Form.9	9	0	-P	F
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Return of Private Foundation

2949104404422 OMB No 1545-0047

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

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

In	ernal	Revenue Service		► Go to	www.irs.g	gov/For	m990PF for II	nstr	uctions and t	he latest in	iforma	tion.	Open to	Public Inspecti	on
		lendar year 2019	or ta	x year begi	nning				, 2019	, and end				, 20	
				L., JR.,	AND I	MARGA	RET T.					A Employer identi	ificatio	n number	
_	KLA	PPERICH FOUN	IDATI	ON								36-71811	75		
Νι	ımber	and street (or PO b	ox numb	er if mail is not	delivered t	o street a	ddress)			Room/suit	e	B Telephone num	ber (se	e instructions)	
		WOODLEY ROA								<u> </u>		(847) 4	46-0	0329	
Cı	ty or to	own, state or province	e, countr	y, and ZIP or fo	reign posta	al code								_	_
												C If exemption applied pending, check here.	re	▶∟	┙
		NETKA, IL 60	1093	T			1							_	_
G	Che	ck all that apply		Initial retu					of a former p	oublic cha	rity	D 1 Foreign organiz			
				Final retur		_	Amended					2 Foreign organiz 85% test, check			\neg
_	Cha	ck type of organ		Address c		(0)(2) 0	Name ch					computation .		▶∟	
ī	$\overline{}$								oundation ivate founda	ω_{Q}		E If private foundati		- L	\neg
Ļ		ection 4947(a)(1) market value o					method X			rual		under section 507			
•		of year (from Pa					pecify)	j C	asii Acc	Juai		F If the foundation under section 507(E	\neg
		► \$		519.			(d), must be o	on ca	ash hasis)			ander section sort	,0)(1)(0)	, check here .	
F :	,	Analysis of Re	<u>_</u>		,		· · ·		3011 00010)				1 (d) Disbursements	
		total of amounts	ın colu	mns (b), (c), a	ind (d)	(a)	Revenue and xpenses per		(b) Net inve		(с) Adjusted net	`	for charitable purposes	
		may not necessa column (a) (see II			ts in		books		incon	ic		income		(cash basis only)	
	1	Contributions diffs over	its etc. s	eceived (attach sc	hedule) .		2,00	00.					1		_
	2	Chack X If th	e found	lation is not req	uired to										
	3	Interest on savings a													
	4	Dividends and inte	erest fro	om securities			14,22	24.	1	4,224.					
	5 a	Gross rents													
	ь	Net rental income or	(loss) _												
ne		Net gain or (loss) fro				_	-21	15.			L				
Revenue	ь	Gross sales price for assets on line 6a	all 	11	,018.						ļ				
è	7	Capital gain net in	come ((from Part IV,	line 2) .					0.					
Ľ	8	Net short-term ca	oital gai	ın									٠.		
	9 110 a	Income modificati Gross sales less retur											-		—
	,,,,	and allowances											+		—
		Less Cost of goods s						-					+		—
	i	Gross profit or (los									ļ <u>-</u>				—
	11 12	Other income (att					16,00	9.	1	4,224.			+		
-	13	Compensation of off				<u> </u>	<u> </u>	0.		<u> </u>					_
es	14	Other employee s													_
Š	15	Pension plans, en		-				T	·						
g	16 a	Legal fees (attach										•			
யி	ь	Accounting fees (CH.1.		2,35	0.		1,175.				1,1	75 .
ĕ.	14 15 16a b c 17 18 19 20 21 22 23 24	Other professiona					7	72.		72.					
rat	17	Interest													
is	18	Taxes (attach sche	edule) (see instructio	ns)[3].		34	10.		38.			ļ		
Ē	19	Depreciation (atta	ch sch	edule) and de	epletion.					1 1	REC	EIVED	~-		
₽	20	Occupancy											$\perp \!\!\! \perp$		
₽	21	Travel, conference	es, and	meetings						5005	HIAI	1 () 2000	31	••	
a	22	Printing and publi					1	_		<u> </u>	UN				1 =
ng	23	Other expenses (a				<u> </u>	1	.5.		-			2		15.
rati	24	Total operating a					2,77	,,		\Box ₂ \circ	GD	EN, UT	7	1,1	٩n
pe		Add lines 13 throu	_				26,30						4	26,3	
O		Contributions, gift		•			29,07		<u> </u>	1,285.		0	+	27,4	
_	26	Total expenses and dis			24 and 25		20,01	-					+-	2,13	
	27	Subtract line 26 fi			momoste		-13,06	8.		•					
		Net investment in							1	2,939.	<u> </u>				
		Adjusted net inco								•					_
_					<u> </u>										

