

For calendar year 2017, or tax year beginning 04-01-2017, and ending 03-31-2018

Name of foundation CASTELLINI FOUNDATION C/O CHRISTOPHER L FISTER TRUSTEE		A Employer identification number 31-6429763	
Number and street (or P.O. box number if mail is not delivered to street address) 312 ELM STREET NO 2600		Room/suite	B Telephone number (see instructions) (513) 651-9400
City or town, state or province, country, and ZIP or foreign postal code CINCINNATI, OH 45202		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 6,222,925		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	1,255,961			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B . . . . .				
	3 Interest on savings and temporary cash investments . . . . .	2,000	2,000		
	4 Dividends and interest from securities . . . . .	14,390	14,390		
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	1,274,262			
	b Gross sales price for all assets on line 6a _____ 3,184,569				
	7 Capital gain net income (from Part IV, line 2) . . . . .		1,274,262		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .	16,457	13,375		
	12 Total. Add lines 1 through 11 . . . . .	2,530,156	1,304,027		
	13 Compensation of officers, directors, trustees, etc	882	617		265
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach schedule) . . . . .				
	c Other professional fees (attach schedule) . . . . .				
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . . .	21,603	15,122		6,481
	19 Depreciation (attach schedule) and depletion . . . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	26,383	18,469		7,914
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	48,868	34,208		14,660
	25 Contributions, gifts, grants paid . . . . .	2,110,085			2,110,085
	26 Total expenses and disbursements. Add lines 24 and 25	2,158,953	34,208		2,124,745
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	371,203			
	b Net investment income (if negative, enter -0-)		1,269,819		
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)			
		Beginning of year	End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
Assets	1 Cash—non-interest-bearing . . . . .	49,893	122,779	122,779	
	2 Savings and temporary cash investments . . . . .	685,726	903,086	903,086	
	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 ▶ _____	70,989	0	0	
	8 Inventories for sale or use . . . . .				
	9 Prepaid expenses and deferred charges . . . . .				
	10a Investments—U S and state government obligations (attach schedule)				
	b Investments—corporate stock (attach schedule) . . . . .	1,430,161	775,891	1,511,065	
	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) . . . . .				
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____				
15 Other assets (describe ▶ _____)	3,699,291	3,667,650	3,685,995		
16 <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	5,936,060	5,469,406	6,222,925		
Liabilities	17 Accounts payable and accrued expenses . . . . .	10			
	18 Grants payable . . . . .				
	19 Deferred revenue . . . . .				
	20 Loans from officers, directors, trustees, and other disqualified persons	866,700			
	21 Mortgages and other notes payable (attach schedule) . . . . .				
	22 Other liabilities (describe ▶ _____)				
	23 <b>Total liabilities</b> (add lines 17 through 22) . . . . .	866,710	0		
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>				
	24 Unrestricted . . . . .				
	25 Temporarily restricted . . . . .				
	26 Permanently restricted . . . . .				
	<b>Foundations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>				
	27 Capital stock, trust principal, or current funds . . . . .	5,580,224	5,069,350		
	28 Paid-in or capital surplus, or land, bldg, and equipment fund	0	0		
	29 Retained earnings, accumulated income, endowment, or other funds	-510,874	400,056		
	30 <b>Total net assets or fund balances</b> (see instructions) . . . . .	5,069,350	5,469,406		
31 <b>Total liabilities and net assets/fund balances</b> (see instructions) .	5,936,060	5,469,406			

**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	5,069,350
2 Enter amount from Part I, line 27a . . . . .	2	371,203
3 Other increases not included in line 2 (itemize) ▶ _____	3	31,562
4 Add lines 1, 2, and 3 . . . . .	4	5,472,115
5 Decreases not included in line 2 (itemize) ▶ _____	5	2,709
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	5,469,406

**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>1a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<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> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<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> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss) <span style="float: right;">{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }</span>	<b>2</b>	1,274,262
<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 <span style="float: right;">{ }</span>	<b>3</b>	

**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	1,784,806	6,410,593	0 278415
2015	1,956,811	8,177,897	0 239280
2014	2,155,264	7,302,220	0 295152
2013	1,839,744	7,361,527	0 249913
2012	1,754,930	4,457,655	0 393689
<b>2</b> Total of line 1, column (d)			<b>2</b> 1 456449
<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 291290
<b>4</b> Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			<b>4</b> 5,689,218
<b>5</b> Multiply line 4 by line 3			<b>5</b> 1,657,212
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 12,698
<b>7</b> Add lines 5 and 6			<b>7</b> 1,669,910
<b>8</b> Enter qualifying distributions from Part XII, line 4			<b>8</b> 2,124,745

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>	12,698
<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>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	12,698
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<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>	12,698
<b>6</b>	Credits/Payments		
<b>a</b>	2017 estimated tax payments and 2016 overpayment credited to 2017	<b>6a</b>	14,100
<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>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	14,100
<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>	36
<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>▶</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>▶</b>	<b>10</b>	1,366
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2018 estimated tax</b> <b>▶</b> 1,366 <b>Refunded</b> <b>▶</b>	<b>11</b>	0

**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 <b>(1)</b> On the foundation <b>▶</b> \$ 0 <b>(2)</b> On foundation managers <b>▶</b> \$ 0		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <b>▶</b> \$ 0		
<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>	
<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>	Yes
<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) <b>▶</b> OH		
<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>	Yes

**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>CASTELLINI MANAGEMENT COMPANY</b> Telephone no <b>(513) 651-9400</b>			

Located at **312 ELM STREET SUITE 2600 CINCINNATI OH** ZIP+4 **45202**

<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"/> <b>1b</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>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"/> Yes <input checked="" type="checkbox"/> No <b>3b</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>	<p>During the year did the foundation pay or incur any amount to</p> <p><b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><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</p> <p><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</p> <p><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</p> <p><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</p>			
<b>b</b>	<p>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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
<b>c</b>	<p>If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i></p>			
<b>6a</b>	<p>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</p>	<b>6b</b>		<b>No</b>
<b>b</b>	<p>Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>If "Yes" to 6b, file Form 8870</i></p>			
<b>7a</b>	<p>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</p>	<b>7b</b>		
<b>b</b>	<p>If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			

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
FIFTH THIRD BANK 38 FOUNTAIN SQUARE CINCINNATI, OH 45202	AGENT 1 00	882	0	0
ROBERT H CASTELLINI 312 ELM STREET SUITE 2600 CINCINNATI, OH 45202	CHAIRMAN/PRESIDENT & TRUST 0 00	0	0	0
SUSAN F CASTELLINI 312 ELM STREET SUITE 2600 CINCINNATI, OH 45202	TRUSTEE 0 00	0	0	0
CHRISTOPHER L FISTER 312 ELM STREET SUITE 2600 CINCINNATI, OH 45202	SECRETARY/TREASURER & TRUS 0 00	0	0	0

2

Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

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

0

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. . . . .

