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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491127003219

2018

OMB No 1545-0052

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 <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2018, or tax year beginning 01-01-20)18 , ar	nd ending 12-31	-2018		
		Indation	A Employer id	lentification numbe	er		
		CHARITY FUND	04-6183548	04-6183548			
		d street (or P O box number if mail is not delivered to street address) NITA BEACH ROAD SUITE 4	,	B Telephone number (see instructions)			
Cit	or +	s state or province, souther, and 7TD face and add		(239) 597-978	0		
		n, state or province, country, and ZIP or foreign postal code RINGS, FL 34134		C If exemption	application is pendin	g, check here	
G Cł	neck al	l that apply $igsqcup$ Initial return $igsqcup$ Initial return of a	former public charity	D 1. Foreign o	rganızatıons, check he	ere 📘 🗍	
		☐ Final return ☐ Amended return			rganizations meeting		
		\square Address change $\ \square$ Name change			ck here and attach co	· —	
	,	pe of organization \square Section 501(c)(3) exempt private			oundation status was f on 507(b)(1)(A), chec		
			e private foundation				
of	year (f	xet value of all assets at end from Part II, col (c), ▶\$ 12,873,604 J Accounting method □ Other (specify) (Part I, column (d) must	Cash Accru		lation is in a 60-mont on 507(b)(1)(B), chec		
Pa	rt I	Analysis of Revenue and Expenses (The total				(d) Disbursements	
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)	
	1	Contributions, gifts, grants, etc , received (attach schedule)	3,385,652				
	2	Check ► ☐ if the foundation is not required to attach	,,.				
	3	Sch B	10,300	10,300	1	<u> </u>	
	4	Dividends and interest from securities	242,215	·		 	
	5a	Gross rents	272,213	232,030	-	 	
	b	Net rental income or (loss)				<u> </u>	
<u> </u>	6a	Net gain or (loss) from sale of assets not on line 10	132,788				
Revenue	b	Gross sales price for all assets on line 6a					
Re)	7	8,563,864 Capital gain net income (from Part IV, line 2)		132,788	3		
	8	Net short-term capital gain		,			
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	3,770,955	375,724	1		
	13	Compensation of officers, directors, trustees, etc	27,720			17.540	
_	14	Other employee salaries and wages	131,948			17,540	
ses	15 16a	Pension plans, employee benefits	12,215			100	
en En	ь	Accounting fees (attach schedule)	6,100			3,050	
Expenses	C	Other professional fees (attach schedule)	85,628	83,853	3	470	
Ve	17	Interest	33,020	03,03.	1	170	
rat	18	Taxes (attach schedule) (see instructions)	838	666	5		
JI St	19	Depreciation (attach schedule) and depletion	2				
<u> </u>	20	Occupancy	13,771			6,886	
and Administrative	21	Travel, conferences, and meetings	13,771			0,000	
puc	22	Printing and publications				<u> </u>	
) bi	23	Other expenses (attach schedule)	9,653			4,826	
Operating	24	Total operating and administrative expenses.					
ber		Add lines 13 through 23	288,073	84,519	9	32,872	
0	25	Contributions, gifts, grants paid	625,953			625,953	
	26	Total expenses and disbursements. Add lines 24 and 25	914,026	84,519) 	658,825	
	27	Subtract line 26 from line 12		·		·	
	a	Excess of revenue over expenses and	2,856,929				
	Ь	disbursements Net investment income (if negative, enter -0-)	2,630,929	291,205	5	 	
	c	Adjusted net income (if negative, enter -0-)		251,200			
For	Paper	work Reduction Act Notice, see instructions.	I	Cat No 11289	X For	rm 990-PF (2018)	

2,619,708

9,422,729

880

12,183,293

6,870,821

5,312,472

12,183,293 12,183,293

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9,326,364

2,856,929

12,183,293

12,183,293 Form 990-PF (2018)

9,214,113

880

9,326,364

6.870.821

2,455,543

9,326,364

9,326,364

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2,642,670

10,090,958

12,873,604

ssets	
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10a

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C 11

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31

Part III

Liabilities

Balances

Fund 26

ō

Assets 27

Net 30

2

Receivables due from officers, directors, trustees, and other

Less allowance for doubtful accounts ▶

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe ▶_

Unrestricted . . .

Permanently restricted . .

and complete lines 27 through 31.

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

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) ▶ ____

Temporarily restricted

Grants payable

Inventories for sale or use

Prepaid expenses and deferred charges

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

Less accumulated depreciation (attach schedule) ▶ 4,039

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

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

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

Foundations that follow SFAS 117, check here ▶

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

Foundations that do not follow SFAS 117, check here ▶

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

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

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

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

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

Analysis of Changes in Net Assets or Fund Balances

Investments—other (attach schedule)

disqualified persons (attach schedule) (see instructions)

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

Other notes and loans receivable (attach schedule)

(a) List and describ 2-story brick wa	How acquired P—Purchase D—Donation	Date acquired (mo , day, yr)	Date sold (mo , day, yr)		
1 a FIFTH THIRD - ST - COV					
b FIFTH THIRD - LT - COV					
c FIFTH THIRD - LT - NON					
d					
e					
	(f)		(g)	(1	h)
(e) Gross sales price	Depreciation allowed		other basis	Gain o	r (loss)
Gloss sales price	(or allowable)	plus exp	ense of sale	(e) plus (f) mınus (g)
a 5,49	0,871		5,623,458		-132,587
b 2,73	6,174		2,572,951		163,223
c 32	0,121		234,667		85,454
d					
e					
Complete only for assets	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69		1)
	(j)	i	(k)		h) gain minus
(i)	A		of col (ı)		léss than -0-) or
F M V as of 12/31/69	as of 12/31/69	over col	(j), if any	Losses (fro	om col (h))
а					-132,587
b					163,223
С					85,454
d					
e					
	gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi	ons) If (loss), enter -0	Part I, line 7	3	132,788
<u> </u>	Jnder Section 4940(e) for Re				
For optional use by domestic p	rivate foundations subject to the sec	ction 4940(a) tax on ne	t investment incom	e)	
f section 4940(d)(2) applies, le	eave this part blank				
	e section 4942 tax on the distributa ot qualify under section 4940(e) Do		ın the base period?	Y	es 🔽 No
 Enter the appropriate an 	nount in each column for each year,	see instructions before	making any entries	5	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution rati (col (b) divided by c	
2017	620,677		10,888,672	,	0 057002
2016	610,641		10,495,895		0 058179
2015	618,815		10,995,677		0 056278
2014	657,383		11,747,572		0 055959
2013	553,056		10,923,558		0 050630
2 Total of line 1, column (d)		2		0 278048
•	for the 5-year base period—divide	the total on line 2 by 5	0, or by the		
	ndation has been in existence if less		3		0 055610
4 Enter the net value of no	4		12,286,529		
5 Multiply line 4 by line 3			5		683,254
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		2,912
7 Add lines 5 and 6			7		686,166
	ons from Part XII, line 4 ,				658,825
If line 8 is equal to or gre instructions	eater than line 7, check the box in Pa	art VI, line 1b, and com	plete that part usin	g a 1% tax rate Se	e the Part VI

