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Form 990-T	- E	Exempt Orga					ax Retur	'n	OMB No 1545-0687
e eller	For ca	(a lendar year 2017 or other tax y	ind proxy tax und	ler se					2017
* mbs	Fur Ca		v.irs gov/Form990T for i	nstructio		and ending	nation		LUII
Department of the Treasury Internal Revenue Service	▶	Do not enter SSN number						3).	Open to Public Inspection for 10 (c)(3) Organizations Only
A Check box if address changed		Name of organization (	Check box if name of	hanged	and see	instructions.)		D Emplo (Emplo	yer identification number byees' trust, see
		MVD DEDELT	DANTIN OUAT		DT E	EOIBID 3 M	TON	i	tions)
B Exempt under section 501( )( )	Print	THE FEDELI					ION		1 - 1 7 4 0 5 3 7 Ited business activity codes
408(e) 220(e)	Туре	Number, street, and room PO BOX 3180		x, see iii	Struction	15.	•		structions)
408A 530(a)			ovince, country, and ZIP o	r foreia	n postal d	code		+	
529(a)		INDEPENDENC	E, OH 4413	-	<u></u>			9000	099
C Book value of all assets at end of year 5,679,8		F Group exemption num		<u> </u>		I south to	1 14944		
5,679,8	16.	G Check organization typ				501(c) trust		a) trust	Other trust
H Describe the organizatio		<del></del>	<del>- `- ` </del>				NTS	Yes	s X No
• • •		ooration a subsidiary in an tifying number of the pare	•	111-50051	ulary coi	itrolled group?			) LAL 140
J The books are in care of		<del></del>				Teleph	one number 🕨	(216)	328-8080
		de or Business In			(A	) Income	(B) Expens	_	(C) Net
1 a Gross receipts or sale	es								
b Less returns and allo			c Balance	10					
2 Cost of goods sold (S	Schedule	A, line 7)	-	2					I
3 Gross profit, Subtract	t line 2 fr	rom line 1c		3					
4 a Capital gain net incon	-			4a					
<b>b</b> Net gain (loss) (Form			n 4797)	4b					
c Capital loss deduction				4c		-2 660	CMM		12 660
5 Income (loss) from p		ıı ons (a	tach statement)	5 6		<2,669.	> STMT	•	<2,669.
<ul><li>6 Rent income (Schedum)</li><li>7 Unrelated debt-finance</li></ul>	•	ma (Cabadula E)		7					<del></del>
		and rents from controlled (	ornanizations (Sch. F)	8					
		on 501(c)(7), (9), or (17) o	•	$\vdash$					
10 Exploited exempt acti			ga(	10					
11 Advertising income (	Schedule	e J)		11					
12 Other income (See in	struction	ns; attach schedule)		12			•		
13 Total. Combine lines				13		<2,669.	>		<2,669.
		ot Taken Elsewhe	•			•	n.como \		
		utions, deductions mus			ine unite	nated business	s income )	14	
15 Salaries and wages	iceis, ui	rectors, and trustees (Sch	ADDIE V. KECEL	/ヒレ				15	
16 Repairs and mainter	ance		NOV 1 9		OSC			16	
17 Bad debts			S NOV 19	2018	12			17	
18 Interest (attach sche	dule)		[ <sup>1</sup> ]		ا پی			18	
19 Taxes and licenses			OGDEN	1) 7				19	
	•	e instructions for limitation	Trules)	, 0 ,	نـــــــــــــــــــــــــــــــــــــ			20	
21 Depreciation (attach		•				21		J—I	
•	aimed oi	n Schedule A and elsewhe	re on return			22a		22b	
23 Depletion								23	
24 Contributions to def		mpensation plans						24	
<ul><li>25 Employee benefit pro</li><li>26 Excess exempt expe</li></ul>	_	chedule I)						26	
27 Excess readership c	•	,						27	<del></del> -
28 Other deductions (at	•	·						28	
29 Total deductions. A		•						29	0.
		ncome before net operatin	g loss deduction. Subtrac	t line 29	from lin	e 13		30	<2,669.
