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## DLN: 93491316021809

2018

OMB No 1545-0052

## **Return of Private Foundation**

Form 990-PF

Department of the Treasury

Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.
 Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

		ndar year 2018, or tax yea	r beginning 01-01-20	018 , a	nd ending 12-31	-2018 dentification numbe	r		
		MILY CHARITABLE TRUST			37-1375732	.canon numbe	•		
Num	ber and	I street (or P O box number if mail is r	not delivered to street address	) Room/suite	P Tolonhono n	umbor (soo instruction	25)		
99	943 BRA	ASSIE BÈND			· ·	<b>B</b> Telephone number (see instructions) (312) 342-0485			
		, state or province, country, and ZIP o	r foreign postal code						
NAPI	LES, FL	341081923			L If exemption	application is pendin	g, check here		
<b>G</b> Ch	neck al	I that apply Initial return	☐ Initial return of a	former public charity	<b>D 1.</b> Foreign o	rganızatıons, check he	ere 🕨 🔲		
		∐ Fınal return	☐ Amended return			irganizations meeting ck here and attach coi			
		☐ Address char	<u>-</u>		·	oundation status was t	· -		
		pe of organization   Section 4947(a)(1) nonexempt charitab	501(c)(3) exempt private	foundation le private foundation	under section	on 507(b)(1)(A), chec	k here 🕨 🗀		
		ket value of all assets at end	J Accounting method	Cash Accru	F If the found	ation is in a 60-month	n termination 🖂		
of '	year (f	rom Part II, col (c), ▶\$ <u>15,065,439</u>	Other (specify)  (Part I, column (d) must			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 equal the amounts in column (a) (se	(d) may not necessarily	(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 schedule)	, received (attach						
	2	Check ► ✓ If the foundation is							
	3	Sch B	ary cash investments	24,903	24,900	3 24,903			
	4	Dividends and interest from sec	·	401,324	401,324	401,324			
	5a	Gross rents							
	ь	Net rental income or (loss)		-					
пe	6a	Net gain or (loss) from sale of a	ssets not on line 10	889,382	2				
Revenue	b	Gross sales price for all assets of	n li <mark>ne 6a</mark> 2,652,342						
Re	7	Capital gain net income (from P			889,382	2			
	8	Net short-term capital gain .							
	9	Income modifications							
	10a	Gross sales less returns and allo	wances	]					
	b	Less Cost of goods sold Gross profit or (loss) (attach sch	· · L	<u> </u>					
	11	Other income (attach schedule)	ledule)	90	90	90			
	12	<b>Total.</b> Add lines 1 through 11		1,315,699					
	13	Compensation of officers, direct		1,010,033	1,010,00	120,017			
	14	Other employee salaries and wa	•						
Sè	15	Pension plans, employee benefit	:s						
Expenses	16a	Legal fees (attach schedule) .							
хbе	ь	Accounting fees (attach schedul	e)						
	С	Other professional fees (attach	schedule)	53,414	50,664	1	2,750		
atıv	17	Interest							
and Administrative	18	Taxes (attach schedule) (see ins	•	3,810	3,810				
Ε	19	Depreciation (attach schedule) a	·						
Adı	20	Occupancy							
n D	21 22	Travel, conferences, and meetin Printing and publications	_						
e <u>G</u>	23	Other expenses (attach schedule							
atın	24	Total operating and administ							
Operating		Add lines 13 through 23	<u>-</u>	57,224	54,474	1	2,750		
ō	25	Contributions, gifts, grants paid		1,360,020	)		1,360,020		
	26	<b>Total expenses and disburse</b> 25	ments. Add lines 24 and	1,417,244	54,474	1	1,362,770		
	27	Subtract line 26 from line 12		=, == , = , .			,===,===		
	a	Excess of revenue over expe disbursements	nses and	-101,545	,				
	ь	Net investment income (If ne	gative, enter -0-)	-101,343	1,261,225	5			
	С	Adjusted net income (if negat	- '			426,317			
For	Paper	work Reduction Act Notice, se	e instructions.	I	Cat No 11289	<u> </u>	m <b>990-PF</b> (2018)		

87,529

7,229,352

1,647,024

1,064,650

11,133,280

11,133,280

11,133,280

11,133,280

89,264

6,595,618

1,621,534

1,226,636

11,002,158

11,002,158

11,002,158

11,002,158

1

2

3

4

5

11,133,280

11,039,158

11,002,158 Form 990-PF (2018)

-101,545

7,423

37,000

89,052

10,638,216

1,564,548

1,304,517

15,065,439

Other notes and loans receivable (attach schedule) ▶

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

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

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule). . . . . .

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

Foundations that do not follow SFAS 117, check here ▶  $\Box$ 

Paid-in or capital surplus, or land, bldg , and equipment fund Retained earnings, accumulated income, endowment, or other funds

Other increases not included in line 2 (itemize) -

Capital stock, trust principal, or current 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—land, buildings, and equipment basis ▶

Less accumulated depreciation (attach schedule)

Less accumulated depreciation (attach schedule)

Foundations that follow SFAS 117, check here 🕨 🗹 and complete lines 24 through 26 and lines 30 and 31.

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

Less allowance for doubtful accounts ▶

Land, buildings, and equipment basis ▶ \_

instructions Also, see page 1, item I)

Other assets (describe -

Other liabilities (describe ▶\_

Temporarily restricted . . Permanently restricted . . . .

and complete lines 27 through 31.

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

Decreases not included in line 2 (itemize) .

