Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 27 Other deductions (attach schedule) 28 29 Total deductions Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 Net operating loss deduction (limited to the amount on line 30) 31 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 33

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or

-39,592, Form **990-T** (2017)

-39,592

-39,592.

1,000.

27

28

29

30

31

32

33

34

line 32

## L & L NIPPERT CHARITABLE FOUNDATION INC

31-1351011 Page 2 Form 990-T (2017) ATTN: CARTER F. RANDOLPH, PH.D. Tax Computation Part III Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here 

See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (3) [\$ (2) \$ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ \$ (2) Additional 3% tax (not more than \$100,000) 0. c Income tax on the amount on line 34 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: Schedule D (Form 1041) Tax rate schedule or 36 37 37 Proxy tax See instructions 38 Alternative minimum tax 38 39 39 Tax on Non-Compliant Facility Income See instructions 0. Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies 40 Part IV Tax and Payments 41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a 41b **b** Other credits (see instructions) c General business credit. Attach Form 3800 41c d Credit for prior year minimum tax (attach Form 8801 or 8827) 414 41e e Total credits. Add lines 41a through 41d Ō. 42 Subtract line 41e from line 40 42 Other taxes, Check If from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 43 43 0. 44 Total tax. Add lines 42 and 43 1,478. 45 a Payments: A 2016 overpayment credited to 2017 45b **b** 2017 estimated tax payments c Tax deposited with Form 8868 45c d Foreign organizations: Tax paid or withheld at source (see instructions) 45d 45e e Backup withholding (see instructions) 45f f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments: Form 2439 Form 4136 Other Total 1,478. Total payments. Add lines 45a through 45g 46 47 Estimated tax penalty (see instructions). Check if Form 2220 is attached 47 48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed 48 1.478. 49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid Enter the amount of line 49 you want: Credited to 2018 estimated tax 50 Part V Statements Regarding Certain Activities and Other Information (see instructions) No At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority Yes over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114. Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country Х X During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 52 If YES, see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year >\$ 53 Under penalties of perjury, I declare that 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 Sign May the IRS discuss this return with Here PRESIDENT/TREASURER the preparer shown below (see Signature of officer instructions)? X Yes Preparer's signature Date Check I PTIN Print/Type preparer's name self- employed Paid 07/10/18 P00083918 JOHN P. MELLOTT Preparer Firm's name MELLOTT MELLOTT Firm's EIN ▶ 31-6063298 Use Only 312 WALNUT SUITE 2500 STREET 513-241-2940 CINCINNATI OH 45202-4025 Phone no. Firm's address

Form 990-T (2017)

## L & L NIPPERT CHARITABLE FOUNDATION INC

Form 990-T (2017) ATTN: CARTER F. RANDOLPH, PH.D.

31-1351011

Page 3

Schedule A - Cost of Goods Sold. Enter	method of invent	ory valuation ► N/A		<del></del>			
1 Inventory at beginning of year 1	6 Inventory at end of year				6		
2 Purchases 2	2 7 Cost of goods sold			ne 6			
3 Cost of labor 3		from line 5. Enter here					
4a Additional section 263A costs		line 2		·	7		
(attach schedule) 4a	8 Do the rules of section 263A (with respect to			rith respect to		Yes	No
b Other costs (attach schedule) 4b		property produced or acquired for resale) apply to					
5 Total. Add lines 1 through 4b	·	the organization?					L
Schedule C - Rent Income (From Real I (see instructions)	Property and	Personal Property L	eased	With Real Prop	erty)		
Description of property							
(1)							
(2)							
(3)							
(4)							
2 Rent receive	ed or accrued			0(.) =			
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	of rent for pe	od personal property (if the percenta ersonal property exceeds 50% or if its based on profit or income)	ige	3(a) Deductions directly columns 2(a) ai	nd 2(b) (at	ed with the income il tach schedule)	n
(1)							
(2)							
(3)							
(4)						·	
Total 0.	Total		0.				
(c) Total income Add totals of columns 2(a) and 2(b). En here and on page 1, Part I, line 6, column (A)	<b>•</b>		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>		0.
Schedule E - Unrelated Debt-Financed	Income (see i	nstructions)		•			
		Gross income from or allocable to debt-		3. Deductions directly con to debt-finance		erty	
Description of debt-financed property		financed property	(a) s	Straight line depreciation (attach schedule)		(b) Other deductio (attach schedule)	
(1)							
(2)							
(3)							
(4)							
debt on or allocable to debt-financed of or a property (attach schedule) debt-final	adjusted basis allocable to nced property n schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(0	8, Allocable deduc column 6 x total of co 3(a) and 3(b))	olumns
(1)		%	1			-	
(2)		%					
(3)		%					
(4)		%					
				nter here and on page 1, art I, line 7, column (A)		nter here and on par	
Totals		<b>.</b>		0	.1		0.
Total dividends-received deductions included in column	n 8				<b>-</b>	<del>-</del>	0.

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)				]			]
(3)							]
(4)							
Totals (carry to Part II, line (5))	•	0.	_ 0.				0.

## L & L NIPPERT CHARITABLE FOUNDATION INC

Form 990-T (2017) ATTN: CARTER F. RANDOLPH, PH.D. 31–13510

Part II Income From Periodicals Reported on a Separate Basis (For each periodical fisted in Part II, fill in columns 2 through 7 on a line-by-line basis.)

31-1351011

Page 5

Columns 2 through	17 on a	ime-by-line basis )					
1 Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	<b></b>	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	•	0.	0.				0.
Schedule K - Compen	satio	n of Officers, I	Directors, and	Trustees (see in	structions)		

1. Name	2. Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		- %	

Form 990-T (2017)

Total. Enter here and on page 1, Part II, line 14

FORM 990-T INCOME (LOSS)	FROM PARTNERS	STATEMENT 18	
PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)
THE BLACKSTONE GROUP - 2017 UBI	25,180.	1,972.	23,208.
SHELL MIDSTREAM PARTNERS LP - 2017 UBI	-50,869.	0.	-50,869.
KKR & CO. L.P 2017 UBI SHELL MIDSTREAM PARTNERS LP - 2016	759.	1,566.	-807.
UBI CARRYOVER	-11,124.	0.	-11,124.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-36,054.	3,538.	-39,592.