31 Net operating loss d	eduction	(limited to the amount on	line 30)					31	<u> </u>
32 Unrelated business t	axable ıı	ncome before specific ded	uction. Subtract line 31 fi	om line	30			32	<2,669.
		y \$1,000, but see line 33 ii						33	1,000.
	taxable	income. Subtract line 33	from line 32. If line 33 is	greater i	than line	32, enter the sm	aller of zero or	_	-0 ((0
line 32	. 5	work Doduction Act Notic	I			••••		34	<2,669.3

	Fòrm 990-T	2017) THE FEDELI FAMILY CHARITABLE FOUNDATION	31-174	10537	Page 2
Controlled group members sections 1961 and 1963) clack here \[ \begin{align*} \leq \sigma \] see instructions and: a first your share of the \$50,000 32,500, and seal you makes the (in that order): (1) \[ \begin{align*} \leq \cdot \] b first organization's share of (1) Additional 5% bits (not more than \$11,750) \] c income tax on the amount on line 34 floors: \[ \begin{align*} \leq \cdot \] c income tax on the amount on line 34 floors: \[ \begin{align*} \leq \cdot \] c income tax on the amount on line 34 floors: \[ \begin{align*} \leq \cdot \] c income tax on the amount on line 34 floors: \[ \begin{align*} \leq \cdot \] c income tax on the amount on line 34 floors: \[ \begin{align*} \leq \cdot \] c income tax on the amount on line 34 floors: \[ \begin{align*} \leq \cdot \] c income tax on the amount on line 34 floors: \[ \begin{align*} \leq \cdot \] c income tax on the amount on line 34 floors: \[ \begin{align*} \leq \cdot \] c income tax on the amount on line 34 floors: \[ \begin{align*} \leq \cdot \] c income tax on the amount on line 34 floors: \[ \begin{align*} \leq \cdot \] c income tax on the amount on line 34 floors: \[ \begin{align*} \leq \cdot \] c income tax on the amount on line 34 floors: \[ \begin{align*} \leq \cdot \] c income tax on the amount on line 34 floors: \[ \begin{align*} \leq \cdot \] c income tax on the amount on line 34 floors: \[ \begin{align*} \leq \cdot \] c income tax on the amount on line 34 floors: \[ \begin{align*} \leq \cdot \] c income tax on the amount on line 34 floors: \[ \begin{align*} \leq \cdot \] c income tax on the amount on line 34 floors: \[ \begin{align*} \leq \cdot \] c income tax on the amount on line 34 floors: \[ \begin{align*} \leq \cdot \] c income tax on the amount on line 34 floors: \[ \begin{align*} \leq \cdot \] c income tax or the amount on line 34 floors: \[ \begin{align*} \leq \cdot \] c income tax or the amount on line 34 floors: \[ \begin{align*} \leq \cdot \cdot \] c income tax or the amount on line 34 floors: \[ \begin{align*} \leq \cdot \cdot \cdot	Part II	Tax Computation			
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 table income brackets (in that order):  (1) S	35	Organizations Taxable as Corporations. See instructions for tax computation.			