Grants payable

Assets	

7

8

1550	9
As	10a
	b
	С
	11
	12
	13
	14
	15
	16
_	
	17
Ş	18
nabilities.	19
qe	20
Ĩ	20 21 22
	23
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Sè	
100	24
ala	24 25 26
8	25
Ĕ	20
F	
S.	27
set	27
As	28 29
Net Assets or Fund Balances	30
_	31
Pa	rt III
=	

2

3

4

	e the kınd(s) of property sold (e g , irehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )	
<b>1a</b> See Additional Data Table	e					
b						
c						
d						
e						
	(f)	(0	3)	()	h)	
(e) Gross sales price	Depreciation allowed (or allowable)	Cost or of		Gain o	r (loss) ) minus (g)	
a See Additional Data Table	e					
b						
С						
d						
e						
Complete only for assets	showing gain in column (h) and ow	ned by the foundation o	n 12/31/69	(	I)	
(i) F M V as of 12/31/69	(j) Adjusted basis	Excess o	Gains (Col (h) gain minus of col (i) col (k), but not less than -0-) or			
a See Additional Data Table	as of 12/31/69	over coi	(j), if any	Losses (III	JIII COI (II))	
b	e					
d d						
e		If gain, also enter in Pa	+ T 1 7			
	gain or (loss) as defined in sections I rt I, line 8, column (c) (see instructi		}	3	-19,595	
Part V Qualification \	Jnder Section 4940(e) for Re	duced Tax on Net 1	investment Inc	come		
<del>-</del>	rivate foundations subject to the sec					
if section 4940(d)(2) applies, le	•	,		- ,		
	e section 4942 tax on the distributal of qualify under section 4940(e) Do		n the base period?	Ye	es 🗹 No	
·	nount in each column for each year,		making any entries	 S		
(a) Base period years Calendar	(b) Adjusted qualifying distributions	(c) Net value of noncharitable		<b>(d)</b> Distribution rati		
year (or tax year beginning in) 2017	691,777		15,756,322	(col (b) divided by o	0 043905	
2017	1,213,183		13,481,081		0 089992	
2015	506,683		13,810,404		0 036688	
2014	481,065		16,032,450		0 030006	
2013	721,315		14,590,142		0 049439	
2 Total of line 1, column (	,		2		0 250030	
3 Average distribution ratio	o for the 5-year base period—divide ( idation has been in existence if less				0 050006	
	ncharitable-use assets for 2018 from		4		16,911,925	
5 Multiply line 4 by line 3			5		845,698	
. , ,	ent income (1% of Part I, line 27b)		6		12,612	
			7		858,310	
	ons from Part XII, line 4 ,		-	†	1,362,770	
	eater than line 7, check the box in Pa			g a 1% tax rate Se		
				Fc	orm <b>990-PF</b> (2018	

