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### **Return of Private Foundation**

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

OMB No 1545-0052

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service

Open to Public Inspection ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For	r calen	idar year 2015 or tax year beginning JULY	1	, 201	5, and	ending	JUNE 30	, 20	16	
		undation	•				r identification numbe	r		
G.L	L. VITA	LE FAMILY FOUNDATION					27-3097971			
Nu	mber an	d street (or P O box number if mail is not delivered to street address)	/suite	<b>B</b> Telephon	e number (see instructi	ons)				
200	N. LIN	IWOOD ROAD, P.O. BOX 509			309-342-6185					
Cit	y or towi	n, state or province, country, and ZIP or foreign postal code				C If exempt	ion application is pendi	ng check her	e <b>▶</b> □	
GA	LESBU	JRG, IL 61401								
			n of a forme	r public	charity	D 1 Foreign	n organizations, check l	here	▶	
	0,,00,,	☐ Final return ☐ Amended		. радио	·	_	•			
		Address change Name cha	nae				n organizations meeting here and attach compu		:, ▶[	
Н	Check	type of organization:   Section 501(c)(3) exempt p		dation			foundation status was			
		on 4947(a)(1) nonexempt charitable trust   Other tax			lation	section 50	07(b)(1)(A), check here		▶ _	
		narket value of all assets at J Accounting method								
		f year (from Part II, col. (c),					ndation is in a 60-montl stion 507(b)(1)(B), check		<b>▶</b> [	
	line 16		on cash ha						· L	
	art I	·	on cash ba	313 )		<u> </u>		(d) Disburser	monto	
Pa J	arti	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenuexpenses			investment	(c) Adjusted net	for charita	ble	
7		the amounts in column (a) (see instructions) )	book		II	ncome	income	purpose (cash basis		
				402000				(000)	···,,	
	1	Contributions, gifts, grants, etc., received (attach schedule)		102000			<del> </del>			
	2	Check ► _ if the foundation is <b>not</b> required to attach Sch. B	<del></del>					· 		
)	3	Interest on savings and temporary cash investments		44705		44705	44705			
i) T.	4	Dividends and interest from securities		41785		41785	41785			
2	5a	Gross rents								
3	b	Net rental income or (loss)								
SCALNING Revenue	6a	Net gain or (loss) from sale of assets not on line 10		3983				<del></del>		
S F	b	Gross sales price for all assets on line 6a								
ě	7	Capital gain net income (from Part IV, line 2)				3983				
Œ	8	Net short-term capital gain		-						
	9	Income modifications		· · · · · · · · ·						
	10a	Gross sales less returns and allowances								
	b	Less: Cost of goods sold								
	C	Gross profit or (loss) (attach-schedule)	<b>口</b>							
	11	Other income (attach schedule) RECEIVED								
	12	Total. Add lines 1 through 11	<u> </u>	147768		45768	41785			
S	13	Compensation of officers, directors, trustees, etc.	l Oi							
enses	14	Other employee salahes and wages	SS SS				<u></u>			
ē	15	Pension plans, employee benefits  Legal fees (attach schedule) OGDEN, UT								
S.	16a	Legal fees (attach schedule) . OGUEN, U.								
a)	b	Accounting fees (attach schedule)		900		0	0			
Ĕ.	С	Other professional fees (attach schedule)								
Ţ	17	Interest								
<u> </u>	18	Taxes (attach schedule) (see instructions)		428						
를	19	Depreciation (attach schedule) and depletion								
둳	20	Occupancy								
¥ F	21	Travel, conferences, and meetings								
Ĭ	22	Printing and publications		37		0	0			
Operating and Administrative Exp	23	Other expenses (attach schedule)		3031		3006	3006			
Ē	24	Total operating and administrative expenses.								
уrа		Add lines 13 through 23		4396		3006	3006			
ğ	25	Contributions, gifts, grants paid		115000						
O	26	Total expenses and disbursements. Add lines 24 and 25		119396		3006	3006			
	27	Subtract line 26 from line 12.								
	a	Excess of revenue over expenses and disbursements		28372			+			
	b	Net investment income (if negative, enter -0-) .				42762				
		Adjusted net income (if negative, enter -0-)			l –		38779			

