

Form **990-PF**Department of the Treasury  
Internal Revenue Service**Return of Private Foundation**

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.  
 ► Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

OMB No 1545-0052

**2017**

Open to Public Inspection

For calendar year 2017 or tax year beginning **MAY 1, 2017**, and ending **APR 30, 2018**

Name of foundation

A Employer identification number

**REESE FAMILY CHARITABLE FOUNDATION****36-3882837**

Number and street (or P O box number if mail is not delivered to street address)

Room/suite

B Telephone number

**22000 SHALLOWATER LANE****630-484-8999**

City or town, state or province, country, and ZIP or foreign postal code

C If exemption application is pending, check here ☐**BONITA SPRINGS, FL 34135**

G Check all that apply:

☐ Initial return☐ Initial return of a former public charity☐ Final return☐ Amended return☐ Address change☐ Name change

H Check type of organization:

☒ Section 501(c)(3) exempt private foundation☐ Section 4947(a)(1) nonexempt charitable trust☐ Other taxable private foundation

I Fair market value of all assets at end of year

J Accounting method:

☒ Cash☐ Accrual

(from Part II, col. (c), line 16)

☐ Other (specify)D 1. Foreign organizations, check here ☐2. Foreign organizations meeting the 85% test, check here and attach computation ☐E If private foundation status was terminated under section 507(b)(1)(A), check here ☐F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐► \$ **2,037,584.** (Part I, column (d) must be on cash basis.)**Part I Analysis of Revenue and Expenses**

(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)

(a) Revenue and expenses per books

(b) Net investment income

(c) Adjusted net income

(d) Disbursements for charitable purposes (cash basis only)

1 Contributions, gifts, grants, etc., received

**106,950.****N/A**2 Check ☐ if the foundation is not required to attach Sch. B

3 Interest on savings and temporary cash investments

**65.****65.**

4 Dividends and interest from securities

**49,199.****49,199.**

5a Gross rents

b Net rental income or (loss)

6a Net gain or (loss) from sale of assets not on line 10

**30,811.**

b Gross sales price for all assets on line 6a

**51,822.**

7 Capital gain net income (from Part IV, line 2)

**30,811.**

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)

11 Other income

12 Total. Add lines 1 through 11

**187,025.****80,075.**

13 Compensation of officers, directors, trustees, etc

**0.****0.**

14 Other employee salaries and wages

15 Pension plans, employee benefits

16a Legal fees

b Accounting fees

**STMT 1****1,795.****1,795.**

c Other professional fees

17 Interest

18 Taxes

**STMT 2****1,288.****0.**

19 Depreciation and depletion

20 Occupancy

21 Travel, conferences, and meetings

22 Printing and publications

23 Other expenses

24 Total operating and administrative expenses. Add lines 13 through 23

**3,083.****1,795.**

25 Contributions, gifts, grants paid

**95,270.**

26 Total expenses and disbursements

Add lines 24 and 25

**98,353.****1,795.**

27 Subtract line 26 from line 12:

**88,672.**

a Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-)

**78,280.**

c Adjusted net income (if negative, enter -0-)

**N/A**

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only		
		Beginning of year (a) Book Value	End of year (b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	26,934.	29,667.	29,667.
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 3	724,701.	810,639.	2,002,366.
	c Investments - corporate bonds			
	Liabilities	11 Investments - land, buildings, and equipment basis ▶		
Less: accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other STMT 4		10,276.	10,276.	5,551.
14 Land, buildings, and equipment: basis ▶				
Less: accumulated depreciation ▶				
15 Other assets (describe ▶)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item i)		761,911.	850,582.	2,037,584.
17 Accounts payable and accrued expenses				
18 Grants payable				
Net Assets or Fund Balances	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
23 Total liabilities (add lines 17 through 22)	0.	0.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input type="checkbox"/>			
	and complete lines 24 through 26, and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input checked="" type="checkbox"/>			
	and complete lines 27 through 31			
	27 Capital stock, trust principal, or current funds	0.	0.	
28 Paid-in or capital surplus, or land, bldg., and equipment fund	761,911.	850,582.		
29 Retained earnings, accumulated income, endowment, or other funds	0.	0.		
30 Total net assets or fund balances	761,911.	850,582.		
31 Total liabilities and net assets/fund balances	761,911.	850,582.		

## Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	761,911.
2 Enter amount from Part I, line 27a	2	88,672.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	850,583.
5 Decreases not included in line 2 (itemize) ▶ <b>ROUNDING</b>	5	1.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	850,582.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a 500 SHS JPMORGAN	P	VARIOUS	12/11/17
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 51,822.		21,011.	30,811.
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			30,811.
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	30,811.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	}	3	N/A

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2016	68,660.	1,361,629.	.050425
2015	57,560.	1,150,489.	.050031
2014	56,776.	1,073,716.	.052878
2013	47,350.	965,307.	.049052
2012	37,169.	754,699.	.049250

2 Total of line 1, column (d)	2	.251636
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	.050327
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	1,857,105.
5 Multiply line 4 by line 3	5	93,463.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	783.
7 Add lines 5 and 6	7	94,246.
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.	8	95,270.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)		1	783.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	783.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	783.
6 Credits/Payments:			
a 2017 estimated tax payments and 2016 overpayment credited to 2017	6a	0.	
b Exempt foreign organizations - tax withheld at source	6b	0.	
c Tax paid with application for extension of time to file (Form 8868)	6c	0.	
d Backup withholding erroneously withheld	6d	0.	
7 Total credits and payments. Add lines 6a through 6d	7	0.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	27.	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	810.	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11 Enter the amount of line 10 to be: Credited to 2018 estimated tax <input type="checkbox"/> Refunded <input checked="" type="checkbox"/>	11		

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the 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.		X
1c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <input type="checkbox"/> NONE		
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	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

N/A

**Part 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		X
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		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	X	
14 The books are in care of ► C. MICHAEL REESE Telephone no. ► 630-484-8999 Located at ► 22000 SHALLOWATER LN, BONITA SPRINGS, FL ZIP+4 ► 34135		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year	15	N/A
16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►	16	X

**Part 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): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any 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 Organizations relying on a current notice regarding disaster assistance, check here	N/A	1b
c 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 2017?		1c X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ►		2b
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b If "Yes," did it have excess business holdings in 2017 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 2017.) N/A		3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?		4b X

Form 990-PF (2017)

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year, did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions

☐ 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?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any 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

N/A

Organizations relying on a current notice regarding disaster assistance, check here

☐

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870.

☐ Yes ☒ No

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
C. MICHAEL REESE	TRUSTEE			
22000 SHALLOWATER LANE				
BONITA SPRINGS, FL 34135	1.00	0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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

0

Form 990-PF (2017)



**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a Average monthly fair market value of securities	1a	1,849,475.
b Average of monthly cash balances	1b	35,911.
c Fair market value of all other assets	1c	
d Total (add lines 1a, b, and c)	1d	1,885,386.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	1,885,386.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	28,281.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,857,105.
6 Minimum investment return. Enter 5% of line 5	6	92,855.

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here ☐ and do not complete this part.)

1 Minimum investment return from Part X, line 6	1	92,855.
2a Tax on investment income for 2017 from Part VI, line 5	2a	783.
b Income tax for 2017. (This does not include the tax from Part VI.)	2b	
c Add lines 2a and 2b	2c	783.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	92,072.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	92,072.
6 Deduction from distributable amount (see instructions)	6	0.
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	92,072.

**Part XII Qualifying Distributions** (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	95,270.
b Program-related investments - total from Part IX-B	1b	0.
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:		
a 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	95,270.
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	5	783.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	94,487.

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
<b>1</b> Distributable amount for 2017 from Part XI, line 7				92,072.
<b>2</b> Undistributed income, if any, as of the end of 2017				
<b>a</b> Enter amount for 2016 only			0.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2017:				
<b>a</b> From 2012	706.			
<b>b</b> From 2013				
<b>c</b> From 2014	3,628.			
<b>d</b> From 2015	569.			
<b>e</b> From 2016	1,852.			
<b>f</b> Total of lines 3a through e	6,755.			
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4: ▶ \$	95,270.			
<b>a</b> Applied to 2016, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions)	0.			
<b>d</b> Applied to 2017 distributable amount				92,072.
<b>e</b> Remaining amount distributed out of corpus	3,198.			
<b>5</b> Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	9,953.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
<b>c</b> 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		0.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
<b>e</b> Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
<b>f</b> Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018				0.
<b>7</b> 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)	0.			
<b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7	706.			
<b>9</b> Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	9,247.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2013				
<b>b</b> Excess from 2014	3,628.			
<b>c</b> Excess from 2015	569.			
<b>d</b> Excess from 2016	1,852.			
<b>e</b> Excess from 2017	3,198.			