Page **6** 

5a	During the year did the foundation	pay o	r incur any amount to					Yes	No
	(1) Carry on propaganda, or other	wise a	ttempt to influence legisla	ation (section 4945(e))?	Пу	es 🗸	No		
	(2) Influence the outcome of any	specific	public election (see sect	ion 4955), or to carry	□ T	es 🖭	NO		
	on, directly or indirectly, any v	oter re	gistration drive?		· · □ v	es 🗸	No		
	(3) Provide a grant to an individua	al for tr	avel, study, or other simi	lar purposes?			No.		
	(4) Provide a grant to an organiza	tion ot	her than a charitable, etc	, organization described		es 🗀	110		
	ın section 4945(d)(4)(A)? See	ınstrud	tions		· · □ v	es 🗸	No		
	(5) Provide for any purpose other	than r	eligious, charitable, scien	tific, literary, or					
	educational purposes, or for th	e prev	ention of cruelty to childr	en or anımals?	· ·	es 🗸	No		
b	If any answer is "Yes" to 5a(1)-(5)	), dıd <b>a</b>	<b>iny</b> of the transactions fa	ıl to qualıfy under the ex	ceptions described in	i			
	Regulations section 53 4945 or in a	a curre	nt notice regarding disas	ter assistance? See instr	uctions		5	<u> </u>	
	Organizations relying on a current	notice	regarding disaster assist	ance check here					
C	If the answer is "Yes" to question !	5a(4),	does the foundation claim	exemption from the					
	tax because it maintained expendit	ture re	sponsibility for the grant?		· · □ Y	es 🗌	No		
	If "Yes," attach the statement requ	ured b	y Regulations section 53 -	4945-5(d)					
6a	Did the foundation, during the yea	r, rece	ive any funds, directly or	indirectly, to pay premiu	ıms on				
	a personal benefit contract?				· 🗆 🗆 🗸	es 🗸	No		
b	Did the foundation, during the yea	r, pay	premiums, directly or ind	irectly, on a personal be	nefit contract?	• •	6	<u> </u>	No
	If "Yes" to 6b, file Form 8870								
7a	At any time during the tax year, w	as the	foundation a party to a p	rohibited tax shelter trar	nsaction?	es 🗸	No		
b	If yes, did the foundation receive a	ny pro	ceeds or have any net in	come attributable to the		•	7	<u> </u>	
8	Is the foundation subject to the se								
	excess parachute payment during	the ye	ar <sup>9</sup>		· · □ Y	es 🗸	No L		
Da	2 7 4 1 1 1 1 1 1	Offic	ers, Directors, Trust	ees, Foundation Ma	ınagers, Highly F	Paid En	nployee	s,	
ГО	and Contractors								
1	List all officers, directors, truste	ees, fo	undation managers an				ı		
		(	<b>b)</b> Title, and average	(c) Compensation (If	(d) Contribution	ns to	( - ) F		
(a) Name and address			hours nor wook		lamplavaa hanafit ni	anc and	(e)⊏xp	ense acc	ount,
	(a) Name and address		hours per week devoted to position	not paid, enter	employee benefit pl			allowan	
DONA	(a) Name and address  LD V FITES	TRUS	devoted to position		employee benefit pl deferred compen				
		TRUS	devoted to position	not paid, enter -0-)		sation			ces
9943 NAPLI	LD V FITES BRASSIE BEND :S, FL 341081923	1 00	devoted to position TEE	not paid, enter -0-)	deferred compen	sation 0			ces 0
9943 NAPLI	LD V FITES BRASSIE BEND :S, FL 341081923	1 00 DIR /	devoted to position	not paid, enter -0-)	deferred compen	sation			ces
9943 NAPLI LINDA 275 T	LD V FITES BRASSIE BEND :S, FL 341081923 A F REED HURSTON BLVD W	1 00	devoted to position TEE	not paid, enter -0-)	deferred compen	sation 0			ces 0
9943 NAPLI LINDA 275 T DAYT	LD V FITES BRASSIE BEND :S, FL 341081923	1 00 DIR / 1 00	devoted to position TEE	not paid, enter -0-)	deferred compen	sation 0	othe		ces 0
9943 NAPLI LINDA 275 T DAYT JOYCI	LD V FITES BRASSIE BEND ES, FL 341081923 A F REED HURSTON BLVD W DN, OH 45419	1 00 DIR / 1 00	devoted to position TEE TRUSTEE	not paid, enter -0-) 0	deferred compen	sation 0	othe		0 0
9943 NAPLI LINDA 275 T DAYT JOYCI 9943 NAPLI	LD V FITES  BRASSIE BEND ES, FL 341081923  A F REED  HURSTON BLVD W DN, OH 45419 ES HAGEN  BRASSIE BEND ES, FL 341081923	DIR / 1 00 DIR / 1 00	TRUSTEE	not paid, enter -0-) 0	deferred compen	o 0 0	othe	allowan	0 0
9943 NAPLI LINDA 275 T DAYT JOYCI 9943	LD V FITES  BRASSIE BEND ES, FL 341081923 A F REED  HURSTON BLVD W DN, OH 45419 E S HAGEN  BRASSIE BEND	DIR / 1 00 DIR / 1 00	TRUSTEE	not paid, enter -0-) 0	deferred compens	0 0 0 0	othe	allowan	0 0
9943 NAPLI LINDA 275 T DAYT JOYCI 9943 NAPLI <b>2</b>	LD V FITES  BRASSIE BEND ES, FL 341081923 A F REED  HURSTON BLVD W DN, OH 45419 E S HAGEN  BRASSIE BEND ES, FL 341081923  Compensation of five highest-p	1 00 DIR / 1 00 DIR / 1 00  DIR /	devoted to position TEE  TRUSTEE  TRUSTEE  TRUSTEE  TRUSTEE  TRUSTEE  (b) Title, and average	not paid, enter -0-)  0  nose included on line 1	deferred compens	0 0 0 0 1. If nor	other	allowan	0 0
9943 NAPLI LINDA 275 T DAYT JOYCI 9943 NAPLI <b>2</b>	LD V FITES  BRASSIE BEND ES, FL 341081923  A F REED  HURSTON BLVD W DN, OH 45419 ES HAGEN  BRASSIE BEND ES, FL 341081923	1 00 DIR / 1 00 DIR / 1 00  DIR /	devoted to position TEE  TRUSTEE  TRUSTEE  TRUSTEE  TRUSTEE  (b) Title, and average hours per week	not paid, enter -0-) 0	—see instructions  (d) Contribution employee beneplans and defer	0 0 0 0 0 1. If norms to lefit red	ne, ente	allowan	0 0 · "
9943 NAPLI LINDA 275 T DAYT JOYCI 9943 NAPLI 2	LD V FITES  BRASSIE BEND :S, FL 341081923  F REED  HURSTON BLVD W DN, OH 45419 :S HAGEN  BRASSIE BEND :S, FL 341081923  Compensation of five highest-p  Name and address of each employed more than \$50,000	1 00 DIR / 1 00 DIR / 1 00  DIR /	devoted to position TEE  TRUSTEE  TRUSTEE  TRUSTEE  TRUSTEE  TRUSTEE  (b) Title, and average	not paid, enter -0-)  0  nose included on line 1	deferred compens	0 0 0 0 0 1. If norms to lefit red	ne, ente	"NONE	0 0 · "
9943 NAPLI LINDA 275 T DAYT JOYCI 9943 NAPLI <b>2</b>	LD V FITES  BRASSIE BEND :S, FL 341081923  F REED  HURSTON BLVD W DN, OH 45419 :S HAGEN  BRASSIE BEND :S, FL 341081923  Compensation of five highest-p  Name and address of each employed more than \$50,000	1 00 DIR / 1 00 DIR / 1 00  DIR /	devoted to position TEE  TRUSTEE  TRUSTEE  TRUSTEE  TRUSTEE  (b) Title, and average hours per week	not paid, enter -0-)  0  nose included on line 1	—see instructions  (d) Contribution employee beneplans and defer	0 0 0 0 0 1. If norms to lefit red	ne, ente	"NONE	0 0 · "