b Enter organization's share of (1) Additional 3% tax (not more than \$10,000)  c income tax on the amount on line 34  c income tax on the amount on line 34  Tax rate schedule or Schedule D (Form 1041)  7 Provita See enstructions  38 Alternative minimum tax  38 Alternative minimum tax  39 Tax on Not-Compiliant Tacility income. See instructions  40 Total. Add lines 37, 38 and 39 to line 35c or 38, whichever applies  Fart IV Tax and Payments  41 Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  412 Defect the price varieties (exentructions)  40 Total. Add lines 37, 38 and 39 to line 35c or 38, whichever applies  Fart IV Tax and Payments  41 Foreign tax credit (corporations attach Form 8801 or 8827)  41 Foreign tax credit (corporations attach Form 8801 or 8827)  42 Subtract line 4 is from line 40  43 Other taxes. Check if from — Form 4255 Form 8611 Form 8697 Form 866 Other paticon-science, and 44  45 a Payments: A 2015 overpayment credited to 2017  45 a Payments: A 2015 overpayment credited to 2017  5 207 estimated tax peyments  c lax deposited with Form 8664  6 Foreign organizations. Tax rapid or withheld at source (see instructions)  45 Total payments: A 2015 overpayment credited to 2017  5 Credit for small engingly heliable have used to 2017  5 Credit for small engingly heliable have used to 2017  6 Credit for small engingly heliable have used to 2017  6 Credit for small engingly heliable have used to 2017  6 Credit for small engingly heliable have used to 2017  6 Credit for small engingly heliable have used to 2017  6 Credit for small engingly heliable have used to 2017  6 Credit for small engingly heliable have used to 2017  7 Estimated tax permathy (see instructions)  6 Credit for small engingly heliable have used to 2017  7 Estimated tax permathy (see instructions)  7 Credit for small engingly heliable have used to 2017  6 Credit for small engingly heliable have used to 2017  7 Estimated tax permathy (see instructions)  7 Credit for small engingly heliable states that he total of l		Controlled group members (sections 1561 and 1563) check here 🕨 🔲 See instructions and:			
b Enter organization's share of, (1) Additional 5% tax (not more than \$11,750) \$  (2) Additional 3% tax (not mere than \$100,000)  c Income tax on the amount on line 34  36 Trusts Taxable at Trust Rates. See instructions for tax computation, income tax on the amount on line 34 from:    Trust Taxable at Trust Rates. See instructions   See   S	а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):			
b Enter organization's share of, (1) Additional 3% tax (not more than \$11,750) \$    2) Additional 3% tax (not more than \$50,000) \$   36		(1)  \$   (2)  \$   (3)  \$			
(2) Additional 37% its (rolet more than \$100,000)	b				
c income tax on the amount on line 34  8 Trusts Taxable at Trust Rates. See unstructions for tax computation, income tax on the amount on line 34 from;    Tax rate schedule or   Schedule D (Form 1041)   35  37 Proxy tax See instructions   38   37  38 Alternative minimum tax   38   39   37  39 Tax on Non-Compiliant Facility income. See instructions   39   39   30   30   30   30   30   30				ll	
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Part IV   Tax and Payments	39	Tax on Non-Compliant Facility Income. See instructions		39	
41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  b Other credits (see instructions) c General business credit. Attach Form 3800 d Cedent for prior year minimum tax (attach Form 3801 or 8827) e Total credits Add lines 41a through 41d 42 Subtract line 4 de from line 40 43 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedulu) 43 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedulu) 43 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedulu) 43 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8697 ☐ Form 866 ☐ Other (attach schedulu) 44 Total tax. Add lines 42 and 43 45 a Payments: A 2016 overpayment credited to 2017 b 2017 estimated tax payments c Tax deposed with Form 8686 ☐ 456 ☐ 500 ☐ c Tax deposed with Form 8686 ☐ 456 ☐ 500 ☐ c Tax day end film ed 6: less than the total of lines 44 and 47, enter amount ower d Tax due if line 46 is less than the total of lines 44 and 47, enter amount over a film ed 6: less than the total of lines 44 and 47, enter amount over a film ed 6: less than the total of lines 44 and 47, enter amount over a film ed 6: less than the total of lines 44 and 47, enter amount over a film ed 6: less than the total of lines 44 and 47, enter amount over a film ed 6: less than the total of lines 44 and 47, enter amount over a film ed 6: less than the total of lines 44 and 47, enter amount over a film ed 6: less than the total of lines 44 and 47, enter amount over a film ed 6: less than the total of lines 44 and 47, enter amount over a film ed 6: less than the total of lines 44 and 47, enter amount over a film ed 6: less than the total of lines 44 and 47, enter amount over a film ed 6: less than the total of lines 44 and 47, enter amount over a film ed 6: less than the total of lines 44 and 47, enter amount over a film ed 6: less than the total of lines 44 and 47, enter amount over a film ed 6: less than th	40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	0.