**Part XV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a Paid during the year</b>				
ALMOST HOME KIDS 7S721 RT. 53 NAPERVILLE, IL 60540		PC	GENERAL	100.
ALS ASSOCIATION 1275 K STREET NW WASHINGTON, DC 20005		PC	GENERAL	1,000.
ALZHEIMER'S ASSOCIATION 225 N. MICHIGAN AVE. CHICAGO, IL 60601		PC	GENERAL	3,750.
AMERICAN CANCER SOCIETY 225 N MICHIGAN AVE SUITE 1200 CHICAGO, IL 60601		PC	GENERAL	1,500.
AMERICAN DIABETES ASSOCIATION PO BOX 1130 FAIRFAX, VA 22038		PC	GENERAL	1,250.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>95,270.</b>
<b>b Approved for future payment</b>				
<b>NONE</b>				
<b>Total</b>				<b>0.</b>





**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2017**

Name of the organization

Employer identification number

**REESE FAMILY CHARITABLE FOUNDATION**

**36-3882837**

Organization type (check one).

Filers of:

Section:

Form 990 or 990-EZ

- ☐ 501(c)( ) (enter number) organization
- ☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- ☐ 527 political organization

Form 990-PF

- ☒ 501(c)(3) exempt private foundation
- ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
- ☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

**REESE FAMILY CHARITABLE FOUNDATION****36-3882837****Part I Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<u>C. MICHAEL &amp; JENNIFER REESE</u> <u>22000 SHALLOWATER LANE</u> <u>BONITA SPRINGS, FL 34135</u>	\$ <u>106,950.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**REESE FAMILY CHARITABLE FOUNDATION****36-3882837****Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	



Name of organization	Employer identification number
REESE FAMILY CHARITABLE FOUNDATION	36-3882837

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) ▶ \$

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**Part XV** Supplementary Information**3** Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
AMERICAN HEART ASSOCIATION 208 SOUTH LA SALLE STREET CHICAGO, IL 60604		PC	GENERAL	1,000.
AMERICAN LUNG ASSOCIATION PO BOX 7000 ALBERT LEA, MN 56007-8001		PC	GENERAL	750.
AMERICAN RED CROSS P.O. BOX 37243 WASHINGTON, DC 20013		PC	GENERAL	2,000.
AMERICAN RED CROSS FL SOUTHERN GULF REGION 2610 NORTHBROOKE PLAZA DRIVE NAPLES, FL 34119		PC	GENERAL	2,000.
AMIGOS CENTER BONITA SPRINGS 25999 OLD 41 ROAD BONITA SPRINGS, FL 34135		PC	GENERAL	1,200.
ANTHONY RIZZO FOUNDATION 860 W. BLACKHAWK, UNIT 2707 CHICAGO, IL 60642		PC	GENERAL	500.
ATHLETES IN ACTION 651 TAYLOR DRIVE XENIA, OH 45385		PC	GENERAL	800.
AUDUBON OF FLORIDA 375 SANCTUARY RD W NAPLES, FL 34120		PC	GENERAL	1,750.
B. R. RYALL YMCA 49 DEICKE DRIVE GLEN ELLYN, IL 60137		PC	GENERAL	750.
BONITA SPRINGS ASSISTANCE OFFICE 6 25300 BERNWOOD DR BONITA SPRINGS, FL 34135		PC	GENERAL	1,300.
Total from continuation sheets				87,670.