0

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
1	
2	
3	
4	

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
1	
2	
All other program-related investments. See instructions.	
3	

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

0

**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>	1,116,688
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	864,935
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	3,794,233
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	5,775,856
<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>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	5,775,856
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	86,638
<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>	5,689,218
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	284,461

**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>	284,461
<b>2a</b>	Tax on investment income for 2017 from Part VI, line 5.	<b>2a</b>	12,698
<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>	12,698
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	271,763
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	271,763
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<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>	271,763

**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>	2,124,745
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<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>	2,124,745
<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>	12,698
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	2,112,047

**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				271,763
<b>2</b> Undistributed income, if any, as of the end of 2017				
<b>a</b> Enter amount for 2016 only. . . . .			0	
<b>b</b> Total for prior years 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2017				
<b>a</b> From 2012. . . . .	1,532,479			
<b>b</b> From 2013. . . . .	1,492,703			
<b>c</b> From 2014. . . . .	1,812,980			
<b>d</b> From 2015. . . . .	1,562,550			
<b>e</b> From 2016. . . . .	1,485,255			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	7,885,967			
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>2,124,745</u>				
<b>a</b> Applied to 2016, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2017 distributable amount. . . . .				271,763
<b>e</b> Remaining amount distributed out of corpus	1,852,982			
<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) )	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	9,738,949			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<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. . . . .		0		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018 . . . . .				0
<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). . . . .	0			
<b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions). . . . .	1,532,479			
<b>9</b> <b>Excess distributions carryover to 2018.</b> Subtract lines 7 and 8 from line 6a . . . . .	8,206,470			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2013. . . . .	1,492,703			
<b>b</b> Excess from 2014. . . . .	1,812,980			
<b>c</b> Excess from 2015. . . . .	1,562,550			
<b>d</b> Excess from 2016. . . . .	1,485,255			
<b>e</b> Excess from 2017. . . . .	1,852,982			

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

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. . . . . ▶

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

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

	Tax year	Prior 3 years			(e) Total
	(a) 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.)**

**1 Information Regarding Foundation Managers:**

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

ROBERT H CASTELLINI

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

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

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

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

CASTELLINI FOUNDATION CO C FISTER T  
312 ELM STREET SUITE 2600  
CINCINNATI, OH 45202  
(513) 651-9400

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

LETTER FORM

**c** Any submission deadlines

NONE

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

SHOULD BE LIMITED TO THE GREATER CINCINNATI AREA, MUST BE A TAX-EXEMPT ORGANIZATION AND PREFER NOT TO MAKE GRANTS FOR RELIGIOUS OR POLITICAL PURPOSES

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b>			<b>3a</b>	2,110,085
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b>			<b>3b</b>	0

## Enter gross amounts unless otherwise indicated

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

<b>Line No.</b> ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions )
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Form **990-PF** (2017)

**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

<b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of			
<b>(1)</b> Cash. . . . .	<b>1a(1)</b>		<b>No</b>
<b>(2)</b> Other assets. . . . .	<b>1a(2)</b>		<b>No</b>
<b>b</b> Other transactions			
<b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .	<b>1b(1)</b>		<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .	<b>1b(2)</b>		<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets. . . . .	<b>1b(3)</b>		<b>No</b>
<b>(4)</b> Reimbursement arrangements. . . . .	<b>1b(4)</b>		<b>No</b>
<b>(5)</b> Loans or loan guarantees. . . . .	<b>1b(5)</b>		<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .	<b>1b(6)</b>		<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .	<b>1c</b>		<b>No</b>

**d** If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations 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

<b>Sign Here</b>	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.	***** 2018-10-26 *****	May the IRS discuss this return with the preparer shown below (see instr )? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer or trustee	Date	Title

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN	
	Firm's name ▶					Firm's EIN ▶
	Firm's address ▶					Phone no

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d			
List and describe the kind(s) of property sold (e g , real estate, (a) 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 )
9 SHARES AMAZON COM	D	2015-01-14	2017-06-30
125 SHARES AMAZON COM	D	2014-11-07	2017-06-30
36,565 SHARES ENDOCYTE, INC	D	2004-11-23	2017-10-05
55,435 SHARES ENDOCYTE, INC	D	2009-08-03	2017-10-05
6,393 SHARES FCB FINANCIAL HOLDINGS, INC	D	2009-11-04	2017-08-04
6,393 SHARES FCB FINANCIAL HOLDINGS, INC	D	2009-11-04	2017-08-14
11,993 SHARES FIRST HORIZON NATL CORP	D	2011-03-15	2018-01-11
2,964 SHARES HOME BANCSHARES, INC	D	2010-03-31	2017-11-09
2,964 SHARES HOME BANCSHARES, INC	D	2010-03-31	2017-11-09
150 SHARES NETFLIX, INC	D	2014-12-09	2017-06-30

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
8,773		2,648	6,125
121,843		37,491	84,352
215,148		296,818	-81,670
326,179		450,000	-123,821
304,734		128,865	175,869
285,834		128,865	156,969
245,550		127,187	118,363
62,131		17,312	44,819
62,131		17,312	44,819
22,328		7,374	14,954

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) 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	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			6,125
			84,352
			-81,670
			-123,821
			175,869
			156,969
			118,363
			44,819
			44,819
			14,954

