NORTHWESTERN UNIVERSITY 1201 DAVIS STREET | | | DEGEROU | 1 000 |
| Evanston IL 60208 | | | RESERCH | 1,000 |
| UNIVERSITY OF ILLINOIS 1305 W GREEN STREET URBANA IL 61801 | | | Education | 5,000 |
| HOLY APOSTLES PHILOPTOCHOS | • | | | |
| 2501 S WOLF RD WESTCHESTER IL 60154 | , | | Religious | 2,000 |
| HOLY APOSTLES CHURCH 2501 S WOLF RD | | | | |
| WESTCHESTER IL 60154 | | | Religious | 52,245 |
| CHICAGO SYMPHONY ORCHESTRA 220 S Michigan | | | | |
| CHICAGO IL 60604 | | MUSIC | EDUCATION | 250 |
| INTERNATIONAL ORTHODOX CHAR 110 West Road Suite 360 | RITIES | | | |
| BALTIMORE MD 21204 | | | Religious | 1,250 |
| ASSUMPTION CHURCH 601 S Central | , | | | |
| CHICAGO IL 60644 | | | Religious | 3,000 |
| TIMOTHY CHRISTIAN SCHOOL | | | | |
| 188 W Butterfield Rd ELMHURST IL 60126 | | | Education | 1,000 |
| SIGMA DHI DELTA | | | | |
| 901 West Illinois St Urbana IL 61801 | | | Education | 2,500 |
| Total | | | . ▶ 3a | 109,263 |
| b Approved for future payment | | | | |
| N/A | | | | |
| | | | | |
| | | | 1 | |
| | | J |] | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | <u> </u> | | |
| Total | | | ▶ 3b | 5 000 PE |

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 BCCA SCHOLARSHIP FUND 15 CONKLIN PLACE HACKENSACK NJ 07671 Education 250 CONSUMER REPORTS FOUNDATION 101 TRUMAN AVE YONKERS NY 10703 Research 250 OPERATION YULTIDE PO BOX 26140 GREENSBORO NC 27402 **Community** 500 Total ▶ 3a **b** Approved for future payment N/A ▶ 3b Total

Form 990-PF (2019) Ernest C And Marion R Karras Family 27-1530381

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual. 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 a Paid during the year Lurie's Children Foundation 225 E Chicago Ave Chicago IL 60611 500 Research Benet Academy 2200 Maple Ave Lisle IL 60532 ${f E}$ ducation 10,000 ST IAKOVOS RETREAT CENTER 920 224TH AVE KANSASVILLE WI 53139 RELIGIOUS 26,668 GREEK AMERICAN REHAB CENTER 220 N 1ST WHEELING IL 60090 MEDICAL ASSISTANCE 500 GREEK AMERICAN NURSING HOME 220 N 1ST STREET WHEELING IL 60090 MEDICAL ASSISTANCE 400 ELMHURST AMERICAN LEGION 310 W BUTTERFIELD RD ELMHURST IL 60126 COMMUNITY 250 JUVENILE DIABETIES RESEARCH 225 S EAST STREET INDIANAPOLIS IN 46206 RESEARCH 250 HELLENIC FOUNDATION 6251-53 W TOUCHY SENIOR SEVICES CHICAGO IL 60646 450 AMERICAN RED CROSS 2200 W HARRISON ST CHICAGO IL 60010 MEDICAL SUPPORT LURIES CHILDRENS HOSPITAL 225 E CHICAGO AVE CHICAGO IL 60611 MEDICAL RESEARCH 500 Total 3a b Approved for future payment N/A ▶ 3b **Total**

