ີ່ະom 99ປຶ-T	· F	EXTENDED TO NO Exempt Organization Bu			ax Return	, I	OMB No 1545-0687
Form 990- [(and proxy tax un			ux ricturi	' [0040
•	For ca	lendar year 2018 or other tax year beginning		, and ending		_ 1	2018
Department of the Treasury .		► Go to www irs.gov/Form990T for				L	Open to Bubble Jacobston fo
Internal Revenue Service		Do not enter SSN numbers on this form as it m	ay be ma	ade public if your organiz	ation is a 50 <u>1(c)(3)</u>		Open to Public Inspection fo 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name	change:	d and see instructions)		(Empl	oyer identification number loyees' trust, see uctions)
B Exempt under section	Print	HAMILTON COMMUNITY FO	UNDA	TION			1-6038277
X 501(c)(3)	Or	Number, street, and room or suite no. If a P O. t	ox, see i	nstructions			ated business activity code nstructions)
408(e)220(e)	Туре	319 N. THIRD STREET				ļ	,
408A530(a) 529(a)		City or town, state or province, country, and ZIF HAMILTON, OH 45011	or foreig	gn postal code		523	000
C Book value of all assets at end of year		F Group exemption number (See instructions.)	•				
<u>86,363,8</u>	313.	G Check organization type ► X 501(c) co	orporatio	n 501(c) trust	401(a)	trust	Other trust
H Enter the number of the	organiza	ition's unrelated trades or businesses.	1	Describe	the only (or first) un	related	
trade or business here	► IN	VESTMENTS		. If only one,	complete Parts I-V.	If more	than one,
describe the first in the	olank spa	ice at the end of the previous sentence, complete	Parts I a	nd II, complete a Schedule	M for each addition	ıal trade	e or
business, then complete	Parts III	-V					
I During the tax year, was	the corp	poration a subsidiary in an affiliated group or a pa	rent-sub:	sidiary controlled group?	▶ [Ye	s X No
If "Yes," enter the name	and iden	tifying number of the parent corporation.		<u> </u>			
		DANIEL SANDER		Telepho	one number 🕨 5	<u> 13-</u>	
Part I Unrelate	d Trac	de or Business Income	··	(A) Income	(B) Expenses	;	(C) Net
1a Gross receipts or sa	es						
b Less returns and alle	wances	c Balance	· <u>1c</u>				
2 Cost of goods sold (Schedule	A, line 7)	2				
3 Gross profit Subtract	t line 2 fr	om line 1c	3				
4a Capital gain net inco	ne (attac	h Schedule D)	4a -	612.			612.
b Net gain (loss) (Forn	1 4797, P	art II, line 17) (attach Form 4797)	4b				
c Capital loss deduction	n for trus	sts	4c				
5 Income (loss) from a	partners	ship or an S corporation (attach statement)	5	-18,430.	STMT 1		-18,430
6 Rent income (Sched	ule C)		6				
7 Unrelated debt-finan	ced incor	me (Schedule E)	7_				
8 Interest, annuities, re	yalties, a	and rents from a controlled organization (Schedule I	∋ 8				
9 Investment income of	of a section	on 501(c)(7), (9), or (17) organization (Schedule	G) 9				
10 Exploited exempt ac	ivity inco	ome (Schedule I)	10				
11 Advertising income	Schedule	e J)	11				
12 Other income (See ii	struction	ns; attach schedule)	12				
13 Total. Combine line	s 3 throu	gh 12	13	-17,818.			-17,818.
		ot Taken Elsewhere (See instructions	for limit	ations on deductions)			
(Except for	contribi	utions, deductions must be directly connec	ted with	the unrelated business	s income)		
14 Compensation of o	ficers, di	rectors, and trustees (Schedule K)				14	
15 Salaries and wages		, , ,				15	
16 Repairs and mainte						16	
17 Bad debts		C C C IVED				17	
18 Interest (attach sch	edule) (s	ee instructions 7				18	
19 Taxes and licenses	, ,	(S)				19	
20 Charitable contribu	ions (Se	e instructions for limitation rules)				20	
21 Depreciation (attacl	r Form 4	562)		21			
22 Less depreciation of		1' magazina (1°5' 1		22a		22ь	
23 Depletion				<u> </u>		23	
24 Contributions to de	ferred co	mpensation plans				24	
24 Contributions to de 25 Employee benefit p 26 Excess exempt exp		•				25	
26 Excess exempt exp		chedule I)				26	
27 Excess readership						27	
28 Other deductions (a	•	•				28	
29 Total deductions						29	0.
		ncome before net operating loss deduction. Subti	act line 2	29 from line 13		30	-17,818
		loss arising in tax years beginning on or after Jan				31	
	-	ncome. Subtract line 31 from line 30	, ', '	2 (000 ///01/00/01/01/01/01/01/01/01/01/01/01/0		32	-17,818.
		work Reduction Act Notice, see instructions				-	Ferm 990-T (2018
	upoi		2			J	1/0
							-

