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OMB No 1545-0052

2017

## **Return of Private Foundation**

Form 990-PF

Department of the Treasury

Internal Revenue Service

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.
 Information about Form 990-PF and its instructions is at <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Open to Public Inspection

		ndar year 2017, or tax year beginning 01-01-2	.017 , a	nd ending 12-31-		
	e of fou CKNELL	indation FUND			entification numbe	er
			s) Room/suite	34-6513799		
		l street (or P O box number if mail is not delivered to street address PERIOR AVENUE NO 700	· ·	B Telephone number (see instructions)		
City	or town	, state or province, country, and ZIP or foreign postal code	(216) 363-6482	(216) 363-6482		
		OH 44114		<b>C</b> If exemption	application is pendir	ng, check here
G Ch	neck al	l that apply 🔲 Initial return 🔲 Initial return of a	a former public charity	<b>D 1.</b> Foreign or	ganizations, check h	ere 🚬 🦳
		☐ Final return ☐ Amended return	n		rganizations meeting k here and attach co	
		Address change Name change		·	undation status was	· -
_	,	pe of organization Section 501(c)(3) exempt private			on 507(b)(1)(A), chec	
			ole private foundation  Cash  Accri			
of '	year <i>(f</i>	xet value of all assets at end from Part II, col (c), Second 5.00 Other (specify)	✓ Cash ☐ Accru		ation is in a 60-mont in 507(b)(1)(B), chec	
,,,,,		(Part I, column (d) mus	st be on cash basis )			
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )	expenses per books	income	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach				(Cash basis only)
	_	schedule)				
	2	Check ► ✓ If the foundation is <b>not</b> required to attach Sch B				
	3	Interest on savings and temporary cash investments	5,650	5,650		
	4	Dividends and interest from securities	120,800	120,800		
	5a	Gross rents				
d)	b	Net rental income or (loss)	-			
Ĭ	6a	Net gain or (loss) from sale of assets not on line 10	70,277	7		
Revenue	р 7	Gross sales price for all assets on line 6a 721,69 Capital gain net income (from Part IV, line 2)	19	70,277		
~	8	Net short-term capital gain		, 3,2,,		
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	С	Gross profit or (loss) (attach schedule)	<b>60.1</b>			
	11	Other income (attach schedule)	2,392	,		
	12 13	Total. Add lines 1 through 11	199,119			
	14	Other employee salaries and wages		,		
Š	15	Pension plans, employee benefits				
nse	16a	Legal fees (attach schedule)				
<u>×</u>	b	Accounting fees (attach schedule)	40,248	30,186		10,062
Operating and Administrative Expenses	С	Other professional fees (attach schedule)	39,162	36,106		3,056
ati	17	Interest				
<u>.</u>	18	Taxes (attach schedule) (see instructions)	4,102	4,102		C
=	19	Depreciation (attach schedule) and depletion				
AG	20 21	Occupancy	1,197	7 0		1,197
Ē	22	Printing and publications	1,137			1,13,
Ď.	23	Other expenses (attach schedule)	2,353	901		1,452
at II	24	Total operating and administrative expenses.				
<u>p</u>		Add lines 13 through 23	87,062	71,295		15,767
)	25	Contributions, gifts, grants paid	289,007	7		289,007
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	376,069	71,295		304,774
	27	Subtract line 26 from line 12	1	1,		
	a	Excess of revenue over expenses and disbursements	-176,950			
	ь	Net investment income (If negative, enter -0-)		127,824		
	С	Adjusted net income(If negative, enter -0-)				
or	Paner	work Reduction Act Notice, see instructions.		Cat No. 11280		rm <b>QQN_DF</b> (2017)

4,543,031

245,667

860,377

6,001,147

6,001,147

6,001,147

6,001,147

0

4,297,907

240,703

734,721

5,818,124

5,824,197

5,818,124 5,818,124

2 3

4

5

6

-6,073

6,001,147 -176,950

5,824,197

5,818,124 Form 990-PF (2017)

6,073

5,105,211

239,391

1,037,338

6,926,733

140		
~	3	

4

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7

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10a

h

C 11

12

13

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17

18

19

20 21

22

23

24

25

28

29

31 Part III

Liabilities

Balances

Fund 26

ō

Assets 27

Net 30

2

3

4

5

Pledges receivable

Less allowance for doubtful accounts ▶

Less allowance for doubtful accounts

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > \_

Other liabilities (describe -\_

Unrestricted . . . . . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a . . . . . .