		Attached schedules and amounts in the description column	Beginning of year		End o	f year
Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	е	(c) Fair Market Value
	1	Cash-non-interest-bearing				
	2	Savings and temporary cash investments	17769	8	3090	83090
	3	Accounts receivable >				
		Less. allowance for doubtful accounts ▶				
	4	Pledges receivable ▶			ĺ	
		Less: allowance for doubtful accounts ▶		<del></del>		
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
Ī		disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule) ▶				
	•	Less: allowance for doubtful accounts ▶				
S	8	Inventories for sale or use		<u>-</u>		
i g	9	Prepaid expenses and deferred charges	0		572	572
Assets	10a	Investments—U.S and state government obligations (attach schedule)	-			
`	b	Investments—corporate stock (attach schedule)	577696	51	3688	559616
	c	Investments—corporate bonds (attach schedule)	295454		1691	327195
	11	Investments—land, buildings, and equipment: basis ▶				3200
	• •	Less: accumulated depreciation (attach schedule) ▶				
j	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)		<del></del>		
ļ	14					
	17	Land, buildings, and equipment: basis ►  Less: accumulated depreciation (attach schedule) ►				
	15	Other assets (describe ACCRUED INTEREST RECEIVABLE )	5420		5670	5670
	16	Total assets (to be completed by all filers—see the	3420	•	3070	3070
	10	instructions. Also, see page 1, item l)	896339	02	4711	976143
$\dashv$	17	Accounts payable and accrued expenses	50		50	370143
1	18	Grants payable		· <del></del>		
es	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons		· · · · · · · · · · · · · · · · · · ·		•
g	21	Mortgages and other notes payable (attach schedule)				
	22					4
ì	23	Other liabilities (describe ► ) <b>Total liabilities</b> (add lines 17 through 22)				
-	23					
S		Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.				
ဍ၂	24	Unrestricted	Ì			
<u>ब</u>	25 25	Temporarily restricted				
<u>~</u>	26	•				
밀	20	Permanently restricted	<del>                                     </del>			
교		and complete lines 27 through 31.				
5	27	Capital stock, trust principal, or current funds				
Net Assets or Fund Balances	28	Paid-in or capital surplus, or land, bldg, and equipment fund	<del></del>	<del></del>		,
Se	29	Retained earnings, accumulated income, endowment, or other funds	<del></del>	<del> </del>		
As	30	Total net assets or fund balances (see instructions)	896289	92	4661	
ᇦ	31	Total liabilities and net assets/fund balances (see	030203			
z	<b>~</b> ·	instructions)	896339	an	4711	
Pal	rt III	Analysis of Changes in Net Assets or Fund Balances	J 30033	32		
		Il net assets or fund balances at beginning of year—Part II, colu	mn (a), line 30 (must	agree with		
٠		of-year figure reported on prior year's return)			1	896289
2		er amount from Part I, line 27a		L	2	28372
				T	3	
4		lines 1, 2, and 3		·	4	924661
					5	
6	Tota	reases not included in line 2 (itemize) ► al net assets or fund balances at end of year (line 4 minus line 5)—	Part II, column (b), line	30	6	924661

Part	IV Capital Gains an	d Losses for Tax on Investme	ent Income	(b) How acquired			
	(a) List and describe the 2-story brick warehold	(c) Date ac	•	(d) Date sold (mo , day, yr )			
1a							
b	CAPITAL GAIN DISTRIBUT	PITAL GAIN DISTRIBUTION					
С	<u>C</u>						
d							
ее	··-	(6 Decreasing allowed	(=) C==t ==	ather bear		(h) Ca	7 01 (1000)
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale			n or (loss) (f) minus (g)
a b							
c				•			
d							
е							
	Complete only for assets sho	owing gain in column (h) and owned b	y the foundation	on 12/31/69			(h) gain minus
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess over col	s of col (i) (j), if any			t less than -0-) <b>or</b> from col (h))
а							(1884)
b							5867
С							
d							
е		( If gain a	lso enter in Pai	rt I line 7	<del></del>		
2	Capital gain net income of	Arinat canital local 7	enter -0- in Par	<b>&gt;</b> 1	2		3983
3	If gain, also enter in Part	in or (loss) as defined in sections I, line 8, column (c) (see instruct	ions). If (loss),	, enter -0- ın )			
Part		ler Section 4940(e) for Reduc			3   Income		
		ivate foundations subject to the s				ne l	<u> </u>
•	•	·	0011011 1010(a)	tax on not invoct	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	110.,	
If sect	ion 4940(d)(2) applies, leav	e this part blank.					
		section 4942 tax on the distributa qualify under section 4940(e). Do			ase period	<b>i</b> ?	☐ Yes 🗹 No
1	•	ount in each column for each year			king any e	entries.	
	(a)	(b)		(c)			(d)
Cale	Base period years Indar year (or tax year beginning in	Adjusted qualifying distributions	Net value of	noncharitable-use as	sets		tribution ratio divided by col (c))
	2014	175	852	99	5408		.176632
	2013		414		4513		.006260
	2012		005		6570		.172781
	2011	49	9866	47	8343		1043247
	2010		0		492	1	0
2	Total of line 1, column (d)	)			. 2		.4599977
3		for the 5-year base period—divid					.400071
•	•	dation has been in existence if les			. 3		.114999
	•		•				
4	Enter the net value of nor	ncharitable-use assets for 2015 fro	om Part X, line	5	. 4		940367
5	Multiply line 4 by line 3				. 5		108141
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)			. 6		428
7	Add lines 5 and 6				. 7	7 108569	
8	Enter qualifying distribution	ons from Part XII, line 4			. 8		115000
		ater than line 7, check the box in			hat part us	sing a 1	% tax rate. See the