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e Total credits Add lines 41a through 41d  42 Subtract line 41e from line 40  43 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (strach schedule)  43 Total tax. Add lines 42 and 43  44 Total tax. Add lines 42 and 43  45 a Payments: A 2016 overpayment credited to 2017  b 2017 Estimated tax payments  c Tax deposted with Form 8668 ☐ 45c ☐ 500.  d 45c ☐ 500.  d 45c ☐ 500.  d 55d ☐ e Backup withholding (see instructions)  f Credit for small employer health insurance premiums (Attach Form 8941)  g Other credits and payments: ☐ Form 439 ☐ Other ☐ Total ▶ 45f ☐ ☐ Other ☐ Other ☐ Total ▶ 45f ☐ ☐ Other ☐ Other ☐ Total ▶ 45f ☐ ☐ Other ☐ Other ☐ Total ▶ 45f ☐ ☐ Other	C	General business credit. Attach Form 3800 410	G	7	
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Total payments Add lines 45a through 45g  Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ 47  48  Tax due if line 46 is less than the total of lines 44 and 47, enter amount owed  49  Overpayment. If line 49 you want Credited to 2018 estimated tax ▶ 780 . Refunded ▶ 50  Date  Part V Statements Regarding Certain Activities and Other Information (see instructions)  51  At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file  FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶  52  During the tax year did the engalization received a distribution from, or was in the grantor of, or transferor to, a foreign trust?  If YES, see instructions for other terms the organization may have to file.  53  Enter the amount of the engalization received a distribution from, or was in the grantor of, or transferor to, a foreign trust?  If YES, see instructions for other terms the organization may have to file.  53  Enter the amount of the engalization received a distribution from, or was in the grantor of, or transferor to, a foreign trust?  If YES, see instructions for other terms the organization may have to file.  53  Enter the amount of the engalization received a distribution from, or was in the grantor of, or transferor to, a foreign trust?  If YES, see instructions for other terms the organization may have to file.  The engalization of prepare form the material may have to file.  If YES, see instructions?  If YES the organization of prepare form the material may have to file.  If YES, see instructions for other terms the grantor of, or transferor to, a foreign trust?  If YES, see instructions for other terms the grantor of, or transferor to, a foreign trust?  If YES, see instructions for other terms the grantor of, or transferor to, a foreign trust?  If YES,	• [	· · · · · · · · · · · · · · · · · · ·	.		
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached   48 Tax due if line 46 is less than the total of lines 44 and 47, enter amount owed  49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid  50 Enter the amount of line 49 you want. Credited to 2018 estimated tax    780. Refunded   50 0.  Part V Statements Regarding Certain Activities and Other Information (see instructions)  51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country if YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here  52 During the tax year did the organization receive a distribution from, or was if the grantor of, or transferor to, a foreign trust?  17 YES, see instructions for other forms the organization may have to file.  53 Enter the amount of line 49 you want. Credited the organization may have to file.  54 Under penditude of pentury of precise file of the organization of the foreign country here.  55 Under penditude of pentury of precise file of the organization may have to file.  56 Enter the amount of line 49 you want. Credited the organization may have to file.  57 If YES, see instructions for other forms the organization may have to file.  58 If Yes in the amount of line 49 you want. Credited the organization may have to file.  59 Under penditude of pentury of precise file of the organization may have to file.  59 If Yes, and the foreign country in the foreign country in the foreign country.  18 Yes in the precise of the organization may have to file.  19 Under penditude of pentury of precise file of the fil	46		<u></u>	46	780.
48 Tax due If line 46 is less than the total of lines 44 and 47, enter amount owed  49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid  50 Enter the amount of line 49 you want Credited to 2018 estimated tax  780. Refunded  50 0.  Part V Statements Regarding Certain Activities and Other Information (see instructions)  51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶  52 During the tax year did the organization receive a distribution from, or was if the grantor of, or transferor to, a foreign trust? If YES, see instructions for other terms, the organization may have to file.  53 Enter the amount of tax-exempt interest received accrued during the tax year ▶ \$  Sign Here  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Date  Check If PTIN self- employed  May the IRS discuss this return with the preparer has any knowledge  May the IRS discuss this return with the preparer has any knowledge  May the IRS discuss this return with the preparer has any knowledge  May the IRS discuss this return with the preparer has any knowledge  May the IRS discuss this return with the preparer has any knowledge  May the IRS discuss this return with the preparer has any knowledge  May the IRS discuss this return with the preparer has any knowledge  Print/Type preparer's name  Preparer's signature  Date  Check If PTIN self- employed  Firm's name ▶ CIUNI & PANICHI, INC.  Firm's EIN ▶ 34-1322309  Phone no. (216)831-7171				47	
Verpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid 50   Enter the amount of line 49 you want. Credited to 2018 estimated tax		, , ,	•	48	
Part V   Statements Regarding Certain Activities and Other Information (see instructions)    Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information may have to file   FinceN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country   Per No		·	•	49	780.