JSA For Paperwork Reduction Act Notice, see instructions 9E1410 1 000 564 9KA N26K 6/1/2020 4:11:

4:11:43 PM V 19-5F 1152790

-P	art II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	E	nd of	f year
_		amounts only (See instructions)	(a) Book Value	(b) Book Value		(c) Fair Market Value
	1	Cash - non-interest-bearing		2,10		2,100
	2	Savings and temporary cash investments	1 20 201	10,50	52.	10,562
	3	Accounts receivable ▶			\neg	
		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 (attach schedule)				
		Less allowance for doubtful accounts ▶				
ets	8	Inventories for sale or use				
ssets	9	Prepaid expenses and deferred charges				
۷	10a	Investments - U S $$ and state government obligations (attach schedule). $$.				
	b	Investments - corporate stock (attach schedule) ATCH 5	177,941.	172,35	58.	672,857
	, c	Investments - corporate bonds (attach schedule)				
	11	Investments - land, buildings, and equipment basis			-	
		Less accumulated depreciation (attach schedule)				
	12	Investments - mortgage loans				
	13 14	Investments - other (attach schedule)				
	14	equipment basis				~
		Less accumulated depreciation (attach schedule)				
	15	Other assets (describe ►)				
	16	Total assets (to be completed by all filers - see the		105.00	,	605 510
_		instructions Also, see page 1, item I)		185,02	20.	685,519
	17	Accounts payable and accrued expenses				
۰,	18	Grants payable				
ties	19	Deferred revenue			\dashv	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			\dashv	
_ial	21	Mortgages and other notes payable (attach schedule)			\dashv	
_	22	Other liabilities (describe)	,		\dashv	
	23	Total liabilities (add lines 17 through 22)	0.		0.	
_		Foundations that follow FASB ASC 958, check here	0.		- 1	
Balances		and complete lines 24, 25, 29, and 30				
an	24	Net assets without donor restrictions				,
3al	25	Net assets with donor restrictions			十	
	23	Foundations that do not follow FASB ASC 958, check here			一	
or Fund		and complete lines 26 through 30				,
ř	26	Capital stock, trust principal, or current funds				1
SC	27	Paid-in or capital surplus, or land, bldg, and equipment fund	*		\neg	
set	27 28 29 30	Retained earnings, accumulated income, endowment, or other funds	198,332.	185,02	20.	
As	29	Total net assets or fund balances (see instructions)	198,332.	185,02	20.	
et ,	30	Total liabilities and net assets/fund balances (see			一	
Z		instructions)	198,332.	185,02	20.	
P	art I	Analysis of Changes in Net Assets or Fund Bala	nces			
1	Tota	al net assets or fund balances at beginning of year - Part	II, column (a), line 29 (i	must agree with		
		-of-year figure reported on prior year's return)			1	198,332
2		er amount from Part I, line 27a			2	-13,068
			· · · · · · · · · · · · · · · · · · ·		3	
		l lines 1, 2, and 3			4	185,264
		creases not included in line 2 (itemize) ATCH 6	±		5	244
6	Tota	al net assets or fund balances at end of year (line 4 minus	line 5) - Part II, column (I	b), line 29	6	185,020

	_
Page	3

Form 990-PF (2019)					Page 3
Part IV Capital Gain	s and Losses for Tax on Inv	estment Income			
(a) List and d	escribe the kind(s) of property sold (for	example, real estate,	(b) How acquired	(c) Date acquired	(d) Date sold
2-story	brick warehouse, or common stock, 200	shs MLC Co)	P - Purchase D - Donation	(mo, day, yr)	(mo , day, yr)
1 a SEE PART IV SCHE	EDULE		D DOMAIN.		
b				· · · · · · · · · · · · · · · · · · ·	
c			 		
<u>d</u>			-		
<u>e</u>	T	1 () ()			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) mini	
a					
b					
С					
d					
e					
	showing gain in column (h) and owned	hy the foundation on 12/31/69		- (- 1 1)	
- Complete only for assets	1			Gains (Col (h) ga (k), but not less t	
(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	Coi	Losses (from co	
a					
b					
С					
d					
e		-	 		
	. If a	aın, also enter ın Part I, line 7			
2 Capital gain net income	o or (not canital loce)	oss), enter -0- in Part I, line 7	2		-215.
2 Not short to an accordal		•	-		-215.
	gain or (loss) as defined in sections				
_	Part I, line 8, column (c) See ins				_
	· · · · · · · · · · · · · · · · · · ·		3		0.
Part V Qualification	Under Section 4940(e) for Re	duced Tax on Net Investment I	ncome		
(For optional use by domest	ic private foundations subject to th	e section 4940(a) tax on net invest	ment inco	me)	
If section 4940(d)(2) applies	leave this part blank				
	, iodio imo parto anni				
Was the foundation liable fo	r the section 4942 tax on the distrib	outable amount of any year in the b	ase perio	45	Yes X No
	sn't qualify under section 4940(e) [, ,	000 pono		, 100 [] 110
		ar, see the instructions before make	ng any er	ntrios	
(a)			l any en	(d)	
Base period years	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra	
Calendar year (or tax year beginning in)	, , ,			(col (b) divided by	
2018	24,553.	554,167.			0.044306
2017	22,415.	497,548.			0.045051
2016	21,954.	453,005.			0.048463
2015	20,185.	422,965.			0.047723
2014	17,950.	411,661.			0.043604
					