Page **6**

5a	During the year did the foundation p	oay or	incur any amount to						Yes	No
	(1) Carry on propaganda, or otherw	ıse at	attempt to influence legislation (section 4945(e))?					No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry						10			
	on, directly or indirectly, any voter registration drive?						No.			
	(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes V No						No.			
	(4) Provide a grant to an organization	on oth	ner than a charitable, etc	, organization described	_	1 163	ا ت			
	ın section 4945(d)(4)(A)? See ın	nstruct	tions		· ·	Ves	✓ 1	No.		
	(5) Provide for any purpose other th	han re	ligious, charitable, scien	tific, literary, or	_					
	educational purposes, or for the	preve	ention of cruelty to childr	en or animals?	• • 🗀	Yes	✓ 1	No		
b	If any answer is "Yes" to $5a(1)$ – (5) ,	dıd a	ny of the transactions fa	ıl to qualıfy under the ex	ceptions describ					
	Regulations section 53 4945 or in a	curre	nt notice regarding disas	ter assistance? See instr	uctions			5	b	
	Organizations relying on a current n	otice i	regarding disaster assist	ance check here		. ▶				
C	If the answer is "Yes" to question 5a	a(4), c	loes the foundation clain	n exemption from the						
	tax because it maintained expenditu				• • [Yes		No		
	If "Yes," attach the statement requir	red by	Regulations section 53	4945–5(d)						
6a	Did the foundation, during the year,	recei	ve any funds, directly or	indirectly, to pay premiu	ims on					
	a personal benefit contract?					Yes	✓	No		
b	Did the foundation, during the year,	pay p	premiums, directly or ind	irectly, on a personal bei	nefit contract? .		•	6	b	No
	If "Yes" to 6b, file Form 8870									
7a	At any time during the tax year, was					Yes	✓ 1	No		
b	If yes, did the foundation receive an	y pro	ceeds or have any net in	come attributable to the	transaction?.			_7	b	
8	Is the foundation subject to the sect					or				
	excess parachute payment during th	ne yea	r?		• • □	Yes	✓ 1	_{No} └		
Pai	Information About C and Contractors		ers, Directors, Trust	ees, Foundation Ma			d Em	ploye	es,	
1	List all officers, directors, trustee			•						
1	·) Title, and average	(c) Compensation (If	(d) Contrib	utions t			pense ad	
1	(a) Name and address	(E		•		itions to	and		pense ac r allowa	
	·	TRUST) Title, and average hours per week devoted to position TEE	(c) Compensation (If not paid, enter	(d) Contribu	itions to	and			
FRANG	(a) Name and address IS S WYMAN ITER STREET	(E) Title, and average hours per week devoted to position TEE	(c) Compensation (If not paid, enter -0-)	(d) Contribu	itions to	and on			nces
FRANC 19 WA LEOM:	(a) Name and address IS S WYMAN ITER STREET NSTER, MA 01453	TRUST 000 0	o) Title, and average hours per week devoted to position EEE	(c) Compensation (If not paid, enter -0-)	(d) Contribu	itions to	and on 0			nces 0
FRANC 19 WA LEOM: RICHA	(a) Name and address EIS S WYMAN ITER STREET NSTER, MA 01453 IRD LECLERC	TRUST	o) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contribu	itions to	and on			nces
FRANC 19 WA LEOM: RICHA 13098	(a) Name and address IS S WYMAN ITER STREET NSTER, MA 01453	TRUST	o) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contribu	itions to	and on 0			nces 0
FRANG 19 WA LEOM: RICHA 13098 SENEG	(a) Name and address EIS S WYMAN ITER STREET NSTER, MA 01453 RD LECLERC JANDA ROAD	TRUST 000 00	o) Title, and average hours per week devoted to position TEE	(c) Compensation (If not paid, enter -0-) 0 27,720	(d) Contribi employee bene deferred com	utions to it plans pensati	and on 0	othe	r allowa	0 0
FRANC 19 WA LEOM: RICHA 13098 SENEC 2	(a) Name and address TIS S WYMAN TER STREET NSTER, MA 01453 RD LECLERC JANDA ROAD CA, SC 29672 Compensation of five highest-pai	TRUST 000 00 00 00 00 00 00 00 00 00 00 00 0	p) Title, and average hours per week devoted to position EE D ployees (other than the position than the ployees)	(c) Compensation (If not paid, enter -0-) 0 27,720	(d) Contribi employee bene deferred com	utions to the plans pensation ons). I utions to	and on 0	othe	r allowa	0 0
FRANC 19 WA LEOM: RICHA 13098 SENEC 2	(a) Name and address CIS S WYMAN CTER STREET NSTER, MA 01453 RD LECLERC JANDA ROAD CA, SC 29672 Compensation of five highest-pai	TRUST 000 00 00 00 00 00 00 00 00 00 00 00 0	o) Title, and average hours per week devoted to position TEE	(c) Compensation (If not paid, enter -0-) 0 27,720	(d) Contribi employee benei deferred com	utions tr fit plans pensati ons). I utions t benefit	on 0 0 on o	e, ente	r "NON ense ac	0 E." count,
FRANC 19 WA LEOM: RICHA 13098 SENEC 2	(a) Name and address TIS S WYMAN TER STREET NSTER, MA 01453 RD LECLERC JANDA ROAD CA, SC 29672 Compensation of five highest-pai	TRUST 000 00 00 00 00 00 00 00 00 00 00 00 0	p) Title, and average hours per week devoted to position TEE Direction TEE Direction Title, and average	(c) Compensation (If not paid, enter -0-) 27,720 nose included on line 1	(d) Contribi employee bene deferred com	ons). I utions to pensati ons). I utions t benefit deferred	on 0 0 on o	e, ente	r allowa	0 E." count,
FRANC 19 WA LEOM: RICHA 13098 SENEC 2	(a) Name and address CIS S WYMAN CTER STREET NSTER, MA 01453 RD LECLERC JANDA ROAD CA, SC 29672 Compensation of five highest-pai	TRUST 000 00 TRUST 000 00 id em	ployees (other than the hours per week devoted to position TEE D D D D D D D D D D D D	(c) Compensation (If not paid, enter -0-) 27,720 nose included on line 1	(d) Contribing employee beneficially deferred com	ons). I utions to pensati ons). I utions t benefit deferred	on 0	e, ente	r "NON ense ac	0 E." count,
FRANC 19 WA LEOM: RICHA 13098 SENEC 2 (a)	(a) Name and address EIS S WYMAN ITER STREET NSTER, MA 01453 RD LECLERC JANDA ROAD A, SC 29672 Compensation of five highest-pai Name and address of each employee more than \$50,000 A BAILY	TRUST 000 00 iid em	p) Title, and average hours per week devoted to position EE ployees (other than the hours per week)	(c) Compensation (If not paid, enter -0-) 27,720 cose included on line 1 (c) Compensation	(d) Contribing employee beneficially deferred com	ons). I utions to pensati ons). I utions t benefit deferred	on 0	e, ente	r "NON ense ac	0 E." count,
FRANC 19 WA LEOM: RICHA 13098 SENEC 2 (a) II	(a) Name and address EIS S WYMAN ITER STREET NSTER, MA 01453 IRD LECLERC JANDA ROAD CA, SC 29672 Compensation of five highest-pai Name and address of each employee more than \$50,000 A BAILY BONITA BEACH RD	TRUST 000 00 iid em	p) Title, and average hours per week devoted to position TEE ployees (other than the foundation of t	(c) Compensation (If not paid, enter -0-) 27,720 cose included on line 1 (c) Compensation	(d) Contribing employee beneficially deferred com	ons). I utions to pensati ons). I utions t benefit deferred	on 0	e, ente	r "NON ense ac	0 E." count,
