

Form 990-PF

**Return of Private Foundation** 

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

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PFfor instructions and the latest information.

De Int	partm ernal l	ent of the Treasury Revenue Service		ial security numbers on nov/Form990PFtor instr		-		pen to Public Inspection
Fo	or cal		or tax year beginning			and ending	J	, 20
	Vame (	of foundation DR	EES HOMES FOUNDAT	IRD	A Employerident	ification number		
	BAN	K AS AGENT		,	,		81	-1255960
			ox number if mail is not delivered		ber (see instructions)			
	211	GRANDVIEW I	DRIVE				8	59-578-4200
			e, country, and ZIP or foreign post	al code			<del> </del>	33 370 1200
							C If exemption application pending, check he	cation is
		T MITCHELL,		T Turket	-f - f			
G	Cne	ck all that apply:	X Initial return	<del></del>	of a former p	ublic charity	1 - 1	
			Final return	Amended re				ations meeting the here and attach
_	Cho	ak tupo of pracni	Address change zation: X Section 501(	Name chang		FWI	computation	▶ ∟_
'n								on status was terminated
			nonexempt charitable trust	Other taxable pr			under section 507	(b)(1)(A), check here
'		market value o	,—	unting method: X C	ash Acc	ruai		s in a 60-month termination
		of year (from Pa	1—	ther (specify)	ab bassa l		- under section 507	(b)(1)(B), check here . >
			<del></del>	column (d) must be on ca	asii Dasis.)	<del></del>		(d) Disbursements
نه	eid		renue and Expenses (The in columns (b), (c), and (d)	(a) Revenue and	(b) Net inve		(c) Adjusted net	for charitable
		may not necessar	ily equal the amounts in	expenses per books	incom	e	ıncome	purposes (cash basis only)
_	<del></del>	column (a) (see in		7 000 000	<del> </del>		<del></del>	(cash basis only)
	1		nts, etc., received (attach schedule) ie foundation is <b>not</b> required to	7,000,000	<del> </del>	<del></del>		<del></del>
	2		ch Sch. B		ļ			<del> </del>
)	3	-	nd temporary cash investments.		<del> </del>			
;	4	Dividends and inte	rest from securities	28,094	1 2	7,863.		STMT
	5a	Gross rents			<del> </del>		<del></del>	<del> </del>
	b	Net rental income or	(loss)		<del></del>			<del></del>
enue	6a b	Net gain or (loss) froi Gross sales price for assets on line 6a	m sale of assets not on line 10 all 7	7				<del> </del>
Š	7		come (from Part IV, line 2) .	- <del></del>	†	7.		
Rev	8		oital gaın	<del></del>	†	<del></del>		<del> </del>
	9	•	ons		<u> </u>			
	10a	Gross sales less retur	ns					
	h	and allowances Less Cost of goods s	1	<del>-</del>			·····	
	1		s) (attach schedule)		<del> </del>		<del></del>	<u> </u>
	11	•	ach schedule)					<u> </u>
	12		through 11	7,028,101	2	7,870.	<del></del>	<del> </del>
_	13		cers, directors, trustees, etc.	770207101	<del></del>	7,070	<del></del>	
es	المال	·	alaries and wages			NONE	NON	IE
"		• •	ployee benefits	. <del> </del>		NONE	NON	<del></del>
Expens	16-		schedule)				2,01	7
			attach schedule)STMT 2	200	<u> </u>	100.	NON	IE 10
		-	fees (attach schedule) 3	9,360		9,360.		7
Administrative	17	Interest	DE	SEVED	<del>}</del>	-1-001		<del>                                     </del>
str	18		edule) (see instructions 4	342	<del>                                     </del>	342.		<del> </del>
Ξ	19				<del> </del>			<del> </del>
투	20	Depreciation (attac	ch schedule) and depletion y	21 2018	<del> </del>		<del></del>	<del> </del>
_	100		11 1	62	<del> </del>	NONE	NON	<del></del>
and	21	Travel, conference			<del> </del>	NONE	NON	
		Printing and public		EN UT 24	<del> </del> -	MONE	NON	
ï.	23		ttach schedule) STMT. 5.		<del>†</del>	<del></del>		2
rat	24		nd administrative expenses.	2 226	(	0 000	1701	10
Operating	4		ıgh 23	9,926		9,802.	NON	
0	)	<del>-</del>	s, grants paid	250,000		0 000	1701	250,00
_	26		bursements Add lines 24 and 25	259,926	<del> </del>	9,802.	NONNON	IE 250,12
	27	Subtract line 26 fr			ĺ	(		
			r expenses and disbursements	6,768,175			<del></del>	<del></del>
	1		ncome (if negative, enter -0-)	L	$+^1$	8,068.		_
	C	Adjusted net inco	me (if negative, enter -0-)	1	1	ì		ŀ