9943 NAPLI LINDA 275 T DAYT JOYCI 9943 NAPLI 2	LD V FITES  BRASSIE BEND :S, FL 341081923  F REED  HURSTON BLVD W DN, OH 45419 :S HAGEN  BRASSIE BEND :S, FL 341081923  Compensation of five highest-p  Name and address of each employed more than \$50,000	1 00 DIR / 1 00 DIR / 1 00  DIR /	devoted to position TEE  TRUSTEE  TRUSTEE  TRUSTEE  TRUSTEE  (b) Title, and average hours per week	not paid, enter -0-)  0  nose included on line 1	—see instructions  (d) Contribution employee beneplans and defer	0 0 0 0 0 1. If norms to lefit red	ne, ente	"NONE	0 0 · "
9943 NAPLI LINDA 275 T DAYT JOYCI 9943 NAPLI 2	LD V FITES  BRASSIE BEND :S, FL 341081923  F REED  HURSTON BLVD W DN, OH 45419 :S HAGEN  BRASSIE BEND :S, FL 341081923  Compensation of five highest-p  Name and address of each employed more than \$50,000	1 00 DIR / 1 00 DIR / 1 00  DIR /	devoted to position TEE  TRUSTEE  TRUSTEE  TRUSTEE  TRUSTEE  (b) Title, and average hours per week	not paid, enter -0-)  0  nose included on line 1	—see instructions  (d) Contribution employee beneplans and defer	0 0 0 0 0 1. If norms to lefit red	ne, ente	"NONE	0 0 · "
9943 NAPLI LINDA 275 T DAYT JOYCI 9943 NAPLI 2	LD V FITES  BRASSIE BEND :S, FL 341081923  F REED  HURSTON BLVD W DN, OH 45419 :S HAGEN  BRASSIE BEND :S, FL 341081923  Compensation of five highest-p  Name and address of each employed more than \$50,000	1 00 DIR / 1 00 DIR / 1 00  DIR /	devoted to position TEE  TRUSTEE  TRUSTEE  TRUSTEE  TRUSTEE  (b) Title, and average hours per week	not paid, enter -0-)  0  nose included on line 1	—see instructions  (d) Contribution employee beneplans and defer	0 0 0 0 0 1. If norms to lefit red	ne, ente	"NONE	0 0 · "
9943 NAPLI LINDA 275 T DAYT JOYCI 9943 NAPLI 2	LD V FITES  BRASSIE BEND :S, FL 341081923  F REED  HURSTON BLVD W DN, OH 45419 :S HAGEN  BRASSIE BEND :S, FL 341081923  Compensation of five highest-p  Name and address of each employed more than \$50,000	1 00 DIR / 1 00 DIR / 1 00  DIR /	devoted to position TEE  TRUSTEE  TRUSTEE  TRUSTEE  TRUSTEE  (b) Title, and average hours per week	not paid, enter -0-)  0  nose included on line 1	—see instructions  (d) Contribution employee beneplans and defer	0 0 0 0 0 1. If norms to lefit red	ne, ente	"NONE	0 0 · "
9943 NAPLI LINDA 275 T DAYT JOYCI 9943 NAPLI 2	LD V FITES  BRASSIE BEND :S, FL 341081923  F REED  HURSTON BLVD W DN, OH 45419 :S HAGEN  BRASSIE BEND :S, FL 341081923  Compensation of five highest-p  Name and address of each employed more than \$50,000	1 00 DIR / 1 00 DIR / 1 00  DIR /	devoted to position TEE  TRUSTEE  TRUSTEE  TRUSTEE  TRUSTEE  (b) Title, and average hours per week	not paid, enter -0-)  0  nose included on line 1	—see instructions  (d) Contribution employee beneplans and defer	0 0 0 0 0 1. If norms to lefit red	ne, ente	"NONE	0 0 · "
9943 NAPLI LINDA 275 T DAYT JOYCI 9943 NAPLI 2	LD V FITES  BRASSIE BEND :S, FL 341081923  F REED  HURSTON BLVD W DN, OH 45419 :S HAGEN  BRASSIE BEND :S, FL 341081923  Compensation of five highest-p  Name and address of each employed more than \$50,000	1 00 DIR / 1 00 DIR / 1 00  DIR /	devoted to position TEE  TRUSTEE  TRUSTEE  TRUSTEE  TRUSTEE  (b) Title, and average hours per week	not paid, enter -0-)  0  nose included on line 1	—see instructions  (d) Contribution employee beneplans and defer	0 0 0 0 0 1. If norms to lefit red	ne, ente	"NONE	0 0 · "
9943 NAPLI LINDA 275 T DAYT JOYCI 9943 NAPLI 2	LD V FITES  BRASSIE BEND :S, FL 341081923  F REED  HURSTON BLVD W DN, OH 45419 :S HAGEN  BRASSIE BEND :S, FL 341081923  Compensation of five highest-p  Name and address of each employed more than \$50,000	1 00 DIR / 1 00 DIR / 1 00  DIR /	devoted to position TEE  TRUSTEE  TRUSTEE  TRUSTEE  TRUSTEE  (b) Title, and average hours per week	not paid, enter -0-)  0  nose included on line 1	—see instructions  (d) Contribution employee beneplans and defer	0 0 0 0 0 1. If norms to lefit red	ne, ente	"NONE	0 0 · "
9943 NAPLI LINDA 275 T DAYT JOYCI 9943 NAPLI 2	LD V FITES  BRASSIE BEND :S, FL 341081923  F REED  HURSTON BLVD W DN, OH 45419 :S HAGEN  BRASSIE BEND :S, FL 341081923  Compensation of five highest-p  Name and address of each employed more than \$50,000	1 00 DIR / 1 00 DIR / 1 00  DIR /	devoted to position TEE  TRUSTEE  TRUSTEE  TRUSTEE  TRUSTEE  (b) Title, and average hours per week	not paid, enter -0-)  0  nose included on line 1	—see instructions  (d) Contribution employee beneplans and defer	0 0 0 0 0 1. If norms to lefit red	ne, ente	"NONE	0 0 · "
9943 NAPLI LIND/ 275 T DAYT JOYCI 9943 NAPLI 2 (a)	LD V FITES BRASSIE BEND S, FL 341081923  F REED HURSTON BLVD W DN, OH 45419 S S HAGEN BRASSIE BEND S, FL 341081923  Compensation of five highest-p Name and address of each employed more than \$50,000	1 00 DIR / 1 00 DIR / 1 00  DIR / 1 00	devoted to position TEE  TRUSTEE  TRUSTEE  TRUSTEE  TRUSTEE  TRUSTEE  Apployees (other than the control of the	not paid, enter -0-)  0  cose included on line 1  (c) Compensation	—see instructions (d) Contribution employee bender compensation	0 0 0 0 1. If norns to efit rred n	ne, ente	"NONE	0 0 · "
9943 NAPLI LIND/ 275 T DAYT JOYCI 9943 NAPLI 2 (a)	LD V FITES  BRASSIE BEND :S, FL 341081923  F REED  HURSTON BLVD W DN, OH 45419 :S HAGEN  BRASSIE BEND :S, FL 341081923  Compensation of five highest-p  Name and address of each employed more than \$50,000	1 00 DIR / 1 00 DIR / 1 00  DIR / 1 00	devoted to position TEE  TRUSTEE  TRUSTEE  TRUSTEE  TRUSTEE  TRUSTEE  Apployees (other than the control of the	not paid, enter -0-)  0  cose included on line 1  (c) Compensation	—see instructions (d) Contribution employee bender compensation	0 0 0 0 0 1. If norms to lefit red	ne, enter	"NONE	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

