

Form **990-PF**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Private Foundation**  
**or Section 4947(a)(1) Trust Treated as Private Foundation**  
 ▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

OMB No 1545-0052  
**2018**  
**Open to Public Inspection**

**For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018**

|  |  |  |
|--|--|--|
| Name of foundation<br>THE FRICKS PRIVATE FOUNDATION TRUST  |  | <b>A Employer identification number</b><br>65-6387910  |
| Number and street (or P O box number if mail is not delivered to street address)<br>2641 BULRUSH LANE  | Room/suite   | <b>B Telephone number</b> (see instructions)<br>(239) 643-3361   |
| City or town, state or province, country, and ZIP or foreign postal code<br>NAPLES, FL 34105   |  | <b>C</b> If exemption application is pending, check here <input type="checkbox"/>  |
| <b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Final return <input type="checkbox"/> Amended return<br><input type="checkbox"/> Address change <input type="checkbox"/> Name change |  | <b>D 1.</b> Foreign organizations, check here <input type="checkbox"/><br><b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> |
| <b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation   |  | <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>   |
| <b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <u>4,604,424</u>   | <b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br><i>(Part I, column (d) must be on cash basis)</i> | <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>  |

|   | <b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</i> | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |         |
|---|---|------------------------------------|---------------------------|-------------------------|---|---------|
| <b>Revenue</b>  | <b>1</b> Contributions, gifts, grants, etc., received (attach schedule)   | 100,000                            |                           |                         |   |         |
|   | <b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B  |                                    |                           |                         |   |         |
|   | <b>3</b> Interest on savings and temporary cash investments   | 395                                | 395                       | 395                     |   |         |
|   | <b>4</b> Dividends and interest from securities   | 111,848                            | 111,848                   | 111,848                 |   |         |
|   | <b>5a</b> Gross rents   |                                    |                           |                         |   |         |
|   | <b>b</b> Net rental income or (loss)  |                                    |                           |                         |   |         |
|   | <b>6a</b> Net gain or (loss) from sale of assets not on line 10   | 150,291                            |                           |                         |   |         |
|   | <b>b</b> Gross sales price for all assets on line 6a  | 802,582                            |                           |                         |   |         |
|   | <b>7</b> Capital gain net income (from Part IV, line 2)   |                                    | 65,998                    |                         |   |         |
|   | <b>8</b> Net short-term capital gain  |                                    |                           |                         |   |         |
|   | <b>9</b> Income modifications   |                                    |                           |                         |   |         |
|   | <b>10a</b> Gross sales less returns and allowances  |                                    |                           |                         |   |         |
| <b>b</b> Less Cost of goods sold                                |   |                                    |                           |                         |   |         |
| <b>c</b> Gross profit or (loss) (attach schedule)               |   |                                    |                           |                         |   |         |
| <b>11</b> Other income (attach schedule)                        |   |                                    |                           |                         |   |         |
| <b>12 Total.</b> Add lines 1 through 11                         |   | 362,534                            | 178,241                   | 112,243                 |   |         |
| <b>Operating and Administrative Expenses</b>                    | <b>13</b> Compensation of officers, directors, trustees, etc  |                                    |                           |                         |   |         |
|   | <b>14</b> Other employee salaries and wages   |                                    |                           |                         |   |         |
|   | <b>15</b> Pension plans, employee benefits  |                                    |                           |                         |   |         |
|   | <b>16a</b> Legal fees (attach schedule)   |                                    |                           |                         |   |         |
|   | <b>b</b> Accounting fees (attach schedule)  | 3,500                              | 1,750                     |                         | 1,750   |         |
|   | <b>c</b> Other professional fees (attach schedule)  | 42,077                             | 42,077                    |                         |   |         |
|   | <b>17</b> Interest  |                                    |                           |                         |   |         |
|   | <b>18</b> Taxes (attach schedule) (see instructions)  | 358                                | 358                       |                         |   |         |
|   | <b>19</b> Depreciation (attach schedule) and depletion  |                                    |                           |                         |   |         |
|   | <b>20</b> Occupancy   |                                    |                           |                         |   |         |
|   | <b>21</b> Travel, conferences, and meetings   |                                    |                           |                         |   |         |
|   | <b>22</b> Printing and publications   |                                    |                           |                         |   |         |
|   | <b>23</b> Other expenses (attach schedule)  |                                    |                           |                         |   |         |
|   | <b>24 Total operating and administrative expenses.</b> Add lines 13 through 23  |                                    | 45,935                    | 44,185                  | 1,750   |         |
|   | <b>25</b> Contributions, gifts, grants paid   |                                    | 260,025                   |                         |   | 260,025 |
| <b>26 Total expenses and disbursements.</b> Add lines 24 and 25 |   | 305,960                            | 44,185                    |                         | 261,775   |         |
| <b>27</b> Subtract line 26 from line 12                         |   |                                    |                           |                         |   |         |
| <b>a Excess of revenue over expenses and disbursements</b>      |   | 56,574                             |                           |                         |   |         |
| <b>b Net investment income</b> (if negative, enter -0-)         |   |                                    | 134,056                   |                         |   |         |
| <b>c Adjusted net income</b> (if negative, enter -0-)           |   |                                    |                           | 112,243                 |   |         |