JSA For Paperwork Reduction Act Notice, see instructions. 7E1410 1 000 GFQ975 5889 05/08/2018 15:15:44

9-25

Form 990-PF (2017)

Part II	Balance Sheets description column should be for end-of-year	Beginning of year	End o	year
	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing		78.	78
2	Savings and temporary cash investments		4,871,227.	4,871,227
3	Accounts receivable			
	Less: allowance for doubtful accounts ▶		•	•
4	Pledges receivable ▶			
•	Less. allowance for doubtful accounts		•	
1_				
5	Grants receivable		<del></del>	
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons (attach schedule) (see instructions)	<del></del>		<del></del>
7	Other notes and loans receivable (attach schedule)			1
1	Less. allowance for doubtful accounts ► NONE			
इं ८	Inventories for sale or use	<u> </u>	_ <del></del>	
Assets	Prepaid expenses and deferred charges			
<b>₹</b> 10a	Investments - U S and state government obligations (attach schedule).			
ь	Investments - corporate stock (attach schedule)		1,611,865.	1,665,464
c	Investments - corporate bonds (attach schedule)		285,007.	284,638
11	Investments - land, buildings, and equipment basis			. 1
- [	Less accumulated depreciation			
12	(attach schedule) Investments - mortgage loans	<del></del>		
13	Investments - other (attach schedule)	· · · · · · · · · · · · · · · · · · ·		
14	Land, buildings, and			
	equipment basis Less accumulated depreciation (attach schedule)		-	, , .
1	(attach schedule)			
15	Other assets (describe			
16	Total assets (to be completed by all filers - see the		6 760 177	C 001 407
+-	instructions. Also, see page 1, item I)		6,768,177.	6,821,407
17	Accounts payable and accrued expenses			-
18	Grants payable	<del></del>		ļ Į
<u>8</u> 19	Deferred revenue			1
Liabilities 20 21 22	Loans from officers, directors, trustees, and other disqualified persons			
윤 21	Mortgages and other notes payable (attach schedule)			
그 <sub>22</sub>	Other liabilities (describe >)			
İ				
23	Total liabilities (add lines 17 through 22)		NONE	
$\top$	Foundations that follow SFAS 117, check here	-		
S	and complete lines 24 through 26, and lines 30 and 31.			
Balances 25	Unrestricted			
<u>e</u> 25	- · · · · · · · · · · · · · · · · · · ·			
	Temporarily restricted			
일 26	Permanently restricted	<del></del>		Š
쾬	Foundations that do not follow SFAS 117, check here			į
u Pu	and complete lines 27 through 31.		C 7C0 177	
φ) 27	Capital stock, trust principal, or current funds		6,768,177.	4
Net Assets	Paid-in or capital surplus, or land, bldg., and equipment fund			;
<u>s</u> 29	Retained earnings, accumulated income, endowment, or other funds		<u> </u>	į
30	Total net assets or fund balances (see instructions)		6,768,177.	1
<b>2</b> 31	Total liabilities and net assets/fund balances (see			}
	Instructions)		6,768,177.	1
Part I	Analysis of Changes in Net Assets or Fund Balar	nces	<del>-</del>	
	tal net assets or fund balances at beginning of year - Part I		must agree with	
	d-of-year figure reported on prior year's return)			
	ter amount from Part I, line 27a			6,768,175.
	ner increases not included in line 2 (itemize) > ROUNDING		3	2,,00,2,3.
	d lines 1, 2, and 3			6,768,177.
			5	0,100,±11.
	creases not included in line 2 (itemize)	no E) Bort II nolume - 1		6 760 177
<u>o</u> 101	tal net assets or fund balances at end of year (line 4 minus li	ne o) - ram II, column (	b), line 30 6	6,768,177.