2 Total of line 4 selvers	(4)		2		0.229147
	(d)		-		0.223117
_	tio for the 5-year base period - divid	-			0 045000
the number of years the	e foundation has been in existence	If less than 5 years	3		0.045829
4 Enter the net value of	noncharitable-use assets for 2019 t	from Part X, line 5	4		621,872.
5 Multiply line 4 by line 3	3		5		28,500.
5 Wattiply line 4 by line 8	,				
6 F. 400 C			6		129.
6 Enter 1% of net investi	ment income (1% of Part I, line 27b)	• • • • • • • • • • • • • • • • • • • •	-		
			_		20 620
7 Add lines 5 and 6			7		28,629.
8 Enter qualifying distribi	utions from Part XII, line 4		8		27,490.
		on Part VI, line 1b, and complete	that part	using a 1% tax	rate See the
Part VI instructions					

	990-PF (2019) FRANK L., JR., AND MARGARET T. 36-718			Page 4
⁻Paı	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	nstru	uction	<u>s) </u>
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			259.
	here 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-)			
3	Add lines 1 and 2			259.
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			259.
6	Credits/Payments			
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a			
þ	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			<u>0.</u>
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		-	<u> 259.</u>
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			
Pai	t 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?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			٠,
	published or distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			l .
	(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 🕨 \$		-	1,
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 incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	ļ	
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			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	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	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions			
	IL,			
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 ² 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 2019 or the tax year beginning in 2019? See the instructions for Part XIV If "Yes,"	_		"
	complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			X
	names and addresses	10	L	_^

Χ

Х

the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 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 2019?