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see	instri	uctio	ns)		
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>L</b>	b Domestic foundations that meet the section 4940(e) requirements in Part V, check					
U	here $\blacktriangleright$ and enter 1% of Part I, line 27b		428	-		
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of					
	Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)					
3	Add lines 1 and 2		428	<u> </u>		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)					
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		428	ļ		
6	Credits/Payments:					
a	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 1000					
b	Exempt foreign organizations—tax withheld at source 6b		,			
c d	Tax paid with application for extension of time to file (Form 8868) . 6c			,		
7	Total credits and payments. Add lines 6a through 6d		1000	<del> </del> -		
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here  if Form 2220 is attached		1000	_		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	-		<u> </u>		
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10		572	<b></b>		
11	Enter the amount of line 10 to be. Credited to 2016 estimated tax ▶ 572 Refunded ▶ 11					
Part	VII-A Statements Regarding Activities			<b></b>		
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		~		
b	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?					
	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.					
C	Did the foundation file Form 1120-POL for this year?	1c		~		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation. ▶ \$ N/A (2) On foundation managers. ▶ \$ N/A					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
	on foundation managers. ► \$ N/A					
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? <i>If "Yes," attach a conformed copy of the changes</i>	3	_	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	<del>                                     </del>	1		
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	4b	N/	A		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		~		
	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	L				
	conflict with the state law remain in the governing instrument?	6	~			
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	<u> </u>	~		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶					
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	  N/	<u> </u>		
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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"	_				
10	complete Part XIV	9	-			
10	names and addresses	10		~		

Par	VII-A Statements Regarding Activities (continued)			
_			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		~
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)	12		,
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	V	
14	Website address ►  The books are in care of ► ADAM VITALE  Telephone no ► 30	9-342-	6185	
• •	The books are in care of ► ADAM VITALE  Located at ► 200 N. LINWOOD ROAD, P.O. BOX 509, GALESBURG, IL  ZIP+4 ►	6140		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the year		•	▶ [
16	At any time during calendar year 2015, 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		~
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶			
Par	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).			
	<ul> <li>(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes</li> <li>✓ No</li> <li>(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a</li> </ul>			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?   Yes			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes  No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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)?	1b	N/A	
	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 2015?	1c		- v
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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015?			
	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.)	2b		~
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> 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?			
b	If "Yes," did it have excess business holdings in 2015 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 2015.)	3b	N/	A -
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		~
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 2015?	4h		· /

Dag	_	f
rau	u	٠.