FRANC 19 WA LEOM: RICHA 13098 SENEC 2 (a) II	(a) Name and address CIS S WYMAN ATER STREET NSTER, MA 01453 RD LECLERC JANDA ROAD CA, SC 29672 Compensation of five highest-pai Name and address of each employee more than \$50,000 A BAILY BONITA BEACH RD	TRUST 000 00 iid em	p) Title, and average hours per week devoted to position TEE ployees (other than the foundation of t	(c) Compensation (If not paid, enter -0-) 27,720 cose included on line 1 (c) Compensation	(d) Contribing employee beneficially deferred com	ons). I utions to pensati ons). I utions t benefit deferred	on 0	e, ente	r "NON ense ac	0 E." count,
FRANC 19 WA LEOM: RICHA 13098 SENEC 2 (a) II	(a) Name and address EIS S WYMAN ITER STREET NSTER, MA 01453 IRD LECLERC JANDA ROAD CA, SC 29672 Compensation of five highest-pai Name and address of each employee more than \$50,000 A BAILY BONITA BEACH RD	TRUST 000 00 iid em	p) Title, and average hours per week devoted to position TEE ployees (other than the foundation of t	(c) Compensation (If not paid, enter -0-) 27,720 cose included on line 1 (c) Compensation	(d) Contribing employee beneficially deferred com	ons). I utions ti pensati ons). I utions t benefit deferred	on 0	e, ente	r "NON ense ac	0 E." count,
FRANC 19 WA LEOM: RICHA 13098 SENEC 2 (a) II	(a) Name and address EIS S WYMAN ITER STREET NSTER, MA 01453 IRD LECLERC JANDA ROAD CA, SC 29672 Compensation of five highest-pai Name and address of each employee more than \$50,000 A BAILY BONITA BEACH RD	TRUST 000 00 iid em	p) Title, and average hours per week devoted to position TEE ployees (other than the foundation of t	(c) Compensation (If not paid, enter -0-) 27,720 cose included on line 1 (c) Compensation	(d) Contribing employee beneficially deferred com	ons). I utions ti pensati ons). I utions t benefit deferred	on 0	e, ente	r "NON ense ac	0 E." count,
FRANC 19 WA LEOM: RICHA 13098 SENEC 2 (a) II	(a) Name and address EIS S WYMAN ITER STREET NSTER, MA 01453 IRD LECLERC JANDA ROAD CA, SC 29672 Compensation of five highest-pai Name and address of each employee more than \$50,000 A BAILY BONITA BEACH RD	TRUST 000 00 iid em	p) Title, and average hours per week devoted to position TEE ployees (other than the foundation of t	(c) Compensation (If not paid, enter -0-) 27,720 cose included on line 1 (c) Compensation	(d) Contribing employee beneficially deferred com	ons). I utions ti pensati ons). I utions t benefit deferred	on 0	e, ente	r "NON ense ac	0 E." count,
FRANC 19 WA LEOM: RICHA 13098 SENEC 2 (a) II	(a) Name and address EIS S WYMAN ITER STREET NSTER, MA 01453 IRD LECLERC JANDA ROAD CA, SC 29672 Compensation of five highest-pai Name and address of each employee more than \$50,000 A BAILY BONITA BEACH RD	TRUST 000 00 iid em	p) Title, and average hours per week devoted to position TEE ployees (other than the foundation of t	(c) Compensation (If not paid, enter -0-) 27,720 cose included on line 1 (c) Compensation	(d) Contribing employee beneficially deferred com	ons). I utions ti pensati ons). I utions t benefit deferred	on 0	e, ente	r "NON ense ac	0 E." count,
FRANC 19 WA LEOM: RICHA 13098 SENEC 2 (a) II	(a) Name and address EIS S WYMAN ITER STREET NSTER, MA 01453 IRD LECLERC JANDA ROAD CA, SC 29672 Compensation of five highest-pai Name and address of each employee more than \$50,000 A BAILY BONITA BEACH RD	TRUST 000 00 iid em	p) Title, and average hours per week devoted to position TEE ployees (other than the foundation of t	(c) Compensation (If not paid, enter -0-) 27,720 cose included on line 1 (c) Compensation	(d) Contribing employee beneficially deferred com	ons). I utions ti pensati ons). I utions t benefit deferred	on 0	e, ente	r "NON ense ac	0 E." count,
FRANC 19 WA LEOM: RICHA 13098 SENEC 2 (a) II	(a) Name and address EIS S WYMAN ITER STREET NSTER, MA 01453 IRD LECLERC JANDA ROAD CA, SC 29672 Compensation of five highest-pai Name and address of each employee more than \$50,000 A BAILY BONITA BEACH RD	TRUST 000 00 iid em	p) Title, and average hours per week devoted to position TEE ployees (other than the foundation of t	(c) Compensation (If not paid, enter -0-) 27,720 cose included on line 1 (c) Compensation	(d) Contribing employee beneficially deferred com	ons). I utions ti pensati ons). I utions t benefit deferred	on 0	e, ente	r "NON ense ac	0 E." count,
FRANC 19 WA LEOM: RICHA 13098 SENEC 2 (a) II	(a) Name and address EIS S WYMAN ITER STREET NSTER, MA 01453 IRD LECLERC JANDA ROAD CA, SC 29672 Compensation of five highest-pai Name and address of each employee more than \$50,000 A BAILY BONITA BEACH RD	TRUST 000 00 iid em	p) Title, and average hours per week devoted to position TEE ployees (other than the foundation of t	(c) Compensation (If not paid, enter -0-) 27,720 cose included on line 1 (c) Compensation	(d) Contribing employee beneficially deferred com	ons). I utions ti pensati ons). I utions t benefit deferred	on 0	e, ente	r "NON ense ac	0 E." count,
FRANC 19 WALEOM 19 WALEOM 13098 SENEC 2 (a) II DIAN 3635 STE 4 BONI	(a) Name and address TIS S WYMAN THER STREET NSTER, MA 01453 RD LECLERC JANDA ROAD CA, SC 29672 Compensation of five highest-pai Name and address of each employee more than \$50,000 A BAILY BONITA BEACH RD TA SPRINGS, FL 34134	TRUST 000 00 00 000 000 000 000 000 000 000	p) Title, and average hours per week devoted to position TEE D ployees (other than the devoted to position) (b) Title, and average hours per week devoted to position FORMER MANAG DOO 00	(c) Compensation (If not paid, enter -0-) 27,720 cose included on line 1 (c) Compensation 96,86	(d) Contribited provided the complex of the complex	ons). I utions ti pensati ons). I utions t benefit deferred	on 0	e, ente	r "NON ense ac	0 E." count,
FRANC 19 WALEOM 19 WALEOM 13098 SENEC 2 (a) II DIAN 3635 STE 4 BONI	(a) Name and address EIS S WYMAN ITER STREET NSTER, MA 01453 IRD LECLERC JANDA ROAD CA, SC 29672 Compensation of five highest-pai Name and address of each employee more than \$50,000 A BAILY BONITA BEACH RD	TRUST 000 00 00 000 000 000 000 000 000 000	p) Title, and average hours per week devoted to position TEE D ployees (other than the devoted to position) (b) Title, and average hours per week devoted to position FORMER MANAG DOO 00	(c) Compensation (If not paid, enter -0-) 27,720 cose included on line 1 (c) Compensation 96,86	(d) Contribited provided the complex of the complex	ons). I utions ti pensati ons). I utions t benefit deferred	on 0	e, ente	r "NON ense ac	0 E." count,