| <b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) |  | Beginning of year | End of year    |                       |
|--|--|-------------------|----------------|-----------------------|
|  |  | (a) Book Value    | (b) Book Value | (c) Fair Market Value |
| <b>Assets</b>  | <b>1</b> Cash—non-interest-bearing . . . . .   | 2,696             | 50,825         | 50,825                |
|  | <b>2</b> Savings and temporary cash investments . . . . .  | 125,546           | 392,853        | 392,853               |
|  | <b>3</b> Accounts receivable ▶ _____<br>Less allowance for doubtful accounts ▶ _____   |                   |                |                       |
|  | <b>4</b> Pledges receivable ▶ _____<br>Less allowance for doubtful accounts ▶ _____  |                   |                |                       |
|  | <b>5</b> Grants receivable . . . . .   |                   |                |                       |
|  | <b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .     |                   |                |                       |
|  | <b>7</b> Other notes and loans receivable (attach schedule) ▶ _____<br>Less allowance for doubtful accounts ▶ _____                            |                   |                |                       |
|  | <b>8</b> Inventories for sale or use . . . . .   |                   |                |                       |
|  | <b>9</b> Prepaid expenses and deferred charges . . . . .   |                   |                |                       |
|  | <b>10a</b> Investments—U S and state government obligations (attach schedule)  |                   |                |                       |
|  | <b>b</b> Investments—corporate stock (attach schedule) . . . . .   | 2,213,890         | 1,845,204      | 1,845,204             |
|  | <b>c</b> Investments—corporate bonds (attach schedule) . . . . .   |                   |                |                       |
|  | <b>11</b> Investments—land, buildings, and equipment basis ▶ _____<br>Less accumulated depreciation (attach schedule) ▶ _____                  |                   |                |                       |
|  | <b>12</b> Investments—mortgage loans . . . . .   |                   |                |                       |
|  | <b>13</b> Investments—other (attach schedule) . . . . .  | 2,849,495         | 2,315,542      | 2,315,542             |
|  | <b>14</b> Land, buildings, and equipment basis ▶ _____<br>Less accumulated depreciation (attach schedule) ▶ _____                              |                   |                |                       |
| <b>15</b> Other assets (describe ▶ _____)  |  |                   |                |                       |
| <b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)   | 5,191,627  | 4,604,424         | 4,604,424      |                       |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses . . . . .  |                   |                |                       |
|  | <b>18</b> Grants payable . . . . .   |                   |                |                       |
|  | <b>19</b> Deferred revenue . . . . .   |                   |                |                       |
|  | <b>20</b> Loans from officers, directors, trustees, and other disqualified persons   |                   |                |                       |
|  | <b>21</b> Mortgages and other notes payable (attach schedule) . . . . .  |                   |                |                       |
|  | <b>22</b> Other liabilities (describe ▶ _____)   |                   |                |                       |
|  | <b>23 Total liabilities</b> (add lines 17 through 22) . . . . .  |                   | 0              |                       |
| <b>Net Assets or Fund Balances</b>   | <b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/><br><b>and complete lines 24 through 26 and lines 30 and 31.</b> |                   |                |                       |
|  | <b>24</b> Unrestricted . . . . .   |                   |                |                       |
|  | <b>25</b> Temporarily restricted . . . . .   |                   |                |                       |
|  | <b>26</b> Permanently restricted . . . . .   |                   |                |                       |
|  | <b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/><br><b>and complete lines 27 through 31.</b>   |                   |                |                       |
|  | <b>27</b> Capital stock, trust principal, or current funds . . . . .   |                   |                |                       |
|  | <b>28</b> Paid-in or capital surplus, or land, bldg , and equipment fund   |                   |                |                       |
| <b>29</b> Retained earnings, accumulated income, endowment, or other funds   | 5,191,627  | 4,604,424         |                |                       |
| <b>30 Total net assets or fund balances</b> (see instructions) . . . . .   | 5,191,627  | 4,604,424         |                |                       |
| <b>31 Total liabilities and net assets/fund balances</b> (see instructions) .  | 5,191,627  | 4,604,424         |                |                       |