orm 990-		HAMILTON COMMUNITY FOUNDATION	_	31-60	38277	Page 2
Part I		otal Unrelated Business Taxable Income	_			45 040
33`	-	of unrelated business taxable income computed from all unrelated trades or businesses (see	instructions)		33	-17,818.
34		nts paid for disallowed fringes			34	
35		tion for net operating loss arising in tax years beginning before January 1, 2018 (see instruc	•	MT 2	35	0.
36	Total	of unrelated business taxable income before specific deduction. Subtract line 35 from the sui	m of			45 040
	lines 3	3 and 34			36	<u>-17,818.</u>
37	Specif	ic deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37	1,000.
38	Unrela	ated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36	6,			
		he smaller of zero or line 36			38	<u>-17,818.</u>
Part I	<u>v 1</u>	ax Computation				
39	Organ	izations Taxable as Corporations Multiply line 38 by 21% (0 21)		>	39	0.
40	Trusts	Taxable at Trust Rates See instructions for tax computation. Income tax on the amount of	n line 38 from:			
		Tax rate schedule or Schedule D (Form 1041)		>	40	
41	Proxy	tax See instructions		>	41	
42	Altern	ative minimum tax (trusts only)			42	
43	Tax o	n Noncompliant Facility Income See Instructions			43	
44_	Total	Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	0.
Part \	/ T	ax and Payments				·
45 a	Foreig	n tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a			
Ь	Other	credits (see instructions)	45b			
c		al business credit. Attach Form 3800	45c			
ď		for prior year minimum tax (attach Form 8801 or 8827)	45d			
e		credits. Add lines 45a through 45d	*		45e	
46		act line 45e from line 44			46	0.
47		taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8860	6 Other	(attach schedule)	47	
48		tax Add lines 46 and 47 (see instructions)			48	0.
49		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	0.
		ents: A 2017 overpayment credited to 2018	50a	800		
		estimated tax payments	50b		Ť	
		eposited with Form 8868	50c		7	
		n organizations: Tax paid or withheld at source (see instructions)	50d		7	
	_	p withholding (see instructions)	50e		7	
		for small employer health insurance premiums (attach Form 8941)	50f		7	
		credits, adjustments, and payments: Form 2439	-		7	
y			50g			
51		payments. Add lines 50a through 50g	oog		51	800.
52		ated tax penalty (see instructions) Check if Form 2220 is attached			52	
53		ue. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		•	53	
54		ayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid			54	800.
55	•		800. Re	funded	55	0.
Part \		Statements Regarding Certain Activities and Other Informatio			1 44 1	
56		time during the 2018 calendar year, did the organization have an interest in or a signature o				Yes No
30	-	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization				
		N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fi				
	here	, ,	oronger ocumen,	•		x
57		g the tax year, did the organization receive a distribution from, or was it the grantor of, or train	nsferor to a fo	reian trust?		
07		s," see instructions for other forms the organization may have to file	11310101 10, 4 10	or origin trade		
58		the amount of tax-exempt interest received or accrued during the tax year				
30		der penalties of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, and to	the best of my kr	nowledge and	belief, it is true,
Sign	co	rect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	r has any knowle	edge F		
Here		. 11/08/2019 N PRESIDER	NT/CEO		•	iscuss this return with hown below (see
		Signature of officer Date Title	MI/CHO		instructions)?	
		Print/Type preparer's name Preparer's signature Date	<u>. T</u>	Check	ıf PTIN	
		Trinivity be proported a manife Tripper of a signature U.I.	15/19	self- employe		
Paid		KATHLEEN MITTS, CPA Karklum min	201	Son Simpleyo		1085771
Prepa	arei	Firm's name MCM CPAS & ADVISORS LLP	7 A A A	Firm's EIN		-1235638
Use (Unly		100	I IIII O LIN		
		Firm's address ► CINCINNATI, OH 45202	_ 0 0	Phone no.	(513)	579-1717

