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Form 990-PF

Return of Private Foundation

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

OMB No 1545-0047

2019

Department of the Treasury
Internal Revenue ServiceDo not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.

For calendar year 2019 or tax year beginning

MAY 1, 2019

and ending

APR 30, 2020

Name of foundation

A Employer identification number

REESE FAMILY CHARITABLE FOUNDATION

36-3882837

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

Room/suite

22000 SHALLOWATER LANE

B Telephone number

630-484-8999

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

BONITA SPRINGS, FL 34135

C If exemption application is pending, check here ☐

G Check all that apply:

☐ Initial return☐ Initial return of a former public charity☐ Final return☐ Amended return☐ Address change☐ Name changeD 1. Foreign organizations, check here ☐2. Foreign organizations meeting the 85% test, check here and attach computation ☐

H Check type of organization:

☒ Section 501(c)(3) exempt private foundation☐ Section 4947(a)(1) nonexempt charitable trust☐ Other taxable private foundationE If private foundation status was terminated under section 507(b)(1)(A), check here ☐

I Fair market value of all assets at end of year (from Part II, col. (c), line 16)

J Accounting method:

☒ Cash☐ Accrual☐ Other (specify)F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

1,922,006.

(Part I, column (d), must be on cash basis.)

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received		136,810.		N/A	
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B					
3 Interest on savings and temporary cash investments		54.	54.		
4 Dividends and interest from securities		66,988.	66,988.		
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		12,940.			
b Gross sales price for all assets on line 6a		65,634.			
7 Capital gain net income			42,940.		
8 Net short-term capital gain					
9 Income modifications					
10a Gross sales less returns and allowances					
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income					
12 Total. Add lines 1 through 11		246,792.	109,982.		
13 Compensation of officers, directors, trustees, etc.		0.	0.		0.
14 Other employee salaries and wages					
15 Pension plans, employee benefits					
16a Legal fees					
b Accounting fees STMT 1		1,600.	1,600.		0.
c Other professional fees					
17 Interest					
18 Taxes STMT 2		953.	0.		0.
19 Depreciation and depletion					
20 Occupancy					
21 Travel, conferences, and meetings					
22 Printing and publications					
23 Other expenses STMT 3		500.	0.		500.
24 Total operating and administrative expenses. Add lines 13 through 23		3,053.	1,600.		500.
25 Contributions, gifts, grants paid		123,255.			123,255.
26 Total expenses and disbursements. Add lines 24 and 25		126,308.	1,600.		123,755.
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements		120,484.			
b Net investment income (if negative, enter -0-)			108,382.		
c Adjusted net income (if negative, enter -0-)				N/A	

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Sign

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end of-year amounts only		
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value	
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	32,558.	38,927.	38,927.
	3 Accounts receivable ▶ Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶ Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶ Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 4	890,648.	1,004,764.	1,877,851.
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis ▶ Less: accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other STMT 5	9,042.	8,953.	5,228.
	14 Land, buildings, and equipment: basis ▶ Less: accumulated depreciation ▶			
15 Other assets (describe ▶)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	932,248.	1,052,644.	1,922,006.	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
23 Total liabilities (add lines 17 through 22)	0.	0.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input type="checkbox"/>			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/>			
	26 Capital stock, trust principal, or current funds	0.	0.	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	932,248.	1,052,644.	
	28 Retained earnings, accumulated income, endowment, or other funds	0.	0.	
	29 Total net assets or fund balances	932,248.	1,052,644.	
	30 Total liabilities and net assets/fund balances	932,248.	1,052,644.	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	932,248.
2 Enter amount from Part I, line 27a	2	120,484.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	1,052,732.
5 Decreases not included in line 2 (itemize) ▶ NON-DIVIDEND DISTRIBUTIONS	5	88.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	1,052,644.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a 500 SHS JPMORGAN CHASE	P	VARIOUS	12/05/19
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a 65,634.		22,694.	42,940.
b			
c			
d			
e			

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

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			42,940.
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	<div style="display: flex; align-items: center;"> <div style="border-left: 1px solid black; padding-left: 5px;"> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div> <div style="margin-left: 10px;"> 2 </div> </div>	42,940.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	<div style="display: flex; align-items: center;"> <div style="border-left: 1px solid black; padding-left: 5px;"> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div> <div style="margin-left: 10px;"> 3 </div> </div>	N/A

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

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

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

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

☐ Yes ☒ No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	104,152.	2,024,175.	.051454
2017	94,487.	1,857,105.	.050879
2016	68,660.	1,361,629.	.050425
2015	57,560.	1,150,489.	.050031
2014	56,776.	1,073,716.	.052878

2 Total of line 1, column (d)	2	.255667
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	.051133
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	2,218,073.
5 Multiply line 4 by line 3	5	113,417.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	1,084.
7 Add lines 5 and 6	7	114,501.
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.	8	123,755.