Other increases not included in line 2 (itemize) -

Permanently restricted . .

Temporarily restricted

Receivables due from officers, directors, trustees, and other

Other notes and loans receivable (attach schedule)

Prepaid expenses and deferred charges . . . . . .

Investments—land, buildings, and equipment basis ▶ \_ Less accumulated depreciation (attach schedule)

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

disqualified persons (attach schedule) (see instructions) . . . . .

Investments—U S and state government obligations (attach schedule)

Investments—corporate stock (attach schedule) . . . . . . . . .

Investments—corporate bonds (attach schedule) . . . . . . . .

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . . . . .

Page **3** 

	(a) the kind(s) of property sold (e g , re- ehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
<b>1a</b> See Additional Data Tabl	a				
b					
С					
d					
e					
<b>(e)</b> Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	Cost or	(g) other basıs ense of sale	Gain o	h) r (loss) ) mınus (g)
a See Additional Data Tabl	<u> </u>				
b					
С					
d					
е					
Complete only for assets	showing gain in column (h) and ow	ned by the foundation	on 12/31/69	(	I)
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	<b>(k)</b> of col (ı) (ʒ), ıf any	col (k), but not	h) gain minus less than -0-) <b>or</b> om col (h))
a See Additional Data Tabl	e				
b					
С					
d					
e					
· ·	gain or (loss) as defined in sections 1 rt I, line 8, column (c) (see instruction		· }	3	
art V Qualification (	Jnder Section 4940(e) for Re	duced Tax on Net	Investment In	come	
r optional use by domestic p	rivate foundations subject to the sec	tion 4940(a) tax on ne	et investment incom	ne )	
ection 4940(d)(2) applies, less the foundation liable for the	eave this part blank e section 4942 tax on the distributal	ole amount of any year	· in the base period	·	es 🗸 No
	ot qualify under section 4940(e) Do	, ,	,		
1 Enter the appropriate an	nount in each column for each year,	see instructions before	making any entrie	s	
(a) Base period years Calendar ear (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	<b>(d)</b> Distribution rati (col (b) divided by c	
2016	308,050		5,970,935		0 051592
	210 722		6,579,221		0 047228
2015	310,722				
2014	332,406		6,914,651		0 048073
2014 2013	332,406 337,402		6,904,320		0 048868
2014	332,406				_
2014 2013 2012 <b>2 Total</b> of line 1, column (	332,406 337,402 355,396		6,904,320 6,515,400 2		0 048868
2014 2013 2012  2 Total of line 1, column (4) 3 Average distribution ratio	332,406 337,402 355,396		6,904,320 6,515,400 2		0 048868 0 054547
2014 2013 2012  2 Total of line 1, column (  3 Average distribution ratio number of years the four	332,406 337,402 355,396 d)	than 5 years 🔒 🗓	6,904,320 6,515,400 2 , or by the		0 048868 0 054547 0 250308
2014 2013 2012  2 Total of line 1, column ( 3 Average distribution ratio number of years the four  4 Enter the net value of no	332,406 337,402 355,396 d)	than 5 years n Part X, line 5	6,904,320 6,515,400 2 , or by the 4		0 048868 0 054547 0 250308 0 050062
2014 2013 2012  2 Total of line 1, column (and a second and a second a	332,406 337,402 355,396 d)	than 5 years	6,904,320 6,515,400 2 , or by the 4		0 048868 0 054547 0 250308 0 050062 6,396,883
2014 2013 2012  2 Total of line 1, column (and a strict of years the four four the net value of no should be sufficiently line 4 by line 3 for the four the net investment of the strict	332,406 337,402 355,396 d)	than 5 years . ´. ´. n Part X, line 5	6,904,320 6,515,400 2 , or by the 4 5 6		0 048868 0 054547 0 250308 0 050062 6,396,883 320,241
2014 2013 2012  2 Total of line 1, column (a  3 Average distribution ratio number of years the four 4 Enter the net value of no  5 Multiply line 4 by line 3  6 Enter 1% of net investme  7 Add lines 5 and 6	332,406 337,402 355,396 d)	than 5 years	6,904,320 6,515,400 2 , or by the 4 5 6 7		0 048868 0 054547 0 250308 0 050062 6,396,883 320,241 1,278