| | Part XVI-A | Analysis of Income-Producing A | ctivities | | | | |
|----|---------------|--|----------------------|-----------------------|--|-------------------------------|--|
| Er | iter gross am | nounts unless otherwise indicated | Unrelat | ed business income | Exclude | d by section 512, 513, or 514 | (e) |
| | _ | | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | Related or exempt function income (See instructions) |
| 1 | | ervice revenue | <u> </u> | | | | |
| | | | - | | | | |
| | | | - | - | - | | |
| | | - | - | | | | |
| | | | - | | | | |
| | | | - | | - | | |
| | f | - | - | <u> </u> | | | |
| | | nd contracts from government agencies | <u> </u> | | | | |
| | | p dues and assessments | <u> </u> | | | | 1 105 |
| | | savings and temporary cash investments | | | ļ | | 1,127 |
| 4 | | and interest from securities | | | | | 11,312 |
| 5 | | ncome or (loss) from real estate. | | | | | |
| | | nanced property | <u> </u> | | - | | |
| _ | | ot-financed property | ļ | ļ | + | | |
| | | ncome or (loss) from personal property | | | ┼ | | |
| | | tment income | | ļ | | | |
| | | s) from sales of assets other than inventory | | | - | | |
| | | or (loss) from special events | | <u> </u> | ┼ | | |
| | | or (loss) from sales of inventory | | | + | | |
| 11 | | uue. a | - | · | ├ | | |
| | | | - | | | | |
| | | | | | | | · · · · · · · · · · · · · · · · · · · |
| | d | | - | | | | |
| | e | | · | - | | | |
| | | dd columns (b), (d), and (e) | <u> </u> | 0 | <u> L</u> | 0 | 12,439 |
| | | ine 12, columns (b), (d), and (e) | | | | 13 | 12,439 |
| | | in line 13 instructions to verify calculations) | | | | | |
| | art XVI-B | Y''' | | | | | |
| , | Line No. ▼ | Explain below how each activity for which income | | | | | |
| | N/A | accomplishment of the foundation's exempt purp | oses (other than | by providing lunds to | r such pu | rposes) (See instruction | ins) |
| | N/A | | | | | | |
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| | J | | | | _ | | |

Preparer's sig

60062

Swartz & Reeder Advisors

333 Skokie Blvd Ste 101

Northbrook, IL

Form 990-PF (2019)

07/28/20

PTIN

Firm's EIN ▶

Phone no

P00057409

47-2378004

847-241-5800

Check X if self-employed

Paid

Preparer

Use Only

Print/Type preparer's name

Barry A Swartz

Firm's name

Firm's address

7/28/2020 11:48 AM Charitable Charitable Purpose Purpose ŝ Adjusted Net Adjusted Net Statement 2 - Form 990-PF, Part I, Line 23 - Other Expenses Statement 1 - Form 990-PF, Part I, Line 18 - Taxes Investment Investment Federal Statements Net 129 92 92 Total Total 271530381 Ernest C And Marion R Karras Family Description Description TAXES AND LICENSES FYE: 12/31/2019 Expenses POSTAGE Total Total 27-1530381

271530381 Ernest C And Marion R Karras Family
27-1530381 Federal Statements 7/28/2020 11:48 AM

FYE: 12/31/2019

Statement 3 - Form 990-PF, Part II, Line 15 - Other Assets

| | Description | | | Beginning of Year | End of Year | _ | Fair Market Value |
|-------------|-------------|----|-----|-------------------|--------------------|-----|----------------------|
| INVESTMENTS | - | ~- | \$ | 210,589 | \$ 221,901 | \$_ | 221,901 |
| Total | | | \$_ | 210,589 | \$ 221,901 | \$_ | 221,901 |

7/28/2020 11:48 AM City, State, Zip Statement 4 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors Oak Brook IL 60523 Federal Statements Address 75 FOREST GATE CIR 271530381 Ernest C And Marion R Karras Family Name EREST C KARRAS FYE: 12/31/2019 27-1530381

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

2019

Name of the organization

Ernest C And Marion R Karras Family Foundation

Employer identification number

27-1530381

| Organization type (check one) | | | | | | |
|---|---|--|--|--|--|--|
| Filers of: | Section: | | | | | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | |
| | 527 political organization | | | | | |
| Form 990-PF | X 501(c)(3) exempt private foundation | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | |
| | 501(c)(3) taxable private foundation | | | | | |
| · - | vered by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule See | | | | | |
| General Rule | | | | | | |
| | g Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 roperty) from any one contributor. Complete Parts I and II. See instructions for determining a butions. | | | | | |
| Special Rules | | | | | | |
| regulations under section 13, 16a, or 16b, and that | cribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line at received from any one contributor, during the year, total contributions of the greater of (1) amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II | | | | | |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III | | | | | | |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. | | | | | | |
| 990-EZ, or 990-PF), but it must | n't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its ertify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) | | | | | |

Page 1 of 1

Name of organization

Ernest C And Marion R Karras Family

Employer identification number

27-1530381 Contributorş (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (c) (d) Total contributions Type of contribution No. Name, address, and ZIP + 4 1 ERNEST C KARRAS Person 75 FOREST GATE CIRCLE Payroll 600,000 Noncash IL 60523 OAK BROOK (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Pavroli \$ Noncash (Complete Part II for noncash contributions) (b) (d) (a) (c) Name, address, and ZIP + 4 Total contributions Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll \$ Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) Name, address, and ZIP + 4 Total contributions Type of contribution No. Person Payroll \$ Noncash (Complete Part II for noncash contributions) (c) (d) (a) (b) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll \$ Noncash (Complete Part II for noncash contributions)