	and Losses for Tax on Invescribe the kind(s) of property sold (for e		(b) How acquired	(c) Date acquired	(d) Date sold
	rick warehouse, or common stock, 200		P - Purchase D - Donation	(mo., day, yr)	(mo , day, yr )
1a PUBLICLY TRADED	SECURITIES				
_ b		<u> </u>	<del> </del>		
_c			<del> </del>	ļ	
_ <u>d</u>			<del> </del>	ļI	
e	r——————————	110	<del> </del> -	<u> </u>	<del></del>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) min	us (g))
a 7.	<del> </del>	<u> </u>	<del> </del>		7.
<u>ь</u>	<del> </del>	<del> </del>	<del> </del>		
d			<del>                                     </del>		
e :			+		
	nowing gain in column (h) and owned	by the foundation on 12/31/69.		Gains (Col. (h) ga	un minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	col.	(k), but not less t Losses (from co	han -0-) <b>or</b>
a			<b>†</b>		7.
b			<u> </u>		
C					
d			1		
е	,				
2 Capital gain not income	or (not constal loss)   If g	gain, also enter in Part I, line 7			
2 Capital gain net income	ain or (loss) as defined in sections	loss), enter -0- in Part I, line 7	2		7.
Part I, line 8	<u> </u>	nstructions. If (loss), enter -0- in duced Tax on Net Investment	3		'A
		ibutable amount of any year in the	base perio	od?	Yes N
	't qualify under section 4940(e). I	ar; see the instructions before mak	una any ar	ntriae	
(a)		(c)	ing any en	(d)	
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value of noncharitable-use assets	}	Distribution ra (col. (b) divided by	
2016					
2015					
2014					<del></del>
2013		<u> </u>	<u> </u>		
2012	<u> </u>		<del></del> _		
				·	
<del>-</del>	•	ide the total on line 2 by 5.0, or by	1 - 1		
the number of years the	foundation has been in existence	if less than 5 years	. 3	<del></del>	
4 Enter the net value of n	oncharitable-use assets for 2017	from Part X, line 5	4		<u> </u>
5 Multiply line 4 by line 3			5		
C			1 1		
6 Enter 1% of net investm	nent income (1% of Part I, line 27b	)	6		<del></del>
		)			

Enter the states to which the foundation reports or with which it is registered. See instructions.

Yes  11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	X X X
meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	X No
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	X No
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	No
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  13 X  Website address ► N/A  14 The books are in care of ► DREES HOMES FOUNDATION, INC. Telephone no. ► (859) 578-4200	No
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?    N/A  Website address ► N/A  14 The books are in care of ► DREES HOMES FOUNDATION, INC. Telephone no. ► (859) 578-4200	No
14 The books are in care of ▶ DREES HOMES FOUNDATION, INC. Telephone no. ▶ (859) 578-4200	
Located at ▶ 211 GRANDVIEW DRIVE, FORT MITCHELL, KY ZIP+4 ▶ 41017	
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here · · · · · · · · · ▶	
and enter the amount of tax-exempt interest received or accrued during the year	
To At any time during calendar year 2017, and the foundation have an interest in or a signature of other authority	l Y
over a bank, securities, or other financial account in a foreign country?	^
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	
the foreign country	
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
The form 4720 if any feeling discover in the 103 default, allowed in exception approxi	140
1a During the year, did the foundation (either directly)	
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	
disqualified person?	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X 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)?	
(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.)	í
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	
section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	<u>L</u> .
Organizations relying on a current notice regarding disaster assistance, check here	
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 2017?	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	1.
operating foundation defined in section 4942(j)(3) or 4942(j)(5))	
a 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?	
If "Yes," list the years	
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 all years listed, answer "No" and attach statement - see instructions.)	X
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	- 11
the provisions of section 4342(a)(2) are being applied to any of the years listed in 2a, list the years here.	
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	
at any time during the year?	
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.)	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a	X
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? 4b	X