Paid Preparer Use Only  Pirm's name ▶ CIUNI & PANICHI, INC.  Pirm's name ▶ CIUNI & PANICHI, INC.  Pirm's name ▶ CIUNI & PANICHI, INC.  Pirm's address ▶ CLEVELAND, OH 44122-5683  Phone no. (216)831-7171		• •	O. Refunded	50	
At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here  52 During the tax year, did the organization receive a distribution from, or was if the grantor of, or transferor to, a foreign trust?  If YES, see instructions for other forms the organization may have to file.  53 Enter the amount of fax-exempt interest received of accrued during the tax year.  Sign Here  Dunder pending of penjury of declar that I have shaped that it have shaped in the repair in based on all information of which preparer has any knowledge and belief, it is true.  Signature of officer.  Print/Type preparer's name.  Preparer's signature.  Print/Type preparer's name.  Preparer's signature.  Date  Check If PTIN  Self- employed.  JAMES R. KOMOS, CPA  Firm's name.  CIUNI & PANICHI, INC.  Firm's EIN.  34-1322309  Phone no. (216) 831-7171		Statements Regarding Certain Activities and Other Information (s	see instructions)	<del></del>	
over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here  During the tax year did the erganization receive a distribution from, or was if the grantor of, or transferor to, a foreign trust?  If YES, see instructions for other forms the organization may have to file.  Enter the amount of tax-exampt interest received accrued during the tax year ▶  Sign Here  Under penalties of perjum declars that I have sympthed this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and propriete peckeration of preparer shown below (see Instructions)? ★ Yes ▶ No  Print/Type preparer's name  Preparer  Use Only  Firm's name ▶ CIUNI & PANICHI, INC.  Firm's address ▶ CLEVELAND, OH 44122-5683  Phone no. (216)831-7171	51				Yes No
FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here  During the tax year old the enganization receive a distribution from, or was if the grantor of, or transferor to, a foreign trust?  If YES, see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received a accrued during the tax year \$  Under penditude of perjunyl declaration of preparer forms than layouver) is based on all information of which preparer has any knowledge  Under penditude of perjunyl declaration of preparer forms than layouver) is based on all information of which preparer has any knowledge    Visionature of officer   Date		over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may	have to file		
During the tax year did the enganization receive a distribution from, or was if the grantor of, or transferor to, a foreign trust?  If YES, see instructions for other terms the organization may have to file.  53 Enter the amount of tax-exempt interest received of accrued during the tax year ▶  Under penalties of perjury of declaration of preparer other than tax over) is based on all information of which preparer has any knowledge  What the IRS discuss this return with the preparer shown below (see instructions)? ★ Yes ▶ No  Print/Type preparer's name  Preparer's signature  Use Only  A Trust-ee  Intitle  Date  Check If PTIN  self-employed  Print/Type preparer's name ▶ CIUNI & PANICHI, INC.  Firm's address ▶ CLEVELAND, OH 44122-5683  Phone no. (216)831-7171					
If YES, see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received of accrued during the tax year ▶\$  Sign    Under penalties of perjury   declaration of preparer other than tax polyer) is based on all information of which preparer has any knowledge and belief, it is true    Viii   2   8	1	nere >			X
If YES, see instructions for other terms the organization may have to file.  Enter the amount of jex-exempt interest received of accrued during the tax year \$  Sign  Under penalties of perjuny it declares that I have restricted this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and populate pecteration of preparer other than tax object is based on all information of which preparer has any knowledge  May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No  Print/Type preparer's name  Preparer's signature  Date  Check if PTIN self-employed  JAMES R. KOMOS, CPA  JAMES R. KOMOS, CPA  JAMES R. KOMOS, CPA  Print's name CIUNI & PANICHI, INC.  Erim's name CIUNI & PANICHI, INC.  Firm's name CIUNI & PANICHI, INC.  Prim's address CLEVELAND, OH 44122-5683  Phone no. (216)831-7171	52	During the tax year old the organization receive a distribution from, or was if the grantor of, or transfer	ror to, a foreign trust?		