**Part III Analysis of Changes in Net Assets or Fund Balances**

|   |          |           |
|---|----------|-----------|
| <b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . . | <b>1</b> | 5,191,627 |
| <b>2</b> Enter amount from Part I, line 27a . . . . .   | <b>2</b> | 56,574    |
| <b>3</b> Other increases not included in line 2 (itemize) ▶ _____   | <b>3</b> | -643,777  |
| <b>4</b> Add lines 1, 2, and 3 . . . . .  | <b>4</b> | 4,604,424 |
| <b>5</b> Decreases not included in line 2 (itemize) ▶ _____   | <b>5</b> |           |
| <b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .  | <b>6</b> | 4,604,424 |

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distributions, public inspection requirements, and books in care.

Located at 2641 BULRUSH LANE NAPLES FL ZIP+4 34105

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.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

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.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

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

|  |   |            |           |
|--|---|------------|-----------|
|  |   | <b>Yes</b> | <b>No</b> |
| <b>5a</b> 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))?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| (3) Provide a grant to an individual for travel, study, or other similar purposes?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| <b>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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. |   | <b>5b</b>  |           |
| Organizations relying on a current notice regarding disaster assistance check here. <span style="float:right;">▶ <input type="checkbox"/></span>   |   |            |           |
| <b>c</b> 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?  | <input type="checkbox"/> Yes <input type="checkbox"/> No            |            |           |
| <i>If "Yes," attach the statement required by Regulations section 53.4945-5(d)</i>   |   |            |           |
| <b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| <b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>6b</b>  | <b>No</b> |
| <i>If "Yes" to 6b, file Form 8870</i>  |   |            |           |
| <b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| <b>b</b> If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>7b</b>  |           |
| <b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

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

| (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 |
|---|---|---|---|---------------------------------------|
| WILLIAM P FRICKS<br>2641 BULRUSH LANE<br>NAPLES, FL 34105 | PRESIDENT<br>000 00                                       | 0   | 0   | 0                                     |
| DEANIE D FRICKS<br>2641 BULRUSH LANE<br>NAPLES, FL 34105  | TRUSTEE<br>000 00   | 0   | 0   | 0                                     |

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). 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. ▶