Par	VII-B	Statements Regarding Activities	for V	Vhich Form	4720	May Be R	equire	d (contii	nued)		
5a	During t	he year did the foundation pay or incur a	ny am	ount to:							
	· (1) Carr	y on propaganda, or otherwise attempt t	o influe	ence legislati	on (sec	tion 4945(e)	)? .	☐ Yes	✓ No	c	,
		ence the outcome of any specific public		on (see sect	ion 495	5); or to ca	arry on,				
	dire	ctly or indirectly, any voter registration dr	ive?				•	Tes	✓ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?										
	(4) Provide a grant to an organization other than a charitable, etc., organization described in										
		ion 4945(d)(4)(A)? (see instructions)					•	Yes Yes	✓ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational										
	purposes, or for the prevention of cruelty to children or animals?										
þ	b If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?										
	_		_	_					٠, _	5b	N/A
_	-	ations relying on a current notice regarding	_						▶□		
С		nswer is "Yes" to question 5a(4), does to the it maintained expenditure responsibility				•		_	П.,		
		, , , , , , , , , , , , , , , , , , , ,		_				∐ Yes	∐ No		į į
6-		attach the statement required by Regula									
6a		foundation, during the year, receive any resonal benefit contract?	iuiius,	unechy or in	unectiy	, to pay pre	mums	_			
b	•	foundation, during the year, pay premium	 	otly or indire	otky on	a nemonal	henefit	Yes	∠ No	6b	
D		to 6b, file Form 8870.	is, uire	city of indire	Cuy, On	a personai	benem	Contract	ſ.	90	
7a		me during the tax year, was the foundation a	nartv	to a prohibite	d tay ch	elter transac	tion?	Yes	✓ No		
		did the foundation receive any proceeds							_	7b	NA
	VIII	Information About Officers, Direct								1 1	ees.
		and Contractors	,				. <b></b>				,
1	List all	officers, directors, trustees, foundation	mana	agers and th	eir con	npensation	(see i	nstructio	ns).		
		(a) Name and address		e, and average rs per week		mpensation not paid,		Contributions		<b>(е)</b> Ехре	nse account,
		(a) Name and address		ed to position		ter -0-)		erred compe		other a	llowances
SEE A	TTACHE	)									
					ļ						
					ļ						
	Compo	nsation of five highest-paid employee	o /oth	or than the	oo inch	udad an li	no 1	ooo inetr	uotions	\ If no	no ontor
2	"NONE.	•	s (our	er man mo	se inci	uded on iii	ne i —:	see msu	uctions	y. 11 NC	me, enter
				T				(d) Contribu	itions to		
	(a) Name ar	nd address of each employee paid more than \$50,00	0	(b) Title, and a	average week	(c) Comper	sation	employee	benefit		nse account,
	(-,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		devoted to p		(17)		plans and c compens		otner a	illowances
NONE											
						······································					
							-				
				<u> </u>		<u> </u>					
Total	number o	of other employees paid over \$50,000 .	· ·								
		-							F	orm <b>99</b>	0-PF (2015)

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid En and Contractors (continued)	nployees,
3 · Five	highest-paid independent contractors for professional services (see instructions). If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
ONE		
•		
tal numb	per of others receiving over \$50,000 for professional services	
art IX-A	Summary of Direct Charitable Activities	
	undation's four largest direct charitable activities during the tax year include relevant statistical information such as the number of	Expenses
	ins and other beneficiaries served, conferences convened, research papers produced, etc	
N/A		
<u></u>		
}		
ł <u></u>		
IV 5	Company (Delated Local Access)	
art IX-E		Amount
	ne two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
N/A		
2		
All others	correct column at the contract of the contract	
	ogram-related investments. See instructions	
3		
A-1 A-1-1	lines 4 Abrasiah 0	
tal. Add	lines 1 through 3	<u> </u>

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign	ign found	ations,
	see instructions.)		
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	898426
b	Average of monthly cash balances	1b	50430
c	Fair market value of all other assets (see instructions)	1c	5831
d	<b>Total</b> (add lines 1a, b, and c)	1d	954687
ě	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	954687
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see	-	
•	instructions)	4	14320
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	940367
6	Minimum investment return. Enter 5% of line 5	6	47018
Part			
r ai t	and certain foreign organizations check here ► and do not complete this part.)	odildatioi	13
1	Minimum investment return from Part X, line 6	1	47018
2а	Tax on investment income for 2015 from Part VI, line 5		4,010
	Income tax for 2015. (This does not include the tax from Part VI.) 2b	<del> </del>	
b	Add lines 2a and 2b	2c	428
C		3	46590
3	Distributable amount before adjustments. Subtract line 2c from line 1	4	40390
4	Recoveries of amounts treated as qualifying distributions	5	46590
5	Add lines 3 and 4	6	46390
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	_	40500
	line 1	7	46590
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	115000
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	115000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see instructions)	5	428
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	114572
-	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating	g whether	the foundation
	qualifies for the section 4940(e) reduction of tax in those years		

	t XIII Undistributed Income (see instruction	ine)		<del> </del>	rage 3
4	• Distributable amount for 2015 from Part XI,	(a) Corpus	(b) Years prior to 2014	(c) 2014	( <b>d</b> ) 2015
•	line 7				46590
2	Undistributed income, if any, as of the end of 2015:				
á	<b>-</b>			0	
t	Total for prior years: 20,20,20		0		
3	Excess distributions carryover, if any, to 2015:				
á					
t					
•				1	
(		ļ			
•		222835			
f 4	Qualifying distributions for 2015 from Part XII,	222833			· · · · · · · · · · · · · · · · · · ·
•	line 4: ► \$				
á	4 11 11 2014 1 1 1 1 1 1 1				
t					<del> </del>
	(Election required—see instructions)		0		
C	Treated as distributions out of corpus (Election required—see instructions)				
c	Applied to 2015 distributable amount		<u></u>		46590
•	Remaining amount distributed out of corpus	67982			-
5	Excess distributions carryover applied to 2015	0			0
	(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:				
a	•	290817			
t	Prior years' undistributed income. Subtract line 4b from line 2b		0		
c	' '				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a) tax has been previously assessed		•		
_			0		
•	amount—see instructions		0		
e	Undistributed income for 2014. Subtract line				
	4a from line 2a. Taxable amount-see				
	instructions			0	
f					
	4d and 5 from line 1. This amount must be distributed in 2016				٥
7	Amounts treated as distributions out of corpus				<u> </u>
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)	o			
8	Excess distributions carryover from 2010 not				
	applied on line 5 or line 7 (see instructions).	0			
9	Excess distributions carryover to 2016.				
	Subtract lines 7 and 8 from line 6a	290817			· · · · · · · · · · · · · · · · · · ·
10	Analysis of line 9:				
a	<b>5</b>				
t					
ė	Excess from 2015 67982				