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

Form 990-PF (2018)		Page <b>7</b>
Part VIII Information About Officers, Directors, Truste and Contractors (continued)	ees, Foundation Managers, Highly P	aid Employees,
3 Five highest-paid independent contractors for professional s	ervices (see instructions). If none, enter	"NONE".
(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.	<u> </u>	<u> </u>
Part IX-A Summary of Direct Charitable Activities  List the foundation's four largest direct charitable activities during the tax year Included.	de relevant statistical information such as the numbe	er of
organizations and other beneficiaries served, conferences convened, research papers	produced, etc	Expenses
1		
2		
		<del></del>
3		
4		
Part IX-B Summary of Program-Related Investments (	see instructions)	
Describe the two largest program-related investments made by the foundation du	·	Amount
1 N/A		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		<b>•</b>
		Form <b>990-PF</b> (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

1,362,770

1,350,158

Form 990-PF (2018)

12.612

Amounts set aside for specific charitable projects that satisfy the

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

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

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

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

3

4

2018

Page 9

832,984

832,984

Form **990-PF** (2018)

U-F1 (2)	710)	
XIII	Undistributed Income (see instruc	tions)

90-PF	(2	018	)	
VIII	Į	-		_

Form 990-PF (20	018)
Part XIII	Und

- 1 Distributable amount for 2018 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2018
- a Enter amount for 2017 only. . . . . .
- **b** Total for prior years
- Excess distributions carryover, if any, to 2018 a From 2013. . . . . **b** From 2014. . . . c From 2015. .
- **d** From 2016. . . . e From 2017. . . . .
- 15.474 f Total of lines 3a through e. . . . . . . .

  - XII, line 4 ▶ \$ 1,362,770
- 4 Qualifying distributions for 2018 from Part a Applied to 2017, but not more than line 2a **b** Applied to undistributed income of prior years

  - (Election required—see instructions). . . . .
- c Treated as distributions out of corpus (Election

e Remaining amount distributed out of corpus

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 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) . . .

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:

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

- required—see instructions). . . . . . . . . .
- **d** Applied to 2018 distributable amount. . . . .

same amount must be shown in column (a) )

15.474

529.786

529.786

545,260

545,260

(a)

Corpus

15.474

(b)

Years prior to 2017

(c)



Part XVI	- (2018) -A Analysis of Income-Producing	Activities				Page 12
	amounts unless otherwise indicated		siness income	Excluded by section	n 512, 513, or 514	(e)
-	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
	Service revenue	business code	Amount	Exclusion code	Amount	
с						
d						
f						
g Fees a	nd contracts from government agencies					
<b>2</b> Member	ship dues and assessments					
	on savings and temporary cash					
ınvestm				14	24,903	
	ds and interest from securities			14	401,324	
	al income or (loss) from real estate					
	inanced property					
	ebt-financed property	<del></del>				
	ral income or (loss) from personal property	<b>—</b>				
	vestment income	-				
Gain or inventor	(loss) from sales of assets other than					000.00
	ome or (loss) from special events					889,38
		<u> </u>				
U Other re	rofit or (loss) from sales of inventory					
a NT ACC						9
	1 7239					
2 Cubtata	Add columns (b) (d) and (a)				426,227	889,47
3 Total.	Add line 12, columns (b), (d), and (e)			1	3	1,315,699
(See wo	rksheet in line 13 instructions to verify calcu	lations )			'	
Part XVI	-B Relationship of Activities to th	e Accomplish	ment of Exem	pt Purposes		
.ine No. ▼	Explain below how each activity for which the accomplishment of the foundation's exinstructions )					
	instructions y					
						200 == :=::
					Eα	rm <b>990-PF</b> (201:

. ,	,,,,,
	Information Regarding Transfers To and Transactions and Relationships With Noncharitable
Π	Exempt Organizations