-Par	t VII-B	Statements Regarding Activities	for Which Form	4720 May Be Rec	uired (continued)			
5a	During the	year, did the foundation pay or incur any amo	ount to	<u>-</u>	· <u>-</u>		Yes	No
	(1) Carry	on propaganda, or otherwise attempt to influe	ence legislation (section	n 4945(e))?	Yes X N	。		
		nce the outcome of any specific public ele						
	dırectl	y or indirectly, any voter registration drive?			Yes X N	。		
		e a grant to an individual for travel, study, or o				。		· !
		e a grant to an organization other than a	• •					
		n 4945(d)(4)(A)? See instructions				。		ì
		e for any purpose other than religious, ch						,
		ses, or for the prevention of cruelty to children	•	•				
b		swer is "Yes" to 5a(1)-(5), did any of the				n		;
	Regulation	s section 53 4945 or in a current notice regar	ding disaster assistan	ce? See instructions	.	. 5b		
		ons relying on a current notice regarding disas						
С	If the an	swer is "Yes" to question 5a(4), does the	foundation claim e	xemption from the t	ax	_		ĺ
		maintained expenditure responsibility for the		•		。		
		ttach the statement required by Regulations s	=			İ		,
6a		bundation, during the year, receive any fur	• •	ectiv, to pay premiur	ns			
		nal benefit contract?	· ·			。		
b		undation, during the year, pay premiums, dire			. — —	. 6ь		X
	If "Yes" to	6b, file Form 8870		•		`	i	
7a	At any tim	e during the tax year, was the foundation a p	arty to a prohibited ta	x shelter transaction?	. Yes X N	o		
b	If "Yes," d	id the foundation receive any proceeds or have	ve any net income attr	butable to the transact	on?	. 7b		
8	Is the four	ndation subject to the section 4960 tax on pay	ment(s) of more that	n \$1,000,000 in				
	remunerat	ion or excess parachute payment(s) during the	year?		. 1 Yes X N	0		1
Par	t VIII	Information About Officers, Director	rs, Trustees, Fou	indation Manager	s, Highly Paid Em	ployees,		
1		and Contractors ficers, directors, trustees, and foundati	on managers and	their compensation	See instructions.			
		(a) Name and address	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expens	se accou	unt,
		(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	(e) Expension		
7.00		(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation			es
ATCH	7	(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid,	employee benefit plans			
ATCH	7	(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation			es
ATCH	7	(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation			es
ATCH	7	(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation			es
ATCH	7	(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation			es
ATCH	7	(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation			es
			hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation O .	other al	lowance	0.
2		(a) Name and address ation of five highest-paid employees	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation O .	other al	lowance	0.
2	Compens	ation of five highest-paid employees	devoted to position (other than those)	(If not paid, enter -0-) 0.	employee benefit plans and deferred compensation 0.	other al	one,	0.
2	Compens		hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation 0. 1 - see instructi (d) Contributions to employee benefit plans and deferred	other al	one,	0.
2	Compens	ation of five highest-paid employees	devoted to position (other than those) (b) Title, and average hours per week	(If not paid, enter -0-) 0.	employee benefit plans and deferred compensation 0. 1 - see instructi (d) Contributions to employee benefit	ions). If n	one,	0.
2 (a)	Compens "NONE." Name and a	ation of five highest-paid employees	devoted to position (other than those) (b) Title, and average hours per week	(If not paid, enter -0-) 0.	employee benefit plans and deferred compensation 0. 1 - see instructi (d) Contributions to employee benefit plans and deferred	ions). If n	one,	0.
2 (a)	Compens	ation of five highest-paid employees	devoted to position (other than those) (b) Title, and average hours per week	(If not paid, enter -0-) 0.	employee benefit plans and deferred compensation 0. 1 - see instructi (d) Contributions to employee benefit plans and deferred	ions). If n	one,	0.
2 (a)	Compens "NONE." Name and a	ation of five highest-paid employees	devoted to position (other than those) (b) Title, and average hours per week	(If not paid, enter -0-) 0.	employee benefit plans and deferred compensation 0. 1 - see instructi (d) Contributions to employee benefit plans and deferred	ions). If n	one,	0.
2 (a)	Compens "NONE." Name and a	ation of five highest-paid employees	devoted to position (other than those) (b) Title, and average hours per week	(If not paid, enter -0-) 0.	employee benefit plans and deferred compensation 0. 1 - see instructi (d) Contributions to employee benefit plans and deferred	ions). If n	one,	0.
2 (a)	Compens "NONE." Name and a	ation of five highest-paid employees	devoted to position (other than those) (b) Title, and average hours per week	(If not paid, enter -0-) 0.	employee benefit plans and deferred compensation 0. 1 - see instructi (d) Contributions to employee benefit plans and deferred	ions). If n	one,	0.
2 (a)	Compens "NONE." Name and a	ation of five highest-paid employees	devoted to position (other than those) (b) Title, and average hours per week	(If not paid, enter -0-) 0.	employee benefit plans and deferred compensation 0. 1 - see instructi (d) Contributions to employee benefit plans and deferred	ions). If n	one,	0.
2 (a)	Compens "NONE." Name and a	ation of five highest-paid employees	devoted to position (other than those) (b) Title, and average hours per week	(If not paid, enter -0-) 0.	employee benefit plans and deferred compensation 0. 1 - see instructi (d) Contributions to employee benefit plans and deferred	ions). If n	one,	0.
2 (a)	Compens "NONE." Name and a	ation of five highest-paid employees	devoted to position (other than those) (b) Title, and average hours per week	(If not paid, enter -0-) 0.	employee benefit plans and deferred compensation 0. 1 - see instructi (d) Contributions to employee benefit plans and deferred	ions). If n	one,	0.
2 (a)	Compens "NONE." Name and a	ation of five highest-paid employees	devoted to position (other than those) (b) Title, and average hours per week	(If not paid, enter -0-) 0.	employee benefit plans and deferred compensation 0. 1 - see instructi (d) Contributions to employee benefit plans and deferred	ions). If n	one,	0.
(a)	Compens "NONE." Name and a	ation of five highest-paid employees	(other than those (b) Title, and average hours per week devoted to position	(If not paid, enter -0-) 0. ce included on line (c) Compensation	employee benefit plans and deferred compensation 0. 1 - see instructi (d) Contributions to employee benefit plans and deferred	ions). If n	one,	0.

