Form <b>990-T</b>	. E	xempt Organization Bus			ax Return	<b>,</b>	OMB	No 1545-0687	
	For ca	(and proxy tax under section 6033(e))  For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019						<b>N1</b> 8	
Department of the Treasury Internal Revenue Service	■ Go to www.irs.gov/Form990T for instructions and the latest information.  Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).  Open to Public Inspection for 501(c)(3) Organizations Only								
A Check box if address changed	-	Name of organization ( Check box if name changed and see instructions.)						ification number ist, see	
B Exempt under section	r section 3 ) Print THE FULLERTON FAMILY CHARITABLE FUND Number, street, and room or suite no. If a P.O. box, see instructions						47-2940908		
. X 501(c <b>93</b> )							lated busir instruction	ness activity code is )	
408(e) 220(e) 408A 530(a)	',,,	300 WEST FRANCIS STREET							
529(a)		City or town, state or province, country, and ZIP or foreign postal code ASPEN, CO 81611 900099							
C Book value of all assets	٥.	F Group exemption number (See instructions.)	<u> </u>				<del></del>	7.00	
		G Check organization type X 501(c) cor	poratior		401(a)			Other trust	
	-	tion's unrelated trades or businesses.   VESTMENT IN PARTNERSHIP	<u> </u>		the only (or first) ur , complete Parts I-V.			10	
		ce at the end of the previous sentence, complete Pa	erts I an					16,	
business, then complete	•	•	1110 1 (1)	a II, complete a concuate	on for each addition	u, 1, uu	0.		
I During the tax year, was	the corp	oration a subsidiary in an affiliated group or a pare	nt-subsi	diary controlled group?	▶ [	Y	es 🔀	<b>∑</b> No	
		ifying number of the parent corporation.	_		····				
		OHN B FULLERTON, DIREC	TOR	r			<u>920-</u>	1145	
		le or Business Income	1	(A) Income	(B) Expense:	3	<del>-</del>	(C) Net	
1 a Gross receipts or sale							, (3***,		
<ul><li>b Less returns and allow</li><li>2 Cost of goods sold (S</li></ul>		c Balance	1c 2	<u> </u>			<del> </del>		
<ul><li>2 Cost of goods sold (S</li><li>3 Gross profit. Subtract</li></ul>		11111	3			ι,		<del>`</del>	
4 a Capital gain net incon		VI	4a	1.	RECEIV	/FD			
· -	,	art II, line 17) (attach Form 4797)	4b				-0		
c Capital loss deduction			4c		\$100,0 G #	20:0	OS OS		
5 Income (loss) from a	partners	hip or an S corporation (attach statement)	5	6,946.	NUSTMT !	[पु।५:			
6 Rent income (Schedu	le C)		6				١٣		
7 Unrelated debt-finance	ed incor	ne (Schedule E)	7		"GDEN	-UI			
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			8	· -			<u> </u>		
		n 501(c)(7), (9), or (17) organization (Schedule G)	-		-		<del></del>		
10 Exploited exempt acti	-	•	10				$\vdash$	<del></del>	
11 Advertising income (\$ 12 Other income (See in:		•	11 12		E 12 3	•	<del></del>		
13 Total. Combine lines		•	13	6,947.	1.2.72			6,947.	
		t Taken Elsewhere (See instructions for			1				
(Except for d	contribu	itions, deductions must be directly connected	with t	he unrelated business	income)				
14 Compensation of off	icers, dii	ectors, and trustees (Schedule K)				14			
15 Salaries and wages						15	<u> </u>		
16 Repairs and mainten	ance					16	<u> </u>		
17 Bad debts	a.a.y.					17			
<ul><li>18 Interest (attach sche</li><li>19 Taxes and licenses</li></ul>	aule) (se	e instructions)				18			
	nns (See	instructions for limitation rules)				20			
	,			21		ī		<del></del>	
				22a	······································	22b			
23 Depletion>				<u> </u>		23			
24 Contributions to deferred compensation plans						24			
· 11						25			
26 Excess exempt expenses (Schedule I)						26	<del></del>		
27 Excess readership costs (Schedule J)					27				
28 Other deductions (attach schedule)					28	<del> </del>	0.		
Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13					30	<u> </u>	6,947.		
						* . 3"	177 4		
32 Unrelated business taxable income. Subtract line 31 from line 30					32		6,947.		
223701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions. Form 990-T (2018)									