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	1,084.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	1,084.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	1,084.
6 Credits/Payments:			
a 2019 estimated tax payments and 2018 overpayment credited to 2019	6a	880.	
b Exempt foreign organizations - tax withheld at source	6b	0.	
c Tax paid with application for extension of time to file (Form 8868)	6c	0.	
d Backup withholding erroneously withheld	6d	0.	
7 Total credits and payments. Add lines 6a through 6d	7	880.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0.	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	204.	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11 Enter the amount of line 10 to be: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input checked="" type="checkbox"/>	11		

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition. If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
1c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <input type="checkbox"/> NONE		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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Part VII-A: Statements Regarding Activities (continued)

- 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions
- 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions
- 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?

	Yes	No
11		X
12		X
13	X	

Website address **N/A**

- 14 The books are in care of **C. MICHAEL REESE** Telephone no. **630-484-8999**
 Located at **22000 SHALLOWATER LN, BONITA SPRINGS, FL** ZIP+4 **34135**

- 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here ☐
 and enter the amount of tax-exempt interest received or accrued during the year **15** **N/A**

- 16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?

	Yes	No
16		X

See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country **N/A**

Part VII-B: Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

- 1a During the year, did the foundation (either directly or indirectly):

- (1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No
- (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No
- (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No
- (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ No
- (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No
- (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) ☐ Yes ☒ No

- b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions
 Organizations relying on a current notice regarding disaster assistance, check here **N/A**

- c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?

	Yes	No
1b		
1c		X

- 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):

- a At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? ☐ Yes ☒ No

If "Yes," list the years **N/A**

- b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) **N/A**

- c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. **N/A**

2b		
2c		

- 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No

- b If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019.) **N/A**

- 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

- b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?

3b		
4a		X
4b		X

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

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

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions

N/A

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

☒

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

N/A

☐ Yes ☐ No

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

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

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

N/A

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

8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?

☐ Yes ☒ No**Part VIII. Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

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

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

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

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

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

0

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services. 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

0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 N/A	
2	
3	
4	

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3

0.

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	2,216,094.
b	Average of monthly cash balances	1b	35,757.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,251,851.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,251,851.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	33,778.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,218,073.
6	Minimum investment return. Enter 5% of line 5	6	110,904.

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

1	Minimum investment return from Part X, line 6	1	110,904.
2a	Tax on investment income for 2019 from Part VI, line 5	2a	1,084.
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	1,084.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	109,820.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	109,820.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	109,820.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	123,755.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	123,755.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	1,084.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	122,671.

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

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				109,820.
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014	3,628.			
b From 2015	569.			
c From 2016	1,852.			
d From 2017	3,198.			
e From 2018	4,689.			
f Total of lines 3a through e	13,936.			
4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ 123,755.				
a Applied to 2018, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2019 distributable amount				109,820.
e Remaining amount distributed out of corpus	13,935.			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	27,871.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				0.
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)	0.			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7	3,628.			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	24,243.			
10 Analysis of line 9:				
a Excess from 2015	569.			
b Excess from 2016	1,852.			
c Excess from 2017	3,198.			
d Excess from 2018	4,689.			
e Excess from 2019	13,935.			

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
ALEX'S LEMONADE STAND 111 PRESIDENTIAL BLVD, SUITE 203 BALA CYNWYD, PA 19004		PC	GENERAL	250.
ALS ASSOCIATION 1275 K STREET NW WASHINGTON, DC 20005		PC	GENERAL	1,750.
ALZHEIMER'S ASSOCIATION 225 N. MICHIGAN AVE. CHICAGO, IL 60601		PC	GENERAL	2,500.
AMERICAN CANCER SOCIETY 225 N MICHIGAN AVE SUITE 1200 CHICAGO, IL 60601		PC	GENERAL	2,000.
AMERICAN DIABETES ASSOCIATION PO BOX 1130 FAIRFAX, VA 22038		PC	GENERAL	1,750.
Total	SEE CONTINUATION SHEET(S)			123,255.
b Approved for future payment				
NONE				
Total				0.