NONE

Part	XIV Private Operating Founda	tions (see instruc	ctions and Part \	/II-A, question 9	)	<u> </u>
1a .	If the foundation has received a ruling foundation, and the ruling is effective for				<del></del>	
b	Check box to indicate whether the four			ι	ction	3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	<u> </u>	Prior 3 years		
	income from Part I or the minimum	(a) 2015	<b>(b)</b> 2014	(c) 2013	(d) 2012	(e) Total
	investment return from Part X for each year listed	38779	43072	50760	42501	175112
b	85% of line 2a	32962	36611	43146	36126	148845
С	Qualifying distributions from Part XII,					
	line 4 for each year listed	115000	176392	6414	167500	465306
d	Amounts included in line 2c not used directly for active conduct of exempt activities .	0	0	0	0	0
е	Qualifying distributions made directly					
	for active conduct of exempt activities					
	Subtract line 2d from line 2c	115000	176392	6414	167500	465306
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test-enter:					
	(1) Value of all assets	976143	933230	1087903	992326	3989602
	(2) Value of assets qualifying under			_		_
_	section 4942(j)(3)(B)(i)	0	0	0	0	0
b	of minimum investment return shown in					
	Part X, line 6 for each year listed	31342	33177	34147	32215	130881
С	"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)	o	0	0	0	0
	(2) Support from general public and 5 or more exempt organizations as provided in					
	section 4942(j)(3)(B)(iii)	0	0	0	0	0
	(3) Largest amount of support from					
	an exempt organization	0	0	0	0	0
	(4) Gross investment income	45768	57545	54377	53069	210759
Part		•	•	e foundation ha	ad \$5,000 or mo	ore in assets at
	any time during the year-		s.)			
1	Information Regarding Foundation					
а	List any managers of the foundation v					by the foundation
	before the close of any tax year (but o	nly if they have col	ntributed more tha	an \$5,000). (See se	ection 507(a)(2).)	
N/A	1 . 1		of the steel	l. of a name analysis	· /	
b	List any managers of the foundation ownership of a partnership or other er					rge portion of the
N/A	Information Deposition Contails the	Cront Off I	Cabala-abia	Dragrama:		<del></del>
2	Information Regarding Contribution Check here ▶ ☐ If the foundation				organizations and	does not accept
	unsolicited requests for funds. If the f					
	other conditions, complete items 2a, I		, , , , ,	•		
а	The name, address, and telephone nu	mber or e-mail add	dress of the person	n to whom applica	ations should be a	ddressed:
	VITALE LINWOOD ROAD, P.O. BOX 509, GALES	BURG, IL 61401 30	9-342-6185			
b	The form in which applications should	be submitted and	information and n	naterials they shou	uld include:	
NO PR	ESCRIBED FORM			·		
C	Any submission deadlines:					
NONE	Any restrictions or limitations on an	rarde such as his	geographical are	age charitable fo	alde kinde of rec	htutions or other
a	Any restrictions or limitations on aw factors:	raius, such as by	geographical are	заз, спаптаріе пе	aus, Kinus Oi MS	additions, or other

Par	t XV Supplementary Information (cont	tinued)			
3	Grants and Contributions Paid During	the Year or Approv	ed for Fu	ture Payment	
	Recipient	if recipient is an individual, 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	
а	Paid during the year				
SCHI	EDULE ATTACHED				115000
					113000
				•	
					}
					1
		:			•
	T-1-1				445000
	Total	· · · · · · · · · · · · · · · · · · ·		▶ 3a	115000
D	Approved for future payment				
					ĺ
			,		