	VII-B Statements Regarding Activitie	S for willich Forth 4	720 May be ned	uneu (continueu)			
<b>5a</b> D	During the year, did the foundation pay or incur any a	mount to.				Yes	No
(1	1) Carry on propaganda, or otherwise attempt to inf	luence legislation (section	n 4945(e))?	. Yes X No			
(2	2) Influence the outcome of any specific public	election (see section 4	1955); or to carry o	n,			
	directly or indirectly, any voter registration drive?			. Yes X No			
(;	3) Provide a grant to an individual for travel, study,						
(4	4) Provide a grant to an organization other than	n a charitable, etc., org	anization described	ın			
-	section 4945(d)(4)(A)? See instructions						
<b>(</b>	5) Provide for any purpose other than religious						
	purposes, or for the prevention of cruelty to child	ren or animals?		Yes X No		i l	
b If	f any answer is "Yes" to 5a(1)-(5), did any of	the transactions fail to	qualify under the	exceptions described in			
R	Regulations section 53.4945 or in a current notice re	garding disaster assistan	ce? See instructions .		5b		
	Organizations relying on a current notice regarding d						
	f the answer is "Yes" to question 5a(4), does				<u> </u>		
	pecause it maintained expenditure responsibility for t		•				
	f "Yes," attach the statement required by Regulations	=					
	Did the foundation, during the year, receive any		ectly to nay premiii	me			
	on a personal benefit contract?	· · · · · · · · · · · · · · · · · · ·					l
	Old the foundation, during the year, pay premiums, d				6ь		Х
	f "Yes" to 6b, file Form 8870.	irectly of manectly, on a	personal benefit conti		100		<del>  ^</del>
	At any time during the tax year, was the foundation a	narty to a prohibited tax	shelter transaction?	Yes X No			
	f "Yes," did the foundation receive any proceeds or h		=	•	7b		
Part \	Information About Officers, Direct and Contractors	ctors, Trustees, Fou	ındation Manage	rs, Highly Paid Emp			<u> </u>
1 Lis	st all officers, directors, trustees, foundation	managers and their					
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expens other all		
		devoted to position	enter -0-)	and deferred compensation	- Carlet all	Owanice	
CEE C	STATEMENT 7	<b>-</b>					
3EE 3	STATEMENT /			-			
		<del>-</del>					
		<del></del>					
					·		
					<del></del>		
2 Ce	amparation of five highest said ampleus						
	ompensation of five highest-paid employe	es (other than thos	e included on lin	e 1 - see instruction	ns). If n	one,	ente
"N		(b) Title, and average	e included on lin	e 1 - see instruction  (d) Contributions to employee benefit plans and deferred compensation	ns). If no (e) Expens other all	se accou	unt,
" <b>N</b> (a) Na	NONE."	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all	se accou owance	unt,
" <b>N</b> (a) Na	NONE."	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expens other all	se accou	unt,
" <b>N</b> (a) Na	NONE."	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all	se accou owance	unt,
" <b>N</b> (a) Na	NONE."	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all	se accou owance	unt,
" <b>N</b> (a) Na	NONE."	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all	se accou owance	unt,
" <b>N</b> (a) Na	NONE."	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all	se accou owance	unt,
" <b>N</b> (a) Na	NONE."	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all	se accou owance	unt,
" <b>N</b> (a) Na	NONE."	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all	se accou owance	unt,
"N	NONE."	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all	se accou owance	unt,
"N (a) Na NONE	NONE."	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expensother all	se accou owance	unt,

3 Five highest-paid independent contractors for professional services. See instruction	s. If none, enter "NONE	<u> </u>
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
ONE		NONE
		<del></del>
otal number of others receiving over \$50,000 for professional services		NONE
art IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical inform organizations and other beneficiaries served, conferences convened, research papers produced, etc.	ation such as the number of	Expenses
1NONE		
2		
•		
3		
4		
Part IX-B Summary of Program-Related Investments (see instructions)		Amount
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.  1 NONE		Amount
2		
All other program-related investments See instructions.		
3NONE		

Part	see-instructions.)	gn touna	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
	Average monthly fair market value of securities	1a	1,631,252.
Ь	Average of monthly cash balances	1b	2,835,081.
C	Fair market value of all other assets (see instructions)	1c	NONE
	Total (add lines 1a, b, and c)	1d	4,466,333.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	4,466,333.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions),	4	66,995.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,399,338.
6	Minimum investment return. Enter 5% of line 5	6	219,967.
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part.)	dations	
1	Minimum investment return from Part X, line 6	1	219,967.
	Tax on investment income for 2017 from Part VI, line 5		
ь	Income tax for 2017. (This does not include the tax from Part VI.) 2b		
	Add lines 2a and 2b	2c	361.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	219,606.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	219,606.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
•	line 1	7	219,606.
Par	XII Qualifying Distributions (see instructions)	- 1	227,000.
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	250,124.
	Program-related investments - total from Part IX-B	1b	250/2011
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	<del></del>	
-	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		NONE
-	Suitability test (prior IRS approval required)	3a	NONE
	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	250,124.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	<del>                                     </del>	250,124.
9			
•	Enter 1% of Part I, line 27b. See instructions		250,124.
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 calculations for the section 4940(e) reduction of tax in those years.	_	wnether the foundation

Form **990-PF** (2017)