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

Form 990-PF (2018)		Page 7
Part VIII Information About Officers, Director and Contractors (continued)	ors, Trustees, Foundation Managers, Highly Paid	Employees,
3 Five highest-paid independent contractors for pro	fessional services (see instructions). If none, enter "N	ONE".
(a) Name and address of each person paid more than \$3	50,000 (b) Type of service	(c) Compensation
FIFTH THIRD BANK	INVESTMENT MGMT	84,689
PO BOX 630858		
CINCINNATI, OH 45263		
Total number of others receiving over \$50,000 for profession		
Part IX-A Summary of Direct Charitable Activ		
List the foundation's four largest direct charitable activities during the t organizations and other beneficiaries served, conferences convened, re-		Expenses
1		
2		
2		
3		
-		
4		
<u> </u>		
Part IX-B Summary of Program-Related Inve		
Describe the two largest program-related investments made by the	foundation during the tax year on lines 1 and 2	Amount
1 N/A		
2		-
All other program-related investments See instructions		
3		4
Total. Add lines 1 through 3		>
		Form 990-PF (2018)

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

3a 3h

4

5

658.825

658.825

Form 990-PF (2018)

Amounts set aside for specific charitable projects that satisfy the

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

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

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

3

4

5

608,502

608,502

Form **990-PF** (2018)

2018

Form 990-PF (2	0
Part XIII	

90-PF	(2	01	8)
57411			ī	ī

	, ,	
P	Part XIII Undistributed Income (see	instructions)
1	Distributable amount for 2018 from Part XI, line	e 7
2	Undistributed income, if any, as of the end of 2	018

From 2013. **b** From 2014. . . . c From 2015. . d From 2016. . . .

e From 2017.

required—see instructions).

same amount must be shown in column (a))

d Applied to 2018 distributable amount. . . . e Remaining amount distributed out of corpus

5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . .

6 Enter the net total of each column as

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . . **b** Excess from 2015. .

c Excess from 2016. . . .

d Excess from 2017. . .

e Excess from 2018. . .

Subtract lines 7 and 8 from line 6a

indicated below:

- om Part XI, line 7 of the end of 2018 a Enter amount for 2017 only. **b** Total for prior years
 - Excess distributions carryover, if any, to 2018

 - - 103.163
 - 91,397
- f Total of lines 3a through e. 4 Qualifying distributions for 2018 from Part XII, line 4 🕨 \$ a Applied to 2017, but not more than line 2a
- **b** Applied to undistributed income of prior years
 - (Election required—see instructions).

103.163

91.397

50.323

- c Treated as distributions out of corpus (Election

(a)

Corpus

(b)

Years prior to 2017

(c)

2017

50.323

244,883

244,883

194.560

factors



Business code Amount Exclusion code Amount (See instruction a business code Amount Exclusion code Amount (See instruction a business code Amount Exclusion code Amount (See instruction a business code Amount Exclusion code Amount (See instruction a business code Amount Exclusion code Amount (See instruction a business code Amount Exclusion code Amount (See instruction a business code Amount Exclusion code Amount (See instruction a business code Amount Exclusion code Amount (See instruction code are instruction code and code instruction code and code instruction code amount (See instruction code and code instruction code and code instruction code amount (See instruction code amount (See instruction code amount code instruction code amount (See instruction code amount code instruction code instruction code amount code instruction code instru	ter gross	amounts unless otherwise indicated		usiness income	Excluded by section		(e) Related or exem
b c c d d d d d d d d d d d d d d d d d	Program	service revenue					function income (See instructions
g Fees and contracts from government agencies Membership dues and assessments							
de e							
g Fees and contracts from government agencies Membership dues and assessments							
g Fees and contracts from government agencies Membership dues and assessments							
g Fees and contracts from government agencies Membership dues and assessments. Interest on savings and temporary cash investments							
Membership dues and assessments							
Interest on savings and temporary cash investments							
Net rental income or (loss) from real estate a Debt-financed property	Interes	t on savings and temporary cash					10,3
a Debt-financed property	Dividen	ds and interest from securities					242,2
b Not debt-financed property	Net ren	tal income or (loss) from real estate					
Net rental income or (loss) from personal property Other investment income							
Other investment income							
Gain or (loss) from sales of assets other than inventory							
Net income or (loss) from special events Gross profit or (loss) from sales of inventory Other revenue a b c d e Subtotal Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations) THE XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See							
Net income or (loss) from special events Gross profit or (loss) from sales of inventory Other revenue a b c d e Subtotal Add columns (b), (d), and (e). Subtotal Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations) Total. Add line 12 instructions to verify calculations (See worksheet in line 13 instructions to verify calculations) Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See							132
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Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See	Total.	Add line 12, columns (b), (d), and (e)			1 3	3	385,3
	Total. (See wo	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations)			3	· ·
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. ,	1 0)
	Information Regarding Transfers To and Transactions and Relationships With Noncharitable
1111	Exempt Organizations

