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 for instructions and the latest information.

		t of the Treasury venue Service			s.gov/Form990PF for in				8 y	Open to Public Inspection
Forc	alen	dar year 2017	or tax year beginning	MAY	1, 2017	, and e	nding	APR 30,	2018	}
Nan	ne of	foundation						A Employer ic	lentification	number
R	EE:	SE FAMI	LY CHARITAI	BLE FO	UNDATION			36-38	882837	,
Num	ber a	nd street (or P O	box number if mail is not deli	vered to street	address)		Room/suite	B Telephone r		
			LOWATER LAI				<u> </u>		<u> 184-89</u>	
			ovince, country, and ZIP	' or foreign po 3 4 1 3 5	ostal code			C If exemption a	pplication is p	pending, check here
		all that apply:	Initial return	<u> </u>	Initial return of a	former public	charity	D 1. Foreign c	rganization	s, check here
			Fınal return		Amended return		•		_	
			Address cha		Name change			2. Foreign org	ganizations me and attach co	eeting the 85% test, proputation
H_C	_	type of organiz			empt private foundation		οΨ	, .		itus was terminated
<u> </u>			1) nonexempt charitable		Other taxable private four)(A), check here
		irket value of all Part II, col. (c), I	- 1	J Accounting	ng method: X Cash her (specify)	Acc	ruai			60-month termination (B), check here
	\$	art 11, 601. (6), 1			in (d) must be on cash ba	asis.)		unider section), ט) <i>ר</i> טכ ווע)(b), check liefe
	rt I	The total of am	tevenue and Expenses ounts in columns (b), (c), and	(d) may not	(a) Revenue and expenses per books	(b) Net II	vestment ome	(c) Adjus		(d) Disbursements for charitable purposes
	1		gifts, grants, etc., receiv		106,950			N/I		(cash basis only)
١	2	i	if the foundation is not required to		100,550	-			7	
	3		as and temporary		65	•	65.			
	4		interest from securities		49,199		9,199.			
∞	5a	Gross rents								
2018	b	Net rental income	e or (loss)			_}	 			<u> </u>
		Gross soles price	from sale of assets not on hi		30,811	•		<u> </u>		
en e		assets on line 6a	31	<u>,822.</u>			0,811.	<u></u>	······································	<u> </u>
O(REvenue	0	Net short-term	ncome (from Part IV, line 2)			+	00,011.			
0	9	Income modifi								
Ω	10a	Gross sales less and allowances								
ANNED	Ι.	Less Cost of go	ods sold							,
	C	Gross profit or	r (loss)			ļ		ļ		<u></u>
\circ	• •	Other income			107 005		0 075	 		
<u>©</u>	12 13		es 1 through 11 f officers, directors, trustees,		<u>187,025</u> 0		0,075. 0.	 		0.
	14	•	ee salaries and wages	eic		•				† -
	ı		, employee benefits							
ses	16a	Legal fees								
beu	,	Accounting fe		MT 1	1,795	•	1,795.	ļ		0.
Ä		Other professi	onal fees		 	 		ļ	<u>.</u>	
ztive Tive	l .	Interest Taxes	cm	MT 2	1,288	 -	0.	}		0.
stra	18 19	Denreciation a	D 11	M1 Z	1,200	•	0.	 		
ai.	20	Occupancy	and depleton RECEIVE	D	<u>† </u>	1		<u> </u>		
Αd			ences, and meetings	018 SE						
and	22		in catolis P 1 7 2	.018 있						
ing	23	Other expense	Carried Street, Street		<u> </u>	<u> </u>				
Operating and Administrative Expenses	24		ng and administrative,	UT	2 000		1 705			
ö	25	-	d lines 13 through 23 gifts, grants paid		3,083 95,270	•	1,795.			95,270.
			, girls, grains paid es and disbursements		33,410	+				33,410.
	-	Add lines 24 a			98,353	•	1,795.			95,270.
	27		26 from line 12:							
	a	Excess of revenu	ue over expenses and disbur	sements	88,672					
	l		nt income (if negative, ente	•			8,280.			
	c	Adjusted net i	income (if negative, enter -0)-)	<u> </u>			N/2	A	L