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

	· · · · · · · · · · · · · · · · · · ·			
Down WIII	Information About Officers,	Directors, Trustees,	Foundation Managers,	Highly Paid Employees,
Part VIII	and Contractors			

1 List all officers, directors, trustee	es, foundation managers ar	nd their compensation	(see instructions).	
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table			Componibution.	
2 Compensation of five highest-pai	d employees (other than t	hose included on line :	L—see instructions). If nor  Contributions to	ie, enter "NONE."
(a) Name and address of each employee pa more than \$50,000	Title, and average hours per week  (b) devoted to position	(c) Compensation	employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
NONE			(a) compensation	
	<del></del>			
<b>Total</b> number of other employees paid ove				
3 Five highest-paid independent co				0 E".
(a) Name and address of each person		1	e of service	(c) Compensation
NONE				
		-		
		_		
		-		
Total number of others receiving over \$50	,000 for professional services			0
Part IX-A Summary of Direct C				
List the foundation's four largest direct charitable organizations and other beneficiaries served, con			nation such as the number of	Expenses
1				
2				
3				
4				
<b>-</b>				
Part IX-B Summary of Program	m-Related Investments	(see instructions)		
Describe the two largest program-related inve	stments made by the foundation d	uring the tax year on lines 1	and 2	Amount
1				
<del></del>				
2				
All II	<u> </u>			
All other program-related investments  3	See instructions			
Total. Add lines 1 through 3 .		· · · · · <del>· · ·</del>		000 <b>PE</b> (2017)

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

Amounts set aside for specific charitable projects that satisfy the

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

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

3

4

5

2

3a 3h

4

5

304.774

304.774

Form **990-PF** (2017)

304.774

12,514

Form 990-PF (2017)

(d)

2017

-PF (2	017)
4111	Und

a Enter amount for 2016 only. . . . . .

Excess distributions carryover, if any, to 2017

f Total of lines 3a through e. . . . . . .

**d** Applied to 2017 distributable amount. . . . . e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2017

same amount must be shown in column (a) )

(If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a . . . . . .

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . .

d Excess from 2016. . . e Excess from 2017. . .

**b** Excess from 2014. . c Excess from 2015. . . .

6 Enter the net total of each column as

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. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . . . f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2012 not

indicated below:

4 Qualifying distributions for 2017 from Part XII, line 4 🕨 \$ a Applied to 2016, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election 

Form 990-PF (2017)							
Part XIII	Undistributed Income (see instructions	s)					

**b** Total for prior years

a From 2012. . . . .

e From 2016. . . . .

**b** From 2013. . . . c From 2014. . . d From 2015. . . .

1 Distributable amount for 2017 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2017

38.714 3,295

10,677

3.295

10.677

- (a) Corpus

52.686

12.514

40,172

26.200

13,972

- Years prior to 2016

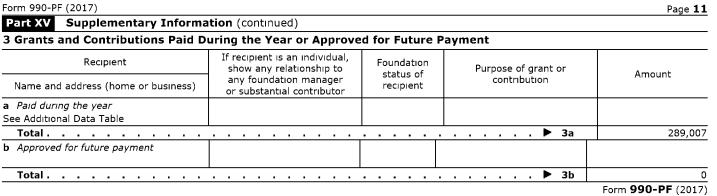
(b)

(c)

2016

THE BICKNELL FUND TRUSTEES DETERMINE GRANT AWARDS ONLY QUALIFIED NON-PROFIT ORGANIZATIONS, WHICH ARE CLASSIFIED BY THE INTERNAL REVENUE CODE AS TAX-EXEMPT 501(C)(3) ORGANIZATIONS ARE ELIGIBLE FOR FUNDING CONSIDERATION THE BICKNELL