Part XIII - Undistributed Income (see instru	(a)	(b)	(c)	(d)
1 Distributable amount for 2017 from Part XI,	Corpus	Years prior to 2016	2016	2017
line 7				219,606
2 Undistributed income, if any, as of the end of 2017			NONE	
a Enter amount for 2016 only		NONE	NONE	
b Total for prior years 20,20,20		NONE		
3 Excess distributions carryover, if any, to 2017				
a From 2012 NONE   NONE				
NOVE			•	
<b>c</b> From 2014 NONE <b>d</b> From 2015 NONE				
e From 2016 NONE				
f Total of lines 3a through e	NONE			
4 Qualifying distributions for 2017 from Part XII,			-	
line 4. ▶ \$250,124				
a Applied to 2016, but not more than line 2a			NONE	
<b>b</b> Applied to undistributed income of prior years				
(Election required - see instructions)		NONE		
c Treated as distributions out of corpus (Election				
required - see instructions)	NONE			
d Applied to 2017 distributable amount				219,606
e Remaining amount distributed out of corpus	30,518.			
5 Excess distributions carryover applied to 2017	NONE			NON_
(If an amount appears in column (d), the same amount must be shown in column (a).)			,	
6 Enter the net total of each column as		,		
indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	30,518.	-		
b Prior years' undistributed income. Subtract	•	NONE		
line 4b from line 2b	-	NONE		
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)	•	NONE		•
tax has been previously assessed		HOME		
d Subtract line 6c from line 6b. Taxable amount - see instructions		NONE	-	-
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instructions			NONE	
f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be			, 3	
distributed in 2018				NON
7 Amounts treated as distributions out of corpus				
to satisfy requirements imposed by section				•
170(b)(1)(F) or 4942(g)(3) (Election may be				
required - see instructions)	NONE			
8 Excess distributions carryover from 2012 not				
applied on line 5 or line 7 (see instructions)	NONE	1		
9 Excess distributions carryover to 2018.	30 510		ļ	
Subtract lines 7 and 8 from line 6a	30,518.			
10 Analysis of line 9.				
a Excess from 2013 NONE			1	
b Excess from 2014 NONE				
c Excess from 2015 NONE				
d Excess from 2016 NONE				
e Excess from 2017	····	<u> </u>		Form <b>990-PF</b> (201

	t XIV Private Ope If the foundation has	erating Foundations				NOT APPLICAE
	foundation, and the ruling					
b	Check box to indicate v	whether the foundation	is a private operating	foundation described i	n section 4942(j	)(3) or 4942(j)(5
2 a	Enter the lesser of the ad-	Tax year	<u> </u>	Prior 3 years	<del></del>	(e) Total
	justed net income from Part	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
	I or the minimum investment return from Part X for each		Ì			1
	year listed		<del> </del>		ļ	/
þ	85% of line 2a	<del> </del>	<del> </del>	<u> </u>		<i>~</i> /
C	Qualifying distributions from Part				1 //	
4	XII, line 4 for each year listed .  Amounts included in line 2c not		<del> </del>	<u> </u>	<del> </del>	<del> </del>
•	used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of	l	ł.		w*	
	exempt activities Subtract line				<i>\{</i>	
3	2d from line 2c				<u> </u>	<del> </del>
	alternative test relied upon					
а	"Assets" alternative test - enter			1		
	(1) Value of all assets (2) Value of assets qualifying	<u> </u>	<u> </u>	<del></del>	<del> </del>	<del> </del>
	under section	<b>\</b>				}
h	4942(j)(3)(B)(i)		<del></del>	<u> </u>	<del></del>	
Ų	"Endowment" alternative test- enter 2/3 of minimum invest-			/		<b>\</b>
	ment return shown in Part X,					
_	line 6 for each year listed				<del></del>	<del> </del>
С	"Support" alternative test - enter					
	(1) Total support other than gross investment income	1		ļ		
	(interest, dividends, rents, payments on securities					
	loans (section 512(a)(5)),			1		
	or royalties)				ļ	
	(2) Support from general public and 5 or more		ļ.			
	exempt organizations as provided in section 4942					
	(j)(3)(B)(m)					
	(3) Largest amount of sup- port from an exempt					
	organization				ļ	
	(4) Gross investment income .	L	<u> </u>	L	<u> </u>	<u> </u>
'aı				only if the founda	ation had \$5,000 o	r more in assets
_		uring the year - see	<del></del>			
1	Information Regarding					
а	before the close of any	the foundation who tax year (but only if the	nave contributed mor	e than 2% of the to more than \$5,000\ (9	tal contributions receiv See section 507(d)(2).)	ved by the toundar
			no, navo contributou i	11010 111011 40,000,	500 000tion 007 (a/(2).)	
_	RALPH A.		400/		<del></del>	
D	ownership of a partner				poration (or an equall	y large portion of
	Ownership of a partner	iship of other entity) o	which the loundation	i nas a 10% or greate	r interest.	
	/-					
	N/A Information Regarding	- O	O:4 1 C-1 - 1			
2						
					ritable organizations	
				ants, etc., to individu	ials or organizations u	nder other condition
	complete items 2a, b,	<u> </u>		- <del></del>	<del></del>	<del>,,</del>
а			or email address of the	person to whom app	olications should be add	dressed:
	SEE STATEMENT		<del> </del>			
b	The form in which app	olications should be su	bmitted and information	on and materials they	should include:	
	SEE ATTACHED S'	TATEMENT FOR L	INE 2			
C	Any submission deadli	ines:				
	•	TATEMENT FOR L	INE 2			
d		imitations on awards	, such as by geogr	aphical areas, char	table fields, kinds of	institutions, or of
	factors:					
_	SEE ATTACHED S	TATEMENT FOR L	INE 2			
A 1 1 1	000					Form 990-PF (20