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

		0-PF (2017) REESE FAMILY CHARITABLE			3882837 Page 2
P	art	Bàlance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year (a) Book Value	(b) Book Value	(c) Fair Market Value
_	1	Cash - non-interest-bearing	(a) Dook value	(b) Book Value	(b) Fair Market Value
	1	Savings and temporary cash investments	26,934.	29,667.	29,667.
	ı	Accounts receivable		2570071	237007.
	"	Less: allowance for doubtful accounts			
		Pledges receivable			
	7	Less: allowance for doubtful accounts			
	_	Grants receivable			
	ء ا	Receivables due from officers, directors, trustees, and other			
	١	J.			
	,	disqualified persons Other notes and toans receivable			
	7	Less: allowance for doubtful accounts	ì		
					
Assets		Inventories for sale or use			
Ass		Prepaid expenses and deferred charges			
-	l	Investments - U.S. and state government obligations	724 701	810,639.	2,002,366.
	1	Investments - corporate stock STMT 3	724,701.	810,639.	2,002,300.
	١	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
	Ì	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 4	10,276.	10,276.	5,551.
	14	Land, buildings, and equipment: basis ▶			
	ļ	Less accumulated depreciation			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers - see the			
	_	ınstructions. Also, see page 1, item I)	761,911.	850,582.	<u>2,037,584.</u>
	17	Accounts payable and accrued expenses			
	18	Grants payable			•
ģ	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable			
Ξ	22	Other liabilities (describe ▶)			
		,			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
_		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26, and lines 30 and 31.	·		
ės	24	Unrestricted	}		
anc	25	Temporarily restricted			
Ba	26	Permanently restricted			٠
ΙþΓ		Foundations that do not follow SFAS 117, check here			
Assets or Fund Balances	Ì	and complete lines 27 through 31			
ō	27	Capital stock, trust principal, or current funds	0.	0.	
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	761,911.	850,582.	
Ass	29	Retained earnings, accumulated income, endowment, or other funds	0.	0.00	
Net	1	Total net assets or fund balances	761,911.	850,582.	
Ž	30	Total net assets of fund balances	701,911.	030,302.	
	31	Total liabilities and net assets/fund balances	761,911.	850,582.	
				050,502.	
=	art				
1		I net assets or fund balances at beginning of year - Part II, column (a), line	30	\ \	
		st agree with end-of-year figure reported on prior year's return)		1	761,911.
2		r amount from Part I, line 27a		2	88,672.
3		r increases not included in line 2 (itemize)		3	0.
4		lines 1, 2, and 3		4	850,583.
		eases not included in line 2 (itemize) POUNDING		5_	1.
<u>6</u>	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	850,582.
					Form 990-PF (2017)

93,463. Multiply line 4 by line 3 5 783. 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 7 Add lines 5 and 6 7 94,246.

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.

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95,270.