FUND DOES NOT PROVIDE GRANTS TO INDIVIDUALS OR FOR POLITICAL ADVOCACY



Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section	(e) Related or exempt	
_	service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions )
е						
_	and contracts from government agencies					
Intere	st on savings and temporary cash			14	5,650	
	ds and interest from securities			14	120,800	
	tal income or (loss) from real estate					
	financed property					
	ebt-financed property ntal income or (loss) from personal property					
	nvestment income			18	2,392	
	r (loss) from sales of assets other than				2,332	
	ory			18	70,277	
	ome or (loss) from special events profit or (loss) from sales of inventory					
	evenue a					
b						
с						
_						
	<del></del> -					
e			0		199 119	(
e			0		199,119	
e 2 Subtota 3 Total. A (See wo	Add columns (b), (d), and (e)	ations )		13	199,119	
e 2 Subtota 3 Total. A (See wo	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which is the accomplishment of the foundation's ex	ations ) e Accomplish ncome is reporti		pt Purposes  Part XVI-A contribut	Bted importantly to	
e	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which i	ations ) e Accomplish ncome is reporti		pt Purposes  Part XVI-A contribut	Bted importantly to	
e	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which is the accomplishment of the foundation's ex	ations ) e Accomplish ncome is reporti		pt Purposes  Part XVI-A contribut	Bted importantly to	
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e	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which is the accomplishment of the foundation's ex	ations ) e Accomplish ncome is reporti		pt Purposes  Part XVI-A contribut	Bted importantly to	

orm 9	90-PF (2	2017)									Pag	ge <b>13</b>
Part	XVII	Information Re Exempt Organi		ransfers To a	ind Transactio	ns and I	Relation	nships With Nor	ncharitabl	e		
		janization directly or in Code (other than sectio							on 501	Y	es	No
<b>a</b> Tra	nsfers f	rom the reporting foun	dation to a n	oncharitable exe	empt organization	of						
(1)	Cash.								. 1a(		4	No
• • •		assets							. 1a(	2)	_	No
		sactions										
		of assets to a nonchari	•	-					. 1b(		-	No
		ases of assets from a n							1b(		$\dashv$	No_
		of facilities, equipmer	•						1b(		-	No
		oursement arrangemen or loan guarantees.							. 1b(		$\dashv$	No No
٠.		nance of services or m							. 1b(		+	No
		facilities, equipment, n	•	<del>-</del>					. 1		_	No
	-	er to any of the above	-									-110
	ny tran	ls, other assets, or ser saction or sharing arra (b) Amount involved	ngement, sh		) the value of the	goods, ot	her asset		ved	ırrangeı	ment	ːs
des	cribed i	dation directly or indire in section 501(c) of the implete the following so (a) Name of organizatio	Code (other chedule	than section 50		tion 527? .	_		□ Y		<b>√</b> ſ	No
	of m	r penalties of perjury, y knowledge and belief n preparer has any kno	, it is true, co									
Sign Here	-	*****  ignature of officer or ti	rustee		2018-11-08 Date	<b></b> )-	***** itle		May the IR return with the pr below	eparer s	show	'n
	<u> </u>					'			(see ınstr )	· 🔽 A	es [	<sup>⊥</sup> No
		Print/Type preparer's	name	Preparer's Sign	ature	Date			PTIN			
				, <b>-</b>				Check if self-		32480	3	

Paid

MARIANNE GREGA Preparer Firm's name ► MN ADVISORY SERVICES LLC Firm's EIN ▶27-4398564 **Use Only** Firm's address ► 1111 SUPERIOR AVE SUITE 700 Phone no (216) 363-0100 CLEVELAND, OH 441142540

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (c) (d) (b) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) How acquired Date acquired Date sold P—Purchase (mo, day, yr) (mo, day, yr) D-Donation MORGAN STANLEY #080408-SEE ATTACHED MORGAN STANLEY #017411-SEE ATTACHED MORGAN STANLEY #017411-SEE ATTACHED MORGAN STANLEY #017411-SEE ATTACHED MORGAN STANLEY #075257-SEE ATTACHED ORION FUTURES FUND LP K-1 ORION FUTURES FUND LP K-1 ORION FUTURES FUND LP K-1-1256 CONTRACTS ORION FUTURES FUND LP K-1-1256 CONTRACTS CAPITAL GAINS DIVIDENDS Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) -10,109 10,109 62,812 62,857 -45 5,000 5,000 0 2,083 2.083 0 650,059 567,293 82,766 1,405 1,405 1,316 -1,3161,106 -1,1061,658 -1,658 340 340 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (i) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any -10.109-45 0 0 82,766 1,405 -1,316-1,106-1,658 340