Part XV Supplementary Information 3 Grants and Contributions Paid Dur	(continued)	oved for E	uture Payment	
3 Grants and Contributions Paid Dur Recipient Name and address (home or business)	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial commoditor	† · · · · · ·		<del></del>
			}	
CHILDREN'S HOME OF NORTHERN KENTUCKY				
200 HOME ROAD COVINGTON KY 41011	NONE	PC	GENERAL SUPPORT	250,000.
	]	]	ļ	
		1	ł	
		ľ	1	
			1	
			l l	
		}	}	
		}	\	
	)	ļ		
	•		<b>\</b>	
			ļ	
		Ì		
			1	
			}	
	1	ì	1	
	•	}		
Total		<del> </del>	▶ 3a	250,000.
b Approved for future payment	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	T	T	
D / ipprovou for variato paymont			ļ	
	}	}		
			Į.	
	]	}	]	
		}		
	1		<b>\</b>	
	1		ļ	
	Ì	1		
		{		
		1	}	
<del></del>		<u>L</u>	L	
<u>Total</u>		<del></del>	▶ 3b	Form <b>990-PF</b> (20

JSA 7E1491 1 000

t XVI-A Analysis of Income-Produ	icing Act	ivities			
gross amounts unless otherwise indicated.		ated business income	Excluded by	section 512, 513, or 514	(e)
rogram service revenue	(a) Business code	(b) Amount	(c) Exclusion code	( <b>d</b> ) Amount	Related or exempt function income (See instructions.)
·					
,					
' <del></del>					
·		<u> </u>			
		<u> </u>			
Fees and contracts from government agencies					
Membership dues and assessments		<del></del>	<del></del>		
nterest on savings and temporary cash investments			14	28,094.	NON
Dividends and interest from securities	<u> </u>	<del>                                     </del>	14	20,034.	NON
Net rental income or (loss) from real estate	<del></del>		<del> </del>		
Debt-financed property		<del> </del>	<del>                                     </del>		
Net rental income or (loss) from personal property		<del> </del>	<del></del>	<del>   </del>	
Other investment income			<del></del>		
Gain or (loss) from sales of assets other than inventory			18	7.	
Net income or (loss) from special events · · ·					
Gross profit or (loss) from sales of inventory.				NONE	
Other revenue. a					
•					
·	<u></u>				
, · · · · · · · · · · · · · · · · · · ·					
·	<u></u>				
·					
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calcust XVI-B Relationship of Activities	lations.)				
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcu	ulations.)  to the A  y for whic	ccomplishment of	Exempt Pur	poses  Poses  Port XVI-A contribution	28,101
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculated the substitutions of activities.  Relationship of Activities  No. Explain below how each activities	ulations.)  to the A  y for whic	ccomplishment of	Exempt Pur	poses  Poses  Port XVI-A contribution	28,101
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculated the substitutions of activities.  Relationship of Activities  No. Explain below how each activities	ulations.)  to the A  y for whic	ccomplishment of	Exempt Pur	poses  Poses  Port XVI-A contribution	28,10
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculated the substitutions of activities.  Relationship of Activities  No. Explain below how each activities	ulations.)  to the A  y for whic	ccomplishment of	Exempt Pur	poses  Poses  Port XVI-A contribution	28,10
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculated the substitutions of activities.  Relationship of Activities  No. Explain below how each activities	ulations.)  to the A  y for whic	ccomplishment of	Exempt Pur	poses  Poses  Port XVI-A contribution	28,101
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculated the substitutions of activities.  Relationship of Activities  No. Explain below how each activities	ulations.)  to the A  y for whic	ccomplishment of	Exempt Pur	poses  Poses  Port XVI-A contribution	28,101
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculated the substitutions of activities.  Relationship of Activities  No. Explain below how each activities	ulations.)  to the A  y for whic	ccomplishment of the income is reported to purposes (other than	Exempt Pur in column (and by providing	poses  Poses  Port XVI-A contribution	28,10
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculated the substitutions of activities.  Relationship of Activities  No. Explain below how each activities	ulations.)  to the A  y for whic	ccomplishment of	Exempt Pur in column (and by providing	poses  Poses  Port XVI-A contribution	28,10
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculated the substitutions of activities.  Relationship of Activities  No. Explain below how each activities	ulations.)  to the A  y for whic	ccomplishment of the income is reported to purposes (other than	Exempt Pur in column (and by providing	poses  Poses  Port XVI-A contribution	28,101
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculated the substitutions of activities.  Relationship of Activities  No. Explain below how each activities	ulations.)  to the A  y for whic	ccomplishment of the income is reported to purposes (other than	Exempt Pur in column (and by providing	poses  Poses  Port XVI-A contribution	28,101
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculated the substitutions of activities.  Relationship of Activities  No. Explain below how each activities	ulations.)  to the A  y for whic	ccomplishment of the income is reported to purposes (other than	Exempt Pur in column (and by providing	poses  Poses  Port XVI-A contribution	28,101
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculated the substitutions of activities.  Relationship of Activities  No. Explain below how each activities	ulations.)  to the A  y for whic	ccomplishment of the income is reported to purposes (other than	Exempt Pur in column (and by providing	poses  Poses  Port XVI-A contribution	28,101
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculated the substitutions of activities.  Relationship of Activities  No. Explain below how each activities	ulations.)  to the A  y for whic	ccomplishment of the income is reported to purposes (other than	Exempt Pur in column (and by providing	poses  Poses  Port XVI-A contribution	28,101
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculated the substitutions of activities.  Relationship of Activities  No. Explain below how each activities	ulations.)  to the A  y for whic	ccomplishment of the income is reported to purposes (other than	Exempt Pur in column (and by providing	poses  Poses  Port XVI-A contribution	28,101
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculated the substitutions of activities.  Relationship of Activities  No. Explain below how each activities	ulations.)  to the A  y for whic	ccomplishment of the income is reported to purposes (other than	Exempt Pur in column (and by providing	poses  Poses  Port XVI-A contribution	ited importantly to t
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculated the substitutions of activities.  Relationship of Activities  No. Explain below how each activities	ulations.)  to the A  y for whic	ccomplishment of the income is reported to purposes (other than	Exempt Pur in column (and by providing	poses  Poses  Port XVI-A contribution	28,101
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculated the substitutions of activities.  Relationship of Activities  No. Explain below how each activities	ulations.)  to the A  y for whic	ccomplishment of the income is reported to purposes (other than	Exempt Pur in column (and by providing	poses  Poses  Port XVI-A contribution	28,101

art XVI	Information Re Exempt Organ		nsfers to and Transa	actions ar	nd Relationships	With Nonc	haritabl	e
1 Did 1	<del></del>		ngage in any of the follo	wing with	any other organization	n described	Yes	s No
			501(c)(3) organizations)					
	nizations?				, ,	·		-
_		foundation to a	noncharitable exempt o	rganization (	of:			1 .
			· · · · · · · · · · · · · · ·	-			1a(1)	X
							1a(2)	X
	er transactions:							
(1) 5	Sales of assets to a none	charitable exemt	ot organization			!	16(1)	X
		•	e exempt organization				1b(2)	X
			ssets				1b(3)	X
	= :						1b(4)	X
	-						1b(5)	X
			or fundraising solicitation					X
			, other assets, or paid en					X
		_	," complete the following	•				market
			es given by the reportin					
			ement, show in column					
) Line no	(b) Amount involved		ncharitable exempt organization		escription of transfers, tran			
							33-	
	<del> </del>							
	<del> </del>	<del></del>			<del></del>			
	<del> </del>	<del> </del>		<del></del>		<del></del>		
	<del> </del>	<del></del>	<del></del>					
	<del> </del>				<del></del>			
	<del></del>	<del></del>	<del></del>					
	<del>- </del>	<del></del>	<del></del>		<del></del>			
	<del> </del>	<del> </del>	<del></del>					
	<del> </del>	<del></del>						
	<del> </del>	<del></del>						
	<del></del>	<del></del>	_ <del></del>					
	<del> </del>							
	<del> </del>	<del></del>						
			<del></del>					
		<u> </u>			<del></del>			
	1	L						
desc		(other than sect	iated with, or related to ion 501(c)(3)) or in section				Yes [	X No
	(a) Name of organization		(b) Type of organizat	ion	(c) Desc	ription of relations	ship	
	<del>,,</del>							
	<del></del>		<del></del>		<del> </del>			
	·		<del></del>		<del> </del>			
		+	<del></del>		<del> </del>	<del></del>		
Ur	nder penalties of perjury, I decla	re that I have examing	d this return, including accompany	ying schedules a	nd statements, and to the b	est of my knowledg	e and belief.	it is true.
co			payer) is based on all information of					
ign 📗	12.110		15/14/18	To a	sident	May the IRS		
ere 🚟	Signature of officer or trustee		Date /		siaer		parer_shown	
'	signature of officer of Arustee		Date ,	- Title		See instruction	s Yes	X No
1	Print/Type preparer's nar		Propagaté namatura	<del>-\</del>	Data		OTINI	
aid			Preparer signature	V. Ja	Date Flation	C.,,ecc, [,,]		ملاده
repare	Jeorge EU	ISKITCHEN CH	Theodr M	. WAM	> 1 2/4/18	self-employed	10	<u> </u>
-	Titili Sildillo P I I		BANK		Firm's	EIN ► 31-	<u>067686!</u>	5
se Onl	•	O BOX 63085					_	
	lCI	NCINNATI,	OH	<u>45263-0</u>	858 Phone		<u>36-678:</u>	
						For	m 990-P	F (2017)