8 Enter qualifying distributions from Part XII, line 4

orm 990-PF (2017) REESE FAMILY CHARITABLE FOU	NDATION	7	36-388	<u> 2837</u>		age 4
Part VI Excise Tax Based on Investment Income (Section			948 - see	ınstru	ction	<u> </u>
1a Exempt operating foundations described in section 4940(d)(2), check here	and enter "N/A" on lii	ne 1.				
Date of ruling or determination letter: (attach copy of letter					_	
b Domestic foundations that meet the section 4940(e) requirements in Part V, check her	re 🕨 🗶 and en	ter 1%	1		7	<u>83.</u>
of Part I, line 27b						
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, en	ter 4% of Part I, line	12, col. (b).				_
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations of	nly; others, enter -0-)	2			<u>0.</u>
3 Add lines 1 and 2			3		7	83.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations of	nly; others, enter -0	-)	4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	-		5		7	83.
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 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		8	10.
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overp	aid	•	10			
1 Enter the amount of line 10 to be: Credited to 2018 estimated tax		Refunded	11			
Part VII-A Statements Regarding Activities						
1a During the tax year, did the foundation attempt to influence any national, state, or local	I legislation or did it	participate or intervene	e in		Yes	No
any political campaign?		F		1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political i	ournoses? See the u	astructions for the defu	nition	1b		X
If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and co						
distributed by the foundation in connection with the activities.	pics of any material	o paononoa o				
•				1c		X
 c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed duri 	na the year			10		**
		0.				
(1) On the foundation. > \$ 0. (2) On foundation mar			<u>-</u>			
e Enter the reimbursement (if any) paid by the foundation during the year for political ex	kpenulture tax impos	Seu on loundation				
managers. > \$	the IDC2			2		х
2 Has the foundation engaged in any activities that have not previously been reported to	ine iko			-		
If "Yes," attach a detailed description of the activities.						
3 Has the foundation made any changes, not previously reported to the IRS, in its gove		licies of incorporation,	Or			.
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change				3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during t	he year?		37/3	4a	 	
b If "Yes," has it filed a tax return on Form 990-T for this year?	_		N/A	4b	├	37
5 Was there a liquidation, termination, dissolution, or substantial contraction during the	year'			5	 	X
If "Yes," attach the statement required by General Instruction T.				ļ		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satis	stied either:					
 By language in the governing instrument, or 						
 By state legislation that effectively amends the governing instrument so that no mail 	ndatory directions th	at conflict with the stat	te law			
remain in the governing instrument?				6	X_	<u> </u>
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes,"	' complete Part II, co	ol. (c), and Part XV		7	X	
				ľ		ļ
8a Enter the states to which the foundation reports or with which it is registered. See ins	tructions. 🕨	IONE		-		
				.		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to	the Attorney Gener	al (or designate)				
of each state as required by General Instruction G? If "No," attach explanation				8b	X	<u> </u>
9 Is the foundation claiming status as a private operating foundation within the meaning	g of section 4942(j)(3) or 4942(j)(5) for ca	lendar			
year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes	s," complete Part XIV	1		9	<u> </u>	X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a				10	<u> </u>	X
			1	Form 99	0-PF	(2017)

Pa	irt VII-A. Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		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	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► C. MICHAEL REESE Telephone no. ► 630-48		<u>999</u>	
	Located at ► 22000 SHALLOWATER LN, BONITA SPRINGS, FL ZIP+4 ►34	135		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		, ▶	
40	and enter the amount of tax-exempt interest received or accrued during the year	N	/A Yes	Na
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		res	No
	securities, or other financial account in a foreign country?	16		<u> </u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	1		
Pa	foreign country ► Int 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
19	During the year, did the foundation (either directly or indirectly):	\vdash	103	-140
10	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		ļ	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available		l	
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		ŀ	
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did 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 N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here		ĺ	
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		<u> </u>
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)):	1	ļ	
а	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? Yes X No If "Yes," list the years ▶ , , , , ,			
h	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect		Ì	
	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	2b	1	
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
			ļ	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?		ļ	
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		İ	
	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,		1	
	Form 4720, to determine if the foundation had excess business holdings in 2017.) N/A	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u> </u>
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?	<u>4b</u>		<u> </u>
	Fo	rm 990)-PF	(2017)