Part	XATI	Exempt Organia	zations									
1 Did (c)	the org (other t	anization directly or in han section 501(c)(3)	dırectly enga organızatıon	ge in any of the s) or in section	following with a 527, relating to	any other political o	organizatio organization	n described in secti s?	ion 501		Yes	No
<b>a</b> Trai	nsfers fi	om the reporting foun	dation to a r	oncharitable ex	empt organizatio	on of						
(1)	Cash.								. 1	.a(1)		No
٠,		assets							📮	.a(2)		No
		actions										
		of assets to a nonchari		-						b(1)		No
		ases of assets from a n l of facilities, equipmer								.b(2) .b(3)		No No
		ursement arrangemen	•							.b(3)		No
		or loan guarantees.								b(5)		No
		nance of services or m							-	b(6)		No
٠,		facilities, equipment, n	•	-						1c		No
of t	he good	er to any of the above ls, other assets, or ser saction or sharing arra	vices given b	y the reporting	foundation If th	ie foundat	tion receive	d less than fair mai	rket value	lue		
(a) Line	No I	(b) Amount involved	(c) Name of	noncharitable exe	impt organization	(4)	Description of	transfers, transactions	and sharir	on arra	naaman	tc
(a) Line	INC	(b) Amount involved	(C) Name of	Horicharitable exe	inpt organization	(u) b	zescription or	cialisters, transactions	s, and snam	iy aira	ilgerrieri	
-												
<b>2a</b> Is t	ne foun	dation directly or indire	ectly affiliate	d with, or relate	d to, one or mo	e tax-exe	empt organi	zations				
des	cribed ii	n section 501(c) (other	than section	n 501(c)(3)) or	in section 527?			🗆 Y	es 🔽	No		
b If "	res," co	mplete the following so	chedule									
		(a) Name of organization	n	(1	<b>b)</b> Type of organiza	ation		(c) Description	n of relation	ship		
	of my	r penalties of perjury,  knowledge and belief  preparer has any kno	, it is true, c									
Sign Here		·			2019-11-12	<b>\</b>			May the return with the			
	<b>7</b> s	ignature of officer or trustee		Date		Title		below	_	✓ <sub>Yes</sub> I		
		Print/Type preparer's	name	Preparer's Signature		Date		Check if self- employed ▶ □	PTIN P	00272	 !499	
Paid Prep	arer	MELISSA A WALSH				201	19-11-12	Chiployed P				
Use (		Firm's name ► JMG	FINANCIAL	JROUP LID					Firm's EIN	I <b>▶</b> 36-	-32753	370
	•	Firm's address ▶ 20	01 BUTTERF	IELD RD STE 14	100							
		DC	OWNERS GRO	OVE, IL 60515					Phone no	(630	) 571-5	5252

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (b) (c) (d) How acquired (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) Date acquired Date sold P—Purchase (mo, day, yr) (mo, day, yr) D-Donation NORTHERN TRUST ACCT 7239 Р 5,000 SH - EXXON MOBIL CORP Ρ 2008-11-21 2018-05-21 NORTHERN TRUST ACCT 7604 Р 970 SH - EXXON MOBILE CORP Р 2000-02-07 2018-07-18 NORTHERN TRUST 7604 - ROLLS RROYCE Ρ Ρ NORTH ERN TRUST ACCT 7604 Ρ NORTHERN TRUST 7604 - BRITISH AMER Р **CHARLES SCHWAB ACCT 3766** CHARLES SCHWAB ACCT 3766 Ρ 73 SH - DODGE & COX STOCK FUND Р 2010-10-28 2018-02-20 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 105,469 90.814 14,655 410,300 363,375 46,925 17,947 16,083 1,864 79,769 70,495 9,274 942 942 114,432 105,798 8,634 1,047 1,047 483,850 505,309 -21,459 308,543 311,565 -3,022 15,300 7.483 7,817 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (k) over col (j), if any (j) as of 12/31/69 14,655 46,925 1,864 9,274 8,634 -21,459 -3,022 7,817

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (c) (d) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation P 113 SH - ISHARES RUSSELL MID CAP VAL 2010-03-31 2018-02-20 125 SH - VANGUARD FTSE ALL WORLD Р 2010-10-28 2018-02-20 0 68 SH - VANGUARD FTSE ALL WORLD Ρ 2010-10-28 2018-07-05 911 SH - VANGUARD FTSE ALL WORLD Ρ 2010-10-28 2018-07-05 Ρ 2,189 SH - VANGUARD INFLATION 2010-10-28 2018-12-10 Ρ 1,000 SH - CATERPILLAR INC 2000-06-09 2018-02-23 Ρ 5,000 SH - CATERPILLAR INC 2000-06-09 2018-05-21 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h Gain or (loss) (e) Gross sales price Depreciation allowed Cost or other basis (f) (or allowable) (a) plus expense of sale (h) (e) plus (f) minus (g) 9.935 4.593 5,342 6,924 5,657 1,267 36 32 47,126 42,817 4,309 54.210 57,638 -3,428 160,241 28,880 131,361 801.441 150,432 651.009 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any 5,342 1,267 4.309 -3,428131,361 651,009

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment 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 a Paid during the year NAPLES HOSPITAL FOUNDATION NONE N/A 5,000 FURTHER ITS EXEMPT 350 SEVENTH STREET N **PURPOSES** 

NAPLES, FL 34102				
BOOKS FOR COLLIER KIDS PO BOX 10811 NAPLES, FL 34101	NONE	N/A	FURTHER ITS EXEPMT PURPOSE	2,000
				1

NAPLES, FL 34101				
NAPLES SHELTERPO BOX 10102 NAPLES, FL 34101	NONE	N/A	FURTHER ITS EXEPMT PURPOSE	1,000

· · · · · · · · · · · · · · · · · · ·				
NAPLES SHELTERPO BOX 10102 NAPLES, FL 34101	NONE	N/A	FURTHER ITS EXEPMT PURPOSE	1,000

Total .