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation SAMANTHA K CROWLEY CO MN ADVISORY PRESIDENT/TRUSTEE 0 0 5 00 1111 SUPERIOR AVE SUITE 700 CLEVELAND, OH 44114 WARREN BICKNELL III MN ADV SRV LLC O VICE O PRESIDENT/TRUSTEE 1111 SUPERIOR AVE SUITE 700 1 00 CLEVELAND, OH 44114 KATE B LUZIUS CO MN ADV SRV LLC TRUSTEE n 1 00 1111 SUPERIOR AVE SUITE 700 CLEVELAND, OH 44114 WENDY H BICKNELL CO MN ADV SRV LLC 0 0 TRUSTEE 1 00 1111 SUPERIOR AVE SUITE 700 CLEVELAND, OH 44114 ALEXANDER S TAYLOR CO MN ADV SV LLC TRUSTEE n 1 00 1111 SUPERIOR AVE SUITE 700 CLEVELAND, OH 44114 HENRY L MEYER III CO MN ADV SRV LLC TRUSTEE 0 0 1 00 1111 SUPERIOR AVE SUITE 700 CLEVELAND, OH 44114 W GATES KIRKHAM CO MN ADV SRV LLC ٥ TRUSTEE 0 1 00 1111 SUPERIOR AVE SUITE 700 CLEVELAND, OH 44114 MATT VAN DE MOTTER CO MN ADV SV LLC TRUSTEE 0 1 00 1111 SUPERIOR AVE SUITE 700 CLEVELAND, OH 44114 MARIANNE GREGA CO MN ADV SRV LLC SECRETARY/TREASURER 0 0

5 00

1111 SUPERIOR AVENUE SUITE 700

CLEVELAND, OH 44114

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
AMERICAN RED CROSS 3747 EUCLID AVENUE CLEVELAND, OH 44115		LOCAL DISASTER RELIEF	20,000

DDOOKWOOD CCUOOL		ANIAU EUNE	7.000
BOY SCOUTS OF AMERICA 1325 W WALNUT HILL LN IRVING, TX 75038		OPERATING SUPPORT	10,000
CLEVELAND, OH 44115			

IRVING, TX 75038			
BROOKWOOD SCHOOL 301 CARDINAL RIDGE ROAD THOMASVILLE, GA 31792		ANNUAL FUND	7,000

BROOKWOOD SCHOOL 301 CARDINAL RIDGE ROAD THOMASVILLE, GA 31792	ANNUAL FUND	7,000
Total	 	289,007

THOMASVILLE, GA 31792		
Total	 	 289,007

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

CLEVELAND SIGHT CENTER		OPERATING SUPPORT	7,500
CLEVELAND MUSEUM OF NATURAL HISTORY 1 WADE OVAL DRIVE UNIVERSITY CIRCLE CLEVELAND, OH 44106		ANNUAL FUND	7,500

CLEVELAND, OH 44106			
CLEVELAND SIGHT CENTER 1909 EAST 101 STREET CLEVELAND, OH 44106		OPERATING SUPPORT	7,500
CLEVELAND ZOOLOGICAL SOCIETY 3900 WILDLIFE WAY		PROGRAM SUPPORT	50,000

Total	 		289,007
CLEVELAND ZOOLOGICAL SOCIETY 3900 WILDLIFE WAY CLEVELAND, OH 44109		PROGRAM SUPPORT	50,00
CLEVELAND, OH 44106			1

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year COLLEGE NOW GREATER CLEVELAND OPERATING SUPPORT 10,000 50 PUBLIC SQUARE SUITE 1800 CLEVELAND, OH 44113

FIELDSTONE FARM THERAPEUTIC RIDING CENTER 16497 SNYDER ROAD CHAGRIN FALLS, OH 44023		PROGRAM SUPPORT	5,000
GREATER CLEVELAND FOOD BANK		OPERATING SUPPORT	25,000

CHAGRIN FALLS, OH 44023			
GREATER CLEVELAND FOOD BANK 15500 S WATERLOO RD CLEVELAND, OH 44110		OPERATING SUPPORT	25,00
Total	 		289,007

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

HATHAWAY BROWN 19600 NORTH PARK BOULEVARD SHAKER HEIGHTS, OH 44122		PROGRAM SUPPORT	3,500
HILLSDALE COLLEGE		SCHOLARSHIP FUND	4 000