**Part XV** Supplementary Information**3** Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
BOYS AND GIRLS CLUB OF ELGIN 355 DUNDEE AVE. ELGIN, IL 60120		PC	GENERAL	750.
BRIDGE COMMUNITIES, INC. 505 CRESCENT BLVD. GLEN ELLYN, IL 60137		PC	GENERAL	800.
BUCKNELL UNIVERSITY COOLEY HALL LEWISBERG, PA 17837		PC	GENERAL	1,900.
C.A.S.A. 505 N. COUNTY FARM ROAD WHEATON, IL 60187		PC	GENERAL	950.
CAFE OF LIFE P.O. BOX 367794 BONITA SPRINGS, FL 34136		PC	GENERAL	1,000.
CAL'S ALL-STAR ANGEL FOUNDATION C/O THOMAS SUTTER, 721 ASHTON LANE SOUTH ELGIN, IL 60177		PC	GENERAL	1,000.
CARING BRIDGE ORG PO BOX 131447 HOUSTON, TX 77219		PC	GENERAL	500.
CHILDREN'S HOSPITAL OF SW FLORIDA 16451 HEALTHPARK COMMONS DR, STE 200 FORT MYERS, FL 33902		PC	GENERAL	2,500.
CONSERVANCY OF SW FLORIDA 1450 MERRIHUE DR NAPLES, FL 34102		PC	GENERAL	800.
CROW CANYON ARCHAEOLOGICAL CENTER 23390 ROAD K CORTEZ, CO 81321		PC	GENERAL	350.
Total from continuation sheets				

**Part XV** Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
DISABLED AMERICAN VETERANS P.O. BOX 14301 CINCINNATI, OH 45250		PC	GENERAL	1,500.
DUPAGE COMMUNITY FOUNDATION 110 N. CROSS ST. WHEATON, IL 60187		PC	GENERAL	3,000.
FAMILY SHELTER SERVICE P.O. BOX 3404 GLEN ELLYN, IL 60137		PC	GENERAL	1,500.
FIRE MOUNTAIN SCHOOL 6505 ELK FLAT RD. ARCH CAPE, OR 97102		PC	GENERAL	100.
FISHER HOUSE FOUNDATION 1401 ROCKVILLE PIKE ROCKVILLE, MD 20852		PC	GENERAL	1,500.
FOUNDATION FOR PERIPHERAL NEUROPATHY 485 HALF DAY ROAD, STE 350 BUFFALO GROVE, IL 60089		PC	GENERAL	1,000.
GLEN ELLYN HISTORICAL SOCIETY BOX 283 GLEN ELLYN, IL 60138		PC	GENERAL	800.
GLEN OAK FOUNDATION C/O GLEN OAK CC 21W451 HILL AVE GLEN ELLYN, IL 60137		PC	GENERAL	150.
GOLDIE FLOBERG CENTER 58 W. ROCKTON ROAD ROCKTON, IL 61072		PC	GENERAL	1,000.
GULF COAST HARMONIZERS 8260 SYPRESS LAKE DR FT. MYERS, FL 33919		PC	GENERAL	200.
Total from continuation sheets				

**Part XV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
HABITAT FOR HUMANITY 1288 N. TAMiami TR. NORTH FT. MYERS, FL 33903		PC	GENERAL	900.
HARRY CHAPIN FOOD BANK OF SW FLORIDA 3760 FOWLER ST. FT. MYERS, FL 33901		PC	GENERAL	1,000.
HOPE HEALTH CARE/HOSPICE 9470 HEALTHPARK CIR FORT MYERS, FL 33908		PC	GENERAL	500.
HUMANE SOCIETY OF THE UNITED STATES 2100 L ST., NW WASHINGTON, DC 20037		PC	GENERAL	500.
INTERFAITH CHARITIES 17592 ROCKEFELLER CIRCLE FORT MYERS, FL 33967		PC	GENERAL	600.
ISRAEL CHILDREN'S CENTERS 3275 W. HILLSBORO BLVD. DEERFIELD BEACH, FL 33442		PC	GENERAL	850.
JUVENILE DIABETES RESEARCH 500 N. DEARBORN, STE 305 CHICAGO, IL 60610-4901		PC	GENERAL	1,200.
KAPPA KAPPA GAMMA SORORITY P.O. BOX 38 COLUMBUS, OH 43216-0038		PC	GENERAL	100.
LEE HEALTH FOUNDATION 16451 HEALTHPARK COMMONS DR, STE 200 FT. MYERS, FL 33908		PC	GENERAL	1,500.
LEUKEMIA & LYMPHOMA SOCIETY P.O. BOX 4072 PITTSFIELD, MA 01202		PC	GENERAL	600.
<b>Total from continuation sheets</b>				