Form 990-F	PF (2019)	Page 7
Part VI	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employ and Contractors (continued)	
3 Fiv	re highest-paid independent contractors for professional services. See instructions. If none, enter "NONE	
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON	VE.	
	nber of others receiving over \$50,000 for professional services ▶	
Part IX-	A Summary of Direct Charitable Activities	
	foundation's four largest direct charitable activities during the fax year. Include relevant statistical information such as the number of itions and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/F		
2		
3		
4		
Part IX-	B Summary of Program-Related Investments (see instructions)	
	e the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NON	NE .	
2		· · · · · · · · · · · · · · · · · · ·
	program-related investments. See instructions	
NON	ie –	
	d lines 1 through 2	

Page 8

Pa	rt X Minimum Investment Return (All domestic foundations must complete this part. Foresee instructions.)	eign foundation	IS,
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	613,290.
	Average of monthly cash balances		18,052.
	Fair market value of all other assets (see instructions).		
d	Total (add lines 1a, b, and c)	1d	631,342.
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	1 2	
3	Subtract line 2 from line 1d	3	631,342.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see		·
	instructions)	4	9,470.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	621,872.
6	Minimum investment return. Enter 5% of line 5		31,094.
Pa	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part)		- · · · · · · · · · · · · · · · · · · ·
1	Minimum investment return from Part X, line 6	1	31,094.
2 a	Tax on investment income for 2019 from Part VI, line 5 2a 259.		44.
	Income tax for 2019 (This does not include the tax from Part VI) 2b	1	
	Add lines 2a and 2b	1 2c	259.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	30,835.
4	Recoveries of amounts treated as qualifying distributions		,
5	Add lines 3 and 4		30,835.
6	Deduction from distributable amount (see instructions)		
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7.	30,835.
	rt XII Qualifying Distributions (see Instructions)	·	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		07.400
	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26		27,490.
	Program-related investments - total from Part IX-B		
2	,	I I	
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
	Suitability test (prior IRS approval required)		
	Cash distribution test (attach the required schedule)	3b	27 400
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	27,490.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	_	2
_	Enter 1% of Part I, line 27b See instructions.		0.
6	Adjusted qualifying distributions Subtract line 5 from line 4		27,490.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when call qualifies for the section 4940(e) reduction of tax in those years	alculating wheth	ner the foundation

Page **9**

Par	t XIII Undistributed Income (see instr	uctions)		_	
1	Distributable amount for 2019 from Part XI.	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
	line 7				30,835.
	Undistributed income, if any, as of the end of 2019				
	· • •			26,266.	1
	Enter amount for 2018 only			20,200.	
	Excess distributions carryover, if any, to 2019				
	From 2014				
	From 2015				
	From 2016				
	From 2017				
	From 2018	0.			
	Total of lines 3a through e	0.			· ·
	Qualifying distributions for 2019 from Part XII, line 4 ▶ \$ 27,490.				
a .	Applied to 2018, but not more than line 2a			26,266.	
	Applied to undistributed income of prior years (Election required - see instructions)				ı
	Treated as distributions out of corpus (Election required - see instructions)				
d.	Applied to 2019 distributable amount				1,224.
	Remaining amount distributed out of corpus				
	Excess distributions carryover applied to 2019 (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				
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				
C	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				,
	Subtract line 6c from line 6b Taxable				
	amount - see instructions				
	Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount - see instructions				
f	Undistributed income for 2019 Subtract lines				
	4d and 5 from line 1. This amount must be				00 611
	distributed in 2020				29,611.
7	Amounts treated as distributions out of corpus				_ 1
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				:
	required - see instructions)				
	Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2020.	_			1
	Subtract lines 7 and 8 from line 6a	0.			
	Analysis of line 9				
	Excess from 2015				
	Excess from 2016				
С	Excess from 2017				•
d	Excess from 2018				
е	Excess from 2019			1	

Form 990-PF (2019)	FRANK L.,	JR., AND MARGA	ARET T.	26-	7181175 Page 10
	erating Foundations	(see instructions a	nd Part VII-A, question	on 9)	NOT APPLICABLE
1a If the foundation has					
foundation, and the rulin	ng is effective for 2019, e	nter the date of the ruling		▶	
b Check box to indicate	whether the foundation	is a private operating	foundation described in	section 4942(j)	(3) or 4942(j)(5)
2 a Enter the lesser of the ad-	Tax year		ر Prior 3 years		(e) Total
justed net income from Part I or the minimum investmen	(4) 2013	(b) 2018	(c) 2017	(d) 2016	(-,
return from Part X for each					
year listed			/		
b 85% of line 2a			/		
C Qualifying distributions from Part XII, line 4, for each year listed	t				
d Amounts included in line 2c not used directly for active conduct of exempt activities					
Qualifying distributions made directly for active conduct of exempt activities. Subtract line	1				
2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon	9				
a "Assets alternative test - enter					
(1) Value of all assets (2) Value of assets qualifying		_/			
under section					
4942(j)(3)(B)(i) b 'Endowment' alternative test-		<u> </u>			
enter 2/3 of minimum invest-		<i>'</i>			
ment return shown in Part X, line 6 for each year listed					
C "Support" alternative test - enter					
(1) Total support other than gross investment income	1				
(interest, dividends, rents,	. /				
payments on secunties loans (section 512(a)(5)),					
or royalties)	/				
public and 5 or more exempt organizations as provided in section 4942		•			
(j)(3)(B)(III)	. /				
port from an exempt organization					
(4) Gross investment income .	7				
	ntary Information (only if the founda	tion had \$5,000 o	r more in assets at
	during the year - see				
a List any managers of	ng Foundation Manager the foundation who h y tax year (but only if th	ave contributed mor			ved by the foundation
ATTACHME	ENT 8				
b List any managers of ownership of a partne	the foundation who is string or other entity) of				/ large portion of the
N/A	Contain tion Count	C.M. Lane Cabalanah	:4- D		
<u> </u>	ng Contribution, Grant		•		
unsolicited requests f	the foundation only i for funds If the founda c, and d See instructio	ation makes gifts, gra	nts, etc., to individual	table organizations a ls or organizations ur	and does not accept nder other conditions,
a The name, address, a			ne person to whom app	lications should be add	Iressed
b The form in which app	olications should be sub	omitted and information	on and materials they	should include	
c Any submission dead	lines				
a with annumeration degree	m IC3				