	FOUNDATION					
Part VII-B Statements Regarding Activities for Which	n Form 4720 May Be I	Required (contin	ued)		V T	<u> </u>
a During the year, did the foundation pay or incur any amount to:			,		Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (sect			s X No	1		
(2) Influence the outcome of any specific public election (see section 4955)	i; or to carry on, directly or indir			- 1		
any voter registration drive?			s X No	ļ	. (
(3) Provide a grant to an individual for travel, study, or other similar purpos		Ye	s X No			
(4) Provide a grant to an organization other than a charitable, etc., organiza	tion described in section		_	i		
4945(d)(4)(A)? See instructions			s X No	ļ		
(5) Provide for any purpose other than religious, charitable, scientific, litera	ry, or educational purposes, or					
the prevention of cruelty to children or animals?			es 🗶 No 📗			
b If any answer is "Yes" to $5a(1)$ -(5), did any of the transactions fail to qualify ι	under the exceptions described	ın Regulations		- 1		
section 53.4945 or in a current notice regarding disaster assistance? See ins	structions		N/A	5b_		
Organizations relying on a current notice regarding disaster assistance, chec	ck here		▶∟」│			
the answer is "Yes" to question 5a(4), does the foundation claim exemption	n from the tax because it mainta	ined				
expenditure responsibility for the grant?	Ŋ	1/A 🔲 Ye	s No			
If "Yes," attach the statement required by Regulations section 53.4945-5(d).						
a Did the foundation, during the year, receive any funds, directly or indirectly,	to pay premiums on					
a personal benefit contract?		Ye	s X No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on	a personal benefit contract?			6b		X
If "Yes" to 6b, file Form 8870.			ſ			
At any time during the tax year, was the foundation a party to a prohibited ta	x shelter transaction?	Ye	s X No			
If "Yes," did the foundation receive any proceeds or have any net income attr	ibutable to the transaction?		N/A	7b		
art VIII Information About Officers, Directors, Trus		anagers, Highly	7			
Paid Employees, and Contractors						
List all officers, directors, trustees, and foundation managers and	d 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	a a	(e) Expe count, allowan	ense othe: ices
MICHAEL REESE	TRUSTEE					
						
2000 SHALLOWATER LANE						
2000 SHALLOWATER LANE ONITA SPRINGS, FL 34135	1.00	0.	0	•		0.
2000 SHALLOWATER LANE ONITA SPRINGS, FL 34135	1.00	0.	0	•		0.
	1.00	0.	0	•		0.
	1.00	0.	0	•		0
	1.00	0.	0	•		_ 0 .
	1.00	0.	0	•		0.
	1.00	0.	0			0
	1.00	0.	0	•		0
	1.00	0.	0	•		0
	1.00	0.	0	•		0
			0			0
ONITA SPRINGS, FL 34135 Compensation of five highest-paid employees (other than those in the second	ncluded on line 1). If none,	enter "NONE."			(e) Expe	
ONITA SPRINGS, FL 34135	ncluded on line 1). If none, (b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	3 30	(e) Expe	ense
Compensation of five highest-paid employees (other than those i (a) Name and address of each employee paid more than \$50,000	ncluded on line 1). If none,	enter "NONE."		3 30	(e) Expe Scount, allowan	ense
ONITA SPRINGS, FL 34135 Compensation of five highest-paid employees (other than those i	ncluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	3 30	(e) Expe count, allowan	ense
Compensation of five highest-paid employees (other than those i	ncluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	3 30	(e) Expe ccount, allowan	ense
Compensation of five highest-paid employees (other than those i	ncluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	3 30	(e) Expe count, allowan	ense
Compensation of five highest-paid employees (other than those i	ncluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	3 30	(e) Expe count, allowan	ense
Compensation of five highest-paid employees (other than those i	ncluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	3 30	(e) Expe ccount, allowan	ense
Compensation of five highest-paid employees (other than those i	ncluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	3 30	(e) Expe count, allowan	ense
Compensation of five highest-paid employees (other than those i	ncluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	3 30	(e) Expe ccount, allowan	ense
Compensation of five highest-paid employees (other than those i	ncluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	3 30	(e) Expe Ccount, allowan	ense
Compensation of five highest-paid employees (other than those i	ncluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	3 30	(e) Expe ccount, allowan	ense
Compensation of five highest-paid employees (other than those i	ncluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	3 30	(e) Expe count, allowan	ense

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Part VIII Information About Officers, Directors, Trustees, Foundatio Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "N	ONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produce:	information such as the d, etc.	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines	1 and 2.	Amount
1 <u>N/A</u>		
2		·
All about a selected as a sele		
All other program-related investments. See instructions. 3		
Total. Add lines 1 through 3		0.