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

|  | Tax year | Prior 3 years |          |          | (e) Total |
|--|----------|---------------|----------|----------|-----------|
|  | (a) 2018 | (b) 2017      | (c) 2016 | (d) 2015 |           |
| <b>b</b> 85% of line 2a . . . . .  |          |               |          |          |           |
| <b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .   |          |               |          |          |           |
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .   |          |               |          |          |           |
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .                                   |          |               |          |          |           |
| <b>3</b> Complete 3a, b, or c for the alternative test relied upon   |          |               |          |          |           |
| <b>a</b> "Assets" alternative test—enter   |          |               |          |          |           |
| <b>(1)</b> Value of all assets . . . . .   |          |               |          |          |           |
| <b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)   |          |               |          |          |           |
| <b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .                                |          |               |          |          |           |
| <b>c</b> "Support" alternative test—enter  |          |               |          |          |           |
| <b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . . |          |               |          |          |           |
| <b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .                                       |          |               |          |          |           |
| <b>(3)</b> Largest amount of support from an exempt organization   |          |               |          |          |           |
| <b>(4)</b> Gross investment income   |          |               |          |          |           |

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed

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**b** The form in which applications should be submitted and information and materials they should include

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**c** Any submission deadlines

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**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

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

| 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)                               |   |                                |                                  |             |
| <b>a</b> <i>Paid during the year</i><br>See Additional Data Table |   |                                |                                  |             |
| <b>Total . . . . .</b>  |   |                                |                                  | <b>▶ 3a</b> |
| <b>b</b> <i>Approved for future payment</i>                       |   |                                |                                  |             |
| <b>Total . . . . .</b>  |   |                                |                                  | <b>▶ 3b</b> |

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

| Recipient<br>Name and address (home or business)                       | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount  |
|--|--|--------------------------------------|-------------------------------------|---------|
| <b>a</b> <i>Paid during the year</i>                                   |  |                                      |                                     |         |
| ALL NATIONS MINISTRIES<br>PO BOX 620<br>SPRINGTOWN, TX 76082           |  |                                      | CHRISTIAN MINISTRY                  | 15,000  |
| ALPHA PREGNANCY CENTER<br>2129 WHISPERING PINES RD<br>ALBANY, GA 31707 |  |                                      | CHRISTIAN MINISTRY                  | 10,000  |
| CHRIST FOR ALL NATIONS<br>PO BOX 590588<br>ORLANDO, FL 32859           |  |                                      | CHRISTIAN MINISTRY                  | 15,000  |
| <b>Total . . . . .</b>   |  |                                      |                                     | 260,025 |



**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, 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)                     |   |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                    |   |                                |                                  |         |
| GRIFFIN MINISTRIES<br>PO BOX 1561<br>AMERICUS, GA 31709 |   |                                | CHRISTIAN MINISTRY               | 10,000  |
| ICEJ<br>PO BOX 440276<br>NASHVILLE, TN 37244            |   |                                | CHRISTIAN MINISTRY               | 25,025  |
| LOVE OF ISRAEL<br>PO BOX 346<br>STERLING, VA 20167      |   |                                | CHRISTIAN MINISTRY               | 10,000  |
| <b>Total . . . . .</b> ▶ <b>3a</b>                      |   |                                |                                  | 260,025 |

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

| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
|--|---|--------------------------------|----------------------------------|---------|
| Name and address (home or business)  |   |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                       |   |                                |                                  |         |
| MISSION SOUTH AMERICA<br>PO BOX 12523<br>PO BOX 12523<br>NORFOLK, VA 23541 |   |                                | CHRISTIAN MINISTRY               | 10,000  |
| STEP AHEAD MINISTRY<br>PO BOX 1345<br>PO BOX 1345<br>AMHERST, NY 14226     |   |                                | CHRISTIAN MINISTRY               | 10,000  |
| TMCJ<br>PO BOX 64937<br>PO BOX 64937<br>VIRGINIA, VA 23467                 |   |                                | CHRISTIAN MINISTRY               | 10,000  |
| <b>Total . . . . .</b> ▶ <b>3a</b>   |   |                                |                                  | 260,025 |