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d			
List and describe the kind(s) of property sold (e g , real estate, (a) 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 )
306 SHARES NVIDIA CORPORATION	D	2014-11-07	2017-06-30
184 SHARES NVIDIA CORPORATION	D	2014-01-14	2017-06-30
2,000 SHARES UNIFI, INC	D	2010-08-24	2017-04-11
2,000 SHARES UNIFI, INC	D	2010-08-24	2017-04-12
2,000 SHARES UNIFI, INC	D	2010-08-24	2017-04-24
2,000 SHARES UNIFI, INC	D	2010-08-24	2017-04-25
2,000 SHARES UNIFI, INC	D	2010-08-24	2017-04-26
166 SHARES UNIFI, INC	D	2010-08-24	2017-05-02
1,734 SHARES UNIFI, INC	D	2010-08-25	2017-05-02
1,000 SHARES UNIFI, INC	D	2010-08-25	2017-05-05

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(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)
44,483		5,841	38,642
26,748		3,514	23,234
54,236		25,883	28,353
54,043		25,883	28,160
55,916		25,883	30,033
55,893		25,883	30,010
56,793		25,883	30,910
4,604		2,148	2,456
48,092		22,164	25,928
27,093		12,782	14,311

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) 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	
			38,642
			23,234
			28,353
			28,160
			30,033
			30,010
			30,910
			2,456
			25,928
			14,311

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d			
List and describe the kind(s) of property sold (e.g., real estate, (a) 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.)
1,000 SHARES UNIFI, INC	D	2010-08-25	2017-05-15
2,000 SHARES UNIFI, INC	D	2010-08-25	2017-05-23
1,000 SHARES UNIFI, INC	D	2010-08-25	2017-05-24
500 SHARES UNIFI, INC	D	2010-08-25	2017-05-25
1,755 SHARES UNIFI, INC	D	2010-08-25	2017-06-02
1,000 SHARES UNIFI, INC	D	2010-08-25	2017-06-08
0 1507 SHARES UNIFI, INC	D	2010-08-26	2017-04-17
0 3333 SHARES UNIFI, INC	D	2010-08-27	2017-04-17
245 SHARES UNIFI, INC	D	2010-08-30	2017-06-02
100 SHARES UNIFI, INC	D	2013-06-04	2018-02-07

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(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)
27,783		12,782	15,001
55,381		25,564	29,817
27,765		12,782	14,983
13,684		6,391	7,293
51,075		22,432	28,643
29,078		12,782	16,296
		2	-2
		4	-4
7,130		3,083	4,047
3,559		2,051	1,508

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

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) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
			15,001
			29,817
			14,983
			7,293
			28,643
			16,296
			-2
			-4
			4,047
			1,508



Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d			
List and describe the kind(s) of property sold (e.g., real estate, (a) 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.)
1,819 SHARES UNIFI, INC	D	2013-06-11	2018-02-07
1,000 SHARES UNIFI, INC	D	2013-06-11	2018-02-07
1,281 SHARES UNIFI, INC	D	2013-06-11	2018-02-07
200 SHARES UNIFI, INC	D	2013-06-14	2018-01-26
1,000 SHARES UNIFI, INC	D	2013-06-14	2018-01-26
1,000 SHARES UNIFI, INC	D	2013-06-14	2018-01-26
1,000 SHARES UNIFI, INC	D	2013-06-14	2018-01-26
1,000 SHARES UNIFI, INC	D	2013-06-14	2018-01-26
2,719 SHARES UNIFI, INC	D	2013-06-14	2018-02-05
3,081 SHARES UNIFI, INC	D	2013-06-14	2018-02-07

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(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)
64,731		36,950	27,781
35,883		20,314	15,569
45,991		26,022	19,969
7,274		4,264	3,010
36,363		21,318	15,045
36,466		21,318	15,148
36,446		21,318	15,128
36,370		21,318	15,052
96,235		57,964	38,271
109,640		65,681	43,959

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

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) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
			27,781
			15,569
			19,969
			3,010
			15,045
			15,148
			15,128
			15,052
			38,271
			43,959

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e g , real estate, (a) 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 )
1,000 SHARES UNIFI, INC	D	2013-06-17	2018-01-25
900 SHARES UNIFI, INC	D	2013-06-17	2018-01-25
1,000 SHARES UNIFI, INC	D	2013-06-17	2018-01-25
1,000 SHARES UNIFI, INC	D	2013-06-17	2018-01-25
1,000 SHARES UNIFI, INC	D	2013-06-17	2018-01-25
100 SHARES UNIFI, INC	D	2013-06-17	2018-01-25
800 SHARES UNIFI, INC	D	2013-06-17	2018-01-26
FIFTH THIRD 5023 STOCK LITIGATION PROCEEDS	P	2017-06-13	2017-06-13
FIFTH THIRD 5023 STOCK LITIGATION PROCEEDS	P	2017-12-19	2017-12-19
OTHER INVESTMENTS	P	2017-12-31	2017-12-31

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(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)
36,563		21,764	14,799
32,456		19,588	12,868
36,169		21,764	14,405
36,415		21,764	14,651
36,494		21,764	14,730
3,617		2,176	1,441
29,095		17,411	11,684
236			236
215			215
27,000			27,000

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

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	
			14,799
			12,868
			14,405
			14,651
			14,730
			1,441
			11,684
			236
			215
			27,000

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e g , real estate, <b>(a)</b> 2-story brick warehouse, or common stock, 200 shs MLC Co )	<b>(b)</b> How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo , day, yr )	<b>(d)</b> Date sold (mo , day, yr )
OTHER INVESTMENTS	P	2017-12-31	2017-12-31


**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

<b>(e)</b> Gross sales price	Depreciation allowed <b>(f)</b> (or allowable)	Cost or other basis <b>(g)</b> plus expense of sale	Gain or (loss) <b>(h)</b> (e) plus (f) minus (g)
142,903			142,903

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**


Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			<b>(l)</b> Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
<b>(i)</b> F M V as of 12/31/69	Adjusted basis <b>(j)</b> as of 12/31/69	Excess of col (i) <b>(k)</b> over col (j), if any	
			142,903