Part	XATI	Exempt Organ	izations								
1 Did	the org	anization directly or i han section 501(c)(3	ndirectly enga						on 501	Yes	No No
a Tran	nsfers f	om the reporting fou	ndation to a r	noncharitable ex	empt organizatio	n of					
(1) Cash. .									. 1a(1)	No
									. 1a(2)	No
		actions									١
(1) Sales of assets to a noncharitable exempt organization									. 1b(No
(2) Purchases of assets from a noncharitable exempt organization									1b(No No
			· ·						1b(No
(4) Reimbursement arrangements									. 1b(No
		nance of services or r							. 1b(No
٠.		facilities, equipment,	·	-					. 1	_	No
		er to any of the abov									
		ls, other assets, or se saction or sharing arr									
Ша	ny uan	saction of Sharing arr	angement, sn	ow in column (e	u) the value of the	ie goods, c	Julier asse	is, or services receive	veu		
(a) Line	No	(b) Amount involved	(c) Name of	noncharitable exe	empt organization	(d) De	scription of	transfers, transactions,	, and sharing a	rrangem	ents
2a Is th	ne foun	dation directly or indi	rectly affiliate	d with, or relate	ed to, one or mor	e tax-exen	npt organi	zations	_		
		n section 501(c) (oth		n 501(c)(3)) or	in section 527? .			LlYe	es 🗹 No		
b If "\	es," co	mplete the following		1							
		(a) Name of organizat	ion	(b) Type of organiza	ition		(c) Description	of relationship	· · · · · · · · · · · · · · · · · · ·	
							+				
	of my	r penalties of perjury knowledge and belie preparer has any kr	f, it is true, c								
Sign Here	*	*****	owieuge		2019-05-07	*****			May the IR: return	discuss	this
пеге									with the probelow	parer sh	own
	' s	ignature of officer or	ignature of officer or trustee		Date		Title		(see instr)	у □ Уе	s □ No
		Print/Type preparer	's name	Preparer's Sigi	nature	Date		Check if self-	PTIN		
ם בי		JOSEPH P HAZEL	JOSEPH P HAZELWOOD				019-05-07 employed ▶ ✓		P01	P01232569	
Paid Prep		Firm's name ▶ DU	BE & HAZELW	OOD PC						27 154	2002
Use (Only								Fırm's EIN ▶	2/-154	3003
		Firm's address ► 8	U ERDMAN W	AY SUITE 212					Dhono == /C	(070) 777 77	
LEOMINSTER, MA 014531818							Phone no (9	/0) 53/	0/19		

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

a Paid during the year

Total .

		I .	
BROOKS LEGACY ANIMAL RESCUE 1125 LOGAN BLVD S NAPLES, FL 34116		CHARITABLE	5,000
CARDINAL CUSHING SCHOOL		CHARITABLE	5,000

CARDINAL CUSHING SCHOOL 405 WASHINGTON STREET HANOVER, MA 02339	CHARITABLE	5,0
CARE NET PREGNANCY RESOURCE CENTER 515 MAIN STREET	CHARITABLE	5,0

HANOVER, MA 02339			
CARE NET PREGNANCY RESOURCE CENTER 515 MAIN STREET FITCHBURG, MA 01420		CHARITABLE	5,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

any foundation manager

Name and address (home or business)

Total .

(or substantial contributor		
a Paid during the year			
COLLIER SENIOR CENTER 4898 CORONADO PKWY NAPLES, FL 34116		CHARITABLE	15,000

recipient

NAPLES, FL 34116			
COLLINS HOME AND FAMILY MINIS PO BOX 745 SENECA, SC 29679		CHARITABLE	40,000
	1	· · · · · · · · · · · · · · · · · · ·	

PO BOX 745 SENECA, SC 29679		CIVILLI/IDEE	10,000
COMPASSION INTERNATIONAL 12290 VOYARER PARKWAY		CHARITABLE	8,142

SENECA, SC 29679			
COMPASSION INTERNATIONAL 12290 VOYARER PARKWAY COLORADO SPRINGS, CO 809213668		CHARITABLE	8,142

SEITECH, SC 23073			
COMPASSION INTERNATIONAL 12290 VOYARER PARKWAY COLORADO SPRINGS, CO 809213668		CHARITABLE	8,

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

a Paid during the year			
DAUGHTERS OF THE HOLY SPIRIT 72 CHURCH STREET PUTNAM, CT 06260		CHARITABLE	5,000

,			
EDMUNDITE MISSIONS 1428 BROAD STREET SELMA, AL 367014304		CHARITABLE	5,000
FLORIDA SHERIFFS YOUTH RANCHES		CHARITABLE	5,000

SELMA, AL 367014304			
FLORIDA SHERIFFS YOUTH RANCHES PO BOX 2000 2486 CECIL WEBB PLACE BOYS RANCH, FL 32064		CHARITABLE	5,000

625,953

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

	or substantial continuator		
a Paid during the year			
FOOTHILLS PREGNANCY CARE CENTER PO BOX 2103		CHARITABLE	25,000

SENECA, SC 29679			
FRANCISCAN SISTERS OF THE POOR 708 THIRD AVENUE SUITE 1858		CHARITABLE	5,0
NEW YORK NY 10017			

FRANCISCAN SISTERS OF THE POOR 708 THIRD AVENUE SUITE 1858 NEW YORK, NY 10017		CHARITABLE	5,000
GENE DOYLE MEMORIAL FOUNDATION		CHARITABLE	10,000

SUITE 1858 NEW YORK, NY 10017			
GENE DOYLE MEMORIAL FOUNDATION 4501 TAMIAMI TRAIL N SUITE 300 NAPLES, FL 34103		CHARITABLE	10,000

Total	 	▶ 3a	625,953
GENE DOYLE MEMORIAL FOUNDATION 4501 TAMIAMI TRAIL N SUITE 300 NAPLES, FL 34103		CHARITABLE	10,00
NEW YORK, NY 10017			

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

recipient

.000

625,953

any foundation manager

or substantial contributor

Name and address (home or business)

a Paid during the year			
HAITIAN OUTREACH 144 CHESTER STREET FITCHBURG, MA 01420		CHARITABLE	25,000
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FORT MYERS, FL 33901		CHARITABLE	25,000

HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FORT MYERS, FL 33901		CHARITABLE	25
HEALTHCARE NETWORK OF SWF		CHARITABLE	5

FORT MYERS, FL 33901			
HEALTHCARE NETWORK OF SWF PO BOX 877		CHARITABLE	5,0
IMMOKALEE, FL 34143			

Recipient If recipient is an individual, show any relationship to status of status of

recipient

625,953

any foundation manager

or substantial contributor

Name and address (home or business)

99 NICHOLAS STREET GARDNER, MA 01440

a Paid during the year			
HEART GIFT FOUNDATION 1010 WEST 40TH STREET AUSTIN, TX 78756		CHARITABLE	5,000
HOLDEN CHRISTIAN ACADEMY 279 RESERVOIR STREET HOLDEN, MA 01520		CHARITABLE	5,000
HOLYFAMILY ACADEMY		CHARITABLE	50,000