_	t XV	Analysis of Income-Producing Acs amounts unless otherwise indicated.	<del></del>	isiness income	Excluded by secti	on 512, 513, or 51	4
Litte	,	s amounts unless otherwise mulcated.	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions.)
1	_	ram service revenue					<u> </u>
	a						
	b -						
	c d						-
	e –				<u> </u>		<del>                                     </del>
	f -						
	g F	ees and contracts from government agencies					
2	-	bership dues and assessments					· · · · · · · · · · · · · · · · · · ·
3	Intere	est on savings and temporary cash investments					
4	Divid	ends and interest from securities					41785
5	Net r	ental income or (loss) from real estate:	, ,				
		ebt-financed property					
_		ot debt-financed property					
6		ental income or (loss) from personal property				-	
7		r investment income			<del>                                     </del>		3983
8		or (loss) from sales of assets other than inventory ncome or (loss) from special events	<del></del>		+		3903
9 10		s profit or (loss) from sales of inventory					<del>                                     </del>
11					+		
••	b	r revenue: a					<del>                                     </del>
	c –						
	d _						
	e _						
12	Subte	otal. Add columns (b), (d), and (e)	-				45768
						13	45768
`		sheet in line 13 instructions to verify calculation	•				
	t XVI				<u>*</u>		
Line	e No. ▼	Explain below how each activity for which accomplishment of the foundation's exempt pur	ncome is reported in the income is reported in the income in the income in the income income in the income is reported in the income i	orted in column in by providing fu	(e) of Part XVI- nds for such purpo	A contributed oses). (See instru	importantly to the uctions)
	1	THE ORGANIZATION IS ORGANIZED FOR THE E	YCI LISIVE PUR	POSE OF HOLD	ING TITLE TO PE	OPERTY AND	
	RU	COLLECTING INCOME THEREFROM, AND TURN					T
	1	ORGANIZATIONS.					·
· <del></del> ·							
		THE INDIVIDUAL LINE ITEMS ALLOW THE ORGA	ANIZATION THE	ABILITY TO DE	TERMINE THE TI	MING AND AMO	OUNT OF THE
		INDIVIDUAL GRANTS IN ORDER TO FACILITATE	THE MAXIMUM	BENEFIT FROI	I LIMITED FUNDS	S. THIS ADDIT	ONALLY
		ALLOWS THE TRUSTEES TIME TO CONSIDER A	LL REQUESTS	AS TO APPROP	RIATENESS AND	URGENCY.	
				·			
				·			
						· -	
			<del>- · · · · · · · · · · · · · · · · · · ·</del>				<del></del>
	_					-	
				_			
	_						.,-,
						-	

		Exempt Or	rganizations						
1	ın sed					other organization described ction 527, relating to political		Yes	No
а	Trans	sfers from the rea	porting foundation to	a noncharitable exen	not organization o	of:			
			-				1a(1)		~
		ther assets					1a(2)		~
ь		r transactions:					10(2)		Ť
U							4 - (4)		
				mpt organization .			1b(1)	-	
				ble exempt organizati			1b(2)		~
				rassets			1b(3)		~
	(4) R	eimbursement ai	rrangements				1b(4)		~
	(5) Lo	oans or loan gua	rantees				1b(5)		~
	(6) P	erformance of se	ervices or membersh	ip or fundraising solic	tations		1b(6)		~
С	Shari	ng of facilities, e	quipment, mailing lis	ts, other assets, or pa	id employees .		1c		~
d		-	· · ·			olumn (b) should always sho	w the	fair m	arket
						If the foundation received less			
						the goods, other assets, or se			
(a) Line		b) Amount involved	,	arıtable exempt organization		ition of transfers, transactions, and sha			
(4) = 111	,,,,,	b) / iiiiodiii iiivoivod	(b) Nume of Honors	untable exempt organization	(a) Descrip	nior or turisiers, transactions, and sin		angome	
	-								
				<del></del>					
					<del></del>	<del> </del>			
				<del></del>	· • • · · · · · · · · · · · · · · · · ·				
				<del> </del>	<del></del>	<del></del>			
			<del></del>	<del></del>		<del></del>			
	+				<del></del>				
	-+				-				
	<del> </del> -								
					L				
2a	descr	ibed in section 5				e tax-exempt organizations n 527? [	] Yes		No
<u> </u>			1	(h) To of over-		(a) Danasation of solution			
		(a) Name of organ	ization	(b) Type of organ	lization	(c) Description of relatio	nsnip		
							- <del></del>		
				_					
						statements, and to the best of my knowled	ge and	belief, it	ıs true,
Sign	corre	ct, and complete Deck	aration of preparer (other tha	n taxpayer) is based on all info	mation of which prepar	er has any knowledge May the I	RS disci	iss this	return
Here		611-611	tel	1 9/12/2016	1/100 Pa	with the	oreparer	shown	below
		ature of officer or trus	stee	Date	Title	(see instru	ctions)?	⊌Yes[	_No
	1	Print/Type preparer		Preparer's signature		Date @ 7 11	PTIN		
Paid				1 .	014	1-1/15 Check V if		17E066	12
Prep.	arer	WILLIAM R. PILL		Corellian p	one proman	c PR self-employed		075869	<u> </u>
Jse (	Only		WILLIAM R. PILLMAN	<del></del>	V		37-131		
	•	Firm's address ▶	1921 W. ALTORFER [	DRIVE, PEORIA, IL 616	15	Phone no 30	19-713-	2812	