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				
1N56715 HAMMERSTONE WAY CINCINNATI, OH 45227		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	1,000
ALZHEIMER'S ASSOCIATION GREATER CINCINNATI CHAPTER 644 LINN STREET SUITE 1026 CINCINNATI, OH 45203		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100
AMERICAN CANCER SOCIETY 2808 READING ROAD CINCINNATI, OH 45206		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	500
<b>Total . . . . . ▶</b> <b>3a</b>				2,110,085

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>				
AMERICAN CANCER SOCIETY 2808 READING ROAD CINCINNATI, OH 45206		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100
AMERICAN ENTERPRISE INSTITUTE 1789 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20036		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	200,000
AMERICAN ENTERPRISE INSTITUTE 1789 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20036		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	25,000
<b>Total</b> . . . . . 				2,110,085
<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>				
AMERICAN ENTERPRISE INSTITUTE 1789 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20036		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	9,000
AMERICAN JEWISH COMMITTEE 205 WEST FOURTH STREET SUITE 1270 CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	1,000
ARTSWAVE 20 EAST CENTRAL PARKWAY SUITE 200 CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	26,000
<b>Total . . . . .</b> <b>3a</b>				2,110,085

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>				
ATHENAEUM OF OHIO 6616 BEECHMONT AVENUE CINCINNATI, OH 45230		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	25,000
ATHENAEUM OF OHIO 6616 BEECHMONT AVENUE CINCINNATI, OH 45230		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	10,000
BE CONCERNED AND LIFE LEARNING CENTER 50 E RIVERCENTER BLVD SUITE 1900 COVINGTON, KY 41011		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	2,000
<b>Total . . . . .</b> ► <b>3a</b>				2,110,085

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>				
BEAVER CREEK RELIGIOUS FOUNDATION 33 ELK TRACK ROAD BEAVER CREEK, CO 81620		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	1,000
BENEDICTINE MILITARY SCHOOL 6502 SEAWRIGHT DRIVE SAVANNAH, GA 31406		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	10,000
BIG BROTHERS BIG SISTERS OF THE BAY AREA 65 BATTERY STREET SECOND FLOOR SAN FRANCISCO, CA 94111		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100
<b>Total . . . . .</b> 				2,110,085
<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>				
BOYS AND GIRLS CLUB OF GREATER CINCINNATI 600 DALTON AVENUE CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100
BOYS HOPE GIRLS HOPE OF GREATER CINCINNATI 1725 RIVERSIDE DRIVE CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	1,000
CANTERBURY SCHOOL 101 ASPETUCK AVENUE NEW MILFORD, CT 06776		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	5,000
<b>Total . . . . . ▶</b> <b>3a</b>				2,110,085


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>				
CANTERBURY SCHOOL 101 ASPETUCK AVENUE NEW MILFORD, CT 06776		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	10,000
CANTERBURY SCHOOL 101 ASPETUCK AVENUE NEW MILFORD, CT 06776		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	10,000
CASHIERS HISTORICAL SOCIETY 1940 HIGHWAY 107 SOUTH CASHIERS, NC 28717		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	1,000
<b>Total . . . . . ▶</b> <b>3a</b>				2,110,085

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>				
CATHOLIC COMMUNITY FOUNDATION OF THE ARCHDIOCESE OF CINCINNATI INC 100 EAST EIGHTH STREET CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	50,000
CATHOLIC INNER CITY SCHOOLS EDUCATION FUND 100 EAST EIGHTH STREET CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	50,000
CHATFIELD COLLEGE 20918 STATE ROUTE 251 ST MARTIN, OH 45118		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	50,000
<b>Total . . . . .</b> <b>3a</b>				2,110,085

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>				
CINCINNATI ART MUSEUM 953 EDEN PARK DRIVE CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	10,000
CINCINNATI ART MUSEUM 953 EDEN PARK DRIVE CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	1,000
CINCINNATI ART MUSEUM 953 EDEN PARK DRIVE CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	45,000
<b>Total . . . . .</b> <b>3a</b>				2,110,085


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>				
CINCINNATI ARTS ASSOCIATION 650 WALNUT STREET CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	2,500
CINCINNATI CENTER CITY DEVELOPMENT CORPORATION 1203 WALNUT STREET 4TH FLOOR CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	25,000
CINCINNATI CENTER CITY DEVELOPMENT CORPORATION 1203 WALNUT STREET 4TH FLOOR CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	50,000
<b>Total . . . . .</b> <b>3a</b>				2,110,085

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>				
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI, OH 45229		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI, OH 45229		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	50,000
CINCINNATI PARKS FOUNDATION 421 OAK STREET CINCINNATI, OH 45219		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	5,000
<b>Total . . . . . ▶</b> <b>3a</b>				2,110,085


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>				
CINCINNATI REDS HALL OF FAME & MUSEUM 100 JOE NUXHALL WAY CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	10,000
CINCINNATI STATE FOUNDATION 3520 CENTRAL PARKWAY ATLC 337 CINCINNATI, OH 45223		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	870
CINCINNATI USA REGIONAL CHAMBER FOUNDATION 3 EAST FOURTH ST SUITE 200 CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	25,000
<b>Total . . . . .</b> 				2,110,085
<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>				
CINCINNATI USA REGIONAL CHAMBER FOUNDATION 3 EAST FOURTH ST SUITE 200 CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	50,000
CINCINNATI USA REGIONAL CHAMBER FOUNDATION 3 EAST FOURTH ST SUITE 200 CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	50,000
CINCINNATI WORKS 708 WALNUT STREET SUITE 200 CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	5,000
<b>Total . . . . . ▶</b> <b>3a</b>				2,110,085



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>				
CINCINNATI ZOO AND BOTANICAL GARDEN 3400 VINE ST CINCINNATI, OH 45220		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	1,980
CINCINNATI ZOO AND BOTANICAL GARDEN 3400 VINE ST CINCINNATI, OH 45220		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	19,900
CITIZENS FOR COMMUNITY VALUES 11177 READING ROAD 1ST FLOOR CINCINNATI, OH 45241		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	5,000
<b>Total . . . . .</b> 				2,110,085
<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>				
COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA 4 VANDERBILT PARK DRIVE SUITE 300 ASHEVILLE, NC 28803		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	2,000
COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA 4 VANDERBILT PARK DRIVE SUITE 300 ASHEVILLE, NC 28803		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	1,000
COMMUNITY RESOURCE CENTER INC (DBA RESOURCE) 3610 PARK 42 DRIVE SHARONVILLE, OH 45241		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	5,000
<b>Total . . . . . ▶</b> <b>3a</b>				2,110,085