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

a Paid during the year			
JIMMY FUND PAN MASS CHALLENGE 61 ACADEMY STREET FITCHBURG, MA 01420		CHARITABLE	6,000

LIGHT HOUSE OF COLLIED		CHARTTARIE	15.000
LEE COUNTY ANIMAL CARE FOUNDATION 5600 BANNER DRIVE FORT MYERS, FL 339124409		CHARITABLE	6,000
*			

5600 BANNER DRIVE FORT MYERS, FL 339124409			
LIGHT HOUSE OF COLLIER 2685 HORSESHOE DR S 211 NAPLES, FL 34104		CHARITABLE	15,000

FORT MYERS, FL 339124409			
LIGHT HOUSE OF COLLIER 2685 HORSESHOE DR S 211 NAPLES, FL 34104		CHARITABLE	15,000
Total	 	▶ 3a	625,953

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

MEALS ON WHEELS		CUARTE A DUE	45.000
MARYKNOLL SISTERSPO BOX 312 MARYKNOLL, NY 105450312		CHARITABLE	5,000
a Paid during the year			

MEALS ON WHEELS 41 WEST CENTER STREET MT GILEAD, OH 43338		CHARITABLE	15,000
NAPLES BOTANICAL GARDENS		CHARITABLE	8,000

MT GILEAD, OH 43338			
NAPLES BOTANICAL GARDENS 4820 BAYSHORE DRIVE NAPLES, FL 34112		CHARITABLE	8,000

NAPLES BOTANICAL GARDENS 4820 BAYSHORE DRIVE NAPLES, FL 34112		CHARITABLE	8,
Total	 	▶ 3a	625,953

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

a Paid during the year			
NCH HEALTHCARE FOUNDATION PO BOX 234 NAPLES, FL 34112		CHARITABLE	8,000
		l .	

NEADS DOGS FOR THE DEAF & DISABLED PO BOX 213 WEST BOYLSTON, MA 01583		CHARITABLE	10,000
NICHOLAS JAMES FOUNDATION		CHARITABLE	10,000

PO BOX 213 WEST BOYLSTON, MA 01583			
NICHOLAS JAMES FOUNDATION 14A FERNWOOD DRIVE LEOMINSTER, MA 01453		CHARITABLE	10,000

WEST BOYLSTON, MA 01583			J
NICHOLAS JAMES FOUNDATION 14A FERNWOOD DRIVE LEOMINSTER, MA 01453		CHARITABLE	10,000
Total	 	▶ 3a	625,953

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

a Paid during the year			
OCONEE HUMANE SOCIETYPO BOX 966 WEST UNION, SC 29696		CHARITABLE	13,000

1,000

625,953

OUR EATHERS HOUSE		CHARTTARIE	
OPERATION SMILE 6435 TIDE WATER DRIVE NORFOLK, VA 23509		CHARITABLE	1

NORFOLK, VA 23509			
OUR FATHERS HOUSE 4 LEIGHTON STREET		CHARITABLE	5,00

OUR FATHERS HOUSE 4 LEIGHTON STREET FITCHBURG, MA 01420		CHARITABLE	5,000

OUR FATHERS HOUSE		CHARITABLE	5,0
4 LEIGHTON STREET			
FITCHBURG, MA 01420			

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

a Paid during the year			
PINE STREET INN 444 HARRISON AVENUE		CHARITABLE	10,000
BOSTON, MA 02118			

BOSTON, MA 02118			
RONALD MCDONALD HOUSE 1 KROCK DRIVE OAK BROOK, IL 60523		CHARITABLE	20,000

OAK BROOK, IL 60523	CHARITABLE	5,000
RONALD MCDONALD HOUSE 1 KROCK DRIVE	CHARITABLE	20,000

OAK BROOK, IL 60523			
SAMARITANS PURSEPO BOX 3000		CHARITABLE	5,000

SAMARITANS PURSEPO BOX 3000		CHARITABLE	5,000
BOONE, NC 28607			

BOONE, NC 28607	CHARITABLE	5,000
Total	 ▶ 3a	625,953

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

a Paid during the year			
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101		CHARITABLE	10,000

NAPLES, FL 34101			
SHY WOLF SANCTUARY 1161 27TH AT SW NAPLES, FL 34117		CHARITABLE	10,000
SISTERS OF ST FRANCIS OF ASSISI		CHARITABLE	5,000

SHY WOLF SANCTUARY 1161 27TH AT SW NAPLES, FL 34117		CHARITABLE	10,000
SISTERS OF ST FRANCIS OF ASSISI 3221 SOUTH LAKE DRIVE ST FRANCIS, WI 532353799		CHARITABLE	5,000

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

any foundation manager

or substantial contributor

Name and address (home or business)

	or substantial contributor		
a Paid during the year			
SISTERS OF THE DIVINE SAVIOR 4311 NORTH 100TH STREET MILWAUKEE, WI 532221393		CHARITABLE	5,000

recipient

SMILE TRAIN41 MADISON AVENUE 28TH FLOOR NEW YORK, NY 10010		CHARITABLE	
SOUTHERN OREGON VET BENEFIT		CHARITABLE	

SMILE TRAIN41 MADISON AVENUE 28TH FLOOR NEW YORK, NY 10010	CHARITABLE	1,000
SOUTHERN OREGON VET BENEFIT PO BOX 1013	CHARITABLE	10,000

28TH FLOOR NEW YORK, NY 10010			2,000
SOUTHERN OREGON VET BENEFIT PO BOX 1013 MEDFORD, OR 97501		CHARITABLE	10,000

SOUTHERN OREGON VET BENEFIT PO BOX 1013 MEDFORD, OR 97501		CHARITABLE	10,000
Total	 	▶ 3a	625,953

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

ST CECELIA DADICH		CHARTTARIE	10.000
SISTERS OF ST BENEDICT CENTER 282 STILL RIVER ROAD STILL RIVER, MA 01467		CHARITABLE	8,000

STILL RIVER, MA U1467			
ST CECELIA PARISH 180 MECHANICS STREET LEOMINSTER, MA 01453		CHARITABLE	10,000
ST JOHNS JAMAICA OUTREACH		CHARITABLE	5,000

LEOMINSTER, MA 01453			
ST JOHNS JAMAICA OUTREACH PROGRAM PO BOX 110581 625 111TH AVE NORTH		CHARITABLE	5,000

▶ 3a

625,953

ST JOHNS JAMAICA OUTREACH PROGRAM		CHARITABLE	5,000
PO BOX 110581			
625 111TH AVE NORTH			
NAPLES, FL 34101			

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

a Paid during the year			
ST RITAS SCHOOL FOR THE DEAF 1720 GLENDALE MILFORD RD CINCINNATI, OH 45215		CHARITABLE	5,000

, , , , , , , , , , , , , , , , , , ,			
ST SCHOLASTIC PRIORY		CHARITABLE	8,000
271 NORTH MAIN STREET			
PO BOX 606			
PETERSHAM, MA 01366			

PO BOX 606 PETERSHAM, MA 01366			
ST VINCENT DE PAUL SOCIETY MEALS ON WHEELS 4451 MERCANTILE AVENUE		CHARITABLE	25,000

PETERSHAM, MA 01366			
ST VINCENT DE PAUL SOCIETY MEALS ON WHEELS 4451 MERCANTILE AVENUE		CHARITABLE	25,0

Total .