Information Regarding Transfers To and Transactions and Relationships With Noncharitable

#### Schedule B

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

#### **Schedule of Contributors**

OMB No 1545-0047

**Employer identification number** 

Department of the Treasury Internal Revenue Service

Name of the organization

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

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

G.L. VIT	TALE FAMILY FOUND	ATION			27-3097971		
Organi	zation type (check o	ne):					
Filers o	ıf:	Section:					
Form 99	90 or 990-EZ	501(c)(	) (enter number) org	anızatıon			
		☐ 4947(a)(1) r	nonexempt charitable tri	ust <b>not</b> treated as a priva	ate foundation		
		☐ 527 politica	al organization				
Form 99	90-PF	501(c)(3) exempt private foundation					
		☐ 4947(a)(1) n	nonexempt charitable tru	ust treated as a private fo	oundation		
		501(c)(3) ta	xable private foundation	1			
instruct Genera	ions.	7), (8), or (10) orga	anization can check box	es for both the General I	Rule and a Special Rule. See		
Genera	For an organization				r, contributions totaling \$5,000 e instructions for determining a		
	contributor's total of	• • •		P	J		
Special	Rules						
	regulations under s 13, 16a, or 16b, and	ections 509(a)(1) a d that received fro	and 170(b)(1)(A)(vi), that om any one contributor,	checked Schedule A (Foduring the year, total co	t the 331/3 % support test of the orm 990 or 990-EZ), Part II, line ontributions of the greater of (1), line 1. Complete Parts I and II.		
	contributor, during	the year, total con	tributions of more than	\$1,000 exclusively for rel	Z that received from any one ligious, charitable, scientific, s. Complete Parts I, II, and III.		
	contributor, during contributions totale during the year for General Rule appli	the year, contributed more than \$1,0 an exclusively religions to this organization.	itions exclusively for reli 00. If this box is checke gious, charitable, etc., p ation because it receive	gious, charitable, etc., pied, enter here the total co ourpose. Do not completed on nonexclusively religiou	EZ that received from any one urposes, but no such ontributions that were received e any of the parts unless the is, charitable, etc., contributions		

Name of organization

**Employer identification number** G.L. VITALE FAMILY FOUNDATION

27-3097971 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person ~ ANDREA F. VITALE **Payroll** 100000 Noncash **823 N. SOANGETAHA ROAD** (Complete Part II for noncash contributions) GALESBURG, IL 61401 (d) (a) (b) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions) (d) (a) (b) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions) (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroli Noncash (Complete Part II for noncash contributions) (d) (b) (c) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** Noncash (Complete Part II for noncash contributions)

#### 27-3097971 G L VITALE FAMILY FOUNDATION FOR THE YEAR ENDED JUNE 30, 2016

### FORM 990-PF PAGE 1

LINE 40D ACCOUNTING FEE	AND E	VENUE EXPENSES BOOKS		NET ESTMENT NCOME	•	JUSTED NET COME	FOR CH	SEMENTS ARITABLE POSES
LINE 16B – ACCOUNTING FEE TAX PREPARATION	\$	900	\$	<u>0</u>	\$	<u>0</u>	\$	<u>0</u>
LINE 18 – TAXES EXCISE TAX	\$	<u>428</u>	\$	<u>Q</u>	\$	<u>Q</u>	\$	<u>0</u>
LINE 23 – OTHER EXPENSES FILING FEES INVESTMENT MANAGEMENT FEES	\$ \$	25 3006 3031	\$ \$	0. <u>3006</u> . <u>3006</u>	\$ \$	0 3006 3006	\$ \$	0 <u>0</u> <u>0</u>