(Partill	II Total Unrelated Business Taxable Income							
33,	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instru	33	6,947.					
34	Amounts paid for disallowed fringes		34					
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35					
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of							
	lines 33 and 34		36	6,947.				
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	1,000.				
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,							
	enter the smaller of zero or line 36		38	5,947.				
(Partii	// Tax Computation							
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		▶ 39	1,249.				
40	Trusts Taxable at Trust Rates. See instructions for tax computation, Income tax on the amount on line 3	38 from;						
	Tax rate schedule or Schedule D (Form 1041)		▶ 40					
41	Proxy tax. See instructions		<b>▶</b> 41					
42	Alternative minimum tax (trusts only)		42					
43	Tax on Noncompliant Facility Income. See instructions		43					
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	<u> </u>	. 44	1,249.				
Part	Tax and Payments							
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  45a							
b	Other credits (see instructions) 45b							
C	General business credit, Attach Form 3800							
	Credit for prior year minimum tax (attach Form 8801 or 8827)							
	Total credits. Add lines 45a through 45d		45e	1 040				
46	Subtract line 45e from line 44	٦	46	1,249.				
47	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866	Other (attach sche		1 240				
48	Total tax. Add lines 46 and 47 (see instructions)		48	1,249.				
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.				
	Payments A 2017 overpayment credited to 2018							
	2018 estimated tax payments 50b							
	Tax deposited with Form 8868	<del></del>						
	Foreign organizations: Tax paid or withheld at source (see instructions)  Solution withheld or (see instructions)							
	Backup withholding (see instructions)  50e							
	Credit for small employer health insurance premiums (attach Form 8941)  Start 2402							
g	Other credits, adjustments, and payments Form 2439 Total Form 4136 Total 50g							
	Total payments. Add lines 50a through 50g Estimated tax penalty (see instructions). Check if Form 2220 is attached		51 52	7.				
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		<b>▶</b> 53	1,256.				
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54					
	Enter the amount of line 54 you want. Credited to 2019 estimated tax	55						
	IJ Statements Regarding Certain Activities and Other Information (see	Refunded e instructions)	P 1 30					
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other			Yes No				
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file							
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country							
	here							
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor	to, a foreign trust	?	X				
	If "Yes," see instructions for other forms the organization may have to file.							
58								
		and to the best of my l	knowledge and t	pelief, it is true,				
Sign	correct, and complete Declaration of preparer (other than texpayer) is based on the SIGNITERE anyl	v.iowienBe	May the 10	S discuss this return with				
Here	John July 11/9/19 DIRECTOR		r shown below (see					
	Signature of officer Date Title	instructions	s)? X Yes No					
	Print/Type preparer's name Preparer's synature Date	Check	ıf PTI	N				
Paid		self- empl						
Prepa	rer PJ KOVACH 11.12.2	2019		00954161				
Use O	nly Firm's name ► DELOITTE TAX, LLP \	Firm's El	<u>IN ▶ 8</u>	<u>6-1065772                                   </u>				
	1601 WEWATTA STREET, SUITE 400							
	Firm's address ► DENVER, CO 80202	Phone no	o. 303-	292-5400				
823711 01-	09-19			Form 990-T (2018)				

FORM.990-T	INCOME (LOSS) FROM PART	TNERSHIPS	STATEMENT 11
DESCRIPTION			NET INCOME OR (LOSS)
DRAKES LANDING AS BUSINESS INCOME (	SOCIATES, LP: 52-1631321 - ORI LOSS)	DINARY	6,946.
TOTAL INCLUDED ON	FORM 990-T, PAGE 1, LINE 5		6,946.

## SCHEDULE D (Form 1120) Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

THE FULLERTON FAMI	LY CHARITABLE	FUND		4 / -	<u> 2940908</u>
Part I Short-Term Capital Ga	ins and Losses (See	instructions.)			
See instructions for how to figure the amounts	(4)	(0)	(5) Advistments to ass	_	(h) Gain or (loss) Subtract
to enter on the lines below.  This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(6) Cost (or other basis)	(g) Adjustments to gai or loss from Form(s) 894 Part I, line 2 column (g	9, )	column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				,	
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or (loss) from like-kin				5	
6 Unused capital loss carryover (attach comput				6	(
7 Net short-term capital gain or (loss). Combin	e lines 1a through 6 in column	ı h		7	
Part II   Long-Term Capital Gai					
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gai	n	(h) Gain or (loss) Subtract
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	or loss from Form(s) 894 Part II, line 2, column (s	9)	column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b			,		
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					1.
11 Enter gain from Form 4797, line 7 or 9				11	
12 Long-term capital gain from installment sales	12				
13 Long-term capital gain or (loss) from like-kin	13				
14 Capital gain distributions	14				
15 Net long-term capital gain or (loss). Combine	15	1.			
Part III Summary of Parts I and	d II				
16 Enter excess of net short-term capital gain (lii	ne 7) over net long-term capita	il loss (line 15)		16	
17 Net capital gain. Enter excess of net long-term	17_	1.			
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.					1.
Note: If losses exceed gains, see Capital loss	es in the instructions.				
= .					

JWA

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no.

## THE FULLERTON FAMILY CHARITABLE FUND

47-2940908

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

see page 1
Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box if you have more long-term transactions than will fit on this page for one or more of the boxes complete as many forms with the same box checked as you need

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X (F) Long-term transactions no	ot reported to you	on Form 1099-B					
Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo, day, yr)	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e) In the instructions	in column column (f	nt, if any, to gain or ou enter an amount (g), enter a code in ). See instructions.	Subtract column (e) from column (d) &
					Code(s)	(g) Amount of adjustment	combine the result with column (g)
DRAKES LANDING							
ASSOCIATES,							
LP							1.
	=			<u></u>			
				ļ .	ļ		ļ
				ļ			
				<b></b>			
				ļ.,			
	<b>_</b>						
	_						
	<del></del>				<del> </del> -		
	<del></del>			···· ··· ··· ··· ·	<u> </u>		
-					ļ		
	<del></del>			<del>                                     </del>			l I
	-			<u> </u>	_		
	<del> </del>			<u> </u>	<u> </u>		
	<del></del>				ļ		
	-			<u> </u>			
	<del>                                     </del>					\ <del></del>	
	1		****				
			· <u>·</u>	1	-		
		_					
	1						
2 Totals. Add the amounts in colunegative amounts) Enter each t Schedule D, line 8b (if Box D at	otal here and incli pove is checked),	ude on your line 9 (ıf Box E					
above is checked), or line 10 (if	Box F above is ch	necked)			L		1.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment