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Form 990-PF

Return of Private Foundation

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

2009

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2009, or tax year beginning 04-01-2009, and ending 03-31-2010

G Check all that apply Initial return Initial return of a former public charity Final return
 Amended return Address change Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of foundation THE CINCINNATI FOUNDATION FOR THE AGED	
	Number and street (or P O box number if mail is not delivered to street address) 2100 FOURTH AND VINE TOWER	
	Room/suite	
City or town, state, and ZIP code CINCINNATI, OH 45202		

A Employer identification number

31-0536971

B Telephone number (see page 10 of the instructions)
(513) 381-6859

C If exemption application is pending, check here

D 1. Foreign organizations, check here

2. Foreign organizations meeting the 85% test, check here and attach computation

E If private foundation status was terminated under section 507(b)(1)(A), check here

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

H Check type of organization Section 501(c)(3) exempt private foundation
 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 20,216,224 **J** Accounting method Cash Accrual
 Other (specify) _____
(Part I, column (d) must be on cash basis.)

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))</i>		(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 (attach schedule)	262,787			
2	Check <input type="checkbox"/> <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
3	Interest on savings and temporary cash investments	95	95		
4	Dividends and interest from securities.	679,266	679,266		
5a	Gross rents				
b	Net rental income or (loss) _____				
6a	Net gain or (loss) from sale of assets not on line 10				
b	Gross sales price for all assets on line 6a _____				
7	Capital gain net income (from Part IV, line 2) . . .		0		
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) (attach schedule)				
11	Other income (attach schedule)	1,020	1,020		
12	Total. Add lines 1 through 11	943,168	680,381		
13	Compensation of officers, directors, trustees, etc	15,600	7,800		7,800
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
16a	Legal fees (attach schedule)				
b	Accounting fees (attach schedule)	12,704	12,704		0
c	Other professional fees (attach schedule)				
17	Interest				
18	Taxes (attach schedule) (see page 14 of the instructions)	7,752	612		612
19	Depreciation (attach schedule) and depletion . . .				
20	Occupancy				
21	Travel, conferences, and meetings				
22	Printing and publications				
23	Other expenses (attach schedule)	14,105	6,612		6,612
24	Total operating and administrative expenses.				
	Add lines 13 through 23	50,161	27,728		15,024
25	Contributions, gifts, grants paid	944,577			944,577
26	Total expenses and disbursements. Add lines 24 and 25	994,738	27,728		959,601
27	Subtract line 26 from line 12				
a	Excess of revenue over expenses and disbursements	-51,570			
b	Net investment income (if negative, enter -0-) . . .		652,653		
c	Adjusted net income (if negative, enter -0-) . . .				

Part II Balance Sheets		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
Assets					
1	Cash—non-interest-bearing				
2	Savings and temporary cash investments	222,750	308,056	308,056	
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 (attach schedule) (see page 15 of the instructions)				
7	Other notes and loans receivable (attach schedule) ►				
	Less allowance for doubtful accounts ►				
8	Inventories for sale or use				
9	Prepaid expenses and deferred charges	21,692	6,139	6,139	
10a	Investments—U S and state government obligations (attach schedule)				
b	Investments—corporate stock (attach schedule)	8,351,581	8,613,239	19,808,050	
c	Investments—corporate bonds (attach schedule)				
11	Investments—land, buildings, and equipment basis ►				
	Less accumulated depreciation (attach schedule) ►				
12	Investments—mortgage loans				
13	Investments—other (attach schedule)	476,351	93,958	93,958	
14	Land, buildings, and equipment basis ►				
	Less accumulated depreciation (attach schedule) ►				
15	Other assets (describe ►)	21	21	21	21
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	9,072,395	9,021,413	20,216,224	
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 (attach schedule)				
22	Other liabilities (describe ►)	91	679	679	
23	Total liabilities (add lines 17 through 22)	91	679	679	
Net Assets or Fund Balances					
	Foundations that follow SFAS 117, check here ►				
	and complete lines 24 through 26 and lines 30 and 31.				
24	Unrestricted				
25	Temporarily restricted				
26	Permanently restricted				
	Foundations that do not follow SFAS 117, check here ►				
	and complete lines 27 through 31.				
27	Capital stock, trust principal, or current funds	9,072,304	9,020,734	9,020,734	
28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	0	
29	Retained earnings, accumulated income, endowment, or other funds	0	0	0	
30	Total net assets or fund balances (see page 17 of the instructions)	9,072,304	9,020,734	9,020,734	
31	Total liabilities and net assets/fund balances (see page 17 of the instructions)	9,072,395	9,021,413	9,021,413	

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 30 (must agree with end-of-year figure reported on prior year's return)	1	9,072,304
2	Enter amount from Part I, line 27a	2	-51,570
3	Other increases not included in line 2 (itemize) ►	3	0
4	Add lines 1, 2, and 3	4	9,020,734
5	Decreases not included in line 2 (itemize) ►	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	9,020,734

Part IV Capital Gains and Losses for Tax on Investment Income

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 does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see page 18 of 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))
2008	1,137,303	19,817,989	0 057387
2007	1,153,388	23,912,032	0 048235
2006	1,088,470	22,936,759	0 047455
2005	1,041,177	21,430,288	0 048584
2004	1,167,725	21,013,172	0 055571
2	Total of line 1, column (d).		0 25723
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by		
	the number of years the foundation has been in existence if less than 5 years		0 05144
4	Enter the net value of noncharitable-use assets for 2009 from Part X, line 5.		18,063,981
5	Multiply line 4 by line 3.		929,321
6	Enter 1% of net investment income (1% of Part I, line 27b).		6,521
7	Add lines 5 and 6.		935,842
8	Enter qualifying distributions from Part XII, line 4.		959,600

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 on page 18.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1		1	6,527
	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			
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	6,527
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	6,527
6	Credits/Payments			
a	2009 estimated tax payments and 2008 overpayment credited to 2009	6a	11,054	
b	Exempt foreign organizations—tax withheld at source	6b		
c	Tax paid with application for extension of time to file (Form 8868)	6c		
d	Backup withholding erroneously withheld	6d		
7	Total credits and payments Add lines 6a through 6d.	7	11,054	
8	Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	4,527	
11	Enter the amount of line 10 to be Credited to 2010 estimated tax <input type="checkbox"/> 4,527 Refunded <input type="checkbox"/>	11		0

Part VII-A Statements Regarding Activities

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?		Yes	No
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?		Yes	No
	<i>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.</i>			
c	Did the foundation file Form 1120-POL for this year?		Yes	No
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		Yes	No
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		Yes	No
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		Yes	No
	<i>If "Yes," attach a detailed description of the activities.</i>			
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? <i>If "Yes," attach a conformed copy of the changes</i>		Yes	No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		Yes	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?		Yes	No
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		Yes	No
	<i>If "Yes," attach the statement required by General Instruction T.</i>			
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?		Yes	No
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>		Yes	No
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) <input type="checkbox"/> OH		Yes	No
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? <i>If "No," attach explanation.</i>		Yes	No
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 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)? <i>If "Yes," complete Part XIV</i>		Yes	No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>		Yes	No

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 page 20 of the instructions).	11		No
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ► N/A			
14	The books are in care of ► HEATHER JANSEN Located at ► 2100 FOURTH VINE TOWER CINCINNATI OH	Telephone no ► (513) 381-6859 ZIP +4 ► 45202		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ► 15 and enter the amount of tax-exempt interest received or accrued during the year ►			

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.

		Yes	No
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 <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ► Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ► Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ► Yes <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 page 20 of the instructions)? . . . Organizations relying on a current notice regarding disaster assistance check here. ►	1b	
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 2009?	1c	No
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 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? ► Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____	2a	
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 page 20 of the instructions)	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____	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 <input checked="" type="checkbox"/> No	3a	
b	If "Yes," did it have excess business holdings in 2009 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 Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009).	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	No
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 2009?	4b	No

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))?		<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 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the 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	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 page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here.	<input checked="" type="checkbox"/>	5b	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b	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.				
7a	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		7b	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			

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 page 22 of the 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
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the 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.			<input checked="" type="checkbox"/>	0

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE"

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

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.

