



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 (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing . . . . .	38,802	34,316	34,316
	2	Savings and temporary cash investments . . . . .	60,538	75,355	75,355
	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 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 . . . . .	14,961	36,650	36,650
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) . . . . .	21,869,043	21,958,258	22,357,488
	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) . . . . .	1,781,792	2,130,614	2,130,613
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	23,765,136	24,235,193	24,634,422	
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 ▶ _____)		1	
	23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .		1	
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>				
	24	Unrestricted . . . . .	23,765,136	24,235,192	
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 31.</b>				
	27	Capital stock, trust principal, or current funds . . . . .			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	<b>Total net assets or fund balances</b> (see instructions) . . . . .	23,765,136	24,235,192	
	31	<b>Total liabilities and net assets/fund balances</b> (see instructions) .	23,765,136	24,235,193	

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	23,765,136
2	Enter amount from Part I, line 27a . . . . .	2	470,056
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3 . . . . .	4	24,235,192
5	Decreases not included in line 2 (itemize) ▶ _____	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	24,235,192

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
<b>1 a</b> 66668 FRONTIER COMMUNICATIONS	P	2017-07-10	2017-07-10
<b>b</b> 13900 CONSOLIDATED EDISON	P	2014-01-01	2017-05-01
<b>c</b> 4000 DOMINION ENERGY	P	2009-10-19	2017-07-27
<b>d</b> HILLIARD LYONS	P	2017-01-01	2017-01-01
<b>e</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> 11			11
<b>b</b> 1,079,979		786,011	293,968
<b>c</b> 304,702		141,453	163,249
<b>d</b> 58,564			58,564
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
<b>a</b>			11
<b>b</b>			293,968
<b>c</b>			163,249
<b>d</b>			58,564
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	<b>2</b>	515,792
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		<b>3</b>	58,575

**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 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))
2016	985,345	23,710,768	0 04156
2015	928,964	20,897,873	0 04445
2014	884,128	16,236,779	0 05445
2013	593,285	14,170,702	0 04187
2012	267,602	11,026,849	0 02427

<b>2</b> Total of line 1, column (d)	<b>2</b>	0 206597
<b>3</b> 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	<b>3</b>	0 041319
<b>4</b> Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	<b>4</b>	24,385,115
<b>5</b> Multiply line 4 by line 3	<b>5</b>	1,007,569
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	14,847
<b>7</b> Add lines 5 and 6	<b>7</b>	1,022,416
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	1,207,379

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

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

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
<b>b</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 . . . . .	<b>1</b>	14,847
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	14,847
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	14,847
<b>6</b>	Credits/Payments		
<b>a</b>	2017 estimated tax payments and 2016 overpayment credited to 2017	<b>6a</b>	30,000
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	30,000
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	<b>8</b>	165
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . ▶	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . ▶	<b>10</b>	14,988
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2018 estimated tax</b> ▶ 14,988 <b>Refunded</b> ▶	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> 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? . . . . .	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . . <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>	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ (2) On foundation managers ▶ \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities</i>	<b>2</b>	No
<b>3</b> 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> . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	No
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T</i>	<b>5</b>	No
<b>6</b> 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? . . . . .	<b>6</b>	No
<b>7</b> 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> . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ KY _____		
<b>b</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> .	<b>8b</b>	Yes
<b>9</b> 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 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .	<b>10</b>	No

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	<b>11</b>		<b>No</b>
<b>12</b>	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>N/A</b>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of <b>RUTH KLETTE</b> Telephone no <b>(859) 344-9966</b>			

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<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>15</b>			
<b>16</b>	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country <b>▶</b>	<b>16</b>	<b>Yes</b>	<b>No</b>

**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.**

<b>1a</b>	During the year did the foundation (either directly or indirectly)		<b>Yes</b>	<b>No</b>
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> 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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	<b>1b</b>		<b>No</b>
<b>c</b>	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 2017? <input type="checkbox"/>	<b>1c</b>		<b>No</b>
<b>2</b>	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))			
<b>a</b>	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>▶</b> 20____, 20____, 20____, 20____			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/>	<b>2b</b>		<b>No</b>
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>▶</b> 20____, 20____, 20____, 20____			
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If "Yes," did it have excess business holdings in 2017 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 2017). <input type="checkbox"/>	<b>3b</b>		<b>No</b>
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</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 2017?	<b>4b</b>		<b>No</b>

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

<b>5a</b>	During the year did the foundation pay or incur any amount to			
	<b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	<b>(2)</b> 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		
	<b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	<b>(4)</b> 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		
	<b>(5)</b> 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>	<b>No</b>	
	Organizations relying on a current notice regarding disaster assistance check here. 			
<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 checked="" 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?	<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?	<b>7b</b>	<b>No</b>	

**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	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
RUTH KLETTE 250 GRANDVIEW AVE STE 250 FT MITCHELL, KY 41017	Trustee 50 00	230,000		

**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	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				

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

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

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

Total number of others receiving over \$50,000 for professional services. . . . . ►

**Part IX-A Summary of Direct Charitable Activities**

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

	Expenses
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	

Total. Add lines 1 through 3. . . . . ►

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	24,635,280
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	121,182
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	24,756,462
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	24,756,462
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	371,347
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	24,385,115
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	1,219,256

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

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	1,219,256
<b>2a</b>	Tax on investment income for 2017 from Part VI, line 5.	<b>2a</b>	14,847
<b>b</b>	Income tax for 2017 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	14,847
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	1,204,409
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	
<b>5</b>	Add lines 3 and 4.	<b>5</b>	1,204,409
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	1,204,409

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	1,207,379
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	1,207,379
<b>5</b>	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 instructions).	<b>5</b>	14,847
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	1,192,532

**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 instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
<b>1</b> Distributable amount for 2017 from Part XI, line 7				1,204,409
<b>2</b> Undistributed income, if any, as of the end of 2017				
<b>a</b> Enter amount for 2016 only. . . . .			478,103	
<b>b</b> Total for prior years 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2017				
<b>a</b> From 2012. . . . .				
<b>b</b> From 2013. . . . .				
<b>c</b> From 2014. . . . .				
<b>d</b> From 2015. . . . .				
<b>e</b> From 2016. . . . .				
<b>f</b> Total of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>1,207,379</u>				
<b>a</b> Applied to 2016, but not more than line 2a			478,103	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2017 distributable amount. . . . .				729,276
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6 Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5				
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<b>c</b> 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. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018 . . . . .				475,133
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .				
<b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9 Excess distributions carryover to 2018.</b> Subtract lines 7 and 8 from line 6a . . . . .				
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2013. . . . .				
<b>b</b> Excess from 2014. . . . .				
<b>c</b> Excess from 2015. . . . .				
<b>d</b> Excess from 2016. . . . .				
<b>e</b> Excess from 2017. . . . .				

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

<b>1a</b> If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. . . . . ▶					
<b>b</b> Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
<b>2a</b> 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) 2017	(b) 2016	(c) 2015	(d) 2014	
<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 organization had \$5,000 or more in assets at any time during the year—see instructions.)**

<b>1 Information Regarding Foundation Managers:</b>	
<b>a</b> 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>b</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	
<b>2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:</b>	
Check here <input type="checkbox"/> 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 instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d	
<b>a</b> The name, address, and telephone number or e-mail address of the person to whom applications should be addressed ELSA M HEISEL SULE CHARITABLE TRUST 250 GRANDVIEW DR FT MITCHELL, KY 41017 (513) 335-4798 VRKLETTE@ELSATRUST.ORG	
<b>b</b> The form in which applications should be submitted and information and materials they should include WEBSITE APPLICATION "ELSASULEFOUNDATION.ORG"	
<b>c</b> Any submission deadlines NONE	
<b>d</b> Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors NONE	

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b>			<b>▶ 3a</b>	861,310
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b>			<b>▶ 3b</b>	

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 instructions )
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b> Program service revenue					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments. . . . .					
<b>3</b> Interest on savings and temporary cash investments . . . . .			14	93	
<b>4</b> Dividends and interest from securities. . . . .			14	1,086,893	
<b>5</b> Net rental income or (loss) from real estate					
<b>a</b> Debt-financed property. . . . .					
<b>b</b> Not debt-financed property. . . . .					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income. . . . .					
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .					515,792
<b>9</b> Net income or (loss) from special events					
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal. Add columns (b), (d), and (e). . . . .				1,086,986	515,792
<b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . .			<b>13</b>		1,602,778

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

[illegible]

### Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Yes	No
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<b>1a(1)</b>		<b>No</b>
<b>1a(2)</b>		<b>No</b>

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<b>1b(1)</b>	<b>No</b>
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<b>1b(2)</b>	<b>No</b>
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<b>1b(3)</b>		<b>No</b>
--------------	--	-----------

<b>1b(4)</b>		<b>No</b>
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<b>1b(5)</b>		<b>No</b>
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<b>1b(6)</b>		<b>No</b>
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1c		No
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value  
ue

[illegible]

described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Sign  
Here**

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

\*\*\*\*\*

2018-11-09

\* \* \* \* \*

May the IRS discuss this return with the preparer shown below

(see instr )? ☒ Yes ☐ No

Signature of officer or trustee

Date \_\_\_\_\_

Title

**Paid  
Preparer  
Use Only**

<b>Paid Preparer Use Only</b>	Print/Type preparer's name  Jerry A Bailer CPA	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN  P00572068
	Firm's name ▶ James A Bailer CPA PSC				Firm's EIN ▶ 61-1149158
	Firm's address ▶ 9 Bartlett Avenue  Erlanger, KY 41018				Phone no (859) 727-3090

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>				
URSULINE ACADEMY 5535 PFEIFFER ROAD CINCINNATI, OH 45242	NONE	501(C)(3)	SCHOLARSHIPS	25,000
XAVIER UNIVERSITY 3800 VICTORY PARKWAY CINCINNATI, OH 45207	NONE	501(C)(3)	SCHOLARSHIPS	30,000
MADISON AVE CHRISTIAN CHURCH 1530 MADISON AVE COVINGTON, KY 41011	NONE	501(C)(3)	PROGRAM SUPPORT	12,400
<b>Total . . . . . ▶</b> <b>3a</b>				861,310

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> Paid during the year				
ST JUDE'S CHILDREN'S HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	NONE	501(C)(3)	PROGRAM SUPPORT	5,500
NORTHERN KENTUCKY UNIVERSITY 100 NUNN DR HIGHLAND HEIGHTS, KY 41099	NONE	PC	PROVIDE SCHOLARSHIPS AND SPONSOR A VISUAL ARTS EVENT	22,000
IMPACT 100 4010 EXECUTIVE PARK DR SUITE 100 CINCINNATI, OH 45241	NONE	PC	PROVIDE MEMBERSHIP SUPPORT	5,500
<b>Total . . . . . ▶</b> <b>3a</b>				861,310

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> Paid during the year				
INTERACT FOR CHANGE 3805 EDWARDS RD STE 500 CINCINNATI, OH 45209	NONE	PC	PROGRAM SUPPORT	6,000
CONNOR SENIOR HIGH SCHOOL 3310 COUGAR PATH HEBRON, KY 41048	NONE	NC	DONATION IN SUPPORT OF THE BASKETBALL PROGRAM	500
KENTUCKY HUMANITIES COUNCIL 206 E MAXWELL ST LEXINGTON, KY 40508	NONE	PC	FUNDING FOR HISTORICAL EDUCATION PROGRAMS	13,000
<b>Total . . . . . ▶</b> <b>3a</b>				861,310




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> Paid during the year				
MOUNT SAINT JOSEPH UNIVERSITY 5701 DELHI RD CINCINNATI, OH 45233	NONE	PC	SCHOLARSHIP FUNDING	21,000
ALOIS ALZHEIMER HOME70 DAMON RD CINCINNATI, OH 45218	NONE	NC	GENERAL PROGRAM FUNDING FOR PATIENTS WITH ALZHEIMERS	6,000
ST VINCENT DePAUL 2655 CRESCENT SPRING RD COVINGTON, KY 41017	NONE	PC	FUNDING FOR COAT DRIVE	26,100
<b>Total . . . . . ▶</b> <b>3a</b>				861,310

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>				
CARNEGIE ART CENTER 1028 SCOTT BLVD COVINGTON, KY 41011	NONE	POF	PROGRAM SUPPORT	10,000
NKY SYMPHONY540 LINDEN AVE NEWPORT, KY 41071	NONE	POF	PROGRAM SUPPORT	12,500
MASTER PROVISIONS 7725 FOUNDATION DR FLORENCE, KY 41042	NONE	POF	PROGRAM SUPPORT	42,500
<b>Total . . . . . ▶</b> <b>3a</b>				861,310

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>				
ENSEMBLE THEATRE1127 VINE ST CINCINNATI, OH 45202	NONE	PC	EXPAND THEATRE PROGRAMS AND FREE PROGRAMS	10,000
GIRL SCOUTS WESTERN OH 4930 CORNELL RD CINCINNATI, OH 45242	NONE	PC	MEMBER DUES FOR LOW INCOME GIRLS & OPERATING EXPENSES	15,000
LEARNING TREE FARM3376 S UNION RD DAYTON, OH 45417	NONE	PC	PROGRAM SUPPORT	5,000
<b>Total . . . . . ▶</b> <b>3a</b>				861,310

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>				
UC FOUNDATION51 GOODMAN DR CINCINNATI, OH 45221	NONE	PC	SCHOLARSHIP	50,000
CINCY ASSOC BLIND2045 GILBERT AVE CINCINNATI, OH 45202	NONE	PC	ADAPTIVE EQUIPMENT FOR SCHOOL AGE CHILDREN	10,000
FAMILY NURTURING CENTER 8275 EWING BLVD FLORENCE, KY 41042	NONE	PC	PROGRAM SUPPORT FOR CHILD ABUSE VICTIMS	25,000
<b>Total . . . . . ▶</b> <b>3a</b>				861,310

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>				
JOSEPH HOUSE1526 REPUBLIC ST CINCINNATI, OH 45202	NONE	PC	PROGRAM SUPPORT FOR HOMELESS	12,500
MOORE ACTIVITY CENTER 304 LINDEN AVE COVINGTON, KY 41011	NONE	PC	PROGRAM SUPPORT	2,500
PROJECT CAMP1501 BURNLEY RD SCOTTSVILLE, KY 42164	NONE	PC	SUPPORT FOR CAMP FOR SERIOUSLY ILL CHILDREN	15,000
<b>Total . . . . .</b> 				861,310
<b>3a</b>				

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>				
ANIMAL'S REST ANIMAL SANCTUARY 1273 Ohio Pike Amelia, OH 45102	NONE	PC	PROGRAM SUPPORT	12,500
LEAGUE FOR ANIMAL WELFARE 4193 Taylor Road BATAVIA, OH 45103	NONE	PC	PROGRAM SUPPORT	5,000
RAPTOR INC961 Barg Salt Run Rd MILFORD, OH 45150	NONE	PC	PROGRAM SUPPORT	15,474
<b>Total . . . . . ▶</b> <b>3a</b>				861,310

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>				
ART ACADEMY1212 Jackson St CINCINNATI, OH 45202	NONE	PC	PROGRAM SUPPORT	10,000
CINCINNATI JAZZ HALL OF FAME 192 PENFIELD LN CINCINNATI, OH 45238	NONE	PC	PROGRAM SUPPORT	2,000
CINCINNATI SHAKESPEARE COMPANY 1195 ELM ST CINCINNATI, OH 45202	NONE	PC	PROGRAM SUPPORT	10,500
<b>Total . . . . . ▶</b> <b>3a</b>				861,310

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>				
CLERMONT FESTIVAL CHORALE 506 WALNUT LN MASON, OH 45040	NONE	PC	PROGRAM SUPPORT	3,008
INTERACT FOR CHANGE 3805 Edwards Rd Ste 500 CINCINNATI, OH 45209	NONE	PC	PROGRAM SUPPORT	15,000
CINCINNATI UNION BETHEL300 Lytle St CINCINNATI, OH 45202	NONE	PC	PROGRAM SUPPORT	10,000
<b>Total . . . . . ▶</b> <b>3a</b>				861,310



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>				
MARY QUEEN OF HEAVEN 2655 CRESCENT SPRINGS PIKE ERLANGER, KY 41017	NONE	PC	PROGRAM SUPPORT	3,000
UPSPRING 360PO Box 23300 CINCINNATI, OH 45223	NONE	PC	PROGRAM SUPPORT	20,000
BROMLEY CHRISTIAN CHURCH 216 KENTON ST BROMLEY, KY 41016	NONE	PC	PROGRAM SUPPORT	2,000
<b>Total . . . . . ▶</b> <b>3a</b>				861,310

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> Paid during the year				
COMMUNITY RESOURCE CENTER 3610 Park 42 Dr CINCINNATI, OH 45241	NONE	PC	PROGRAM SUPPORT	12,160
EMERGENCY SHELTER OF NKY PO BOX 12332 COVINGTON, KY 41012	NONE	PC	PROGRAM SUPPORT	4,693
HIGHLAND CEMETERY2167 Dixie Hwy FORT MITCHELL, KY 41017	NONE	PC	PROGRAM SUPPORT	5,000
<b>Total . . . . . ▶</b> <b>3a</b>				861,310

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> Paid during the year				
MASLOW'S ARMYPO BOX 14187 CINCINNATI, OH 45250	NONE	PC	PROGRAM SUPPORT	1,500
USAF MUSEUMPO Box 33624 WPAFB, OH 45433	NONE	PC	PROGRAM SUPPORT	55,000
ADOPT A CLASS3805 Edwards Rd 550 CINCINNATI, OH 45209	NONE	PC	PROGRAM SUPPORT	500
<b>Total . . . . . ▶</b> <b>3a</b>				861,310

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>				
BRIGHTON CENTER741 CENTRAL AVE NEWPORT, KY 41071	NONE	PC	PROGRAM SUPPORT	25,000
CET1223 Central Parkway CINCINNATI, OH 45214	NONE	PC	PROGRAM SUPPORT	15,000
CHILDREN'S INC333 Madison Avenue COVINGTON, KY 41011	NONE	PC	PROGRAM SUPPORT	10,000
<b>Total . . . . . ▶</b> <b>3a</b>				861,310

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>				
LITERACY NETWORK OF GREATER CINCINN 19 Broadcast Plaza 635 W 7th St Su CINCINNATI, OH 45203	NONE	PC	PROGRAM SUPPORT	10,000
MAGNIFIED GIVING9940 Reading Road CINCINNATI, OH 45241	NONE	PC	PROGRAM SUPPORT	15,000
NKY EDUCATIONAL COUNCIL 7310 TURFWAY RD STE 115 FLORENCE, KY 41042	NONE	PC	PROGRAM SUPPORT	5,000
<b>Total . . . . . ▶</b> <b>3a</b>				861,310

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> Paid during the year				
NOTRE DAME URBAN ACADEMY 14 East 8th Street COVINGTON, KY 41011	NONE	PC	PROGRAM SUPPORT	5,000
OH RIVER FOUNDATION4480 Classic Dr CINCINNATI, OH 45241	NONE	PC	PROGRAM SUPPORT	10,000
OSU EXTENSION CLERMONT COUNTY 1000 LOCUST ST PO BOX 670 OWENSVILLE, OH 45160	NONE	PC	PROGRAM SUPPORT	20,000
<b>Total . . . . . ▶</b> <b>3a</b>				861,310

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>				
PRICHARD COMMITTEE 271 W Short Street Ste 202 LEXINGTON, KY 40507	NONE	PC	PROGRAM SUPPORT	5,000
SCOTT HIGH SCHOOL 5400 Old Taylor Mill Road TAYLOR MILL, KY 41015	NONE	PC	PROGRAM SUPPORT	1,000
UNIVERSITY OF CINCINNATI - HEMI PO BOX 19970 CINCINNATI, OH 45219	NONE	PC	PROGRAM SUPPORT	12,500
<b>Total . . . . . ▶</b> <b>3a</b>				861,310

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>				
CIRCLE TAIL8834 Carey Ln PLEASANT PLAIN, OH 45162	NONE	PC	PROGRAM SUPPORT	3,425
KY HUMANITIES COUNCIL 206 East Maxwell Street LEXINGTON, KY 40508	NONE	PC	PROGRAM SUPPORT	1,500
OHIO VALLEY VOICES 6642 BRANCH HILL GUINEA PIKE LOVELAND, OH 45140	NONE	PC	PROGRAM SUPPORT	31,750
<b>Total . . . . . ▶</b> <b>3a</b>				861,310



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>				
BE CONCERNED1100 PIKE STREET COVINGTON, KY 41011	NONE	PC	PROGRAM SUPPORT	20,000
DRUG FREE CLUB10361 Spartan Dr CINCINNATI, OH 45215	NONE	PC	PROGRAM SUPPORT	500
GO PANTRY2137 WYNDHAM WAY UNION, KY 41091	NONE	PC	PROGRAM SUPPORT	4,800
<b>Total . . . . . ▶</b> <b>3a</b>				861,310

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>				
MUSCULAR DYSTROPHY ASSOC 222 S Riverside Plaza Suite 1500 CHICAGO, IL 60606	NONE	PC	PROGRAM SUPPORT	10,000
NELLIE'S CHAMPIONS 374 Morrison Road Suite C COLUMBUS, OH 43213	NONE	PC	PROGRAM SUPPORT	2,500
NEW LIFE FURNITURE 11431 WILLIAMSON RD CINCINNATI, OH 45241	NONE	PC	PROGRAM SUPPORT	15,000
<b>Total . . . . . ▶</b> <b>3a</b>				861,310

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> Paid during the year				
NEW PERCEPTIONS1 Sperti Dr EDGEWOOD, KY 41017	NONE	PC	PROGRAM SUPPORT	20,000
ST JOSEPH ORPHANAGE 5400 EDALBERT DR CINCINNATI, OH 45239	NONE	PC	PROGRAM SUPPORT	4,000
SWEET CHEEKS DIAPER BANK 1615 Republic St CINCINNATI, OH 45202	NONE	PC	PROGRAM SUPPORT	15,000
<b>Total . . . . . ▶</b> <b>3a</b>				861,310

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>				
THE BEAN BASH5719 Limaburg Rd BURLINGTON, KY 41005	NONE	PC	PROGRAM SUPPORT	1,000
WOMEN'S CRISIS CENTER 3580 Hargrave Drive HEBRON, KY 41048	NONE	PC	PROGRAM SUPPORT	500
CENTER FOR GREAT NEIGHBORHOODS 321 W MLK COVINGTON, KY 41011	NONE	PC	PROGRAM SUPPORT	15,000
<b>Total . . . . . ▶</b> <b>3a</b>				861,310

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>				
FRIENDS OF THE SHELTERPO Box 93 UNION, KY 41091	NONE	PC	PROGRAM SUPPORT	7,500
SPINA BIFIDA COALITION 1600 Wilson Blvd Suite 800 ARLINGTON, VA 22209	NONE	PC	PROGRAM SUPPORT	5,000
<b>Total . . . . . ▶</b> <b>3a</b>				861,310

**TY 2017 Accounting Fees Schedule****Name:** ELSA M HEISEL SULE CHARITABLE TRUST 2005**EIN:** 20-7277661**Software ID:** 17005038**Software Version:** 2017v2.2**Accounting Fees Schedule**

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
BRIDGET KREMER-BOOKKEEPING	49,172	4,917	0	44,255
JAMES A BAILER, CPA	18,500	1,850	0	16,650

## TY 2017 General Explanation Attachment

**Name:** ELSA M HEISEL SULE CHARITABLE TRUST 2005

**EIN:** 20-7277661

**Software ID:** 17005038

**Software Version:** 2017v2.2

Identifier	Return Reference	Explanation
	<p>General Explanation Supplemental Information for Form 990-PF</p>	<p>ELSA M HEISEL SULE CHARITABLE TRUST FOUNDATION TAX YEAR 2017 EIN 20-7277661The Elsa Heisel Sule Foundation is an independent non-operating Private Foundation The Sule Foundation operates in an "Engaged Philanthropy" model supporting Charitable Grantees with not only the distribution of Grant funds but also with dialogue on collaboration ideas with other/similar or complimentary NonProfit grantees or with other Foundation funding sources or to participate in training collaborations or scaling up consultations with grantee non-profit or organizations in partnership with other granting organizations such as Impact 100 or Social Venture Partners Cincinnati On-going interaction with Grantees of the Sule Foundation includes "Listening Lunches" with either an individual Grantee, as part of the Grant process or evaluation process, or with a small group of like-minded Grantees who are ripe for collaboration with other Grantees of grant opportunities from other Grantor sources As a requirement of our high school, college and medical school scholarships, we require as part of our "scholarship grant criteria" that the Sule Foundation personnel meet annually with the scholarship recipients, for lunch or dinner, in order to meet them and tell them about Elsa Sule, her family and her motivation for providing educational scholarships Each student receives a book on the life and times of Elsa and her family The Sule Foundation grant process and grant guidelines are found on the Elsa Sule Foundation website Grantmaking originates with either an unsolicited or solicited grant requests for Grantee program or projects, with a Letter of Intent (LOI) from the proposed grantee through our online grant process, hosted by Foundant Technologies The LOI committee of Sule Foundation meets on a quarterly basis to review all LOIs and then invites those organizations which meet the grant guidelines and other factors, to file a Grant Application The full board of advisors meets quarterly to review grant applications The Trustee, Program Officer, Grants Manager and various members of the Advisory Board will attend site visits prior to the board's grant meeting as well as viewing the proposed Grantee's social media accounts and reporting agencies such as Guidestar Grant Applications are voted upon at the Advisory Board meetings and the results are communicated in a timely manner to the applicants Grant Agreements and Funds are delivered to the Grantees within a short time after the board meeting The Sule Foundation will offer social media exposure of the Grantee's funding by the Sule Foundation Many times, follow up site visits occur to evaluate the programs/projects of the Grantee while in action All grantees are required to file a Final Follow-up Report, online through the Foundant system, at the conclusion of the expenditure of their grant funds with a narrative of their grant outcomes and budget (proposed v actual) comparisons The Charitable Trust Trustee of the Foundation is responsible for all of the day-to-day tasks and for maintaining the foundation's compliance with legal and technical issues The Trustee ensures that the foundation's leadership, administrative and programmatic activities achieve the desired goals of Elsa Sule The Trustee monitors the Foundation's investment policies and portfolios and in doing so she must consult on a regular and frequent basis with the investment manager, Hilliard Lyons With the advice and recommendations of Hilliard Lyons, the Trustee seeks to maximize the production of income and safety of assets The Trustee monitors, analyzes and interprets short-term and long-term trends in the relevant financial markets and acts upon those trends in a timely and responsible manner The Trustee develops a clear philanthropic agenda for the Elsa Sule Foundation and makes certain that every dimension of that agenda is supported by an appropriate set of initiatives The Trustee develops and implements the required initiatives in a consistent, timely, focused and cost effective manner The Trustee developed and maintains the Grant and Evaluation processes and maintains personal contact with all Grantees on at least an annual basis The Trustee, along with the Grants Manager, Program Officer and various Advisory Board Members, attends various philanthropic national, regional and local conferences to gain a better and in-depth working understanding of the grant process and grantees' requirements and to maintain professional competence in issues of legal, tax and regulations facing private foundations and non-profit organizations Locally, the Trustee participates in several philanthropic organizations such as Impact 100 Cincinnati, Social Venture Partners Cincinnati, Greater Cincinnati Foundation, Horizon Community Fund and Kentucky Non-Profit Network, to gain a better understanding and exposure to more local non-profits (not necessarily grantees of Sule) and to variations of philanthropic organizational</p>



Identifier	Return Reference	Explanation
	General Explanation Supplemental Information for Form 990-PF	<p>operations and grant analysis and collaboration The Grants Manager is responsible for maintaining the online grants management program through Foundant Technologies and for all bookkeeping duties The Program Officer is responsible for maintaining constant communication with all Grantee Applicants and Funded Grantees in the Sule Foundation portfolio of Grantees, past and present, through electronic communication methods, including email, phone and in person The Program Officer coordinates site visits and post grant visits The Program Officer is responsible for maintaining the Sule Foundation website The Tax Accountant is a CPA who is responsible for the monthly review of finances, investments and the preparation of the 990PF The Attorney for the Foundation is available on call and attends all board and committee meetings The Advisory Board members are responsible for preparation for grant meetings and are encouraged but not required to attend LOI meetings and site visits</p>

**TY 2017 Legal Fees Schedule****Name:** ELSA M HEISEL SULE CHARITABLE TRUST 2005**EIN:** 20-7277661**Software ID:** 17005038**Software Version:** 2017v2.2

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MARGO GRUBBS	12,000	0	0	12,000

**TY 2017 Other Expenses Schedule****Name:** ELSA M HEISEL SULE CHARITABLE TRUST 2005**EIN:** 20-7277661**Software ID:** 17005038**Software Version:** 2017v2.2**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADVERTISING	3,909			3,909
CONTINUING EDUCATION	35			35
DUES & SUBSCRIPTIONS	8,387			8,387
INTERN	943			943
INVESTMENT FEES	136	13		123
MEALS & ENTERTAINMENT	4,008			4,008
SUPPLIES	2,744	274		2,470
WEBSITE	1,180			230

**TY 2017 Other Professional Fees Schedule****Name:** ELSA M HEISEL SULE CHARITABLE TRUST 2005**EIN:** 20-7277661**Software ID:** 17005038**Software Version:** 2017v2.2

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Advisory Board Fees	36,000	3,600	0	32,400

**TY 2017 Taxes Schedule****Name:** ELSA M HEISEL SULE CHARITABLE TRUST 2005**EIN:** 20-7277661**Software ID:** 17005038**Software Version:** 2017v2.2

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE TAX	58,017	58,017		
FOREIGN TAXES	2,855	2,855		