1,360,020

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

CARE FOR AIDS977 GRANT COVE PLACE | NONE

ATLANTA, GA 30315	NONE	IV/A	TORTHER ITS EXEMIT FOR OSE	1,000
BOOKS FOR CHILDREN 1411 BROADWAY SUITE 6008	NONE	N/A	FURTHER ITS EXEMPT PURPOSE	2,000

N/A

FURTHER ITS EXEMPT PURPOSE

1 000

1,360,020

1411 BROADWAY SUITE 6008 NEW YORK, NY 10018				2,000
PLACE OF HOPE9078 ISAIAH LANE PALM BEACH GARDENS, FL 33418	NONE	N/A	FURTHER ITS PURPOSE	5,000

NEW YORK, NY 10018				<u> </u>
PLACE OF HOPE9078 ISAIAH LANE PALM BEACH GARDENS, FL 33418	NONE	N/A	FURTHER ITS PURPOSE	5,000
			·	

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

	or substantial contributor			
a Paid during the year				
BRIDGMAN CHARITABLE TRUST	NONE	N/A	FURTHER ITS EXEMPT PURPOSE	12,500

LOUISVILLE, KY 40245				ı
CHICAGO LIGHTS 126 EAST CHESTNUT STREET	NONE	N/A	FURTHER ITS EXEMPT PURPOSE	

CHICAGO LIGHTS 126 EAST CHESTNUT STREET CHICAGO, IL 60611	NONE	N/A	FURTHER ITS EXEMPT PURPOSE	14,000
NAPLES BOTANTICAL GARDENS	NONE	N/A	FURTHER ITS EXEMPT PURPOSE	2,000

CHICAGO,IL 60611				
NAPLES BOTANTICAL GARDENS 4820 BAYSHORE DR NAPLES, FL 34112	NONE	N/A	FURTHER ITS EXEMPT PURPOSE	2,000

NAPLES BOTANTICAL GARDENS 4820 BAYSHORE DR NAPLES, FL 34112	NONE	N/A	FURTHER ITS EXEMPT PURPOSE	2,000
Total			<b>&gt;</b> 3a	1,360,020

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				
ARTIS NAPLES5833 PELICAN BAY BLVD NAPLES, FL 34108	NONE	N/A	FURTHER ITS EXEMPT PURPOSE	34,500

NAPLES, FL 34108				
PHI KAPPA PSI FOUNDATION 5395 EMERSON WAY INDIANAPOLIS, IN 46226	NONE	N/A	FURTHER ITS EXEMPT PURPOSE	511,000

5395 EMERSON WAY INDIANAPOLIS, IN 46226				
CANINE COMPANIONSPO BOX 446	NONE	N/A	FURTHER ITS EXEMPT PURPOSE	10,000

CANINE COMPANIONSPO BOX 446 SANTA ROSA, CA 95402	NONE	N/A	FURTHER ITS EXEMPT PURPOSE	10,000

1,360,020

CANINE COMPANIONSPO BOX 446	NONE	N/A	FURTHER ITS EXEMPT PURPOSE	10,00
SANTA ROSA, CA 95402				

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 a Paid during the year ST PAUL'S CHURCH33 DIXON AVE NONE N/A FURTHER ITS EXEMPT PURPOSE 4,000 DAYTON, OH 45419 LVALDADATCO LINITUEDETTV .... ....

1700 CHAPEL DR VALPARAISO, IN 46383	NONE	N/A	FURTHER ITS EXMPT PURPOSE	525,000
BARON COLLIER GRIDIRON 5600 COUGAR DRIVE NAPLES EL 34109	NONE	N/A	FURTHER ITS EXEMPT PURPOSE	250

Total .

E3E 000

1,360,020

▶ 3a

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

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
BAY COLONY SCHOLARSHIP	NONE	N/A	FURTHER ITS EXMPT PURPOSE	335

9740 BENTGRASS BEND NAPLES, FL 34108	NONE	N/A	FURTHER ITS EXMPT PURPOSE	335
NOTRE DAME FOUNDATION 1100 GRACE HALL SOUTH BEND IN 46556	NONE	N/A	FURTHER ITS EXMPT PURPOSE	10,000

===, . = ===				
NOTRE DAME FOUNDATION 1100 GRACE HALL SOUTH BEND, IN 46556	NONE	N/A	FURTHER ITS EXMPT PURPOSE	10,000
TOMAHAWK LAKE ASSOCIATION PO BOX 535 MINOCOLIA WI 54548	NONE	N/A	FURTHER ITS EXEMPT PURPOSE	670

SOUTH BEND, IN 46556				
TOMAHAWK LAKE ASSOCIATION PO BOX 535 MINOCQUA, WI 54548	NONE	N/A	FURTHER ITS EXEMPT PURPOSE	670

PO BOX 535 MINOCQUA, WI 54548	,		
Total	 	▶ 3a	1,360,020

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 (nome or business)	or substantial contributor	,		
a Paid during the year				
TAKE A SOLDIER FISHING	NONE	N/A	FURTHER ITS EXEMPT PURPOSE	2,000

3575 19TH AVE SW NAPLES, FL 34117	NONE	IN/A	FORTHER 113 EXEMPT FORFOSE	2,000
IMMOKALEE FOUNDATION 3960 RADIO ROAD NAPLES, FL 34104	NONE	N/A	FURTHER ITS EXEMPT PURPOSE	161,265

<u> </u>				
IMMOKALEE FOUNDATION 3960 RADIO ROAD NAPLES, FL 34104	NONE	N/A	FURTHER ITS EXEMPT PURPOSE	161,265
PANCREATIC CANCER SOCIETY PO BOX 1848 LONGMONT, CO 80502	NONE	N/A	FURTHER ITS EXEMPT PUPOSE	1,000

Total			▶ 3a	1,360,020
PANCREATIC CANCER SOCIETY PO BOX 1848 LONGMONT, CO 80502	NONE	N/A	FURTHER ITS EXEMPT PUPOSE	1,000
IMMOKALEE FOUNDATION 3960 RADIO ROAD NAPLES, FL 34104	NONE	N/A	FURTHER ITS EXEMPT PURPOSE	161,265