	art X Minimum Investment Heturn (All domestic foundations in			ndations, s	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable	e, etc., purp	oses:	1	
a	Average monthly fair market value of securities			1a	1,849,475. 35,911.
þ	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.
6	Reduction claimed for blockage or other factors reported on lines 1a and			1	
	1c (attach detailed explanation)	1e	0.	1	
2	Acquisition indebtedness applicable to line 1 assets			2	<u> </u>
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 instruc	tions)	4	28,281.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and or	Part V, line	4	5	1,857,105.
6	Minimum investment return. Enter 5% of line 5			6	92,855.
P	art XI Distributable Amount (see instructions) (Section 4942(1)(3) ar	nd (j)(5) priv	ate operating foundations an	d 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.	**	
þ	Income tax for 2017. (This does not include the tax from Part VI.)	2b			
Ç	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.
F	art XII Qualifying Distributions (see instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purp	ooses:			
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	<u>95,270.</u>
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 charitate	le, etc., pur	poses	2	
3	Amounts set aside for specific charitable projects that satisfy the:			}	
а	Suitability test (prior IRS approval required)			3a	
Þ	Cash distribution test (attach the required schedule)			3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; an	nd Part XIII,	line 4	4	95,270.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investigations.	stment)	
	income. Enter 1% of Part I, line 27b			5	783.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		Į	6	94,487.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years w 4940(e) reduction of tax in those years.	hen calculat	ing whether the foundation o	ualifies for	the section

Form **990-PF** (2017)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,				
line 7	i	}		92,072.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only	ļ		0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012 706.				
b From 2013				
c From 2014 3,628.	į			
d From 2015 569.				
e From 20161,852.				*
f Total of lines 3a through e	6,755.			**
4 Qualifying distributions for 2017 from				
Part XII, line 4: ►\$ 95,270.	\$			
a Applied to 2016, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)	ì	0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				92,072.
e Remaining amount distributed out of corpus	3,198.		··	<u> </u>
5 Excess distributions carryover applied to 2017	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a)				
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	9,953.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b. Taxable			·	
amount - see instructions	ì	0.		
e Undistributed income for 2016. Subtract line			——— —	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must	į		į	
be distributed in 2018				0.
7 Amounts treated as distributions out of				<u></u>
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election			<u> </u>	
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012		·		
not applied on line 5 or line 7	706.			
9 Excess distributions carryover to 2018.	700.			
Subtract lines 7 and 8 from line 6a	9,247.			
10 Analysis of line 9:	J, 2 = 1 •			
a Excess from 2013	ŀ			
b Excess from 2014 3,628.				
c Excess from 2015 569.]			
d Excess from 2016 1,852.	Í			
e Excess from 2017 3, 198.	İ			
6 E A O COS II O III E O II J , 1 7 O 6				Form QQ0-PF (2017)

Part XV Private Operating Foundations (see instructions and Part VII-A question 9) N/A	Form 990-PF (2017)	AMILY CHARI	TABLE FOUNI	DATION	36-388	32837 Page 10
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b 85% of line 2 a]				
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e 'Support' alternative test - enter: (1) Total support other than gross investment income (interest, dividends, reinst, payments on securities loans (section 512(a)(5)), or royalties) or securities loans (section 512(a)(5)), or royalties) or section 494(a)(5)(b)(b)(b)(b)(b)(b)(b)(b)(b)(b)(b)(b)(b)	shown in Part X, line 6 for each year					
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LOCAL AND REGIONAL CHARITABLE ORGANIZATIONS.	-					
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	LOCAL AND REGIONAL C	HARITABLE O	RGANIZATION	1 S.		
						-

Form **990-PF** (2017)

Total

Part XVI-A	Analysis of Income-Producing	Activities
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Enter gross amounts unless otherwise indicated.	Unrelated	ousiness income		y section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	Amount	code	Amount	
a b					
b	1 1		 		
d			++-		
e	ſ		1		
f	-		1		
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	65.	
4 Dividends and interest from securities			14	49,199.	
5 Net rental income or (loss) from real estate:		_ -			
a Debt-financed property					
b Not debt-financed property			 		
6 Net rental income or (loss) from personal					
property	ļ		 		
7 Other investment income	-		 		
8 Gain or (loss) from sales of assets other				22 244	
than inventory	 		18	30,811.	
9 Net income or (loss) from special events	-		 		
10 Gross profit or (loss) from sales of inventory 11 Other revenue:	}		 		
ab			+		
b			 		
d			 		
е	-		1		
12 Subtotal. Add columns (b), (d), and (e)		0.		80,075.	0.
13 Total Add line 12, columns (b), (d), and (e)			·	13	80,075.
(See worksheet in line 13 instructions to verify calculations.)					-
Part XVI-B Relationship of Activities	to the Accon	nolishment of E	xempt P	urposes	
		· -		·	
Line No. Explain below how each activity for which inc			A contributed	importantly to the accomp	dishment of
the foundation's exempt purposes (other that	n by providing lund:	s for such purposes).			
					