ST VINCENT DE PAUL SOCIETY MEALS ON WHEELS 4451 MERCANTILE AVENUE NAPLES, FL 34104		CHARITABLE	25,000
	•	 -	

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

or substantial contributor

Total .

	or substantial contributor		
a Paid during the year			
ST ANNE'S199 LANCASTER STREET		CHARITABLE	5,000

ST ANNE'S199 LANCASTER STREET LEOMINSTER, MA 01453		CHARITABLE	
ST LEO'S PARISH108 MAIN STREET LEOMINSTER, MA 01453		CHARITABLE	

ST LEO'S PARISH108 MAIN STREET LEOMINSTER, MA 01453		CHARITABLE	5,000
THE HUMANE SOCIETY OF NAPLES 370 AIRPORT-PULLING RD N		CHARITABLE	8,000

LEOMINSTER, MA 01433			
THE HUMANE SOCIETY OF NAPLES 370 AIRPORT-PULLING RD N NAPLES, FL 34104		CHARITABLE	8,00

THE HUMANE SOCIETY OF NAPLES 370 AIRPORT-PULLING RD N NAPLES, FL 34104	CHARITABLE	8,000
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Recipient If recipient is an individual, show any relationship to status of contribution Purpose of grant or contribution Amount

recipient

625,953

any foundation manager

or substantial contributor

Name and address (home or business)

SILVER SPRINGS, MD 20903

a Paid during the year			
MARINES TOYS FOR TOTS PO BOX 4002896 DES MOINES, IA 50340		CHARITABLE	5,000
TRAVIS MILLS FOUNDATION 89 WATER STREET HALLOWELL, ME 04347		CHARITABLE	10,000
TRINITY MISSION 9001 NEW HAMPSHIRE AVE		CHARITABLE	5,000

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

a Paid during the year			
TUMAINI FUND553 GALLEON DRIVE		CHARITABLE	5,000

311

625,953

APLES, FL 34102		
NBOUND CFCA1 ELMWOOD AVE ANSAS CITY, KS 66103		CHARITABLE

or substantial contributor

KANSAS CITY, KS 66103		CHARITABLE	
UNIVERSITY OF THE CUMBERLANDS		CHARITABLE	1

,			
UNIVERSITY OF THE CUMBERLANDS		CHARITABLE	10,000
6191 COLLEGE STATION DRIV			
WILLIAMSBURG, KY 40769			

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

Recipient

If recipient is an individual, show any relationship to status of contribution

Purpose of grant or contribution

recipient

625,953

any foundation manager

FORT MYERS, FL 33908

Total . .

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
RIPPLE OF ONE 115 W SOUTH 1ST STREET SENECA, SC 29678			CHARITABLE	15,000
VILLAGE OF HILTON59 HENRY STREET HILTON, NY 14468			CHARITABLE	10,000
OUR MOTHERS HOME OF SOUTHWEST FLORI 18011 S TAMIAMI TRAIL			CHARITABLE	10,000

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

a Paid during the year			
ELGIN ELEMENTARY SCHOOL 1005 WEST 2ND STREET		CHARITABLE	15,000

ELGIN, TX 78621		
HEIFER INTERNATIONAL1 WORLD AVE		CHARITABLE

or substantial contributor

Total .

Ш	====::/			
	HEIFER INTERNATIONAL1 WORLD AVE LITTLE ROCK, AR 72202		CHARITABLE	11

			24 -22
HEIFER INTERNATIONAL1 WORLD AVE LITTLE ROCK, AR 72202		CHARITABLE	11,000

LITTLE ROCK, AR 72202			
FOUNDATION SOURCE55 WALLS DRIVE		CHARITABLE	24,500
EATRETELD OF ACODA			

FOUNDATION SOURCE55 WALLS DRIVE FAIRFIELD, CT 06824		CHARITABLE	24,500

efile GRAPHIC print - DO NOT P	DLN: 93491127003219							
TY 2018 Accounting Fees Schedule								
Name: LECLERC CHARITY FUND								
	EIN: 04-6183548							
Category	Disbursements for Charitable Purposes							
ACCOUNTING FEES	6,100			3,050				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491127003219						
Note: To capture the full content of this document, please select landscape mode (11" $ imes$ 8.5") when printing.								
TY 2018 Depreciation Schedule								
•								
Name: L	ECLERC CHARITY	Y FUND						
EIN: O	04-6183548							

	Depreci	ation Schedule							
Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
COMPUTER	2006-10-31	909	909	S/L	5 0000				

10 0000

3,130 S/L

3,130

OFFICE FURNITURE

2006-11-27

DLN: 93491127003219

TY 2018 Investments Corporate Stock Schedule

Name: LECLERC CHARITY FUND

EIN: 04-6183548

Investments Corporation Stock Schedule Name of Stock	End of Year Book Value	End of Year Fair Market Value	
3M COMPANY			
ABBVIE	91,545	145,107	
ABERDEEN ASIA PACIFIC			
ALLERGEN PLC			
ALPHABET INC.	236,177	327,072	
AMAZON.COM	261,495	589,125	
APPLE INC.			
AT&T INC	275,212	253,754	
BIG LOTS INC.			
BIOGEN INC.	327,892	320,203	
BLACKROCK FDS II STRG OPP INSTL			
BLACKROCK INFLATION PROTECTED	346,646	332,053	
BOEING CO.			
BRISTOL MYERS SQUIBB CO			
BROADCOM LTD SHS	323,887	295,994	
CELGENE CORP			
CHEVRON CORP			
CISCO SYSTEMS INC	322,962	574,166	
CME GROUP, INC.			
COMCAST CORP			
CONOCOPHILIPS	114,003	163,856	
CVS HEALTH CORPORATION			
DELTA AIR LINES, INC.	136,912	145,432	
DISCOVER FINANCIAL SERVICES	108,847	105,751	
DOUBLELINE TOTAL RETURN FUND			
DYCOM INDS INC	337,624	231,681	
ETRADE FINANCIAL CORP	396,299	388,733	
EATON VANCE FLOATING RATE I			
FACEBOOK INC	136,039	118,768	
FIFTH THIRD BANKSAFE TRUST	307,483	307,485	