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>				
CORPUS CHRISTI CHURCH FOOD PANTRY 2014 SPRINGDALE ROAD CINCINNATI, OH 45231		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100
CURE STARTS NOW FOUNDATION 10280 CHESTER RD CINCINNATI, OH 45215		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	500
DAWN REDWOOD CHARITABLE TRUST ONE BLACKFIELD DRIVE SUITE 331 TIBURON, CA 94920		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	2,000
<b>Total . . . . .</b> 				2,110,085
<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>				
DENISON UNIVERSITY 100 WEST COLLEGE STREET GRANVILLE, OH 43023		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	15,000
EMANUEL COMMUNITY CENTER 1308 RACE STREET CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	10,000
EPISCOPAL RETIREMENT HOMES FOUNDATION 3870 VIRGINIA AVENUE CINCINNATI, OH 45227		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100
<b>Total . . . . .</b>  <b>3a</b>				2,110,085

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>				
EVANS SCHOLARS FOUNDATION ONE BRIAR ROAD GOLF, IL 60029		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	250
FOUNDATION OF TRUSTEES FOR THE FAMILY LEARNING CENTER 31626 HIGHWAY 6 EDWARDS, CO 81632		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	1,000
FRANCISCAN RENEWAL CENTER 5802 EAST LINCOLN DRIVE SCOTTSDALE, AZ 85253		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	20,000
<b>Total . . . . .</b> ► <b>3a</b>				2,110,085

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>				
GEORGETOWN UNIVERSITY 3300 WHITEHAVEN STREET - HARRIS BLDG WASHINGTON, DC 20007		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	50,000
GEORGE W BUSH PRESIDENTIAL LIBRARY FOUNDATION 2943 SMU BOULEVARD DALLAS, TX 75205		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	25,000
GLENVILLE-CASHIERS RESCUE SQUAD INC 63 NORTH NORTON ROAD CASHIERS, NC 28717		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100
<b>Total . . . . . ▶</b> <b>3a</b>				2,110,085

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>				
GLYNN COUNTY VOLUNTEER FIREFIGHTERS INC 1804-A FREDERICA ROAD ST SIMONS ISLAND, GA 31522		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100
GOOD SAMARITAN HOSPITAL FOUNDATION 375 DIXMYTH AVENUE CINCINNATI, OH 45220		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	50,000
GOOD SAMARITAN HOSPITAL FOUNDATION 375 DIXMYTH AVENUE CINCINNATI, OH 45220		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	500
<b>Total . . . . . ▶</b> <b>3a</b>				2,110,085

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>				
GOOD SAMARITAN HOSPITAL FOUNDATION 375 DIXMYTH AVENUE CINCINNATI, OH 45220		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	30,000
GREAT PARKS FOUNDATION CONSERVATION FUND 10245 WINTON RD CINCINNATI, OH 45231		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100
GREATER CINCINNATI FILM COMMISSION 602 MAIN STREET SUITE 712 CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	5,000
<b>Total . . . . . ▶</b> <b>3a</b>				2,110,085



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>				
HEALTHNETWORK FOUNDATION 33 RIVER STREET NO 230 CHAGRIN FALLS, OH 44022		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	25,000
HILLSDALE COLLEGE 33 E COLLEGE STREET HILLSDALE, MI 49242		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	1,000
HOOVER INSTITUTION 434 GALVEZ MALL STANFORD UNIVERSITY STANFORD, CA 94305		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100,000
<b>Total . . . . .</b> ► <b>3a</b>				2,110,085

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>				
HOPE EMERGENCY PROGRAM 5333 KERNAN ROAD LYNCHBURG, OH 45142		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	5,000
HOPE EMERGENCY PROGRAM 5333 KERNAN ROAD LYNCHBURG, OH 45142		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100
HOPE EMERGENCY PROGRAM 5333 KERNAN ROAD LYNCHBURG, OH 45142		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100
<b>Total . . . . .</b> ▶ <b>3a</b>				2,110,085

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				
HOSPICE OF CINCINNATI INC 4360 COOPER ROAD CINCINNATI, OH 45242		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	10,000
IMMACULATE HEART OF MARY CHURCH 7820 BEECHMONT AVE CINCINNATI, OH 45255		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100
IRISH HERITAGE CENTER OF GREATER CINCINNATI 3905 EASTERN AVENUE CINCINNATI, OH 45226		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	1,850
<b>Total . . . . .</b> ► <b>3a</b>				2,110,085

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>				
JDRF 10401 NORTH MERIDIAN SUITE 150 INDIANAPOLIS, IN 46290		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	5,000
JDRF8050 HOSBROOK ROAD SUITE 314 CINCINNATI, OH 45236		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	1,000
JOE TORRE SAFE AT HOME FOUNDATION 55 WEST 39TH ST SUITE 600 NEW YORK, NY 10018		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	5,000
<b>Total . . . . . ▶</b> <b>3a</b>				2,110,085


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>				
JEWISH NATIONAL FUND 60 REVERE DRIVE SUITE 725 NORTHBROOK, IL 60062		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	1,000
LEGAL AID SOCIETY OF GREATER CINCINNATI 215 E NINTH STREET SUITE 200 CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	2,000
LINDNER CENTER OF HOPE 4075 OLD WESTERN ROW ROAD MASON, OH 45040		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	50,000
<b>Total . . . . .</b> ► <b>3a</b>				2,110,085

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>				
LINDNER CENTER OF HOPE 4075 OLD WESTERN ROW ROAD MASON, OH 45040		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	50,000
MEDICAL MISSION SISTERS 8400 PINE ROAD PHILADELPHIA, PA 19111		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	2,000
MERCY MONTESSORI 2335 GRANDVIEW AVENUE CINCINNATI, OH 45206		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	2,500
<b>Total . . . . . ▶</b> <b>3a</b>				2,110,085