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

| Recipient   | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
|---|---|--------------------------------|----------------------------------|---------|
| Name and address (home or business)                               |   |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                              |   |                                |                                  |         |
| WORLD HARVEST MINISTRY<br>PO BOX 241<br>WILLIAMSBURG, VA 23187    |   |                                |                                  | 10,000  |
| PROVIDENCE CHURCH<br>2504 ARCHWOOD DR<br>ALBANY, GA 31707         |   |                                |                                  | 50,000  |
| HIGH ADVENTURES MINISTRY<br>PO BOX 197569<br>LOUISVILLE, KY 40259 |   |                                |                                  | 10,000  |
| <b>Total . . . . .</b> ▶ <b>3a</b>                                |   |                                |                                  | 260,025 |

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

| Recipient   | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
|---|---|--------------------------------|----------------------------------|---------|
| Name and address (home or business)                       |   |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                      |   |                                |                                  |         |
| SAMARATANS PURSEPO BOX 3000<br>BOONE, NC 28607            |   |                                | CHRISTIAN MINISTRY               | 15,000  |
| SAMARATANS PURSEPO BOX 3000<br>BOONE, NC 28607            |   |                                | CHRISTIAN MINISTRY               | 15,000  |
| PROVIDENCE CHURCH<br>2504 ARCHWOOD DR<br>ALBANY, GA 31707 |   |                                | CHRISTIAN MINISTRY               | 35,000  |
| <b>Total . . . . . ▶ 3a</b>                               |   |                                |                                  | 260,025 |

| <b>Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment</b> |   |                                |                                  |         |
|---|---|--------------------------------|----------------------------------|---------|
| 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)   |   |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>  |   |                                |                                  |         |
| DINO CHERYL INTERNATIONAL MINISTR<br>9210 BRANSON LANDING BLVD<br>BRANSON, MO 65616                             |   |                                | CHRISTIAN MINISTRY               | 10,000  |
| <b>Total . . . . . ▶ 3a</b>   |   |                                |                                  | 260,025 |

**TY 2018 Accounting Fees Schedule****Name:** THE FRICKS PRIVATE FOUNDATION TRUST**EIN:** 65-6387910

| <b>Category</b>          | <b>Amount</b> | <b>Net Investment<br/>Income</b> | <b>Adjusted Net<br/>Income</b> | <b>Disbursements<br/>for Charitable<br/>Purposes</b> |
|--------------------------|---------------|----------------------------------|--------------------------------|--|
| DAVIS & ASSOCIATES, CPAS | 3,500         | 1,750                            |                                | 1,750  |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2018 Gain/Loss from Sale of Other Assets Schedule