Form 990-PF (2019)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
AMERICAN HEART ASSOCIATION 208 SOUTH LA SALLE STREET CHICAGO, IL 60604		PC	GENERAL	1,500.
AMERICAN INSTITUTE FOR CANCER RESEARCH 1759 R STREET WASHINGTON, DC 20009		PC	GENERAL	500.
AMERICAN LUNG ASSOCIATION PO BOX 7000 ALBERT LEA, MN 56007-8001		PC	GENERAL	1,250.
AMERICAN RED CROSS P.O. BOX 37243 WASHINGTON, DC 20013		PC	GENERAL	3,000.
AMIGOS CENTER BONITA SPRINGS 25999 OLD 41 ROAD BONITA SPRINGS, FL 34135		PC	GENERAL	1,750.
ANTHONY RIZZO FOUNDATION 860 W. BLACKHAWK, UNIT 2707 CHICAGO, IL 60642		PC	GENERAL	900.
ATHLETES IN ACTION 651 TAYLOR DRIVE XENIA, OH 45385		PC	GENERAL	900.
AUDUBON OF FLORIDA 375 SANCTUARY RD W NAPLES, FL 34120		PC	GENERAL	1,900.
B. R. RYALL YMCA 49 DEICKE DRIVE GLEN ELLYN, IL 60137		PC	GENERAL	1,250.
BONITA SPRINGS ASSISTANCE OFFICE 6 25300 BERNWOOD DR BONITA SPRINGS, FL 34135		PC	GENERAL	2,000.
Total from continuation sheets				115,005.

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
BREAST CANCER FUNDS 282 SECOND ST. SAN FRANCISCO, CA 94105, CA 94105		PC	GENERAL	175.
BRIDGE COMMUNITIES, INC. 505 CRESCENT BLVD. GLEN ELLYN, IL 60137		PC	GENERAL	1,200.
BUCKNELL UNIVERSITY COOLEY HALL LEWISBERG, PA 17837		PC	GENERAL	1,750.
C.A.S.A. 505 N. COUNTY FARM ROAD WHEATON, IL 60187		PC	GENERAL	1,100.
CAFE OF LIFE P.O. BOX 367794 BONITA SPRINGS, FL 34136		PC	GENERAL	1,500.
CAL'S ALL-STAR ANGEL FOUNDATION C/O THOMAS SUTTER, 721 ASHTON LANE SOUTH ELGIN, IL 60177		PC	GENERAL	1,500.
CHILDREN'S HOSPITAL OF SW FLORIDA 16451 HEALTHPARK COMMONS DR, STE 200 FORT MYERS, FL 33902		PC	GENERAL	2,750.
CONSERVANCY OF SW FLORIDA 1450 MERRIHUE DR NAPLES, FL 34102		PC	GENERAL	1,200.
CROW CANYON ARCHAEOLOGICAL CENTER 23390 ROAD K CORTEZ, CO 81321		PC	GENERAL	600.
DISABLED AMERICAN VETERANS P.O. BOX 14301 CINCINNATI, OH 45250		PC	GENERAL	1,900.
Total from continuation sheets				