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>				
MERCY MONTESSORI 2335 GRANDVIEW AVENUE CINCINNATI, OH 45206		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	2,500
MERCY MONTESSORI 2335 GRANDVIEW AVENUE CINCINNATI, OH 45206		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	2,500
MUSIC HALL REVITALIZATION COMPANY INC 1241 ELM STREET CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	50,000
<b>Total . . . . .</b> ► <b>3a</b>				2,110,085

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>				
NAACP CINCINNATI BRANCH 3494 READING ROAD CINCINNATI, OH 45229		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	1,000
NAACP CINCINNATI BRANCH 3494 READING ROAD CINCINNATI, OH 45229		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	500
OHIO CANCER RESEARCH ASSOCIATES 50 WEST BROAD ST NO 1132 COLUMBUS, OH 43215		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100
<b>Total . . . . . ▶</b> <b>3a</b>				2,110,085



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>				
ORDER OF MALTA AMERICAN ASSOCIATION 1011 FIRST AVENUE SUITE 1350 NEW YORK, NY 10022		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	300
ORDER OF MALTA AMERICAN ASSOCIATION 1011 FIRST AVENUE SUITE 1350 NEW YORK, NY 10022		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	3,000
ORDER SONS OF ITALY 2093 SYLVED LANE CINCINNATI, OH 45238		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	1,000
<b>Total . . . . .</b> 				2,110,085
<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>				
OUR LADY OF LIGHT FOUNDATION 5440 MOELLER AVENUE CINCINNATI, OH 45212		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	6,250
OUR LADY OF LIGHT FOUNDATION 5440 MOELLER AVENUE CINCINNATI, OH 45212		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	6,250
OUTDOOR ADVENTURE CLUBS OF GREATER CINCINNATI (OACGC) -PADDLEFEST 1662 BLUE ROCK ST CINCINNATI, OH 45223		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100
<b>Total . . . . .</b> ► <b>3a</b>				2,110,085

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>				
PREGNANCY CENTER EAST 3944 EDWARDS ROAD CINCINNATI, OH 45209		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100
PREGNANCY CENTER EAST 3944 EDWARDS ROAD CINCINNATI, OH 45209		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	1,000
REDS COMMUNITY FUND 100 JOE NUXHALL WAY CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	1,000
<b>Total . . . . . ▶</b> <b>3a</b>				2,110,085

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>				
REDS COMMUNITY FUND 100 JOE NUXHALL WAY CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100
REDS COMMUNITY FUND 100 JOE NUXHALL WAY CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	10,000
REDWOOD SCHOOL AND REHABILITATION INC 71 ORPHANAGE ROAD FT MITCHELL, KY 41017		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100
<b>Total . . . . .</b> ► <b>3a</b>				2,110,085

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				
ROGER BACON HIGH SCHOOL 4320 VINE STREET CINCINNATI, OH 45217		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	5,000
RUAH WOODS6675 WESSELMAN ROAD CINCINNATI, OH 45248		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	5,000
SCORE CHAPTER 34 525 VINE ST ROOM 1030 CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	5,000
<b>Total . . . . . ▶</b> <b>3a</b>				2,110,085

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>				
SHELTON-REID INC 11715 KEMPERWOODS DRIVE CINCINNATI, OH 45249		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	2,000
ST ALOYSIUS4721 READING ROAD CINCINNATI, OH 45237		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	5,000
ST FRANCIS SERAPH MINISTRIES 1615 REPUBLIC STREET CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100
<b>Total . . . . . ▶</b> <b>3a</b>				2,110,085

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>				
ST FRANCIS SERAPH MINISTRIES 1615 REPUBLIC STREET CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100
ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	50
ST ROSE CHURCH 2501 RIVERSIDE DRIVE CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	10,000
<b>Total . . . . .</b>  <b>3a</b>				2,110,085

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>				
ST URSULA ACADEMY 4025 INDIAN ROAD TOLEDO, OH 43606		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	50
ST VINCENT DE PAUL SOCIETY 1125 BANK STREET CINCINNATI, OH 45214		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	500
ST VINCENT DE PAUL SOCIETY 1125 BANK STREET CINCINNATI, OH 45214		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	500
<b>Total . . . . .</b> ▶ <b>3a</b>				2,110,085



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>				
ST XAVIER HIGH SCHOOL 600 WEST NORTH BEND ROAD CINCINNATI, OH 45224		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	10,000
SUMMIT COUNTRY DAY SCHOOL 2161 GRANDIN ROAD CINCINNATI, OH 45208		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	50,000
SUMMIT COUNTRY DAY SCHOOL 2161 GRANDIN ROAD CINCINNATI, OH 45208		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	1,000
<b>Total . . . . . ▶</b> <b>3a</b>				2,110,085


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>				
SUMMIT COUNTRY DAY SCHOOL 2161 GRANDIN ROAD CINCINNATI, OH 45208		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	2,500
SUMMIT COUNTRY DAY SCHOOL 2161 GRANDIN ROAD CINCINNATI, OH 45208		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	2,500
TEACH FOR AMERICA 1110 MAIN STREET CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	10,000
<b>Total . . . . . ▶</b> <b>3a</b>				2,110,085

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
THE CHILDREN'S THEATRE OF CINCINNATI 4015 RED BANK ROAD CINCINNATI, OH 45227		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	1,000
THE CHRIST HOSPITAL FOUNDATION 2123 AUBURN AVENUE SUITE 528 CINCINNATI, OH 45219		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	5,000
THE FIRST TEE OF GREATER CINCINNATI AND NORTHERN KENTUCKY 4747 PLAYFIELD LANE CINCINNATI, OH 45226		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100
Total . . . . . ▶ 3a				2,110,085

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 KELLY-CAROL FOUNDATION FOR CHILDREN WITH CANCER 301 EAST FOURTH STREET SUITE 3300 CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	1,000
THE KELLY-CAROL FOUNDATION FOR CHILDREN WITH CANCER 301 EAST FOURTH STREET SUITE 3300 CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	1,000
THE LEUKEMIA AND LYMPHOMA SOCIETY 4370 GLENDALE MILFORD ROAD CINCINNATI, OH 45242		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	1,500
<b>Total . . . . . ▶</b> <b>3a</b>				2,110,085

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 ORDER OF MALTA PILGRIMAGE FOUNDATION 1011 FIRST AVENUE SUITE 1350L NEW YORK, NY 10022		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	200
THE UNIVERSITY OF CINCINNATI FOUNDATION 51 GOODMAN DRIVE CINCINNATI, OH 45221		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	10,000
THE UNIVERSITY OF CINCINNATI FOUNDATION 51 GOODMAN DRIVE CINCINNATI, OH 45221		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	90,000
<b>Total . . . . .</b> ▶ <b>3a</b>				2,110,085

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				
TONY LA RUSSAS ANIMAL RESCUE FOUNDATION 2890 MITCHELL DRIVE WALNUT CREEK, CA 94598		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	5,000
TRISTATE VETERANS COMMUNITY ALLIANCE 3805 EDWARDS ROAD SUITE 500 CINCINNATI, OH 45209		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	2,750
TRI DELTA FOUNDATION 14951 NORTH DALLAS PARKWAY SUITE 500 DALLAS, TX 75254		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	500
<b>Total . . . . . ▶</b> <b>3a</b>				2,110,085

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>				
TURNING POINT PREGNANCY RESOURCE CENTER 250 EAST BROADWAY JACKSON, WY 83001		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100
UNITED WAY OF COASTAL GEORGIA 3400 PARKWOOD DRIVE SUITE A 2ND FLOOR BRUNSWICK, GA 31520		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	500
UNITED WAY OF GREATER CINCINNATI 2400 READING ROAD CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	150,000
<b>Total . . . . .</b> 				2,110,085
<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>				
UNITED WAY OF VENTURA COUNTY 702 COUNTY SQUARE DRIVE SUITE 100 VENTURA, CA 93003		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100
UNIVERSITY OF CINCINNATI ECONOMICS CENTER FOR EDUCATION AND RESEARCH 225 CALHOUN STREET SUITE 370 CINCINNATI, OH 45219		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	25,000
UNIVERSITY OF KENTUCKY COLLEGE OF HEALTH SCIENCES WILLIAM B STURGILL PHILANTHROPY BUILDING LEXINGTON, KY 40506		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	500
<b>Total . . . . . ▶</b> <b>3a</b>				2,110,085



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>				
UNIVERSITY OF NOTRE DAME 1100 GRACE HALL NOTRE DAME, IN 46556		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	10,000
URSULINES OF BROWN COUNTY 20860 STATE ROUTE 251 SAINT MARTIN, OH 45118		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	2,000
URSULINES OF BROWN COUNTY 20860 STATE ROUTE 251 SAINT MARTIN, OH 45118		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	6,000
<b>Total . . . . .</b> ► <b>3a</b>				2,110,085

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>				
URSULINES OF BROWN COUNTY 20860 STATE ROUTE 251 SAINT MARTIN, OH 45118		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	10,000
URSULINES OF BROWN COUNTY 20860 STATE ROUTE 251 SAINT MARTIN, OH 45118		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	10,000
USO TRIBUTE CINCINNATI 2111 WILSON BOULEVARD SUITE 1200 ARLINGTON, VA 22201		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	5,000
<b>Total . . . . . ▶</b> <b>3a</b>				2,110,085

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>				
USSGA MEMORIAL FUND 49 KNOLLWOOD ROAD ELMSFORD, NY 10523		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	500
VANDERBILT UNIVERSITY SCHOOL OF NURSING 2301 VANDERBILT PLACE NASHVILLE, TN 37240		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	500
VILAR PERFORMING ARTS CENTER 90 BENCHMARK ROAD SUITE 300 AVON, CO 81620		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	5,000
<b>Total . . . . .</b> ► <b>3a</b>				2,110,085

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>				
VILAR PERFORMING ARTS CENTER 68 AVONDALE LANE BEAVER CREEK, CO 81620		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	5,000
XAVIER UNIVERSITY 113 SMITH HALL - WILLIAMS COLLEGE OF BUSINESS CINCINNATI, OH 45207		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	200,000
XAVIER UNIVERSITY 3800 VICTORY PARKWAY ML 7520 CINCINNATI, OH 45207		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	43,085
<b>Total . . . . .</b> ► <b>3a</b>				2,110,085

**TY 2017 Investments Corporate Stock Schedule****Name:** CASTELLINI FOUNDATION

C/O CHRISTOPHER L FISTER TRUSTEE

**EIN:** 31-6429763

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
DFA EMERGING MARKETS	3,659	3,842
DFA INTERNATIONAL VALUE	4,185	4,921
ENDOCYTE, INC.	398,812	841,052
ISHARES RUSSELL 2000 GROWTH INDEX FD	6,505	10,100
ISHARES RUSSELL MIDCAP INDEX FD	6,662	10,322
UNIFI, INC.	356,068	640,828

**TY 2017 Other Assets Schedule****Name:** CASTELLINI FOUNDATION

C/O CHRISTOPHER L FISTER TRUSTEE

**EIN:** 31-6429763**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
OTHER INVESTMENTS	3,699,291	3,667,650	3,685,995

**TY 2017 Other Decreases Schedule****Name:** CASTELLINI FOUNDATION

C/O CHRISTOPHER L FISTER TRUSTEE

**EIN:** 31-6429763

Description	Amount
NON DEDUCTIBLE EXPENSES FROM PASS THROUGH INVESTMENTS	2,709

**TY 2017 Other Expenses Schedule****Name:** CASTELLINI FOUNDATION

C/O CHRISTOPHER L FISTER TRUSTEE

**EIN:** 31-6429763**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ANNUAL FILING FEE	321	225		96
PORTFOLIO EXPENSES - OTHER INVESTMENTS	24,967	17,477		7,490
CHARITABLE CONTRIBUTIONS - OTHER INVESTMENTS	7	5		2
LEGAL FEES	1,088	762		326



**TY 2017 Other Income Schedule****Name:** CASTELLINI FOUNDATION

C/O CHRISTOPHER L FISTER TRUSTEE

**EIN:** 31-6429763**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OTHER INCOME - OTHER INVESTMENTS	36,771	36,771	36,771
OTHER PORTFOLIO INCOME - OTHER INVESTMENTS	8,166	8,166	8,166
ADJUSTMENT FOR IRC SEC 1202 GAIN FROM CINCYTECH FUND I, LLC	-31,562	-31,562	-31,562
ORDINARY INCOME - OTHER INVESTMENTS	-24,963		-24,963
RENTAL INCOME - OTHER INVESTMENTS	-4,866		-4,866
NET SECTION 1231 GAIN	-3		-3

**TY 2017 Other Increases Schedule****Name:** CASTELLINI FOUNDATION

C/O CHRISTOPHER L FISTER TRUSTEE

**EIN:** 31-6429763

Description	Amount
ADJUSTMENT OF IRC SEC.1202 GAIN FROM SALE SHOWN ON K-1 FROM CINCYTECH FUND I	31,562

**TY 2017 Substantial Contributors  
Schedule**

**Name:** CASTELLINI FOUNDATION  
C/O CHRISTOPHER L FISTER TRUSTEE  
**EIN:** 31-6429763

Name	Address
ROBERT H CASTELLINI	312 ELM STREET SUITE 2600 CINCINNATI, OH 45202

**TY 2017 Taxes Schedule**

**Name:** CASTELLINI FOUNDATION  
C/O CHRISTOPHER L FISTER TRUSTEE

**EIN:** 31-6429763

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INCOME TAXES	21,603	15,122		6,481

<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF)  Department of the Treasury Internal Revenue Service	<b>Schedule of Contributors</b>  ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>	OMB No 1545-0047  <b>2017</b>
	<b>Name of the organization</b> CASTELLINI FOUNDATION C/O CHRISTOPHER L FISTER TRUSTEE	<b>Employer identification number</b> 31-6429763

Organization type (check one)

<b>Filers of:</b>	<b>Section:</b>
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> CASTELLINI FOUNDATION C/O CHRISTOPHER L FISTER TRUSTEE	<b>Employer identification number</b> 31-6429763
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**Part I** **Contributors** (See Instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	See Additional Data Table _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )

<b>Name of organization</b> CASTELLINI FOUNDATION C/O CHRISTOPHER L FISTER TRUSTEE	<b>Employer identification number</b>  31-6429763
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**Part II** **Noncash Property** (See instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
—	See Additional Data Table	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
—		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
—		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
—		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
—		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
—		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
—		\$ _____	_____

**Name of organization**CASTELLINI FOUNDATION  
C/O CHRISTOPHER L FISTER TRUSTEE**Employer identification number**

31-6429763

<b>Part III</b>	<b>Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____</b> Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	



Additional Data

Software ID:  
Software Version:  
EIN: 31-6429763  
Name: CASTELLINI FOUNDATION  
C/O CHRISTOPHER L FISTER TRUSTEE

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	ROBERT H CASTELLINI	\$ 128,865	Person <input checked="" type="checkbox"/>
	312 ELM STREET SUITE 2600		Payroll <input type="checkbox"/>
	CINCINNATI, OH 45202		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>2</u>	CASTELLINI MANAGEMENT COMPANY	\$ 128,865	Person <input checked="" type="checkbox"/>
	312 ELM STREET SUITE 2600		Payroll <input type="checkbox"/>
	CINCINNATI, OH 45202		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>3</u>	CINCINNATI REDS	\$ 9,356	Person <input checked="" type="checkbox"/>
	100 JOE NUXHALL WAY		Payroll <input type="checkbox"/>
	CINCINNATI, OH 45202		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>4</u>	CHRISTOPHER L FISTER	\$ 150	Person <input checked="" type="checkbox"/>
	8225 GIVEN ROAD		Payroll <input type="checkbox"/>
	CINCINNATI, OH 45243		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>5</u>	CASTELLINI MANAGEMENT COMPANY	\$ 17,312	Person <input checked="" type="checkbox"/>
	312 ELM STREET SUITE 2600		Payroll <input type="checkbox"/>
	CINCINNATI, OH 45202		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>6</u>	ROBERT H CASTELLINI	\$ 127,187	Person <input checked="" type="checkbox"/>
	312 ELM STREET SUITE 2600		Payroll <input type="checkbox"/>
	CINCINNATI, OH 45202		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	ROBERT H CASTELLINI	\$ 17,312	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
	312 ELM STREET SUITE 2600		
	CINCINNATI, OH45202		
<u>8</u>	ROBERT H CASTELLINI	\$ 779,400	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
	312 ELM STREET SUITE 2600		
	CINCINNATI, OH45202		
<u>9</u>	CINCINNATI REDS	\$ 7,374	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
	100 JOE NUXHALL WAY		
	CINCINNATI, OH45202		
<u>10</u>	CINCINNATI REDS	\$ 40,140	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
	100 JOE NUXHALL WAY		
	CINCINNATI, OH45202		

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>1</u>	6,393 SHARES OF FCB FINANCIAL HOLDINGS, INC	<u>\$ 300,950</u>	<u>2017-08-03</u>
<u>2</u>	6,393 SHARES OF FCB FINANCIAL STOCK	<u>\$ 300,950</u>	<u>2017-08-14</u>
<u>3</u>	490 SHARES OF NVIDIA CORP	<u>\$ 74,186</u>	<u>2017-06-16</u>
<u>5</u>	2,964 SHARES OF HOME BANCSHARES INC	<u>\$ 63,341</u>	<u>2017-11-09</u>
<u>6</u>	11,993 SHARES OF FIRST HORIZON NATL CORP	<u>\$ 245,976</u>	<u>2018-01-11</u>
<u>7</u>	2,964 SHARES OF HOME BANCSHARES INC	<u>\$ 63,341</u>	<u>2017-11-09</u>
<u>8</u>	37,567 SHARES OF UNIFI INC	<u>\$ 1,226,375</u>	<u>2017-09-12</u>
<u>9</u>	203 SHARES OF NETFLIX COM INC	<u>\$ 22,908</u>	<u>2017-06-16</u>
<u>10</u>	134 SHARES OF AMAZON COM INC	<u>\$ 131,426</u>	<u>2017-06-16</u>