Investments Corporation Stock Schedule

Investments Corporation Stock Schedule Name of Stock	End of Year Book Value	End of Year Fair Market Value
FINANCIAL SELECT SECTOR		
GILEAD SCIENCES INC.		
GOLDMAN SACHS SHT DURATION CL I	125,110	125,348
GOLDMAN SACHS ABS RETURN TRACKER	752,222	705,250
HD SUPPLY HOLDINGS, INC.		
HOTCHKIS & WILEY HIGH YIELD		
ISHARES MSCI EAFE INDEX FD		
ISHARES MSCI EAFE SM CAPIDX		
ISHARES MSCI EMERGING MKTS IND F	223,302	186,277
ISHARES S&P PFD STK INDX FN		
JP MORGAN STRATEGIC INCOME OPPORTUNI	237,175	233,878
KELLOGG COMPANY		
KRAFT HEINZ CO		
MASCO CORP		
MARATHON PETROLEUM CORP	267,276	231,744
MICROSOFT CORP	27,787	712,717
MONDELEZ INTL INC.		
MYLAN N V SHS EURO		
NUVEEN SHORT DURATION HIYLD		
NUVEEN SHORT DURATION HIYLD MUNI		
PIONEER NATURAL RESOURCES CO	222,246	198,837
POWERSHARE EMRG MKT		
PRAXAIR		
PROCTER & GAMBLE		
REYNOLDS AMERICAN INC		
RYANAIR HLDGS PLC		
SHERWIN WILLIAMS CO.		
SHIRE PLC	220,898	198,580
SIGNET JEWLERS		
SOUTHERN COMPANY		

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
TIME WARNER		
UBS E-TRACS ALERIAN MLP		
UBS E-TRACS ALERIAN MLP INFRASTR	472,071	422,386
UNION PACIFIC		
VANGUARD PRIME MONEY MARKET	15	15
VANGUARD SHORT-TERM BOND ETF	83,451	83,991
MEDTRONIC PLC	221,321	205,024
NOMAD HLDGS LTD	69,197	57,868
BOSTON SCIENTIFIC CORP	220,541	284,693
CENTURYLINK INC COM	392,741	291,865
CONSTELLATION BRANS INC.	508,371	387,859
DANAHER CORP	145,385	148,080
GOLDMAN SACHS GROUP	321,440	213,824
INTERNATIONAL BUSINESS MACHS	152,822	114,011
MMM	47,016	96,223
UNITED PARCEL SVC INC	261,255	237,531
VIACOM INC	357,450	316,189
WALMART INC.	219,883	232,648
WASATCH FDS	150,731	106,940

TY 2018 Land, Etc. Schedule		
J	Name:	LECLERC CHARITY FUND
	FTN.	04-6183548

DLN: 93491127003219

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EIN. 04-0103340				
Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
	4,039	4,039		

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TY 2018 Legal Fees Schedu	ule			_
Name: LECLERC CHARITY FUND EIN: 04-6183548				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	200			100

Name: LECLERC CHARITY FUND

EIN: 04-6183548

RENT DEPOSIT

Other Assets Schedule			
Description	Beginning of Year -	End of Year - Book	End of Year - Fair
	Book Value	Value	Market Value

880

880

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data -		DLN	N: 93491127003219
TY 2018 Other Expenses So	chedule			
Nan	me: LECLERC CHARI	ITY FUND		
E:	IN: 04-6183548			
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
OUTSIDE LABOR	1,650			825
OFFICE SUPPLIES AND EXPENSES	5,089			2,545

2,379

535

TELEPHONE

INSURANCE

1,189

267

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TY 2018 Other Professional Fees Schedule				
Nan	ne: LECLERC CH	ARITY FUND		
EJ	IN: 04-6183548			
Category	Amount	Net Investment	Adjusted Net	Disbursements
		Income	Income	for Charitable Purposes
INVESTMENT MANAGEMENT AND BROKER	84.689	83.853		

939

PAYROLL SERVICE FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	<u>-</u>	DLI	N: 93491127003219	
TY 2018 Taxes Schedule					
Name:	LECLERC CH	ARITY FUND			
EIN: 04-6183548					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
FOREIGN TAX ON INVESTMENTS	666	666			
FILING FEES	125				
FEDERAL INCOME TAX	47				

efile GRAPHIC print - DC	NOT PROCESS As Filed Data -			DLN: 93491127003219
Schedule B	Schedul	e of Contributors		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		Form 990, 990-EZ, or 990-PF <u>r/Form990</u> for the latest inform	ation	2018
Name of the organization LECLERC CHARITY FUND			Employer i	dentification number
Organization type (checl	one)		04-6183548	i
	,			
Filers of:	Section:			
Form 990 or 990-EZ	501(c)() (enter number) org	ganization		
	4947(a)(1) nonexempt charita	able trust not treated as a pr	vate foundation	
	☐ 527 political organization			
Form 990-PF	✓ 501(c)(3) exempt private four	ndation		
	4947(a)(1) nonexempt charita	able trust treated as a private	e foundation	
	☐ 501(c)(3) taxable private four	ndation		
	on filing Form 990, 990-EZ, or 990-PF roperty) from any one contributor Cor			
Special Rules				
under sections 50 received from any	n described in section 501(c)(3) filing l r(a)(1) and 170(b)(1)(A)(vi), that check one contributor, during the year, total 1h, or (ii) Form 990-EZ, line 1 Compli	ked Schedule A (Form 990 o contributions of the greater (or 990-EZ), Part II, line 13,	, 16a, or 16b, and that
during the year, to	n described in section 501(c)(7), (8), o al contributions of more than \$1,000 o e prevention of cruelty to children or a	exclusively for religious, char	ritable, scientific, literary, o	
during the year, co If this box is check purpose Don't cor	n described in section 501(c)(7), (8), on tributions exclusively for religious, cheed, enter here the total contributions the parts unless the Gen er, etc., contributions totaling \$5,000 or	naritable, etc., purposes, but hat were received during the neral Rule applies to this org	no such contributions total year for an <i>exclusively</i> re panization because it rece	aled more than \$1,000 eligious, charitable, etc , eived <i>nonexclusively</i>
990-EZ, or 990-PF), but it	that isn't covered by the General Rule must answer "No" on Part IV, line 2, on 990PF, Part I, line 2, to certify that i	of its Form 990, or check the	box on line H of its	
For Paperwork Reduction Ac for Form 990, 990-EZ, or 990-		Cat No 30613X	Schedule B (Form 990	0, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

LECLERC CHARIT	Y FUND	04-6183548	
Part I	Contributors (See instructions) Use duplicate copies of Part I if ad	ditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LECLERC FAMILY TRUST 4501 POND APPLE DRIVE NAPLES, FL 34119	\$ 3,385,652	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
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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
·		\$ Schedule R (Fr	Person Payroll Noncash (Complete Part II for noncash contributions) orm 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)