823711 01-09-19

Form **990-T** (2018)

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory v	aluation N/A				
1 Inventory at beginning of year	1		6	Inventory at end of yea	r —		6_	
2 Purchases	2		_ 7	Cost of goods sold. Su	btract I	ine 6	}	
3 Cost of labor	3]	from line 5 Enter here	and in F	Part I,		
4a Additional section 263A costs	1			line 2			7	<u> </u>
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to		Yes No
Other costs (attach schedule)	4b		4	property produced or a	cquirec	for resale) apply to		
5 Total Add lines 1 through 4b	5		<u> </u>	the organization?	_			
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Pei	rsonal Property	Leas	ed With Real Pro	ppen	.y)
1 Description of property								
(1)								
(2)								
(3)								
(4)						1		
		ed or accrued				3(a) Deductions directl	lv conne	ected with the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for p	personal	onal property (if the percental property exceeds 50% or if led on profit or income)	ige	columns 2(a) a	and 2(b)	(attach schedule)
(1)								
(2)								
(3)							-	
(4)								·
Total	0.	Total			<u> </u>			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	ı (A)	<u> </u>			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<u> </u>	0.
Schedule E - Unrelated Del	ot-Financed	Income (see	ınstru	ctions)		 _		
			2	Gross income from		3 Deductions directly co to debt-finar		
1 Description of debt-fil	nanced property		-	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)								
(2)						-		
(3)						_		
(4)		_	<u> </u>					
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property i schedule)	6	by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)				%				
(3)				%				
(4)				%				-
						inter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)
Totals				▶.		C).	0.
Total dividends-received deductions in	cluded in column	8					<u> </u>	0.
								Form 990-T (2018)

Form 990-T (2018)

0

Totals (carry to Part II, line (5))

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

1. Name of periodical		2 Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)			<u>-</u>				
(4)			<u> </u>				
Totals from Part I		0.	0.		-		0
		Enter here and on page 1, Part I, fine 11, col (A)	Enter here and on page 1, Part I, (ine 11, col (B)].		r	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.		•		0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14			0.

Form 990-T (2018)

FORM 990-T	RTNERSHIPS	STATEMENT			
DESCRIPTION				NET INCOM	
INCOME (LOSS)		D LP - ORDINARY		10,4	193.
FEG PRIVATE OP INCOME (LOSS) FEG PRIVATE OP	-19,976.				
INCOME (LOSS) FEG PRIVATE OP	-8,950.				
INCOME (LOSS)	FORTONITIED TO				3.
TOTAL INCLUDED	ON FORM 990-T,	PAGE 1, LINE 5		-18,4	130.
FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT	2
TAX YEAR LO	SS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/17	2,768.	0.	2,768.	2,76	58.
NOL CARRYOVER	L CARRYOVER AVAILABLE THIS YEAR 2,768. 2,768				58.