## Schedule B (Form 990, 980-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990for the latest information. OMB No 1545-0047

2017

Name of the organization **Employer identification number** DREES HOMES FOUNDATION, INC. C/O FIFTH THIRD 81-1255960 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 |X| For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization **Employer identification number** DREES HOMES FOUNDATION, INC. C/O FIFTH THIRD 81-1255960 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** RALPH A. DREES X Person Payroll 22A LINDEN HILL DRIVE 7,000,000. Noncash (Complete Part II for CRESCENT SPRINGS, KY 41017 noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution **Person Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (d) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. **Person** Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution Person **Payroll** Noncash (Complete Part II for

noncash contributions.)

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

REVENUE		PER BOOKS INCOME	8,030. 8,030.		231.		1,814. 1,814.		28,094. 27,863.	
		DESCRIPTION	USGI REPORTED AS NONQUALIFIED DIVIDENDS	FOREIGN DIVIDENDS	NONDIVIDEND DISTRIBUTIONS	DOMESTIC DIVIDENDS	NONQUALIFIED FOREIGN DIVIDENDS	NONQUALIFIED DOMESTIC DIVIDENDS	TOTAL	

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	100.
ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	100.
REVENUE AND EXPENSES PER BOOKS	200.
DESCRIPTION	TAX PREPARATION FEE (NON-ALLOC TOTALS

~

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

NET INVESTMENT INCOME		9,360.
REVENUE AND EXPENSES PER BOOKS	9,360.	9,360.
DESCRIPTION	INVESTMENT MGMT FEES-SUBJECT T	TOTALS

FORM 990PF, PART I - TAXES

NET INVESTMENT INCOME	1 1 1 1	221.	342.
REVENUE AND EXPENSES PER BOOKS	1 1 1 1 1	221.	342.
DESCRIPTION		FOREIGN TAXES ON QUALIFIED FOR FOREIGN TAXES ON NONQUALIFIED	TOTALS

FIFTH THIRD
0
Ŋ
INC.
FOUNDATION,
HOMES
DREES

81-1255960

FORM 990PF, PART I - OTHER EXPENSES 

DESCRIPTION

REVENUE AND EXPENSES PER BOOKS

CHARITABLE PURPOSES

24.

OTHER MISC. EXPENSES

24.

TOTALS

23

Ŋ

990PF, PART VII-A LINE 8b - EXPLANATION OF NON-FILING WITH A.G. STMT. 

The Attorney General of Kentucky does not have a filing requirement.

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

RALPH A. DREES

ADDRESS:

22A LINDEN HILL DRIVE

CRESCENT SPRINGS, KY 41017

TITLE:

TREASURER

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

IRMALEEN DREES

ADDRESS:

22A LINDEN HILL DRIVE

CRESCENT SPRINGS, KY 41017

TITLE:

VICE PRESIDENT & SECRETARY

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

BARBARA DREES JONES

ADDRESS:

640 RIVERSHORE DRIVE

HEBRON, KY 41048

TITLE:

PRESIDENT

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

SUSAN A. PANOUSHEK

ADDRESS:

636 RIVERSHORE DRIVE

HEBRON, KY 41048

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

DREES HOMES FOUNDATION, INC. C/O FIFTH THIRD

81-1255960

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

DAVID G. DREES

ADDRESS:

22B LINDEN HILL DRIVE

CRESCENT SPRINGS, KY 41017

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

LYNN M. HEMMER

ADDRESS:

786 CRESCENT POINTE DRIVE

CRESCENT SPRINGS, KY 41017

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

PHILIP A. DREES

ADDRESS:

628 RIVERSHORE DRIVE

HEBRON, KY 41048

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

RECIPIENT NAME:

BARBARA DREES-JONES

ADDRESS:

211 GRANDVIEW DRIVE

FORT MITCHELL, KY 41017

RECIPIENT'S PHONE NUMBER: 859-578-4200

FORM, INFORMATION AND MATERIALS:

WRITTEN REQUETS ARE REVIEWED BY THE SELECTION COMMITTEE

SUBMISSION DEADLINES:

NONE, ROLLING DEADLINE

RESTRICTIONS OR LIMITATIONS ON AWARDS:

NONE