**Name:** THE FRICKS PRIVATE FOUNDATION TRUST

**EIN:** 65-6387910

### Gain Loss Sale Other Assets Schedule

| Name                               | Date Acquired | How Acquired | Date Sold | Purchaser Name | Gross Sales Price | Basis  | Basis Method | Sales Expenses | Total (net) | Accumulated Depreciation |
|------------------------------------|---------------|--------------|-----------|----------------|-------------------|--------|--------------|----------------|-------------|--------------------------|
| BARCLAYS BANK PLC                  | 2008-04       | PURCHASE     | 2018-12   |                | 25,000            | 25,000 |              |                |             |                          |
| GENERAL ELECTRIC                   | 2009-05       | PURCHASE     | 2018-02   |                | 17,565            | 15,785 |              |                | 1,780       |                          |
| ROYAL BANK SCOTLAND GRP PLC        | 2007-06       | PURCHASE     | 2018-12   |                | 50,000            | 50,000 |              |                |             |                          |
| CVS HEALTH CORP                    | 2018-11       | PURCHASE     | 2018-12   |                | 18                | 19     |              |                | -1          |                          |
| PVH CORP                           | 2018-09       | PURCHASE     | 2018-11   |                | 33,141            | 43,267 |              |                | -10,126     |                          |
| AML P                              | 2016-05       | PURCHASE     | 2018-11   |                | 29,224            | 31,719 |              |                | -2,495      |                          |
| AETNA INC                          | 2013-10       | PURCHASE     | 2018-11   |                | 170,098           | 52,489 |              |                | 117,609     |                          |
| BLACKROCK MULTI ASSET INC          | 2016-10       | PURCHASE     | 2018-10   |                | 60,000            | 61,072 |              |                | -1,072      |                          |
| BLACKROCK MULTI ASSET INC          | 2016-10       | PURCHASE     | 2018-11   |                | 67,382            | 68,928 |              |                | -1,546      |                          |
| DOUBLELINE TOTAL RETURN BOND       | 2016-02       | PURCHASE     | 2018-10   |                | 47,206            | 50,000 |              |                | -2,794      |                          |
| HOSPITALITY PROPERTIES TRUST       | 2013-09       | PURCHASE     | 2018-11   |                | 53,052            | 53,753 |              |                | -701        |                          |
| RIVERNORTH DOUBLE LINE STRAT INC   | 2012-02       | PURCHASE     | 2018-05   |                | 50,000            | 53,433 |              |                | -3,433      |                          |
| RIVERNORTH DOUBLE LINE STRAT INC   | 2012-02       | PURCHASE     | 2018-09   |                | 50,000            | 54,293 |              |                | -4,293      |                          |
| RIVERNORTH DOUBLE LINE STRAT INC   | 2012-06       | PURCHASE     | 2018-10   |                | 47,027            | 51,653 |              |                | -4,626      |                          |
| SPDR SERIES TRUST S&P HOMEBUILDERS | 2015-07       | PURCHASE     | 2018-10   |                | 36,871            | 40,880 |              |                | -4,009      |                          |

**TY 2018 Investments Corporate Stock Schedule****Name:** THE FRICKS PRIVATE FOUNDATION TRUST**EIN:** 65-6387910**Investments Corporation Stock Schedule**

| <b>Name of Stock</b> | <b>End of Year Book Value</b> | <b>End of Year Fair Market Value</b> |
|----------------------|-------------------------------|--------------------------------------|
| VARIOUS              | 1,845,204                     | 1,845,204                            |

**TY 2018 Investments - Other Schedule****Name:** THE FRICKS PRIVATE FOUNDATION TRUST**EIN:** 65-6387910**Investments Other Schedule 2**

| <b>Category/ Item</b> | <b>Listed at Cost or FMV</b> | <b>Book Value</b> | <b>End of Year Fair Market Value</b> |
|-----------------------|------------------------------|-------------------|--------------------------------------|
| MUTUAL FUNDS          | FMV                          | 890,691           | 890,691                              |
| EXCHANGE TRADED FUNDS | FMV                          | 1,424,851         | 1,424,851                            |

**TY 2018 Other Expenses Schedule****Name:** THE FRICKS PRIVATE FOUNDATION TRUST**EIN:** 65-6387910**Other Expenses Schedule**

| Description   | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|---------------|--------------------------------|-----------------------|---------------------|---------------------------------------|
| EXPENSES      |                                |                       |                     |                                       |
| OTHER EXPENSE |                                |                       |                     |                                       |

**TY 2018 Other Increases Schedule****Name:** THE FRICKS PRIVATE FOUNDATION TRUST**EIN:** 65-6387910

| <b>Description</b>                                 | <b>Amount</b> |
|--|---------------|
| CHANGE IN UNREALIZED APPRECIATION OF INVESTMENT SE | -643,777      |