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
DUPAGE COMMUNITY FOUNDATION 110 N. CROSS ST. WHEATON, IL 60187		PC	GENERAL	4,000.
FAMILY SHELTER SERVICE P.O. BOX 3404 GLEN ELLYN, IL 60137		PC	GENERAL	2,000.
FGCU ATHLETICS 10501 FGCU BLVD. SOUTH FORT MYERS, FL 33965		PC	GENERAL	300.
FIRE MOUNTAIN SCHOOL 6505 ELK FLAT RD. ARCH CAPE, OR 97102		PC	GENERAL	1,750.
FISHER HOUSE FOUNDATION 1401 ROCKVILLE PIKE ROCKVILLE, MD 20852		PC	GENERAL	2,000.
FOUNDATION FOR PERIPHERAL NEUROPATHY 485 HALF DAY ROAD, STE 350 BUFFALO GROVE, IL 60089		PC	GENERAL	1,200.
GLEN ELLYN HISTORICAL SOCIETY BOX 283 GLEN ELLYN, IL 60138		PC	GENERAL	950.
GLEN OAK FOUNDATION C/O GLEN OAK CC 21W451 HILL AVE GLEN ELLYN, IL 60137		PC	GENERAL	650.
GOLDIE FLOBERG CENTER 58 W. ROCKTON ROAD ROCKTON, IL 61072		PC	GENERAL	1,500.
HABITAT FOR HUMANITY 1288 N. TAMiami TR. NORTH FT. MYERS, FL 33903		PC	GENERAL	1,200.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
HARRY CHAPIN FOOD BANK OF SW FLORIDA 3760 FOWLER ST. FT. MYERS, FL 33901		PC	GENERAL	2,000.
HOPE HEALTH CARE/HOSPICE 9470 HEALTHPARK CIR FORT MYERS, FL 33908		PC	GENERAL	1,000.
INTERFAITH CHARITIES 17592 ROCKEFELLER CIRCLE FORT MYERS, FL 33967		PC	GENERAL	800.
ISRAEL CHILDREN'S CENTERS 3275 W. HILLSBORO BLVD. DEERFIELD BEACH, FL 33442		PC	GENERAL	1,250.
JUVENILE DIABETES RESEARCH 500 N. DEARBORN, STE 305 CHICAGO, IL 60610-4901		PC	GENERAL	1,750.
KAPPA KAPPA GAMMA SORORITY P.O. BOX 38 COLUMBUS, OH 43216-0038		PC	GENERAL	600.
LEUKEMIA & LYMPHOMA SOCIETY P.O. BOX 4072 PITTSFIELD, MA 01202		PC	GENERAL	900.
LIBERTY YOUTH RANCH FOUNDATION 27225 OLD RT. 41 BONITA SPRINGS, FL 34135		PC	GENERAL	800.
LIFE WITHOUT LIMBS P.O. BOX 2430 AGOURA HILLS, CA 91376		PC	GENERAL	1,000.
LINCOLN COLLEGE 300 KEOKUK ST. LINCOLN, NE 68656		PC	GENERAL	900.
Total from continuation sheets				

Part XV. Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
LITERACY VOLUNTEERS OF AMERICA 24 W 500 MAPLE AVENUE NAPERVILLE, IL 60540		PC	GENERAL	1,500.
MACULAR DEGENERATION RESEARCH 22512 GATEWAY CENTER DRIVE CLARKSBURG, MD 20871		PC	GENERAL	800.
MARIANJOY REHAB. HOSPITAL P.O. BOX 795 WHEATON, IL 60187		PC	GENERAL	1,750.
MCCORMICK TRIBUNE FOUNDATION 435 N. MICHIGAN AVE. CHICAGO, IL 60611		PC	GENERAL	1,750.
MICHAEL J. FOX FOUNDATION P.O. BOX 5014 HAGERSTOWN, MD 21741		PC	GENERAL	1,500.
MORTON ARBORETUM FOUNDATION 4100 LINCOLN AVE. LISLE, IL, IL 60532		PC	GENERAL	280.
MULTIPLE SCLEROSIS FOUNDATION 6520 NORTH ANDREWS AVE FT. LAUDERDALE, FL 33309-2132		PC	GENERAL	1,000.
MUSCULAR DYSTROPHY ASSOCIATION 430 N. MICHIGAN AVE. CHICAGO, IL 60611		PC	GENERAL	750.
NATIONAL PARK FOUNDATION 1110 VERMONT AVE NW #200 WASHINGTON, DC 20005		PC	GENERAL	700.
NEW HORIZONS OF SW FLORIDA PO BOX 111833 NAPLES, FL 34108		PC	GENERAL	1,500.
Total from continuation sheets				