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

art XV Supplementary Information Grants and Contributions Paid Du	ring the Year or ∆nn	roved for	Future Payment	
Recipient	If recipient is an individual,	Foundation	Tuture i ayınıent	
Grants and Contributions Paid Du Recipient Name and address (home or business)	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient	-	
a i alo ouring the year				
TCH 9				
1011 9				
			[
•				
•				
	Ì			
		<u> </u>		
Total			▶ 3a	26,3
Approved for future payment	i			
•				
			1	
			1	
	1	1	ı	

Part XVI	-A Analysis of Income-Prod	ucing Act	ivities	· -		<u> </u>
	er gross amounts unless otherwise indicated		ated business income	Excluded by	y section 512, 513, or 514	(e)
	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d)	Related or exempt function income (See instructions)
_						(See manuchons)
е						
f						
g Fees	and contracts from government agencies					
2 Member	rship dues and assessments			·		
3 Interest of	on savings and temporary cash investments -			14	14,224.	
	ds and interest from securities			1 1	17,227.	
	tal income or (loss) from real estate			- 		
	t-financed property					
	al income or (loss) from personal property					
	extraction of the same property					
	loss) from sales of assets other than inventory			18	-215.	
	ome or (loss) from special events · · ·					
	rofit or (loss) from sales of inventory					
11 Other re	evenue a					
b	· · · · · · · · · · · · · · · · · · ·					
				+		
e	I Add actions (b) (d) and (a)				14,009.	
	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e)			I		14,009.
	heet in line 13 instructions to verify calci					,
Part XVI		<u>.</u>	ccomplishment of E	xempt Pur	poses	
Line No ▼	Explain below how each activit accomplishment of the foundation	-	·			· · · · · · · · · · · · · · · · · · ·
			•			
	Ī					

-Part	-X-VII-	Information Organization		sfers to and Transa	actions	and Relationships \	Vith Nonchai	ritable	е Ех	emp
1	Did the	organization di	rectly or indirectly e	ngage in any of the fo	llowing	with any other organiza	tion described		Yes	No
			her than section	501(c)(3) organization	s) or ı	n section 527, relating	g to political			,
	-	zations?	artina falladatian ta	a nanaharitahla ayamat		onton of		١٠.	- 1	
		•	_	a noncharitable exempt	-			10/1)		${x}$
								1a(1)		Х
	` '	ransactions								
1	(1) Sal	es of assets to a	a noncharitable exem	pt organization				1b(1)		Х
1	(2) Pur	chases of asset	s from a noncharitat	le exempt organization.				1b(2)		Х
								-		X
			_					-		X
		_								X
				_						X
			_			edule Column (b) shou			fair m	narke
						ndation If the foundation				
	value	n any transactio	n or sharing arrange	ement, show in column	(d) the	value of the goods, other	ner assets, or s	ervice	s_rec	eived
(a) Lir	ne no	(b) Amount involve	d (c) Name of no	ncharitable exempt organization	on	(d) Description of transfers, tr	ansactions, and shar	ring arra	ngeme	ents
		N/A				N/A				
			******* ******* ******* *******		- -					
						•				
		···							_	
										
