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DLN: 93491318002129

2018

OMB No 1545-0052

Return of Private Foundation

Department of the Treasury

Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

For calendar year 2018, or tax year beginning 01-01-2018 , and ending 12-31-2018 A Employer identification number THE JENSEN FAMILY FOUNDATION 26-1629635 Number and street (or P O box number if mail is not delivered to street address) 1244 GARDEN CIRCLE B Telephone number (see instructions) (513) 821-1436 City or town, state or province, country, and ZIP or foreign postal code CINCINNATI, OH 452152025 ${f C}$ If exemption application is pending, check here ☐ Initial return G Check all that apply ☐ Initial return of a former public charity D 1. Foreign organizations, check here Amended return ☐ Final return 2 Foreign organizations meeting the 85% test, check here and attach computation Address change ☐ Name change E If private foundation status was terminated ☑ Section 501(c)(3) exempt private foundation H Check type of organization under section 507(b)(1)(A), check here \square Section 4947(a)(1) nonexempt charitable trust \square Other taxable private foundation I Fair market value of all assets at end **J** Accounting method ✓ Cash ☐ Accrual If the foundation is in a 60-month termination under section 507(b)(1)(B), check here of year (from Part II, col (c), line 16) ▶\$ 181,216 (Part I, column (d) must be on cash basis) Part I Analysis of Revenue and Expenses (The total Disbursements for charitable Revenue and (b) Net investment (c) Adjusted net of amounts in columns (b), (c), and (d) may not necessarily expenses per books purposes equal the amounts in column (a) (see instructions)) (cash basis only) Contributions, gifts, grants, etc , received (attach schedule) Check ► ✓ If the foundation is **not** required to attach 2 17 3 Interest on savings and temporary cash investments 17 Dividends and interest from securities 6,266 6,266 Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a. 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications . 10a Gross sales less returns and allowances Less Cost of goods sold Gross profit or (loss) (attach schedule) c Other income (attach schedule) 11 Total. Add lines 1 through 11 5,561 6,283 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits Operating and Administrative Expenses 16a Legal fees (attach schedule) . . . 1,300 1,300 Accounting fees (attach schedule) <u>رچ</u> Other professional fees (attach schedule) 200 200 0 ارجه 268 18 Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion 19 20 21 Travel, conferences, and meetings 22 Printing and publications . . . 23 Other expenses (attach schedule) 3.318 3.318 Total operating and administrative expenses. 24 Add lines 13 through 23 5,086 5,086 25,235 25,235 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 30,321 5,086 25,235 27 Subtract line 26 from line 12 Excess of revenue over expenses and -24,760 disbursements Net investment income (if negative, enter -0-) 1,197 Adjusted net income (if negative, enter -0-) . . . For Paperwork Reduction Act Notice, see instructions. Cat No 11289X Form **990-PF** (2018)

189,314

195,986

195,986

195,986

195,986

164.373

168,654

168,654

168,654

168,654

2 3

4

5

6

195,986 -24,760

171,226

168,654 Form 990-PF (2018)

2,572

0

176,935

181,216

Investments—corporate bonds (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Investments—land, buildings, and equipment basis ▶

Less accumulated depreciation (attach schedule)

Less accumulated depreciation (attach schedule) ▶ __

Total assets (to be completed by all filers—see the

Accounts payable and accrued expenses

Foundations that follow SFAS 117, check here ▶

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) -

Enter amount from Part I, line 27a

Permanently restricted . . .

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

Analysis of Changes in Net Assets or Fund Balances

Land, buildings, and equipment basis ▶

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe -

Temporarily restricted

Grants payable

	l		
	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 ▶	
2	8	Inventories for sale or use	
sset	9	Prepaid expenses and deferred charges	
As	10a	Investments—U S and state government obligations (attach schedule	!)
	ь	Investments—corporate stock (attach schedule)	

C

11

12

13 14

15

16

17

18

19

20

21 22

23

24

25

28 29

31 Part III

Liabilities

Balances

Fund 26

ŏ

Assets 27

Net 30

2

3

4

5

			(b)			
	e the kınd(s) of property sold (e g , arehouse, or common stock, 200 shs		How acquired P—Purchase D—Donation		(c) ate acquired o , day, yr)	(d) Date sold (mo , day, yr)
1aSee Additional Data Tabl	e		D Donation			
b						
d						
e						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis sense of sale		Gain d	h) or (loss) f) minus (g)
a See Additional Data Tabl	e					
b						
С						
d						
e						
Complete only for assets	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69			(I)
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) s of col (ı) l (ʒ), ıf any	cc	Gains (Col (ol (k), but not	(h) gain minus : less than -0-) or rom col (h))
a See Additional Data Tabl	e					
ь						
С						
d						
e						
2 Capital gain net income		If gain, also enter in F If (loss), enter -0- in		} 2		-722
·	gain or (loss) as defined in sections irt I, line 8, column (c) (see instructi	ons) If (loss), enter -0)- · · · · ·	}		
Part V Qualification	Under Section 4940(e) for Re	educed Tax on Net	Investment	Income		
	private foundations subject to the se				-	
	·			, ,		
If section 4940(d)(2) applies, le	eave this part blank					
If "Yes," the foundation does no	ne section 4942 tax on the distributant of qualify under section 4940(e) Do	not complete this part	· :		Y	es 🗹 No
	nount in each column for each year, r	see instructions before	e making any ent	ıes		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab		(col	(d) Distribution rat (b) divided by c	col (c))
2017	31,429		227,077			0 138407
2016	40,471		254,810			0 158828
2015	24,391		139,233			0 175181
2014	20,447 17,089		112,023 102,811			0 182525 0 166218
2 Total of line 1, column (13		· · · · · · · · · · · · · · · · · · ·	. 1		0 821159
, ,	d)		· · · · · —	-		0 821139
number of years the four	ndation has been in existence if less	than 5 years	<u> </u>	:		0 164232
	ncharitable-use assets for 2018 from	n Part X, line 5	4			206,776
5 Multiply line 4 by line 3			!	<u> </u>		33,959
	ent income (1% of Part I, line 27b)		6			12
				<u>' </u>		33,971
8 Enter qualifying distribut	ions from Part XII, line 4 ,					25,235
If line 8 is equal to or gre instructions	eater than line 7, check the box in Pa	art VI, line 1b, and con	nplete that part u	sing a 1°	% tax rate Se	ee the Part VI

Page **6**

Pa	Statements Regard	ling Activities for Which	n Form 4720 May Be	Required (continued)			
Ба	During the year did the foundation p	pay or incur any amount to				Yes	No
	(1) Carry on propaganda, or otherw	rise attempt to influence legis	lation (section 4945(e))?	☐ Yes ✓	No		
	(2) Influence the outcome of any sp	pecific public election (see sec	tion 4955), or to carry	□ fes ⊡	NO		
	on, directly or indirectly, any vo	ter registration drive?		· · · 🗌 Yes 🗸	No		
	(3) Provide a grant to an individual	for travel, study, or other sim	nılar purposes?	Yes V	No		
	(4) Provide a grant to an organizati		· -	d			
	in section 4945(d)(4)(A)? See in			· · · · Yes 🗹	No		
	(5) Provide for any purpose other th	- ·	• • • • • • • • • • • • • • • • • • • •				
L	educational purposes, or for the			∟ Yes 🖭	No		
D	If any answer is "Yes" to 5a(1)–(5), Regulations section 53 4945 or in a	=			5b		
	Organizations relying on a current n				30		
С	If the answer is "Yes" to question 5a						
٠	tax because it maintained expenditu		•				
	If "Yes," attach the statement require			· · □ Yes □	No		
= -		· -		ume an			
5a	Did the foundation, during the year,			uilis oii			
h	a personal benefit contract? Did the foundation, during the year,			Yes V	No 6b		No
ь	If "Yes" to 6b, file Form 8870	pay premiums, directly or mo	ulrectly, on a personal be	enent contract?	80		NO
7a	At any time during the tax year, was	the foundation a party to a	prohibited tay chalter tra	neaction? \square			
	If yes, did the foundation receive an			∟ tes 🖭	No 7b		
	Is the foundation subject to the sect				/6		
,	excess parachute payment during th						
	<u> </u>			Yes 🔽	No L		<u> </u>
Pa	and Contractors	Officers, Directors, Trus	tees, Foundation Ma	anagers, Hignly Paid En	npioyees	,	
1	List all officers, directors, trustee				1		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans and	(e) Expe		
	. ,	devoted to position	-0-)	deferred compensation	other a	llowand	ces
ee .	Additional Data Table						
2	Compensation of five highest-pa	id employees (other than t	hose included on line	1—see instructions). If nor	ne, enter "	NONE	."
_ \	Name - and address of angle amounts.	(b) Title, and average		(d) Contributions to	(a) Funan		
a)	Name and address of each employee more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expen other al		
		devoted to position		compensation			
ON	E						
ota	I number of other employees paid over	er \$50,000					(
				L	Form 00	O-DE	(2019

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Part VIII Information About Officers, Directors, Trustees, Foundation Manager and Contractors (continued)	s, Highly Paid Employees,
3 Five highest-paid independent contractors for professional services (see instructions). I	f none, enter "NONE".
(a) Name and address of each person paid more than \$50,000 (b) Type of ser	vice (c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	• 0
Part IX-A Summary of Direct Charitable Activities	<u>'</u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information su organizations and other beneficiaries served, conferences convened, research papers produced, etc.	ch as the number of Expenses
1 N/A	0
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 N/A 2	0
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	•
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4

5

6

1a

1b

2

3a 3b

4

5

10.315

10.315

25,235

25.235

25,235

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Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

4 5

6

1

2

3

4

5

Part XII

2018

Page 9

10,315

10,315

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0

Form 990-PF (2018)					
Part XIII	Un				

Form 990-PF (2	018)
Part XIII	Und
	•

Form 990-PF (2018)					
Part XIII	Undistributed Income (see instruc	tions)			

b Total for prior years

d From 2016. . . .

From 2013.

b From 2014. . . . c From 2015. . .

e From 2017.

1 Distributable amount for 2018 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2018 a Enter amount for 2017 only.

Excess distributions carryover, if any, to 2018

f Total of lines 3a through e.

d Applied to 2018 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2018

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . .

c Excess from 2016. . . .

d Excess from 2017. . .

e Excess from 2018. . .

b Excess from 2015. .

(If an amount appears in column (d), the

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2013 not

indicated below:

4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ a Applied to 2017, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election

11.948 14,846

17,429

30.594 20,150

14.846 17,429

30.594

20.150

14.920

(a)

Corpus

94.967

14.920

109,887

11.948

97,939

(b)

Years prior to 2017

(c)

2017



Enter gross amounts unless otherwise indicated				Excluded by section	(e) Related or exempt	
_	Program service revenue a		(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
	and contracts from government agencies					
_	ership dues and assessments					
3 Intere	st on savings and temporary cash					
	ments			14	17	
	nds and interest from securities			14	6,266	
	ntal income or (loss) from real estate					
	-financed property debt-financed property					
	ntal income or (loss) from personal property					
	investment income.					
	r (loss) from sales of assets other than					
ınvent	ory			18	-722	
9 Net in	come or (loss) from special events					
0 Gross	profit or (loss) from sales of inventory					
1 Other	revenue a					
a						
		1				
е	tal Add columns (b) (d) and (e)		0		5 561	,
e	tal Add columns (b), (d), and (e)		0		5,561	
e 2 Subto 3 Total.					5,561 3	
e 2 Subto 3 Total.	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations)		1	· · · · · · · · · · · · · · · · · · ·	
e 2 Subto 3 Total. (See w Part XV	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Torksheet in line 13 instructions to verify calculated the second of the second of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the second of the second of the foundation's explain the second of the se	lations) le Accomplish Income is report	ment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	ted importantly to	
e 2 Subto 3 Total. (See w Part XV Line No.	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which	lations) le Accomplish Income is report	ment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	ted importantly to	
e 2 Subto 3 Total. (See w Part XV Line No.	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Torksheet in line 13 instructions to verify calculated the second of the second of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the second of the second of the foundation's explain the second of the se	lations) le Accomplish Income is report	ment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	ted importantly to	
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e 2 Subto 3 Total. (See w Part XV Line No.	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Torksheet in line 13 instructions to verify calculated the second of the second of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the second of the second of the foundation's explain the second of the se	lations) le Accomplish Income is report	ment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	ted importantly to	
e 2 Subto 3 Total. (See w Part XV Line No.	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Torksheet in line 13 instructions to verify calculated the second of the second of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the second of the second of the foundation's explain the second of the se	lations) le Accomplish Income is report	ment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	ted importantly to	
e 2 Subto 3 Total. (See w Part XV Line No.	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Torksheet in line 13 instructions to verify calculated the second of the second of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the second of the second of the foundation's explain the second of the se	lations) le Accomplish Income is report	ment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	ted importantly to	
e 2 Subto 3 Total. (See w Part XV Line No.	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Torksheet in line 13 instructions to verify calculated the second of the second of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the second of the second of the foundation's explain the second of the se	lations) le Accomplish Income is report	ment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	ted importantly to	
e 2 Subto 3 Total. (See w Part XV Line No.	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Torksheet in line 13 instructions to verify calculated the second of the second of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the second of the second of the foundation's explain the second of the se	lations) le Accomplish Income is report	ment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	ted importantly to	
e 2 Subto 3 Total. (See w Part XV Line No.	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Torksheet in line 13 instructions to verify calculated the second of the second of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the second of the second of the foundation's explain the second of the se	lations) le Accomplish Income is report	ment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	ted importantly to	
e 2 Subto 3 Total. (See w Part XV Line No.	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Torksheet in line 13 instructions to verify calculated the second of the second of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the second of the second of the foundation's explain the second of the se	lations) le Accomplish Income is report	ment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	ted importantly to	
e 2 Subto 3 Total. (See w Part XV Line No.	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Torksheet in line 13 instructions to verify calculated the second of the second of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the second of the second of the foundation's explain the second of the se	lations) le Accomplish Income is report	ment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	ted importantly to	5,561

Form 990-P	F (2018)				Pa	ge 13
Part XV	Information Re Exempt Organi		ions and Relationships With Nonchari	table		
		directly engage in any of the following with a organizations) or in section 527, relating to	any other organization described in section 501 political organizations?		Yes	No
a Transfe	rs from the reporting foun	dation to a noncharitable exempt organization	on of			
(1) Ca	sh			1a(1)		No
(2) Ot	her assets			1a(2)		No
b Other to	ransactions					
(1) Sa	les of assets to a nonchar	table exempt organization		1b(1)		No
(2) Pu	rchases of assets from a r	oncharitable exempt organization		1b(2)		No
(3) Re	ntal of facilities, equipmen	nt, or other assets		1b(3)		No
(4) Re	ımbursement arrangemer	ts		1b(4)		No
(5) Lo	ans or loan guarantees.			1b(5)		No
(6) Per	formance of services or m	embership or fundraising solicitations		1b(6)		No
c Sharing	of facilities, equipment, r	nailing lists, other assets, or paid employees		1c		No
of the g	oods, other assets, or ser		olumn (b) should always show the fair market te foundation received less than fair market val 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 sha	arıng arra	ngemen	ts

of the go	ods, other assets, or ser	vices given by the	reporting foundation. If the	e foundatioi	hould always show the fair market value n received less than fair market value her assets, or services received
(a) Line No	(b) Amount involved	(c) Name of noncha	arıtable exempt organization	(d) Desc	cription of transfers, transactions, and sharing arrangements
described	,	r than section 501(, or related to, one or mores, (c)(3)) or in section 527? .		<u> </u>
_ 1	(a) Name of organizati		(b) Type of organiza	tion	(c) Description of relationship
	, ,		, , ,,,		

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 Sign May the IRS discuss this return 2019-11-14 Here with the preparer shown Signature of officer or trustee Title Date (see instr)? 🗹 Yes 🗆 No

PTIN Print/Type preparer's name Preparer's Signature Date Check if self-P00226317 employed ▶ □ KURT MARTY CPA 2019-11-14

CINCINNATI, OH 45242

Paid

Preparer Firm's name ▶ MMB CPAS & ADVISORS **Use Only** Firm's address ▶ 4340 GLENDALE-MILFORD RD STE 130

Phone no (513) 873-1284

Firm's EIN ▶47-1827469

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) (c) (d) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold (mo, day, yr) (mo, day, yr) P—Purchase D-Donation VANGUARD ST INVEST GRADE FUND Р 2017-05-30 2018-04-23 ISHARES IBOXX Р 2015-11-17 2018-02-05 VANGUARD TOTAL BOND MARKET 2018-11-27 2016-05-11 VANGUARD ST INVEST GRADE FUND Р 2017-03-15 2018-04-23 Ρ VANGUARD ST INVEST GRADE FUND 2017-03-15 2018-04-23 CAPITAL GAINS DIVIDENDS Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) (f) 101 103 -2 11,643 11,558 85 7,692 8,376 -684 1,424 1,463 -39 3,391 3,478 -87 5 5 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(1)** Losses (from col (h)) (i) as of 12/31/69 (k) over col (1), if any -2 85 -684 -39 -87 5

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation MARY R JENSEN PRESIDENT/DIRECTOR 1 00 1244 GARDEN CIRCLE WYOMING, OH 452152025 J MICHAEL JENSEN SECRETARY/TREASURER/DIRECT 1 00 1244 GARDEN CIRCLE WYOMING, OH 452152025 MATHEMAN M JENICEN

1316 SOUTH 9TH STREET ST LOUIS, MO 63104	0 10			
CASSANDRA L JENSEN	DIRECTOR	0	0	0
1244 GARDEN CIRCLE WYOMING, OH 452152025	0 10			
KATHRYN K JENSEN	DIRECTOR	0	0	0

CASSANDRA L JENSEN	DIRECTOR	0	0	0
1316 SOUTH 9TH STREET ST LOUIS, MO 63104	0 10			
J PATRICK JENSEN	DIRECTOR	0	0	0

1316 SOUTH 9TH STREET ST LOUIS, MO 63104	0 10	,	Ç	·
J PATRICK JENSEN	DIRECTOR	0	0	(

ST LOUIS, MO 63104				
J PATRICK JENSEN	DIRECTOR	0	0	
2025 ACTORIA AVE UNIT O	0 10			

		-	=	l
2825 ASTORIA AVE UNIT 2 CINCINNATI, OH 45208	0 10			

0 10

2322 S 11TH ST UNIT B ST LOUIS, MO 63104

CINCINNATI, OH 45208				
SUSAN M JENSEN	DIRECTOR	0	0	

Form 990PF Pa	t XV Line 1a - List any ma	nagers of the foundat	ion who have contribut	ed more than 2% of the tot	al
contributions re	ceived by the foundation	before the close of an	y tax year (but only if t	hey have contributed more	
than \$5,000).					
					_

tha MARY R JENSEN

J MICHAEL JENSEN

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

ALZHEIMERS ASSOCIATION 644 LINN STREET 1026 CINCINNATI, OH 45203	NONE	501(C)(3)	RESEARCH, PREVENTION, AND CARE FOR ALZHEIMERS	50
AMERICAN FOUNDATION NATION SUICIDE PREVENTION 30 WEST 3RD STREET CINCINNATI, OH 45202	NONE	501(C)(3)	FUNDING FOR SUICIDE HOTLINE	100

SUICIDE PREVENTION 30 WEST 3RD STREET CINCINNATI, OH 45202				
AMERICAN PLAYERS THEATER SPRING GREEN 5950 GOLF COURSE RD SPRING GREEN, WI 53588	NONE	501(C)(3)	TO SUPPORT THEATRICAL ARTS	150

CINCINNATI, OH 45202				
AMERICAN PLAYERS THEATER SPRING GREEN 5950 GOLF COURSE RD SPRING GREEN, WI 53588	NONE	501(C)(3)	TO SUPPORT THEATRICAL ARTS	150

25,235

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

any foundation manager

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year				
CINCINNATI ZOO AND BOTANICAL GARDEN 3400 VINE STREET CINCINNATI, OH 45220	NONE	501(C)(3)	FUNDING FOR CITY ZOO	500
CISE100 EAST FIGHT STREET	NONE	501(C)(3)	SUPPORT RELIGIOUS	500

recipient

CINCINNATI, OH 45220				
CISE100 EAST EIGHT STREET CINCINNATI, OH 45202	NONE	501(C)(3)	SUPPORT RELIGIOUS ENDEAVORS	500
CLEAN LAKE ALLIANCE VERX PLAZA 150 E GILMAN ST 2600 MADISON, WI 53703	NONE	501(C)(3)	TO SUPPORT THE EFFORT TO MAINTAIN THE LAKES IN THE REGION	100

CISE100 EAST EIGHT STREET CINCINNATI, OH 45202	NONE	501(C)(3)	SUPPORT RELIGIOUS ENDEAVORS	50
CLEAN LAKE ALLIANCE VERX PLAZA 150 E GILMAN ST 2600	NONE	501(C)(3)	TO SUPPORT THE EFFORT TO MAINTAIN THE LAKES IN THE	10

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

Name and address (home or business)

Total .

, ,	or substantial contributor			
a Paid during the year				
GENERATE HEALTH1300 HAMTPON AVE ST LOUIS, MO 63139	NONE	501(C)(3)	PROMOTE HEALTHY FAMILIES AND BIRTHING OUTCOMES	5,000
HENRY VILAS ZOO 702 SOUTH RANDALL AVENUE	NONE	501(C)(3)	FUNDING FOR PUBLIC ZOO	100

HENRY VILAS ZOO 702 SOUTH RANDALL AVENUE MADISON, WI 53715	NONE	501(C)(3)	FUNDING FOR PUBLIC ZOO	100
IMPACT 100 WOMEN TOGETHER CHANGING LIVES 4010 EXECUTIVE PARK DRIVE CINCINNATI OH 45241	NONE	501(C)(3)	PROMOTION OF CHARITABLE ENDEAVORS	1,100

702 SOUTH RANDALL AVENUE MADISON, WI 53715		001(0)(0)		
IMPACT 100 WOMEN TOGETHER CHANGING LIVES 4010 EXECUTIVE PARK DRIVE CINCTNNATI OH 45241	NONE	501(C)(3)	PROMOTION OF CHARITABLE ENDEAVORS	1,:

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year INTERNATIONAL WINE FESTIVAL NONE 501(C)(3) FUNDING LOCAL CHARITIES 100

11159 KENWOOD ROAD STE F CINCINNATI, OH 45242		001(0)(0)		
JUVENILE DIABETES RELIEF FUND FUND A CURE - HARRISBURG 717 MARKET ST STE 108 LEMOYNE, PA 17043	NONE	501(C)(3)	TO SUPPORT MEDICAL RESEARCH FOR JUVENILE DIABETES	2,500
JUVENILE DIABETES RELIEF FUND GALA	NONE	501(C)(3)	TO SUPPORT MEDICAL	30

LEMOYNE, PA 17043			DIABETES	
JUVENILE DIABETES RELIEF FUND GALA AUCTION OVER VALUE 8050 HOSBROOK RD STE 314 CINCINNATI, OH 45236	NONE	501(C)(3)	TO SUPPORT MEDICAL RESEARCH FOR JUVENILE DIABETES	30
Total			▶ 3a	25,235

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

a . a.a aa,g a , ca.				
JUVENILE DIABETES RELIEF FUND GALA SPONSOR 8050 HOSBROOK RD STE 314 CINCINNATI, OH 45236	NONE	501(C)(3)	TO SUPPORT MEDICAL RESEARCH FOR JUVENILE DIABETES	5,770
JUVENII E DIABETES RELIEE FUND	NONE	501(C)(3)	TO SUPPORT MEDICAL	310

UVENILE DIABETES RELIEF FUND VALK DONATION - HARRISBURG 17 MARKET ST STE 108 EMOYNE, PA 17043	NONE	 TO SUPPORT MEDICAL RESEARCH FOR JUVENILE DIABETES	

Total .

WALK DONATION - HARRISBURG 717 MARKET ST STE 108 LEMOYNE, PA 17043			RESEARCH FOR JUVENILE DIABETES	
JUVENILE DIABETES RELIEF FUND	NONE	501(C)(3)	TO SUPPORT MEDICAL	5,150

717 MARKET ST STE 108 LEMOYNE, PA 17043			DIABETES	
JUVENILE DIABETES RELIEF FUND 8041 HOSBROOK ROAD CINCINNATI OH 45236	NONE	501(C)(3)	TO SUPPORT MEDICAL RESEARCH FOR JUVENILE DIABETES	5,150

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

MIDDLETON OUTREACH MINISTRY 3502 PARAMENTER STREET MIDDLETON, WI 53562	NONE	501(C)(3)	FUNDING FOR FOOD SECURITY, HOUSING AND STABILITY	50
NATIONAL PSORIASIS FOUNDATION	NONE	501(C)(3)	TO SUPPORT MEDICAL	500

	NONE	E04 (0) (2)	CURRORE BURLES CRACES	
NATIONAL PSORIASIS FOUNDATION 6600 SW 92ND AVE SUITE 300 PORTLAND, OR 97223	NONE		TO SUPPORT MEDICAL RESEARCH FOR PSORIASIS AND PSORIASIS ARTHRITIS	500
				l

П	PORTLAND, OR 97223			PSORIASIS ARTHRITIS	
1	OLBRICH GARDEN3330 ATWOOD AVE	NONE	501(C)(3)	SUPPORT PUBLIC SPACES	6!

PORTLAND, OR 97223			PSORIASIS ARTHRITIS	
DLBRICH GARDEN3330 ATWOOD AVE	NONE	501(C)(3)	SUPPORT PUBLIC SPACES	65

OLBRICH GARDEN3330 ATWOOD AVE	NONE	501(C)(3)	SUPPORT PUBLIC SPACES	
MADICON WIT FORM				1

LBRICH GARDEN3330 ATWOOD AVE	NONE	501(C)(3)	SUPPORT PUBLIC SPACES	
ADISON, WI 53704				

25,235

MADISON, WI 53704		

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
SHOREWOOD HILLS WISCONSIN FIRE DEPARTMENT 810 SHOREWOOD BLVD	NONE	501(C)(3)	DONATION TO LOCAL FIRE DEPARTMENT	50

SMOKI MUSEUM 147 NORTH ARIZONA AVENUE PRESCOTT, AZ 86304 NONE 501(C)(3) FUNDING FOR MUSEUM 500	810 SHOREWOOD BLVD MADISON, WI 53705				
	147 NORTH ARIZONA AVENUE	NONE	501(C)(3)	FUNDING FOR MUSEUM	500

SMOKI MUSEUM 147 NORTH ARIZONA AVENUE PRESCOTT, AZ 86304	NONE	501(C)(3)	FUNDING FOR MUSEUM	500
ST MARY HYDE PARK CHURCH 2853 ERIE AVENUE	NONE	501(C)(3)	FUNDING FOR CATHOLIC CHURCH	100

147 NORTH ARIZONA AVENUE PRESCOTT, AZ 86304				
ST MARY HYDE PARK CHURCH 2853 ERIE AVENUE CINCINNATI, OH 45208	NONE	501(C)(3)	FUNDING FOR CATHOLIC CHURCH	100

25,235

ST MARY HYDE PARK CHURCH 2853 ERIE AVENUE CINCINNATI, OH 45208	NONE	501(C)(3)	FUNDING FOR CATHOLIC CHURCH	1

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
UNIVERSITY OF CINCINNATI FOUNDATION 51 GOODMAN DRIVE CINCINNATI, OH 45219	NONE	501(C)(3)	PROMOTION OF UNIVERSITY EDUCATION AND LEARNING	100

CINCINNATI, OH 45219				
UNIVERSITY OF WISCONSIN 1848 UNIVERSITY AVE MADISON, WI 537264090	NONE	501(C)(3)	EDUCATIONAL ENDEAVORS	50

UNIVERSITY OF WISCONSIN 1848 UNIVERSITY AVE MADISON, WI 537264090	NONE	501(C)(3)	EDUCATIONAL ENDEAVORS	50
WASHINGTON UNIVERSITY 1 BROOKINGS DRIVE	NONE	501(C)(3)	EDUCATIONAL ENDEAVORS	100

MADISON, WI 537264090				
WASHINGTON UNIVERSITY 1 BROOKINGS DRIVE ST LOUIS, MO 63130	NONE	501(C)(3)	EDUCATIONAL ENDEAVORS	100

WASHINGTON UNIVERSITY 1 BROOKINGS DRIVE ST LOUIS, MO 63130	NONE	501(C)(3)	EDUCATIONAL ENDEAVORS	100

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

	or substantial contributor			
a Paid during the year				
WESLEY CHAPEL MISSION - UNITED METHODIST CHURCH 80E MCMICKEN AVE CINCINNATI, OH 45202	NONE	501(C)(3)	SUPPORT OF RELIGIOUS ENDEAVORS	1,000

CINCINNATI, OH 45202				
WISCONSIN PUBLIC RADIO 821 UNIVERSITY AVE MADISON, WI 53706	NONE	501(C)(3)	SUPPORT PUBLIC BROADCASTING	60

WISCONSIN PUBLIC RADIO 821 UNIVERSITY AVE MADISON, WI 53706	NONE	501(C)(3)	SUPPORT PUBLIC BROADCASTING	60
WORLD VISION INTERNATIONAL PO BOX 9716	NONE	501(C)(3)	FUND HUMANITARIAN AID	500

MADISON, WI 53706			BROADCASTING	
WORLD VISION INTERNATIONAL PO BOX 9716 FEDERAL WAY, WA 98063	NONE	501(C)(3)	FUND HUMANITARIAN AID	500

WORLD VISION INTERNATIONAL PO BOX 9716 FEDERAL WAY, WA 98063	NONE	501(C)(3)	FUND HUMANITARIAN AID	500

25,235

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

25,235

Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
WYOMING FIRE ASSOCIATION 600 GROVE AVENUE CINCINNATI, OH 45215	NONE	501(C)(3)	PROMOTION OF COMMUNITY FIRE PROTECTION	50
WYOMING SCHOOL FOUNDATION	NONE	501(C)(3)	EDUCATIONAL ENDEAVORS	500

WYOMING SCHOOL FOUNDATION 420 SPRINGFIELD PIKE CINCINNATI, OH 45215	NONE	501(C)(3)	EDUCATIONAL ENDEAVORS	500
WYOMING YOUTH SERVICES 800 OAK AVENUE	NONE	501(C)(3)	EDUCATIONAL ENDEAVORS FOR YOUTH	150

	420 SPRINGFIELD PIKE CINCINNATI, OH 45215				
l	WYOMING YOUTH SERVICES 800 OAK AVENUE CINCINNATI, OH 45215	NONE	501(C)(3)	EDUCATIONAL ENDEAVORS FOR YOUTH	150

efile GRAPHIC print - DO NOT P	ROCESS	As Filed Data	a -	D	LN: 93491318002129	
TY 2018 Accounting Fe	TY 2018 Accounting Fees Schedule					
Name: THE JENSEN FAMILY FOUNDATION EIN: 26-1629635						
	LIIV.	20-102903			1	
Category	Amo	ount I	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	

1,300

1,300

Category	Amount	Net Investment Income

MOWRY, MARTY & BAIN CONSULTING, LLC

effie GRAPHIC print - DO NOT PROCE	SS AS Filed Data -	DLN: 93491318002129

TY 2018 Investments - Other Schedule

Name: THE JENSEN FAMILY FOUNDATION

ETN: 26-1620635

EIN: 20-1029035					
Investments Other Schedule 2					
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value		
FIRST TRUST VALUE LINE DIV INDX FUND, 1000 SHARES	AT COST	26,220	29,080		
FT PREF SECURITY & INC ETF, 1000 SHARES	AT COST	15,309	14,360		
INVESCO S&P PURE VALUE ETF, 500 SHARES	AT COST	25,699	28,430		
ISHARES IBOXX \$ INVT GRADE, 220 SHARES	AT COST	25,429	24,820		
VANGUARD TOTAL BOND MKT FUND, 140 SHARES	AT COST	11,726	11,089		
VANGUARD TOTAL INTL STOCK INDEX FUND, 775 SHARES	AT COST	39,730	36,596		
WISDOMTREE US HIGH DIVIDEND FUND, INC., 500 SHARES	AT COST	20,260	32,560		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 934913180	02129
TY 2018 Other Decreases Schedule				
Name:	THE JENSEN F	AMILY FOUNDATION		
EIN:	26-1629635			
De	escription		Amount	
BOOK VALUE ADJUSTMENT				2,572

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491318002129		
TY 2018 Other Expenses Schedule						
·						
Name: THE JENSEN FAMILY FOUNDATION						
EIN: 26-1629635						
Other Expenses Schedule						
Description	Revenue and Expenses per	Net Investment Income	Adjusted Net Income	Disbursements for Charitable		

Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ANNUAL MEETING	3,318	3,318		0

efile GRAPHIC print - DO NOT PROCE	ESS As Filed Data	-	DLI	N: 93491318002129		
TY 2018 Other Professional Fees Schedule						
Name: THE JENSEN FAMILY FOUNDATION						
EIN: 26-1629635						
1						
Category	Amount	Net Investment	Adjusted Net	Disbursements		
1						
		Income	Income	for Charitable		
		Income	Income	for Charitable Purposes		
UBS FINANCIAL SERVICES INC ANNUAL	175	1ncome	Income			
UBS FINANCIAL SERVICES INC ANNUAL FEE	175		Income	Purposes		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491318002129			
TY 2018 Substantial Contributors Schedule					
Name: THE JENSEN FAMILY FOUNDATION EIN: 26-1629635					
Name		Address			
MARY R JENSEN		1244 GARDEN CIRCLE CINCINNATI, OH 452152025			
J MICHAEL JENSEN		1244 GARDEN CIRCLE CINCINNATI, OH 452152025			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLI	N: 93491318002129	
TY 2018 Taxes Schedule					
Name	: THE JENSEN	FAMILY FOUNDA	ΓΙΟΝ		
EIN: 26-1629635					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
OHIO REGISTRATION FEES	100	100		0	
JFF TAXES 2017	75	75		0	
FOREIGN TAX PAID	93	93		0	