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
NORTH COAST LAND CONSERVANCY 2609 N ROOSEVELT DR SEASIDE, OR 97138		OC	GENERAL	500.
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN COURT GENEVA, IL 60134		PC	GENERAL	3,500.
NORTHWESTERN MEDICINE FOUNDATION 25 N. WINFIELD ROAD WINFIELD, IL 60190-1295		PC	GENERAL	3,000.
OUTREACH COMMUNITY MINISTRIES 122 W. LIBERTY WHEATON, IL 60187-5124		PC	GENERAL	2,600.
P.A.D.S. 705 W. LIBERTY WHEATON, IL 60187		PC	GENERAL	1,500.
PANCREATIC CANCER ACTION NETWORK 2141 ROSECRANS AVE EL SEGUNDO, CA 90245		PC	GENERAL	1,500.
PARKINSONS FOUNDATION 200 S.E. 1ST STREET, SUITE 800 MIAMI, FL 33131		PC	GENERAL	1,000.
PEOPLES RESOURCE CENTER 1506 E. ROOSEVELT ROAD WHEATON, IL 60187		PC	GENERAL	1,750.
RE:NEW PROJECT 483 N. MAIN ST. GLEN ELLYN, IL 60137		PC	GENERAL	900.
SALVATION ARMY (FLORIDA) P.O. BOX 60087 FORT MYERS, FL 33906		PC	GENERAL	1,500.
Total from continuation sheets				

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SALVATION ARMY (FT. MYERS) P.O. BOX 60087 FORT MYERS, FL 33906		PC	GENERAL	2,250.
SHADOW WOOD CHARITABLE FOUNDATION BOX 162, 24600 TAMiami TRAIL, STE. 212 BONITA SPRINGS, FL 34134		PC	GENERAL	1,350.
SOUTH COUNTY COMMUNITY FOOD BANK P.O. BOX 602 SEASIDE, OR 97138		PC	GENERAL	700.
SOUTHWEST FLORIDA COMMUNITY FOUNDATION 8771 COLLEGE PKWY, BLDG 2, ST 201 FORT MYERS, FL 33919		PC	GENERAL	3,500.
SPECIAL OLYMPICS FOR POLAR PLUNGE 541 N. PAIRBANKS CT. CHICAGO, IL 60611		PC	GENERAL	800.
SPECTROIS INSTITUTE FOR LOW VISION 219 E COLE AVE WHEATON, IL 60187		PC	GENERAL	1,500.
ST. MARK'S EPISCOPAL CHURCH 393 N MAIN ST. GLEN ELLYN, IL 60137		PC	GENERAL	2,550.
ST. MARY'S EPISCOPAL CHURCH PO BOX 1923 BONITA SPRINGS, FL 34133		PC	GENERAL	2,500.
SYRIAN AMERICAN MEDICAL SOCIETY 1012 14TH ST. NW, SUITE 1500 WASHINGTON, DC 20005		PC	GENERAL	1,500.
THETA CHI FUNDS FOUNDATION 3330 FOUNDERS ROAD INDIANAPOLIS, IN 46268		PC	GENERAL	750.
Total from continuation sheets				

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
TOGETHER RISING 800 WEST BROAD ST. SUITE #6409 FALLS CHURCH, VA 22040		PC	GENERAL	500.
TREES, WATER & PEOPLE FUND 633 REMINGTON ST. FORT COLLINS, CO 80524		PC	GENERAL	900.
TRI-CITY FAMILY SERVICES 1120 RANDALL COURT GENEVA, IL 60134		PC	GENERAL	2,500.
UNITED WAY OF LEE COUNTY 7275 CONCOURSE DRIVE FORT MYERS, FL 33908		PC	GENERAL	1,750.
VALPARAISO UNIVERSITY GRALAND HALL VALPARAISO, IN 46383-6493		PC	GENERAL	1,750.
WCGU PUBLIC RADIO 10501 FGCU BLVD. SOUTH FORT MYERS, FL 33965		PC	GENERAL	900.
WESTERN GOLF EVANS SCHOLARSHIP 1 BRIAR ROAD GOLF, IL 60029		PC	GENERAL	800.
WILD SALMON CENTER 721 NW 9TH AVE PORTLAND, OR 97209		PC	GENERAL	500.
WOUNDED WARRIORS PROJECT P.O. BOX 758517 TOPEKA, KS 66675		PC	GENERAL	1,750.
WTTW CHANNEL 11 5400 N. ST. LOUIS AVE. CHICAGO, IL 60625-3698		PC	GENERAL	900.
Total from continuation sheets				

Part XVII	Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations
------------------	--