*******			****							
						-				
				-2						
						or more tax-exempt org				٦
				tion 501(c)(3)) or in sec	tion 527	′?		Y	es X	_ No
<u>a</u>	it "Yes	(a) Name of organi	following schedule	(b) Type of organiz	ation	(c) De	scription of relations	hin		
		(a) Name of organi		(b) Type of organiz		(6) 50	Jon phon of relations			
									_	
				ed this return, including accompa payer) is based on all information of		edules and statements, and to the eparer has any knowledge	best of my knowledg	je and b	eliof, it	is true
Sign		Frank P V	Connect l	14/1/20	•	Co Topler.	May the IRS			retum
Here	Sign	nature of officer or true	stee graveneen,	Date	— ┌ ┬	itle •	with the pre	·	7 (below?
	7		3/2000 Land	6/1/20	•	" Co Trustee	Gee Histraction	· [^] 163 [
	_1/:-2	Print/Type preparer	r's name	Preparer's signature		Date	Check If F	PTIN		
Paid		THOMAS B MU	JRTAGH	Monuto	T	05/15/2020		P002	9265	5
Prep			BKD, LLP			Firm	sEIN ▶ 44-01	L602	50	
Use	Only	Firm's address	.1901 S. MEYER	S ROAD, SUITE 50	00					
		1	OAKBROOK TERR	ACE, IL		60181-5209 Pho	ne no 630-28	32-95	500	

2019 FORM 990-PF FRANK L., JR., AND MARGARET T. 36-7181175 FORM 990-PF - PART IV CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of P	Kind of Property		Description			Description p			or P	Date	Date sold
Gross sale	Depreciation	Cost or	CAA\/	Adi basis	Excess of	D	acquired				
price less	allowed/	Cost or other	FMV as of	Adj basis	FMV over		Gain				
xpenses of sale	allowable	basis	as of 12/31/69	as of 12/31/69	adı basıs		or (loss)				
			RADED SECURI	TIES - LT							
11,018.		11,233.					-215.				
TAL GAIN(LC	SS)						-215.				
						-					
							•				
			,								
j											
		1				1 1					

36-7181175

ATTACHMENT 1

FRANK L., JR., AND MARGARET T.

FEES
ACCOUNTING
1
н
PART
٠
990PF

CHARITABLE PURPOSES	1,175.,	1,175.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME	1,175.	1,175.
REVENUE AND EXPENSES PER BOOKS	2,350.	2,350.
		TOTALS
DESCRIPTION	TAX PREPARATION FEE	

ATTACHMENT 2

36-7181175

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

EXPENSES PER BOOKS REVENUE AND DESCRIPTION

NET INVESTMENT INCOME

72.

INVESTMENT FEES

TOTALS

72.

- TAXES PART I FORM 990PF,

EXPENSES PER BOOKS REVENUE AND

NET

INVESTMENT INCOME

38.

FOREIGN TAXES - INVESTMENT OTEHR TAXES

DESCRIPTION

38.

TOTALS

38.

340.

ATTACHMENT

36-7181175

FRANK L., JR., AND MARGARET T.

1152790

DESCRIPTION ILLINOIS CAHARITY BUREAU FUND

- OTHER EXPENSES

FORM 990PF, PART I

REVENUE AND EXPENSES PER BOOKS

TOTALS

15. CHARITABLE PURPOSES

15.

ATTACHMENT 4

1152790

4:11:43 PM V 19-5F 5649KA N26K 6/1/2020

ENDING <u>FMV</u>	43,190. 9,982. 14,944. 23,980. 16,605. 37,326. 37,326. 47,880. 79,044. 79,044. 77,285. 176,160. 73,941. 73,941. 5,860. 5,860.
ENDING BOOK VALUE	12,949. 2,089. 2,089. 12,735. 12,735. 8,734. 8,558. 11,374. 11,592. 9,978. 11,592. 23,575. 23,575. 5,634.
ĵ	
DESCRIPTION	AKAMAI TECH ALTRIA GROUP INC AMERICAN AIRLINES BAXTER INTERNATIONAL INC BP PLC SPONS ADR CIGNA CORP CISCO SYSTEMS INC COCA COLA COMPANY EDWARDS LIFESCIENCES CORP EMERSON ELECTRIC COMPANY GENERAL ELECTRIC COMPANY GENERAL ELECTRIC HANESBRAND INC INTEL CORP JOHNSON & JOHNSON KRAFT FOODS MCDONALDS CORPORATION MCDONALDS CORPORATION MCDONALDS CORPORATION MONDELEZ INTL INC COM PHILIP MORRIS INTL PROCTOR & GAMBLE CO SMUCKER J M CO SMUCKER J M CO SMUCKER J M CO SHIRE PLC SPONSORED ADR

2019 FORM 990-PF FRANK L., JR., AND MARGARET T.

36-7181175

ATTACHMENT 6

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

PRIOR YEAR ADJUSTMENT ,

244.

TOTAL

244.