**Part XV** Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
LIBERTY YOUTH RANCH FOUNDATION 27225 OLD RT. 41 BONITA SPRINGS, FL 34135		PC	GENERAL	600.
LIFE WITHOUT LIMBS P.O. BOX 2430 AGOURA HILLS, CA 91376		PC	GENERAL	750.
LINCOLN COLLEGE 300 KEOKUK ST. LINCOLN, NE 62656		PC	GENERAL	800.
LITERACY VOLUNTEERS OF AMERICA 24 W 500 MAPLE AVENUE NAPERVILLE, IL 60540		PC	GENERAL	1,000.
MACULAR DEGENERATION RESEARCH 22512 GATEWAY CENTER DRIVE CLARKSBURG, MD 20871		PC	GENERAL	600.
MARIANJOY REHAB. HOSPITAL P.O. BOX 795 WHEATON, IL 60187		PC	GENERAL	1,500.
MCCORMICK TRIBUNE FOUNDATION 435 N. MICHIGAN AVE. CHICAGO, IL 60611		PC	GENERAL	1,500.
MICHAEL J. FOX FOUNDATION P.O. BOX 5014 HAGERSTOWN, MD 21741		PC	GENERAL	500.
MORTON ARBORETUM FOUNDATION 4100 LINCOLN AVE. LISLE, IL, IL 60532		PC	GENERAL	280.
MULTIPLE SCLEROSIS FOUNDATION 6520 NORTH ANDREWS AVE FT. LAUDERDALE, FL 33309-2132		PC	GENERAL	500.
Total from continuation sheets				

**Part XV** Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MUSCULAR DYSTROPHY ASSOCIATION 430 N. MICHIGAN AVE. CHICAGO, IL 60611		PC	GENERAL	500.
NATIONAL AUDUBON SOCIETY 225 YARICK ST. NEW YORK, NY 10014		PC	GENERAL	40.
NATIONAL PARK FOUNDATION 1110 VERMONT AVE NW #200 WASHINGTON, DC 20005		PC	GENERAL	500.
NEW HORIZONS OF SW FLORIDA PO BOX 111833 NAPLES, FL 34108		PC	GENERAL	950.
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN COURT GENEVA, IL 60134		PC	GENERAL	2,500.
NORTHWESTERN MEDICINE FOUNDATION 25 N. WINFIELD ROAD WINFIELD, IL 60190-1295		PC	GENERAL	2,000.
OUTREACH COMMUNITY MINISTRIES 122 W. LIBERTY WHEATON, IL 60187-5124		PC	GENERAL	1,750.
P.A.D.S. 705 W. LIBERTY WHEATON, IL 60187		PC	GENERAL	1,000.
PANCREATIC CANCER ACTION NETWORK 2141 ROSECRANS AVE EL SEGUNDO, CA 90245		PC	GENERAL	1,500.
PARKINSONS FOUNDATION 200 S.E. 1ST STREET, SUITE 800 MIAMI, FL 33131		PC	GENERAL	1,000.
Total from continuation sheets				

**Part XV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
PEOPLES RESOURCE CENTER 1506 E. ROOSEVELT ROAD WHEATON, IL 60187		PC	GENERAL	1,250.
RE:NEW PROJECT 483 N. MAIN ST. GLEN ELLYN, IL 60137		PC	GENERAL	700.
SALVATION ARMY (FLORIDA) P.O. BOX 60087 FORT MYERS, FL 33906		PC	GENERAL	1,000.
SALVATION ARMY (FT. MYERS) P.O. BOX 60087 FORT MYERS, FL 33906		PC	GENERAL	3,500.
SHADOW WOOD CHARITABLE FOUNDATION BOX 162, 24600 TAMiami TRAIL, STE. 212 BONITA SPRINGS, FL 34134		PC	GENERAL	750.
SHELTER FOR ALL 393 N. MAIN ST. GLEN ELLYN, IL 60137		PC	GENERAL	1,000.
SOUTHWEST FLORIDA COMMUNITY FOUNDATION 8771 COLLEGE PKWY, BLDG 2, ST 201 FORT MYERS, FL 33919		PC	GENERAL	2,500.
SPECIAL OLYMPICS FOR POLAR PLUNGE 541 N. PAIRBANKS CT. CHICAGO, IL 60611		PC	GENERAL	750.
SPECTROIS INSTITUTE FOR LOW VISION 219 E COLE AVE WHEATON, IL 60187		PC	GENERAL	1,000.
ST. MARK'S EPISCOPAL CHURCH 393 N MAIN ST. GLEN ELLYN, IL 60137		PC	GENERAL	1,750.
<b>Total from continuation sheets</b>				