1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see page 23 of the instructions)

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

Describe the two largest program-related investments made by the foundation during the year, see lines 1 and 2		Amount
1		
2		
All other program-related investments See page 24 of the instructions		
3		
Total Add lines 1 through 3		0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the 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	18,098,204
b	Average of monthly cash balances.	1b	240,846
c	Fair market value of all other assets (see page 24 of the instructions).	1c	21
d	Total (add lines 1a, b, and c).	1d	18,339,071
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	18,339,071
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25 of the instructions).	4	275,086
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	18,063,985
6	Minimum investment return. Enter 5% of line 5.	6	903,199

Part XI Distributable Amount (see page 25 of the 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	903,199
2a	Tax on investment income for 2009 from Part VI, line 5.	2a	6,527
b	Income tax for 2009 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	6,527
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	896,672
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	896,672
6	Deduction from distributable amount (see page 25 of the instructions).	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	896,672

Part XII Qualifying Distributions (see page 25 of the 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	959,601
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	3a	
a	Suitability test (prior IRS approval required).	3b	
b	Cash distribution test (attach the required schedule).	4	959,601
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	5	6,527
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 (see page 26 of the instructions).	6	953,074
6	Adjusted qualifying distributions. Subtract line 5 from line 4.		

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

Part XIII Undistributed Income (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				896,672
2 Undistributed income, if any, as of the end of 2008			0	
a Enter amount for 2008 only.				
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2009				
a From 2004.	153,249			
b From 2005.				
c From 2006.				
d From 2007.				
e From 2008.	168,512			
f Total of lines 3a through e.	321,761			
4 Qualifying distributions for 2009 from Part XII, line 4 ► \$ _____ 959,601			0	
a Applied to 2008, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see page 26 of the instructions)		0		
c Treated as distributions out of corpus (Election required—see page 26 of the instructions).	0			
d Applied to 2009 distributable amount.			896,672	
e Remaining amount distributed out of corpus	62,929			
5 Excess distributions carryover applied to 2009 (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:	384,690			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
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 page 27 of the instructions		0		
e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions			0	
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)	0			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)	153,249			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	231,441			
10 Analysis of line 9				
a Excess from 2005.				
b Excess from 2006.				
c Excess from 2007.				
d Excess from 2008.	168,512			
e Excess from 2009.	62,929			

Part XIV **Private Operating Foundations** (see page 27 of the 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 2009, enter the date of the ruling.					
b Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input checked="" type="checkbox"/> 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) 2009	(b) 2008	(c) 2007	(d) 2006	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV **Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see page 27 of the instructions.)**

1 Information Regarding Foundation Managers:

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. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

- a** The name, address, and telephone number of the person to whom applications should be addressed
THE CINCINNATI FOUNDATION FOR THE A
2100 FOURTH VINE TOWER - 5 WEST
FOURTH STREET
CINCINNATI, OH 45202
(513) 381-6859
- b** The form in which applications should be submitted and information and materials they should include
PREPARED FOUNDATION FORM INFORMATION AS PRESCRIBED BY FORM
- c** Any submission deadlines
NONE
- d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
GREATER CINCINNATI AREA - CHARITABLE NURSING FACILITIES

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)				
a Paid during the year See Additional Data Table				
Total			► 3a	944,577
b Approved for future payment				
Total			► 3b	0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See page 28 of the instructions)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue						
a						
b						
c						
d						
e						
f						
g Fees and contracts from government agencies						
2 Membership dues and assessments.						
3 Interest on savings and temporary cash investments				14	95	
4 Dividends and interest from securities.				14	679,266	
5 Net rental income or (loss) from real estate						
a Debt-financed property.						
b Not debt-financed property.						
6 Net rental income or (loss) from personal property						
7 Other investment income.						
8 Gain or (loss) from sales of assets other than inventory						
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory.						
11 Other revenue a <u>SECURITIES LITIGATION</u>				14	1,020	
b						
c						
d						
e						
12 Subtotal Add columns (b), (d), and (e).			0		680,381	
13 Total. Add line 12, columns (b), (d), and (e).				13		680,381
(See worksheet in line 13 instructions on page 28 to verify calculations.)						

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

2009

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.

Name of organization

THE CINCINNATI FOUNDATION FOR THE AGED

Employer identification number

31-0536971

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, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33¹/₃ support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III

For a section 501(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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 Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ► \$ _____

Caution. An Organization that is not covered by the General Rule and/or the Special Rules does not 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 in the heading of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
THE CINCINNATI FOUNDATION FOR THE AGED