HILLSDALE COLLEGE 33 E COLLEGE STREET HILLSDALE, MI 49242		SCHOLARSHIP FUND	4,000
LAWRENCE SCHOOL		ANNUAL SUPPORT	5,000

LAWRENCE SCHOOL 1551 E WALLINGS ROAD BROADVIEW HEIGHTS, OH 44147		ANNUAL SUPPORT	5,00

1551 E WALLINGS ROAD BROADVIEW HEIGHTS, OH 44147		5,63
Total	 	 289,007

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

MISS HALL'S SCHOOLPO BOX 1166 PITTSFIELD, MA 01202		ANNUAL FUND	5,000
a Paid during the year			

PHILANTROPY OHIO 500 S FRONT ST STE 900 COLUMBUS, OH 43215	OPERATING SUPPORT	257
PLANNED PARENTHOOD OF GREATER OH 206 FAST STATE STREET	OPERATING SUPPORT	5,000

PLANNED PARENTHOOD OF GREATER		OPERATING SUPPORT	5,000
OH 206 EAST STATE STREET			
COLUMBUS, OH 43215			

Takal		300.007
OH 206 EAST STATE STREET COLUMBUS, OH 43215		

206 EAST STATE STREET COLUMBUS, OH 43215		
Total	 	 289.007

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

Total . За

a Paid during the year			
PLANTATION WILDLIFE ARTS FESTIVAL PO BOX 2177 THOMASVILLE, GA 31799		OPERATING SUPPORT	20,000
PLAYHOUSE SQUARE FOUNDATION		OPERATING SUPPORT	6,000

PLAYHOUSE SQUARE FOUNDATION OPERATING SUPPORT 1501 EUCLID AVENUE SUITE 200

CLEVELAND, OH 44115			
PRETERM12000 SHAKER BOULEVARD CLEVELAND, OH 44120		OPERATING SUPPORT	5,000

289,007

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

7,500

5,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

a Paid during the year			
SALVATION ARMY 2507 EAST 22ND STREET		PROGRAM SUPPORT	

or substantial contributor

3a

CLEVELAND, OH 44115			
SOUTH KENT40 BULLS BRIDGE ROAD SOUTH KENT, CT 06785		ANNUAL FUND/ENDOWMENT SUPPORT	

	SOUTH KENT, CT 06785		SUPPORT	
П	THE HANNA PERKINS CENTER 19910 MALVERN ROAD		PROGRAM SUPPORT	

			1
THE HANNA PERKINS CENTER		PROGRAM SUPPORT	
19910 MALVERN ROAD			
SHAKER HEIGHTS, OH 44122			l

HE HANNA PERKINS CENTER 9910 MALVERN ROAD SHAKER HEIGHTS, OH 44122		PROGRAM SUPPORT	

Total			289 007
SHAKER HEIGHTS, OH 44122			
19910 MALVERN ROAD	]		i

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year THE LAKE VIEW CEMETERY PROGRAM SUPPORT 4.000 **FOUNDATION** 

CLEVELAND, OH 44106			
UNIVERSITY SCHOOL 2785 SOM CENTER ROAD HUNTING VALLEY, OH 44022		PROGRAM SUPPORT	

7.500

12316 FLICLID AVENUE

HUNTING VALLEY, OH 44022			
VOCATIONAL GUIDANCE SERVICES 2239 EAST 55TH STREET		OPERATING SUPPORT	

VOCATIONAL GUIDANCE SERVICES 2239 EAST 55TH STREET		OPERATING SUPPORT	5,500
Total	 	<u> </u>	289,007

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

2,000

a Paid during the year			
CLEVELAND KIDS BOOK BANK 3635 PERKINS AVE 1E		OPERATING SUPPORT	
CLEVELAND, OH 44114			

or substantial contributor

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

FOUNDATION CENTER 1422 EUCLID AVE 1600 CLEVELAND, OH 44115		OPERATING SUPPORT	

1422 EUCLID AVE 1600 CLEVELAND, OH 44115			
AMERICARES88 HAMILTON AVE		OPERATING SUPPORT	

LEVELAND, OH 44115			
AMERICARES88 HAMILTON AVE STAMFORD, CT 06902		OPERATING SUPPORT	

T-1-1			200.007
AMERICARES88 HAMILTON AVE STAMFORD, CT 06902		OPERATING SUPPORT	15,000

STAMFORD, CT 06902	OPERATING SUPPORT	15,00
Total	 	289,007

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
HOPEWELL9637 STATE ROUTE 534 MIDDLEFIELD, OH 44062		OPERATING SUPPORT	