Sign Here    Under penalities of perjuny 1 declaration of preparer of the than tax object is based on all information of which preparer has any knowledge and belief, it is true correct, and complete precuration of preparer of the than tax object is based on all information of which preparer has any knowledge and belief, it is true correct, and complete precuration of preparer of the than tax object is based on all information of which preparer has any knowledge and belief, it is true.    Vii   2   8					
Sign Here  Under penalities of perjury 1 declaration of preparer former than tax odyer) is based on all information of which preparer has any knowledge and belief, it is true    Viii   2   8   TVUST-ee   Instructions)?   X Yes   No	53	Enter the amount of tex-exempt interest received at accrued during the tax year > \$			
Here    Name   Print/Type preparer's name   Preparer's signature   Date   Print/Type preparer's name   Preparer's signature   Date   Print/Type preparer's name   Preparer's signature   Date   Check   If PTIN   Self-employed   Print/Type preparer's name   Print/Type preparer's name   Print/Type preparer's name   Print/Type preparer's name   Preparer's signature   Date   Check   If PTIN   Self-employed   P00174589			ents, and to the best of my kno	wledge and b	elief, it is true
Paid Preparer Use Only  Paid Print/Type preparer's name  Print/Type preparer's name  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Print/Type preparer's na	Sign		T.		
Paid Preparer's name  Preparer's signature  Date  Check if self- employed  Print/Type preparer's name  JAMES R. KOMOS, CPA  JAMES R. KOMOS, CPA  Firm's name ▶ CIUNI & PANICHI, INC.  25201 CHAGRIN BLVD. #200  Firm's address ▶ CLEVELAND, OH 44122-5683  Phone no. (216)831-7171	Here	N /// / //   K 1/12/18 N 7 vustee	· tt		
Paid Preparer Use Only       JAMES R. KOMOS, CPA       Image: CPA		Signature of officer Date Title	ır	structions)?	X Yes No
Preparer Use Only       JAMES R. KOMOS, CPA		Print/Type preparer's name Preparer's signature Date	Check	if PTIN	
Preparer Use Only       JAMES R. KOMOS, CPA	Doid		self- employed	. !	
Preparer           Use Only         Firm's name         ► CIUNI         & PANICHI, INC.         Firm's EIN         ► 34-1322309           25201         CHAGRIN         BLVD.         #200           Firm's address         ► CLEVELAND, OH 44122-5683         Phone no. (216)831-7171		JAMES R. KOMOS, CPA L XL all 11.10			174589
25201 CHAGRIN BLVD. #200 Firm's address CLEVELAND, OH 44122-5683 Phone no. (216)831-7171	-	CTINI C DANTOUT INC	Firm's EIN ▶		
Firm's address ► CLEVELAND, OH 44122-5683 Phone no. (216)831-7171	use U				
			Phone no.	(216)8	31-7171
			<u> </u>		

Schedule A - Cost of Good	<b>ls Sold.</b> Enter	method of inver	ntory va	aluation > N/A	L			
1 Inventory at beginning of year	1		6	Inventory at end of year	ar .		6	-
2 Purchases	2		7	Cost of goods sold. Si	ubtract	line 6		
3 Cost of labor	3			from line 5. Enter here	and in l	Part I,		
4a Additional section 263A costs			7	line 2			7	
(attach schedule)	4a		8	Do the rules of section	263A (	with respect to		Yes No
b Other costs (attach schedule)	4b		7	property produced or a	acquire	d for resale) apply to		
5 Total. Add lines 1 through 4b	5		7	the organization?	•	, , , ,		
Schedule C - Rent Income		Property an	d Per		Leas	ed With Real Pro	pert	v)
(see instructions)							<b>,</b>	
1. Description of property								
(1)						<del> </del>		
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for	personal	onal property (if the percent property exceeds 50% or if id on profit or income)	age	3(a) Deductions directly columns 2(a) ar	connected (connected)	ted with the income in attach schedule)
(1)								
(2)								
(3)	• •	!						