Employer identification number

31-0536971

Part I **Contributors** (see Instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	TRUST UWO LUEDEKING 5050 KINDSLEY DRIVE MD 1M0820 CINCINNATI, OH 45263	\$ <u>7,072</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2	TRUST UW OSCAR COHRS 5050 KINDSLEY DRIVE MD 1M0820 CINCINNATI, OH 45263	\$ <u>255,715</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
—	—	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
—	—	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
—	—	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
—	—	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
—	—	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
—	—	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization THE CINCINNATI FOUNDATION FOR THE AGED	Employer identification number 31-0536971
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Part II Noncash Property (see Instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of organization THE CINCINNATI FOUNDATION FOR THE AGED	Employer identification number 31-0536971
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Part II

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations

aggregating more than \$1,000 for the year. (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) ► \$

Additional Data

Software ID: 09000028
Software Version: 2009.03051
EIN: 31-0536971
Name: THE CINCINNATI FOUNDATION FOR THE AGED

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, 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
ROBERT C PORTER JR 2100 FOURTH VINE TOWER - 5 WEST FOURTH CINCINNATI, OH 45202	PRESIDENT 0 50	0	0	0
THOMAS L FINN 7 ANNWOOD LANE CINCINNATI, OH 45206	TRUSTEE 0 50	0	0	0
GENE WEBER 36 WINDING WAY CRESTVIEW HILLS, KY 41017	TRUSTEE 0 50	0	0	0
RICHARD HOEFINGHOFF 2943 AMELIA DRIVE EDGEWOOD, KY 41017	TRUSTEE 0 50	0	0	0
HEATHER JANSEN 1032 RIVERVIEW FARMS PL VILLA HILLS, KY 41017	SECRETARY/TREASURER 8 00	15,600	0	0
WILLIAM H STRIETMANN 8360 RIDGEVIEW DRIVE CINCINNATI, OH 45015	TRUSTEE 0 50	0	0	0
ROBERT PORTER III 2100 FOURTH VINE TOWER - 5 WEST FOURT CINCINNATI, OH 45202	VICE PRESIDENT 0 50	0	0	0
SISTER JEAN MARIE HOFFMAN 132 LOUISE DRIVE FT MITCHELL, KY 41017	TRUSTEE 0 50	0	0	0
BOYD COLGLAZIER 760 MAIDSTONE CT CINCINNATI, OH 45230	TRUSTEE 0 50	0	0	0
JACK GREER BOX 545 COLLEGE CORNER, OH 450030545	TRUSTEE 0 50	0	0	0
JON BLOHM 1985 RUSTIC WOOD LANE CINCINNATI, OH 45255	TRUSTEE 0 50	0	0	0
VINCE HOPKINS 3354 PADDOCK LANE MASON, OH 45040	TRUSTEE 0 50	0	0	0
JAMES KEMP 5765 SIDNEY ROAD CINCINNATI, OH 45233	TRUSTEE 0 50	0	0	0

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)				
a Paid during the year				
BAYLEY PLACE 990 BALEY PLACE DRIVE CINCINNATI, OH 45233			TO PAY FOR THE COST OF NURSING HOME CARE	62,400
Bridgeway Pointe 165 W Galbraith Rd Cincinnati, OH 45216			To PAY FOR THE COST OF NURSING HOME CARE	56,291
CARMEL MANOR 100 CARMEL MANOR ROAD FT THOMAS, KY 41075			TO PAY FOR THE COST OF NURSING HOME CARE	123,700
CEDAR VILLAGE 5467 CEDAR VILLAGE DRIVE MASON, OH 45040			TO PAY FOR THE COST OF NURSING HOME CARE	239,150
COTTINGHAM RETIREMENT CENTER 3995 COTTINGHAM DRIVE CINCINNATI, OH 45241			TO PAY FOR THE COST OF NURSING HOME CARE	19,800
EPISCOPAL RETIREMENT CENTER 3870 VIRGINIA AVENUE CINCINNATI, OH 45227			TO PAY FOR THE COST OF NURSING HOME CARE	10,000
JUDSON VILLAGE 2373 HARRISON AVENUE CINCINNATI, OH 45211			TO PAY FOR THE COST OF NURSING HOME CARE	25,215
MADONNA MANOR 2344 AMSTERDAM ROAD VILLA HILLS, KY 41017			TO PAY FOR THE COST OF NURSING HOME CARE	25,600
MERCY FRANCISCAN WEST PARK 2950 WEST PARK DRIVE CINCINNATI, OH 45238			TO PAY FOR THE COST OF NURSING HOME CARE	58,600
MT HEALTHY CHRISTIAN 8097 HAMILTON AVENUE CINCINNATI, OH 45231			TO PAY FOR THE COST OF NURSING HOME CARE	265,421
OUR LADY OF THE WOODS 3636 SEMLOH AVE CINCINNATI, OH 45247			TO PAY FOR THE COST OF NURSING HOME CARE	6,500
ST CHARLES CARE CENTER VILLAGE AND LODGE 500 FARRELL DRIVE COVINGTON, KY 41011			TO PAY FOR THE COST OF NURSING HOME CARE	14,700
ST MARGARET HALL 1960 MADISON ROAD CINCINNATI, OH 45208			TO PAY FOR THE COST OF NURSING HOME CARE	37,200
Total			► 3a	944,577