MIDDLEFIELD, OH 44062			l
MERCY CORPSPO BOX 2669 DEPT W PORTLAND, OR 97208		OPERATING SUPPORT	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

MERCY CORPSPO BOX 2669 DEPT W PORTLAND, OR 97208		OPERATING SUPPORT	15,000
GREAT LAKES THEATER 2067 F 14T ST		OPERATING SUPPORT	5.000

PORTLAND, OR 97208			
GREAT LAKES THEATER2067 E 14T ST CLEVELAND, OH 44115		OPERATING SUPPORT	5,0

GREAT LAKES THEATER2067 E 14T ST CLEVELAND, OH 44115		OPERATING SUPPORT	5,000
Tatal			300 007

CLEVELAND, OH 44115		
Total	 	289,007

efile GRAPHIC print - DO NOT I	PROCESS As Filed	Data -	D	LN: 93491312008678			
TY 2017 Accounting Fees Schedule							
	Name: BICKNE	ELL FUND					
	<b>EIN:</b> 34-651	3799					
Accounting Fees Schedule							
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			

10,062

40,248

M+N ADVISORY SERVICES LLC

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	D	LN: 93491312008678
TY 2017 Investments Corpora	te Bonds Schedule	1	
Name:	BICKNELL FUND		
EIN:	34-6513799		
nvestments Corporate Bonds Schedule			
Name of Bond		End of Year Book	End of Year Fair

MORGAN STANLEY BONDS

Value

240,703

Market Value

239,391

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491312008678
TY 2017 Investments Corporat	e Stock Sche	dule

Name: BICKNELL FUND

**EIN:** 34-6513799

Name of Stock	End of Year Book Value	End of Year Fair Market Value

MORGAN STANLEY EQUITY PORTFOLIOS

MORGAN STANLEY STOCKS

3,975,722

322,185

4,766,021

339,190

eme diarnic print - Do Not Process	A3 I fied Data -	DEN: 33431312000070					
TY 2017 Investments - Other Schedule							
TI ZOZY ZINICOLINGING	Juliane						
Name:	BICKNELL FUND						
PTM.	24 (512700						
EIN:	34-6513799						

DI N: 93491312008678

601,562

604,994

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MORGAN STANLEY HEDGE FUNDS & LPS

Investments Other Schedule 2			
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
HIRTLE CALLAGHAN HEDGE FNDS & LPS	AT COST	129,727	435,776

AT COST

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 934913120086	78	
TY 2017 Other Decreases Schedule					
Name:	BICKNELL FUN	ID			
EIN:	34-6513799				
De	escription		Amount		
BASIS ADJUSTMENT			6,07	73	

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data -	DLN: 93491312008678				
TY 2017 Other Expenses Schedule						
Nan	ne: BICKNELL FUND	)				
<b>EIN:</b> 34-6513799						
Other Expenses Schedule		·				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
STATE FILING FEES	200	0		200		
FIDUCIARY LIABILITY INSURANCE	1,008	806		202		

95

1,050

95

1,050

BANK FEES

DUES-PHILANTHROPY OHIO

As Filed Data -

Name: BICKNELL FUND

**EIN:** 34-6513799

Description

efile GRAPHIC print - DO NOT PROCESS

ORION FUTURES FUND LP K-1

Other Income Schedule

Revenue And

2,392

**Expenses Per Books** 

Net Investment

2,392

Income

DLN: 93491312008678

**Adjusted Net Income** 

2,392

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DLN	N: 93491312008678	
TY 2017 Other Professional Fees Schedule					
Nar	me: BICKNELL FU	UND			
	IN: 34-6513799				
			-	·	
Category	Amount	Net Investment	Adjusted Net	Disbursements	
		Income	Income	for Charitable Purposes	

2,727 26,694

6,685

3,056

Category	Amount	Net Investment Income	Adjusted Net Income	Disburse for Chari Purpos

3,056

2,727

26,694

6,685

RESEARCH EXPENSE

ISHARES S&P (K-1)

ORION FUTURES (K-1)

MORGAN STANLEY - INVESTMENT MGT FEE

HIRTLE CALLAGHAN - INVESTMNT MGT FEE

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491312008678					
TY 2017 Taxes Schedule							
				1			
Name: BICKNELL FUND							
<b>EIN:</b> 34-6513799							
Category A	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			

4,102

FOREIGN TAXES