**TY 2018 Other Professional Fees Schedule****Name:** THE FRICKS PRIVATE FOUNDATION TRUST**EIN:** 65-6387910

| <b>Category</b>          | <b>Amount</b> | <b>Net Investment<br/>Income</b> | <b>Adjusted Net<br/>Income</b> | <b>Disbursements<br/>for Charitable<br/>Purposes</b> |
|--------------------------|---------------|----------------------------------|--------------------------------|--|
| AMERITRADE ADVISORY FEES | 42,077        | 42,077                           |                                |  |

**TY 2018 Taxes Schedule****Name:** THE FRICKS PRIVATE FOUNDATION TRUST**EIN:** 65-6387910

| <b>Category</b>  | <b>Amount</b> | <b>Net Investment<br/>Income</b> | <b>Adjusted Net<br/>Income</b> | <b>Disbursements<br/>for Charitable<br/>Purposes</b> |
|------------------|---------------|----------------------------------|--------------------------------|--|
| FOREIGN TAX PAID | 66            | 66                               |                                |  |
| EXCISE TAXES     | 292           | 292                              |                                |  |

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

**Schedule of Contributors**  
▶ Attach to Form 990, 990-EZ, or 990-PF  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information

OMB No 1545-0047  
**2018**

**Name of the organization**  
THE FRICKS PRIVATE FOUNDATION TRUST

**Employer identification number**  
65-6387910

**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 other 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<sup>1</sup> 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

|  |   |
|--|---|
| <b>Name of organization</b><br>THE FRICKS PRIVATE FOUNDATION TRUST | <b>Employer identification number</b><br>65-6387910 |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                             | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|---|----------------------------|--|
| 1          | WILLIAM P FRICKS<br>2641 BULRUSH LANE<br><br>NAPLES, FL 34105 | \$ 100,000                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><small>(Complete Part II for noncash contributions )</small> |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><small>(Complete Part II for noncash contributions )</small>            |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><small>(Complete Part II for noncash contributions )</small>            |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><small>(Complete Part II for noncash contributions )</small>            |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><small>(Complete Part II for noncash contributions )</small>            |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><small>(Complete Part II for noncash contributions )</small>            |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><small>(Complete Part II for noncash contributions )</small>            |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><small>(Complete Part II for noncash contributions )</small>            |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><small>(Complete Part II for noncash contributions )</small>            |



|  |   |
|--|---|
| <b>Name of organization</b><br>THE FRICKS PRIVATE FOUNDATION TRUST | <b>Employer identification number</b><br>65-6387910 |
|--|---|

**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 information once. See instructions.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed

| (a)<br>No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|---------------------|-----------------|-------------------------------------|
|                        | <hr/> <hr/>         | <hr/> <hr/>     | <hr/> <hr/>                         |

|                                       |  |
|---------------------------------------|--|
| <hr/> <hr/>                           | (e) Transfer of gift                     |
| Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee |
| <hr/> <hr/>                           | <hr/> <hr/>                              |

| (a)<br>No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|---------------------|-----------------|-------------------------------------|
|                        | <hr/> <hr/>         | <hr/> <hr/>     | <hr/> <hr/>                         |

|                                       |  |
|---------------------------------------|--|
| <hr/> <hr/>                           | (e) Transfer of gift                     |
| Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee |
| <hr/> <hr/>                           | <hr/> <hr/>                              |

| (a)<br>No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|---------------------|-----------------|-------------------------------------|
|                        | <hr/> <hr/>         | <hr/> <hr/>     | <hr/> <hr/>                         |

|                                       |  |
|---------------------------------------|--|
| <hr/> <hr/>                           | (e) Transfer of gift                     |
| Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee |
| <hr/> <hr/>                           | <hr/> <hr/>                              |

| (a)<br>No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|---------------------|-----------------|-------------------------------------|
|                        | <hr/> <hr/>         | <hr/> <hr/>     | <hr/> <hr/>                         |

|                                       |  |
|---------------------------------------|--|
| <hr/> <hr/>                           | (e) Transfer of gift                     |
| Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee |
| <hr/> <hr/>                           | <hr/> <hr/>                              |