36-7181175

ATTACHMENT 7	
, AND TRUSTEES	
OFFICERS, DIRECTORS, AND	
FORM 990PF	

			-
EXPENSE ACCT AND OTHER ALLOWANCES	Ö	.0	0.
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS		.0	0.
COMPENSATION	0	.0	0.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	TRUSTEE 1.00	TRUSTEE 1.00	GRAND TOTALS
NAME AND ADDRESS	FRANK L. KLAPPERICH, JR. 719 WILLOWWOOD LANE NAPLES, FL 34108	MARGARET T. KLAPPERICH 719 WILLOWWOOD LANE NAPLES, FL 34108	

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

FRANK L. KLAPPERICH JR. MARGARET T. KLAPPERICH

5649KA N26K 6/1/2020 4:11:43 PM V 19-5F 1152790

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

FOUNDATION STATUS OF RECIPIENT NONE PC NONE PC NONE PC NONE PC NONE PC NONE PC PC PC PC PC PC PC PC PC P

1152790

ATTACHMENT 9 (CONT'D)

ATTACHMENT 9

YEAR	
THE	
DURING	
PAID	
GRANTS AND CONTRIBUTIONS PAID DURING THE	
AND	
- GRANTS	
×	
PART XV	
990PF,	
FORM 9	

AMOUNT	1,000	1,000	005	008	200	250
PURPOSE OF GRANT OR CONTRIBUTION	GENERAL	GENERAL	GENERAL	EDUCATION	GENERAL	GENERAL
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE	NONE	NONE	NONE	NONE	NONE
	PC	PC	PC	PC	PC	PC
RECIPIENT NAME AND ADDRESS	ARTIS NAPLES	NAPLES BOTANICAL GARDEN, INC	CHICAGO SYMPHONY ORCHESTRA	STEPHENS COLLEGE	THE CONSERVANCY OF SOUTHWEST FLORIDA INC	ART INSTITUTE OF CHICAGO
	S833 PELICAN BAY BLVD	4820 BAYSHORE DRIVE	220 S MICHIGAN AVE	1200 E BROADWAY	1495 SMITH PRESERVE WAY	111 SOUTH MICHIGAN AVENUE
	NAPLES, FL 34108	NAPLES, FL 34112	CHICAGO, IL 60604	COLUMBIA, MO 65215	NAPLES, FL 34102	CHICAGO, IL 60603

1152790

5649KA N26K 6/1/2020

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MARGARET
AND
-
J.R
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FRANK

2019 FORM 990-PF

36-7181175

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

250 250 250 250 100 250 AMOUNT ATTACHMENT 9 (CONT'D) PURPOSE OF GRANT OR CONTRIBUTION EDUCATION EDUCATION GENERAL GENERAL GENERAL GENERAL RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR FOUNDATION STATUS OF RECIPIENT NONE NONE NONE NONE NONE NONE P. S. S. ည္မ NORTHWESTERN UNIVERSITY MEDICAL FOUNDATION 20 NORTH WACKER DRIVE, SUITE 860 FIELD MUSEUM OF NATURAL HISTORY NORTH SHORE COUNTRY DAY SCHOOL RECIPIENT NAME AND ADDRESS 541 N FAIRBANKS CT RM 1630 BLUE LAKE FINE ARTS CAMP CHICAGO BOTANICAL GARDEN 1400 S LAKE SHORE DRIVE LYRIC OPERA OF CHICAGO 300 E CRYSTAL LAKE RD TWIN LAKE, MI 49457 WINNETKA, IL 60093 CHICAGO, IL 60611 1000 LAKE COOK RD GLENCOE, IL 60022 CHICAGO, IL 60605 CHICAGO, IL 60606 310 GREEN BAY RD

1152790

ATTACHMENT 9 (CONT'D)

YEAR	
THE	
S PAID DURING '	
PAID	
AND CONTRIBUTIONS	
AND	
GRANTS	
-1	l
×	
PART	
990PF,	
FORM	

PRIBUTION	100	100	100	100	05
PURPOSE OF GRANT OR CONTRIBUTION	GENERAL	GENERAL	GENERAL	GENERAL	GENERAL
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE	MONE	NONE	NONE	NONE
	PC	PC	PC	PC	PC
RECIPIENT NAME AND ADDRESS	CHICAGO HISTORY MUSEUM	FRIENDS OF WEMT, INC	LINCOLN PARK ZOOLOGICAL SOCIETY	NORTHWESTERN MEMORIAL HEALTHCARE	BROOKFIELD ZOO
	1601 N CLARK ST	410 S MICHIGAN AVE, SUITE 728	2001 N CLARK ST	541 N FAIRBANKS CT, RM 1630	8400 31ST ST
	CHICAGO, IL 60614	CHICAGO, IL 60605	CHICAGO, IL 60614	CHICAGO, IL 60611	BROOKFIELD, 1L 60513

26,300

V 19-5F