					
					
					
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Form 99		017) REESE	FAMILY	CHARITA	BLE FOUNDATI	ON	36-38	82837	'Pa	ge 13
Part	XVII	,		insfers to a	and Transactions a	ind Relations	hips With Nonch	aritable	•	
		Exempt Organ						- 	\ <u>\</u>	
					ng with any other organizati		tion 501(c)		Yes	No
					g to political organizations?	•		l		
		from the reporting found	ation to a nonchar	itable exempt or	ganization of:					37
٠.	Cash	assets						1a(1)	 	X
		sactions:						1a(2)	 	X
		of assets to a noncharita	hle evemnt organi	ization				1b(1)	1	X
		nases of assets from a no	• •					1b(2)	 	X
		il of facilities, equipment,		71 Organization				1b(3)		X
٠,		bursement arrangements						1b(4)		X
		s or loan guarantees						1b(5)		X
		rmance of services or me	embership or fundi	raising solicitatio	ons			1b(6)		X
		f facilities, equipment, ma		_				10		X
d If t	he ansv	ver to any of the above is	"Yes," complete th	ne following sche	edule. Column (b) should al	ways show the fair	market value of the good:	s, other ass	sets,	
or	service	s given by the reporting f	oundation. If the fo	oundation receiv	ed less than fair market vali	ue in any transactio	n or sharing arrangement	t, show in		
) the value of the goods,	,							
(a) Line n	0	(b) Amount involved	(c) Name		e exempt organization	(d) Description	n of transfers, transactions, a	nd sharing ar	rangeme	nts
				<u> N/A</u>						
			 							
			 							
			 							
			 							
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	+-		 							
	+		 			+				
	+		 							
	_									
			<u> </u>							
2a ls t	he four	ndation directly or indirect	tly affiliated with, c	or related to, one	or more tax-exempt organi	zations described				
ın s	section	501(c) (other than sectio	n 501(c)(3)) or in	section 527?				Yes	X	No
b If"	Yes," co	omplete the following scho			r					
		(a) Name of org	janization		(b) Type of organization		(c) Description of relation	nship		
		N/A								
						 				
						 				
 -					 	 				
	Under	penalties of perjury, de lare	that I have examined	Ms return, includin	l g accompanying schedules and	statements, and to the	best of my knowledge			
Sign	and be	elief, it is true, correct, and con	nplete Declaration of	preparer (other than	n taxpayer) is based on all inform	nation of which prepare	r has any knowledge	May the IRS of eturn with th	e prepar	er
Here		(10 VM	N(W /C	$u_{r,\tau\tau}$	EE 19/13/18	TRUST		X Yes] No
	Sign	ature of officer or trustee			Date	Title	<u> </u>	103		
		Print/Type preparer's na	ame	Preparer's s	ignature	Date	Check If PTI	i		
				1,2	m Ma	A. 0 10	self- employed			
Paid		KAREN OLSO		of aren	111, WIDA	9-8-18	P	00085	441	
Prepa		Firm's name DUG	AN & LOP	ATKA, C	PA'S PC		Firm's EIN ► 36 -	2886 4	85	
Use (Jnly	<u>_</u>								
		Firm's address ▶ 43	20 WINFI	ELD ROA	D SUITE 450		1			

723622 01-03-18

WARRENVILLE, IL 60555-4036

Phone no. 630-665-4440

Form **990-PF** (2017)