TY 2009 Accounting Fees Schedule

Name: THE CINCINNATI FOUNDATION FOR THE AGED**EIN:** 31-0536971

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	12,704	12,704		0

**TY 2009 Investments Corporate
Stock Schedule**

Name: THE CINCINNATI FOUNDATION FOR THE AGED
EIN: 31-0536971

Name of Stock	End of Year Book Value	End of Year Fair Market Value
A T & T INC	433,132	387,600
BLACKROCK CORE BOND TR	292,569	244,200
BRISTOL-MYERS SQUIBB COMPANY	123,128	240,300
CHEVRON TEXACO CORPORATION	45,974	379,150
COCA COLA COMPANY	18,184	660,000
DNP SELECT INCOME FUND IN	650,091	537,660
EXXON MOBILE CORP.	83,699	1,339,600
FIFTH THIRD BANCORP	7,249	271,200
FINANCIAL SECURITY ASSURANCE HLD	200,005	162,750
GABELLI EQUITY TRUST INC.	142,688	73,805
GENERAL ELECTRIC COMPANY	376,165	182,000
GREAT PLAINS ENERGY INC.	338,276	241,410
PFIZER, INC.	41,749	308,700
PROCTER AND GAMBLE COMPANY	65,478	10,123,200
US BANCORP DEL NEW	531,566	569,360
WELLS FARGO & COMPANY	13,935	311,200
EATON VANCE LTD DURATION	200,000	159,100
HANCOCK, JOHN PATRIOT	200,429	191,105
BANK OF AMERICA	686,861	267,750
CONSOLIDATED EDISON INC	442,947	445,400
REGIONS FINANCIAL	234,649	62,800
BLACKROCK PREFERRED & EQUITY TRUST	200,007	97,520
INTEGRYS ENERGY GROUP, INC.	497,341	473,800
PROGRESS ENERGY INC.	539,515	472,320
ROYCE VALUE TRUST	565,961	296,125
SOUTHERN COMPANY	719,001	663,200
DUKE ENERGY CORP.	268,290	244,800
PNC FINANCIAL SERVICES	165,522	14,030
TRI CONTINENTAL	261,080	122,700
Gabelli Healthcare & Wellness Trust	6,090	5,075

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CINCINNATI FINANCIAL CORPORATION	261,658	260,190

TY 2009 Investments - Other Schedule

Name: THE CINCINNATI FOUNDATION FOR THE AGED**EIN:** 31-0536971

Category / Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
BLACKROCK MONEY MARKET	AT COST	93,958	93,958

TY 2009 Other Assets Schedule

Name: THE CINCINNATI FOUNDATION FOR THE AGED**EIN:** 31-0536971

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
DEPOSIT	20	20	20
CEMETARY PLOT	1	1	1

TY 2009 Other Expenses Schedule

Name: THE CINCINNATI FOUNDATION FOR THE AGED

EIN: 31-0536971

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INSURANCE	2,607	1,304		1,304
TELEPHONE	1,643	822		822
OFFICE	2,055	586		586
RENT	7,800	3,900		3,900

TY 2009 Other Income Schedule

Name: THE CINCINNATI FOUNDATION FOR THE AGED**EIN:** 31-0536971

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
SECURITIES LITIGATION	1,020	1,020	1,020

TY 2009 Other Liabilities Schedule

Name: THE CINCINNATI FOUNDATION FOR THE AGED**EIN:** 31-0536971

Description	Beginning of Year - Book Value	End of Year - Book Value
PAYROLL TAXES WITHHELD	91	679

TY 2009 Taxes Schedule

Name: THE CINCINNATI FOUNDATION FOR THE AGED**EIN:** 31-0536971

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE TAX	6,529	0		0
FICA/UNEMPLOYMENT	1,223	612		612