- | | | |
|---|-------|-----|
| <p>1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)(3) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?</p> <p>a Transfers from the reporting foundation to a noncharitable exempt organization of:</p> <p>(1) Cash</p> <p>(2) Other assets</p> <p>b Other transactions.</p> <p>(1) Sales of assets to a noncharitable exempt organization</p> <p>(2) Purchases of assets from a noncharitable exempt organization</p> <p>(3) Rental of facilities, equipment, or other assets</p> <p>(4) Reimbursement arrangements</p> <p>(5) Loans or loan guarantees</p> <p>(6) Performance of services or membership or fundraising solicitations</p> <p>c Sharing of facilities, equipment, mailing lists, other assets, or paid employees</p> <p>d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.</p> | | Yes |
| | 1a(1) | |
| | 1a(2) | |
| | | |
| | 1b(1) | |
| | 1b(2) | |
| | 1b(3) | |
| | 1b(4) | |
| | 1b(5) | |
| | 1b(6) | |
| | 1c | |

	Yes	No
1a(1)		X
1a(2)		X
1b(1)		X
1b(2)		X
1b(3)		X
1b(4)		X
1b(5)		X
1b(6)		X
1c		X

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No
- b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

**Sign
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer or trustee

Date _____

► TRUSTEE

Title

May the IRS discuss this return with the preparer shown below? See instr

☒ Yes ☐ No

**Paid
Preparer
Use Only**

Print/Type preparer's name

PETER J. ZICH

Preparer's signature

Date _____

8-15-20

Check ☐ self-employed

PTIN

P00804554

Firm's name ► **DUGAN & LOPATKA, CPAs PC**

Firm's EIN ▶ 36-2886485

Firm's address ► 4320 WINFIELD ROAD SUITE 450
WARRENVILLE, IL 60555-4036

Phone no. 630-665-4440

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

- Attach to Form 990, Form 990-EZ, or Form 990-PF.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Name of the organization

REESE FAMILY CHARITABLE FOUNDATION

Employer identification number

36-3882837

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

☐

501(c)() (enter number) organization

☐4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐

527 political organization

Form 990-PF

☒

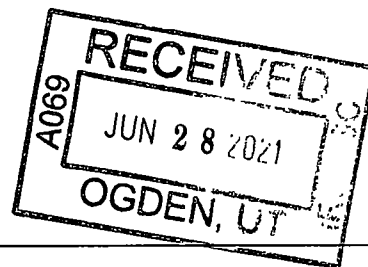
501(c)(3) exempt private foundation

☐

4947(a)(1) nonexempt charitable trust treated as a private foundation

☐

501(c)(3) taxable private foundation

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

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

Special Rules☐

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.☐For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ► \$ _____**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Part I **Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	C. MICHAEL & JENNIFER REESE 22000 SHALLOWATER LANE BONITA SPRINGS, FL 34135	\$ 136,810.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

36-3882837

Part II

Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

[illegible]

Name of organization

Employer identification number

REESE FAMILY CHARITABLE FOUNDATION**36-3882837**

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

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

FORM 990-PF ACCOUNTING FEES STATEMENT 1

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAX RETURN PREP FEES	1,600.	1,600.		0.
TO FORM 990-PF, PG 1, LN 16B	1,600.	1,600.		0.

FORM 990-PF TAXES STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL TAXES	953.	0.		0.
TO FORM 990-PF, PG 1, LN 18	953.	0.		0.

FORM 990-PF OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
GO FUND ME CONTRIBUTION - KRIS KIRBY EDUCATION FUND	500.	0.		500.
TO FORM 990-PF, PG 1, LN 23	500.	0.		500.

FORM 990-PF CORPORATE STOCK STATEMENT 4

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
JP MORGAN CHASE & CO	910,025.	1,727,127.
WASHINGTON MUTUAL INVESTORS CL A	5,000.	5,530.
AMERICAN ELEC PWR INC	12,070.	19,946.
ARCHER DANIELS MIDLAND CO	11,908.	13,742.
CVS CAREMARK CORP	10,361.	11,079.
CONOCOPHILLIPS	9,952.	7,157.
KRAFT HEINZ COMPANY	9,870.	6,066.

REESE FAMILY CHARITABLE FOUNDATION

36-3882837

MCDONALDS CORP	15,534.	28,134.
PFIZER INC	9,987.	12,275.
UNITEDHEALTH GROUP INC	10,057.	46,795.
TOTAL TO FORM 990-PF, PART II, LINE 10B	1,004,764.	1,877,851.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	5
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DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
HCP INC REIT	COST	8,953.	5,228.
TOTAL TO FORM 990-PF, PART II, LINE 13		8,953.	5,228.