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 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 in	f additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	C. MICHAEL & JENNIFER REESE 22000 SHALLOWATER LANE BONITA SPRINGS, FL 34135	s106,950.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
722452 11 0		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Employer identification number

REESE FAMILY CHARITABLE FOUNDATION

36-3882837

art II	Noncash Property (see instructions). Use duplicate copies of F	art 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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		*	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	990, 990-EZ, or 990-PF) (

Name of organization **Employer identification number** REESE FAMILY CHARITABLE FOUNDATION 36-3882837 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 Part III 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 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (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 (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

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

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

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient DISABLED AMERICAN VETERANS PC GENERAL P.O. BOX 14301 CINCINNATI OH 45250 1,500. DUPAGE COMMUNITY FOUNDATION PC GENERAL 110 N. CROSS ST. WHEATON, IL 60187 3,000. FAMILY SHELTER SERVICE PC GENERAL P.O. BOX 3404 1.500. GLEN ELLYN, IL 60137 FIRE MOUNTAIN SCHOOL РC GENERAL 6505 ELK FLAT RD. 100. ARCH CAPE, OR 97102 FISHER HOUSE FOUNDATION GENERAL ÞC 1401 ROCKVILLE PIKE ROCKVILLE, MD 20852 1,500. FOUNDATION FOR PERIPHERAL NEUROPATHY ÞС GENERAL 485 HALF DAY ROAD, STE 350 BUFFALO GROVE, IL 60089 1,000. GLEN ELLYN HISTORICAL SOCIETY PC GENERAL BOX 283 GLEN ELLYN, IL 60138 800. GLEN OAK FOUNDATION PC GENERAL C/O GLEN OAK CC 21W451 HILL AVE GLEN ELLYN IL 60137 150, GOLDIE FLOBERG CENTER PC GENERAL 58 W. ROCKTON ROAD ROCKTON IL 61072 1,000. GULF COAST HARMONIZERS PC GENERAL 8260 SYPRESS LAKE DR FT. MYERS FL 33919 200. Total from continuation sheets

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

3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	
TREDEN, NOVEM PANCE TOURS OF				
LIBERTY YOUTH RANCH FOUNDATION 27225 OLD RT. 41		PC	GENERAL	
BONITA SPRINGS, FL 34135				60
LIFE WITHOUT LIMBS		PC	GENERAL	
P.O. BOX 2430				
AGOURA HILLS, CA 91376				75
LINCOLN COLLEGE		PC	GENERAL	
300 KEOKUK ST.				
LINCOLN, NE 62656				80
LITERACY VOLUNTEERS OF AMERICA		PC	GENERAL	
24 w 500 MAPLE AVENUE			GENERAL	
NAPERVILLE, IL 60540				1,00
MACULAR DEGENERATION RESEARCH		PC	GENERAL	
22512 GATEWAY CENTER DRIVE				
CLARKSBURG, MD 20871				60
MARIANJOY REHAB. HOSPITAL P.O. BOX 795		PC	GENERAL	
WHEATON, IL 60187			}	1,50
MCCORMICK TRIBUNE FOUNDATION		PC	GENERAL	
435 N. MICHIGAN AVE.				
CHICAGO, IL 60611				1,50
MICHAEL J. FOX FOUNDATION		DC.	GENERAL	
P.O. BOX 5014		PC		
HAGERSTOWN, MD 21741				50
MORTON ARBORETUM FOUNDATION		PC	GENERAL	
4100 LINCOLN AVE.				
LISLE, IL, IL 60532		-		28
MILIMIDI & COLEDOGIA BOVODENTOS		DC.	CENTED AT	
MULTIPLE SCLEROSIS FOUNDATION 6520 NORTH ANDREWS AVE		PC	GENERAL	
FT. LAUDERDALE FL 33309-2132		_		50
Total from continuation sheets				

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

3 Grants and Contributions Paid During the Ye	ear (Continuation)			
. Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Contribution	
PEOPLES RESOURCE CENTER		PC	GENERAL	ł
.506 E. ROOSEVELT ROAD WHEATON IL 60187				1,25
MEATON, IL 00107				
RE:NEW PROJECT		₽C	GENERAL	
83 N. MAIN ST.				
ELEN ELLYN, IL 60137				70
SALVATION ARMY (FLORIDA)		I PC	GENERAL	
P.O. BOX 60087				
FORT MYERS, FL 33906				1,00
SALVATION ARMY (FT. MYERS)		PC	GENERAL	
P.O. BOX 60087				3,50
FORT MYERS, FL 33906				3,50
SHADOW WOOD CHARITABLE FOUNDATION		₽C	GENERAL	
BOX 162, 24600 TAMIAMI TRAIL, STE. 212				
BONITA SPRINGS, FL 34134				75
SHELTER FOR ALL		PC	GENERAL	
393 N. MAIN ST.				
GLEN ELLYN, IL 60137				1,00
SOUTHWEST FLORIDA COMMUNITY		PC	GENERAL	
FOUNDATION				
8771 COLLEGE PKWY, BLDG 2, ST 201 FORT MYERS, FL 33919				2,50
SPECIAL OLYMPICS FOR POLAR PLUNGE		PC	GENERAL	
541 N. PAIRBANKS CT.				
CHICAGO, IL 60611		1		75
SPECTROIS INSTITUTE FOR LOW VISION		PC	GENERAL	
219 E COLE AVE				
WHEATON, IL 60187				1,00
CM MYDK,C EDICOODS! CHIPOR		DC.	GENERAL	
ST. MARK'S EPISCOPAL CHURCH 393 N MAIN ST.		PC	GENERAL	
GLEN ELLYN, IL 60137				1,75
Total from continuation sheets				

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

Supplementary Information Part XV 3 Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of recipient any foundation manager Name and address (home or business) or substantial contributor WCGU PUBLIC RADIO ÞС GENERAL 10501 FGCU BLVD. SOUTH 600. FORT MYERS, FL 33965 WESTERN GOLF EVANS SCHOLARSHIP PC GENERAL 1 BRIAR ROAD 500. GOLF IL 60029 PC GENERAL WOUNDED WARRIORS PROJECT P.O. BOX 758517 1,000. TOPEKA, KS 66675 WTTW CHANNEL 11 PC GENERAL 5400 N. ST. LOUIS AVE. 750<u>.</u> CHICAGO, IL 60625-3698 ÞС GENERAL YOUNG MEN'S EDUC NETWORK 1241 S. PULASKI 700. CHICAGO IL 60623 Total from continuation sheets

FORM 990-PF	ACCOUNTING FEES			STATEMENT 1		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM		(C) ADJUSTED NET INCOM		
TAX RETURN PREP FEES	1,795.	1,79	95.			0.
TO FORM 990-PF, PG 1, LN 16B	1,795.	1,79	95.			0.
FORM 990-PF	TAX	ES			STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES' MENT INCO		(C) ADJUSTED NET INCOM		
FEDERAL TAXES	1,288.		0.			0.
TO FORM 990-PF, PG 1, LN 18	1,288.		0.			0.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	3
DESCRIPTION			воон	X VALUE	FAIR MARKI VALUE	ET
JP MORGAN CHASE & CO WASHINGTON MUTUAL INVESTORS CL A AMERICAN ELEC PWR INC ARCHER DANIELS MIDLAND CO CVS CAREMARK CORP CONOCOPHILLIPS KRAFT HEINZ COMPANY MCDONALDS CORP PFIZER INC UNITEDHEALTH GROUP INC TOTAL TO FORM 990-PF, PART II, LINE 10B				715,900. 5,000. 12,070. 11,908. 10,361. 9,952. 9,870. 15,534. 9,987. 10,057.	16, 16, 12, 11, 11, 25,	969. 795. 791. 569. 135. 276. 116. 715. 824.

FORM 990-PF	OTHER INVESTMENTS		STATEMENT	4
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET	r
HCP INC REIT QUALITY CARE PPTYS INC REIT	COST	9,042. 1,234.	4,67	72. 79.
TOTAL TO FORM 990-PF, PART II,	LINE 13	10,276.	5,5!	51.