**Part XV** Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ST. MARY'S EPISCOPAL CHURCH PO BOX 1923 BONITA SPRINGS, FL 34133		PC	GENERAL	1,800.
ST. PATRICK'S RESIDENCE NURSING AND REHABILITATION 1400 BROOKDALE RD NAPERVILLE, IL 60563		PC	GENERAL	500.
SUNSHINE THROUGH GOLF FOUND. 11855 ARCHER AVE. LEMONT, IL 60439		PC	GENERAL	1,000.
SYRIAN AMERICAN MEDICAL SOCIETY 1012 14TH ST. NW, SUITE 1500 WASHINGTON, DC 20005		PC	GENERAL	500.
THETA CHI FUNDS FOUNDATION 3330 FOUNDERS ROAD INDIANAPOLIS, IN 46268		PC	GENERAL	500.
TREES, WATER & PEOPLE FUND 633 REMINGTON ST. FORT COLLINS, CO 80524		PC	GENERAL	750.
TRUST BRIDGE HOSPICE 5300 EAST AVE. WEST PALM BEACH, FL 33407		PC	GENERAL	250.
UNITED WAY OF DUPAGE CO P.O. BOX 317 WHEATON, IL 60189		PC	GENERAL	1,500.
UNITED WAY OF LEE COUNTY 7275 CONCOURSE DRIVE FORT MYERS, FL 33908		PC	GENERAL	1,250.
VALPARAISO UNIVERSITY GRALAND HALL VALPARAISO, IN 46383-6493		PC	GENERAL	1,000.
Total from continuation sheets				

**Part XV** Supplementary Information**3** Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
WCGU PUBLIC RADIO 10501 FCGU BLVD. SOUTH FORT MYERS, FL 33965		PC	GENERAL	600.
WESTERN GOLF EVANS SCHOLARSHIP 1 BRIAR ROAD GOLF, IL 60029		PC	GENERAL	500.
WOUNDED WARRIORS PROJECT P.O. BOX 758517 TOPEKA, KS 66675		PC	GENERAL	1,000.
WTTW CHANNEL 11 5400 N. ST. LOUIS AVE. CHICAGO, IL 60625-3698		PC	GENERAL	750.
YOUNG MEN'S EDUC NETWORK 1241 S. PULASKI CHICAGO, IL 60623		PC	GENERAL	700.
Total from continuation sheets				

## FORM 990-PF

## ACCOUNTING FEES

STATEMENT 1

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAX RETURN PREP FEES	1,795.	1,795.		0.
TO FORM 990-PF, PG 1, LN 16B	1,795.	1,795.		0.

## FORM 990-PF

## TAXES

STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL TAXES	1,288.	0.		0.
TO FORM 990-PF, PG 1, LN 18	1,288.	0.		0.

## FORM 990-PF

## CORPORATE STOCK

STATEMENT 3

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
JP MORGAN CHASE & CO	715,900.	1,853,176.
WASHINGTON MUTUAL INVESTORS CL A	5,000.	5,969.
AMERICAN ELEC PWR INC	12,070.	16,795.
ARCHER DANIELS MIDLAND CO	11,908.	16,791.
CVS CAREMARK CORP	10,361.	12,569.
CONOCOPHILLIPS	9,952.	11,135.
KRAFT HEINZ COMPANY	9,870.	11,276.
MCDONALDS CORP	15,534.	25,116.
PFIZER INC	9,987.	11,715.
UNITEDHEALTH GROUP INC	10,057.	37,824.
TOTAL TO FORM 990-PF, PART II, LINE 10B	810,639.	2,002,366.

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 4

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
HCP INC REIT	COST	9,042.	4,672.
QUALITY CARE PPTYS INC REIT	COST	1,234.	879.
TOTAL TO FORM 990-PF, PART II, LINE 13		10,276.	5,551.