#### 27-3097971 G L. VITALE FAMILY FOUNDATION FOR THE YEAR ENDED JUNE 30, 2016

## FORM 990PF - PAGE 2

	BEGINNING OF YEAR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET <u>VALUE</u>
<u>LINE 9 – PREPAID EXPENSES</u> PREPAID EXCISE TAX	\$ <u>0</u>	\$ <u>572</u>	\$ <u>572</u>
LINE 10B – INVESTMENTS – CORPORATE STOCK MORGAN STANLEY SMITH BARNEY RBC WEALTH MANAGEMENT	\$401940 <u>175756</u> \$ <u>577696</u>	\$ 337932	\$ 370286
LINE 10C - INVESTMENTS - CORPORATE BONDS RBC WEALTH MANAGEMENT	\$ <u>295454</u> .	\$ <u>321691</u>	\$ <u>327195</u>

	G.L. VITALE FAIN	G.L. VITALE FAMILY FOUNDATION			
	MORGAN STANLEY ACCOUNT 416-130053-477	COUNT 416-130053	-477		
	LONG TE	LONG TERM GAINS			
NAME OF STOCK		000	2030	212 4 0 1200	330 17 18180
FRANKLIN STRATEGIC INC ADV	01/31/12	07/16/15	6 720 68	7 096 33	(375 65)
FRANKLIN STRATEGIC INC ADV	02/03/12	07/16/15	10,573.07	11,250.00	(676.93)
FRANKLIN STRATEGIC INC ADV	02/07/12	07/16/15	10,562.98	11,250.00	(687.02)
GATEWAY FUND Y	02/14/12	07/16/15	10,995.22	9,764.27	1,230.95
GATEWAY FUND Y	03/22/12	07/16/15	25,233.05	22,500.00	2,733.05
FIRST EAGLE FUND OF AMERICA	06/23/15	06/16/16	20,060.02	24,093.63	(4,033.61)
FIRST EAGLE GLOBAL I	01/25/12	06/16/16	2,082.16	1,815.98	266.18
FIRST EAGLE GLOBAL I	02/23/12	06/16/16	7,910.45	7,168.06	742.39
FRANKLIN INCOME ADV	02/07/12	06/16/16	21,268.61	21,468.32	(199.71)
FRANKLIN INCOME ADV	03/22/12	06/16/16	8,731.39	8,854.37	(122.98)
LORD ABBETT BOND DEB F	01/31/12	06/16/16	4,986.84	5,164.48	(177 64)
					(1,300.97)
		-		;	
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			-		
			-		

	G.L. VITALE FAN	G.L. VITALE FAMILY FOUNDATION			
	LONG T	LONG TERM GAINS			
		1 C C C C C C C C C C C C C C C C C C C			
NAME OF STOCK	DATE PURCHASED	DATE SOLD	PROCEEDS	COST BASIS	GAIN/LOSS
ENTERGY MISS INC 1ST MTG BD DUE 4/1/2034	VARIOUS	06/13/16	25,600.00	26,183.50	(583.50)
				-	
			- !- <u>-</u>		
			_		
			:		
				_	
	-			•	
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	-	_			
	-		1		

# 27-3097971 G.L. VITALE FAMILY FOUNDATION FOR THE YEAR ENDED JUNE 30, 2016

#### FORM 990-PF PAGE 6

# PART VIII - INFORMATION ABOUT OFFICERS, DIRECTORS, TRUSTEES, FOUNDATION MANAGERS, HIGHLY PAID EMPLOYEES, AND CONTRACTORS

NAME AND ADDRESS	TITLE, AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTION TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION	EXPENSE ACCOUNT, OTHER ALLOWANCES
ANDREA VITALE GALESBURG, IL	PRESIDENT 1 HR	0	0	0
ADAM VITALE GALESBURG, IL	V.P & TREASURER 1 HR	0	0	0
MONICA JENSEN EAST GALESBURG, IL	SECRETARY 1 HR	0	0	0
KATHLEEN V MICHEL C/O GALESBURG, IL	DIRECTOR 1 HR	0	0	0
JOY BLANG MILFORD, OH	DIRECTOR 1 HR	0	0	0

# 27-3097971 G.L. VITALE FAMILY FOUNDATION FOR THE YEAR ENDED JUNE 30, 2016

# FORM 990-PF PAGE 11

### PART XV LINE 3A - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT	AMOUNT
THE ORPHEUM THEATER 57 SOUTH KELLOGG STREET GALESBURG, IL 61401	N/A	CULTURAL	50000
KNOX COUNTY YMCA 1324 W CARL SANDBURG DRIVE GALESBURG, IL 61401	N/A	EDUCATIONAL/ GENERAL WELLNESS	25000.
PRAIRIE PLAYERS CIVIC 160 S SEMINARY STREET GALESBURG, IL 61401	N/A	CULTURAL	40000
TOTAL			\$115000