(4)								
Total	0.	Total			0.			•
(c) Total income Add totals of columns		nter				(b) Total deductions		
here and on page 1, Part I, line 6, column					0.	Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Del		Income (see	ınstruc	ctions)				
		(	2	Gross income from		3. Deductions directly con to debt-finance	nected o	with or allocable erty
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)			†				$\top$	
(2)							1	
(3)								
(4)							1	
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to inced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(0	8. Allocable deductions column 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)			1	%				
(3)			1	%				
(4)				%				
	•	-	<u> </u>			nter here and on page 1, Part I, line 7, column (A)		nter here and on page 1, Part I, line 7, column (B)
Totals						0		0.
Total dividends-received deductions in	ıcluded ın columr	n 8				•		0.

Schedule F - Interest,	Allifulties, Auya	111100, 411		Controlled O				10 (366 111	3traction i	<u></u>
1. Name of controlled organiza	identi	nployer fication mber	3 Net unrelated income (loss) (see instructions)		<b>4</b> Tot	tal of specified ments made	5. Part of column 4 that is included in the controlling organization's gross income		rolling	6. Deductions directly connected with income in column 5
<u>/1\</u>				<u> </u>			$\vdash$		<u> </u>	
(1)										
(2)	+						-		-	
(3)			_				<u> </u>			
(4)					L		<u> </u>			
Nonexempt Controlled Organi	izations									
7 Taxable Income	8. Net unrelated inco (see instruction	me (loss) ns)	9. Total o	of specified payi made	ments	10. Part of colur in the controlli gross	nn 9 tha ng orgar i income	nization's		ductions directly connected income in column 10
(1)										
(2)										
(3)	<u> </u>									
	· ···									
(4)		i								
						Add colun Enter here and line 8, c		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1 Part I, line 8, column (B)
Totals					<u> </u>			0.		0.
Schedule G - Investme	ent Income of a	Section	501(c)(	7), (9), or	(17) Or	rganization	)			
(see inst					. ,					
1. Desc	ription of income			2. Amount of	ıncome	3. Deduction directly conne (attach sched	cted	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)					·					
(2)										
(3)										
(4)				Enter here and	on oage 1					Enter here and on page 1
				Part I, line 9, co	lumn (A)					Part I, line 9, column (B)
Totals	Francis Asticit		- O4h	. There Ad	0.					] 0.
Schedule I - Exploited (see instru	•	y income	e, Other	r Inan Ad	vertisi	ing income	, 			_
Description of exploited activity	2. Gross unrelated business income from trade or business	3 Exp directly co with pro- of unre- business	onnected duction elated	4 Net incomfrom unrelated business (cominus colum gain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	<b>6.</b> Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	Î	İ								
(2)										
(3)	1									1
(4)	+	<del> </del>								+
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1 line 10, o	Part I							Enter here and on page 1, Part II line 26
Totals	l o.		0.							0.
Schedule J - Advertisi		Instruction				•				<u> </u>
Part I Income From				solidated	Basis				_	
				4. Advert	וצוחת מפים				·	7. Excess readership
1 Name of periodical	2. Gross advertising income		. Direct rtising costs	or (loss) (co col 3) If a ga cols 5 th	ot 2 minus iin, comput			6. Reade cost		costs (column 6 minus column 5, but not more than column 4)
(1)	İ		_						İ	
(2)		$\neg$		7						
(3)	<del>-  </del>	+		┪						
(4)	<del>                                     </del>	+		$\dashv$				<del>-</del>	+	
(7)	<del></del>	+				<del> </del>			+	
Totals (carry to Part II, line (5))	<b>•</b>	0.	0							0.
										Form <b>990-T</b> (2017

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

1. Name of periodical		2 Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	Excess readership costs (column 6 minus column 5 but not more than column 4)
(1)							
(2)							
(3)			,				
(4)							
Totals from Part I	▶	0.	0.	•	•		0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1 Part I line 11, col (B)	] ,			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.		• •		0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		<b>•</b>	0.

Form 990-T (2017)

FORM 990-T	ORM 990-T INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS		8
DESCRIPTION		AMOUNT	
ICAHN ENTERPRI	SES L.P.	<2,66	 9.>
TOTAL TO FORM	990-T, PAGE 1, LINE 5	<2,66	9.>