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment 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 a Paid during the year HOWARD YOUNG FOUNDATION NONE N/A FURTHER ITS EXEMPT PURPOSE 10,000 420 ONEIDA STREET MINIOCOLIA WI E4E49

MINOCQUA, WI 34348				
WD BOYCE COUNCIL BSA 614 NE MADISON AVE PEORIA, IL 61603	NONE	N/A	FURTHER ITS EXEMPT PURPOSE	2,500

PEORIA, IL 61603				
OSF FOUNDATION4541 N PROSPECT RD PEORIA, IL 61614	NONE	N/A	FURTHER ITS EXMPT PURPOSE	7,500

1,360,020

▶ 3a

<u>'</u>				
OSF FOUNDATION4541 N PROSPECT RD PEORIA, IL 61614	NONE	N/A	FURTHER ITS EXMPT PURPOSE	7,50

Total . .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment 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 a Paid during the year MARSHALL COUNTY HUMANE SOCIETY NONE N/A FURTHER ITS EXMPT PURPOSE 1,000 11165 13TH RD

PEORIA, IL 61603				
MAYO CLINIC FOUNDATION 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	NONE	N/A	FURTHER ITS EXEMPT PURPOSE	20,000

4500 SAN PABLO ROAD JACKSONVILLE, FL 32224		·		, 
SALVATION ARMY10 W ALGONQUIN RD	NONE	N/A	FURTHER ITS EXMPT PURPOSE	6,000

JACKSONVILLE, FL 32224				
	NONE	N/A	FURTHER ITS EXMPT PURPOSE	6,000
DES PLAINES, IL 60016				

Total .

1,360,020

▶ 3a

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

or substantial contributor

	or substantial contributor			
a Paid during the year				
GULF SHORE PLAYHOUSE 755 8TH AVENUE	NONE	N/A	FURTHER ITS EXEMPY PURPOSE	1,000

SOUTH NAPLES, FL 34102				
NCH FOUNDATION 350 SEVENTH STREET N	NONE	N/A	FURTHER ITS EXEMPT PURPOSE	7,500
I NADLEC EL 24102	1			1

NCH FOUNDATION 350 SEVENTH STREET N NAPLES, FL 34102	NONE	N/A	FURTHER ITS EXEMPT PURPOSE	7,500
Total			▶ 3a	1,360,020

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491316021809			
TY 2018 Investments Corporate Bonds Schedule					
•					

872,912

691,636

930,450

691,084

Name:	FITES FAMILY CHARITABLE TRUST	
-------	-------------------------------	--

NORTHERN TRUST FIXED INC. - SE

CHARLES SCHWAB 3766 - SEE ATTA

**EIN:** 37-1375732

Investments Corporate Bonds Schedule		
Name of Bond	End of Year Book Value	End of Year Fair Market Value
	1	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491316021809
TY 2018 Investments Corporat	e Stock Sche	dule

Name: FITES FAMILY CHARITABLE TRUST

**EIN:** 37-1375732

CHARLES SCHWAB 3728-SEE ATTACH

CHARLES SCHWAB 3766 - SEE ATTA

Investments Corporation Stock Schedule		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
NORTHERN TRUST EQUITY-SEE ATTA	3,512,569	3,998,740

2,754,580

328,469

6,270,075

369,401

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491316021809
TY 2018 Investments Government	nent Obligat	ions Schedule	
	_		
Name:	FITES FAMILY	CHARITABLE TRUST	
EIN:	37-1375732		
US Government Securities - End of Year Book Value:		89,264	
US Government Securities - End of Year Fair Market Value:		89,052	
State & Local Government Securities - End of Year Book Value:			
State & Local Government Securities - End of Year Fair Market Value:			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491316021809
TY 2018 Investments - Other S	Schedule	

945,721

774,854

Name: FITES FAMILY CHARITABLE TRUST

**EIN:** 37-1375732

CHARLES SCHWAB 3766 - SEE ATTA

Listed at Cost or FMV	Book Value	End of Year Fair Market Value
AT COST	223,873	147,980
AT COST	227,909	210,816
	FMV AT COST	FMV AT COST 223,873

AT COST

efile GRAPHIC print - DO NOT PROCESS As Fil	ed Data -	DLN: 93491316021809			
TY 2018 Other Decreases Schedule					
Name: FITE:	S FAMILY CHARITABLE TRUST				
<b>EIN:</b> 37-1	375732				
Descript	tion	Amount			
FEDERAL INCOME TAXES		37,000			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491316021809
TY 2018 Other Income Schedule	e	

90

90

Name: FITES FAMILY CHARITABLE TRUST

EIN	: 37-1375732
Other Teacher Caber I Is	

NT ACCT 7239

Other Income Schedule			
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
·		The state of the s	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 934913160	21809		
TY 2018 Other Increases Schedule						
Name:	FITES FAMILY	CHARITABLE TRUST				
		CHARLE TROOT				
EIN:	37-1375732					
De	escription		Amount			
NON DIVIDEND DISTRIBUTION				2,448		
PPA ADJUSTMENT - ENDING FUND BAL				4,975		

efile GRAPHIC print - DO NOT PROC	ESS As Filed Data	Filed Data - DLN: 93491316021809					
TY 2018 Other Professional Fees Schedule							
Name: FITES FAMILY CHARITABLE TRUST							
<b>EIN:</b> 37-1375732							
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
ADVISORY FEES - JMG	19,060	19,060					
JMG TAX PREP	5,500	2,750		2,750			
NORTHERN TRUST ACCT 7239	25,524	25,524					
NORTHERN TRUST ACCT 7604	3,330	3,330					

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data	DLN: 93491316021809					
TY 2018 Taxes Schedule							
Name: FITES FAMILY CHARITABLE TRUST EIN: 37-1375732							
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
FOREIGN TAX PAID	3,810	3,810					