SCHEDULE'D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www irs gov/Form1120 for instructions and the latest information

Name

Employer identification number

HAMILTON COMMUNITY	HAMILTON COMMUNITY FOUNDATION				31-6038277			
Part I , Short-Term Capital Ga	ins and Losses (See	instructions)						
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89- Part I, line 2, column (ın 19, 3)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)			
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				-				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked								
2 Totals for all transactions reported on Form(s) 8949 with Box B checked								
3 Totals for all transactions reported on				_				
Form(s) 8949 with Box C checked					115.			
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4				
5 Short-term capital gain or (loss) from like-kin	d exchanges from Form 8824			5				
6 Unused capital loss carryover (attach comput	ation)			6	()			
7 Net short-term capital gain or (loss). Combin	e lines 1a through 6 in column	h		7_	115.			
Part II Long-Term Capital Gai	ns and Losses (See	nstructions)						
See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 894 Part II, line 2, column (19,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)			
round off cents to whole dollars	((9)			
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b			-	•				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked								
9 Totals for all transactions reported on Form(s) 8949 with Box E checked								
10 Totals for all transactions reported on								
Form(s) 8949 with Box F checked			<u></u>		497.			
11 Enter gain from Form 4797, line 7 or 9				11				
12 Long-term capital gain from installment sales		7		12	 			
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824			13				
14 Capital gain distributions				14_				
15 Net long-term capital gain or (loss). Combine		<u>n h</u>	_	15	497.			
Part III Summary of Parts I and					145			
16 Enter excess of net short-term capital gain (lii		· ·	7)	16	115.			
17 Net capital gain. Enter excess of net long-term			e /)	17_	497.			
18 Add lines 16 and 17. Enter here and on Form		oper line on other returns.		18	612.			
Note: If losses exceed gains, see Capital loss	es in the instructions.							

JWA For Paperwork Reduction Act Notice, see the Instructions for Form 1120 Schedule D (Form 1120) 2018

Sales and Other Dispositions of Capital Assets

OMB No 1545-0074

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or taxpayer identification no.

21 (020277

HAMILTON COMMU	INTTY_FOU	NDVI.TON					030411
Before you check Box A, B, or C be statement will have the same inform broker and may even tell you which	ation as Form 10	you received an 99-B Either will	y Form(s) 1099-B show whether yo	or substitute state ur basis (usually you	ment(s) fro ur cost) wa	om your broker As as reported to the	substitute IRS by your
Part I Short-Term. Transac		al assets you held	1 year or less are g	generally short-term (s	ee instructi	ons) For long-term	i i
transactions, see page 2 Note: You may aggregate a codes are required Enter th	all short-term transa ne totals directly on	ctions reported on Schedule D, line 1	Form(s) 1099-B sh a, you aren't require	owing basis was repo	rted to the	IRS and for which no n Form 8949 (see ins	adjustments or tructions)
You must check Box A, B, or C below. f you have more short-term transactions than w	Check only one be	X. If more than one b	ox applies for your sho	ort-term transactions, com	plete a separ	ate Form 8949, page 1, 1	
(A) Short-term transactions re							
(B) Short-term transactions re	ported on Form(s) 1099-B showir	ng basis wasn't r				
(C) Short-term transactions n	1			(0)	Adiustme	nt, if any, to gain or	(h)
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss. If ve	où enter an amount	Gain or (loss).
(Example 100 sh XYZ Co)	(Mo, day, yr)	disposed of	(sales price)	basis See the	in column column (f	(g), enter a code in). See instructions.	Subtract column (e)
,		(Mo , day, yr)		Note below and see Column (e) in	40	(g) Amount of	from column (d) & combine the result
	<u> </u>			the instructions	Code(s)	adjustment	with column (g)
FEG PRIVATE							
<u>OPPORTUNITIES</u>				-			115
FUND, LP			- -	 			115.
	· <u> </u>			<u> </u>	l		
							<u> </u>
							
	-			<u> </u>			
		·		-			
				-			
	-			-			
	-						
···				_			
							
	-						
	1						
	<u> </u>			ļ			
	-			ļ	ļ		
				 	 		
	<u> </u>					-	
2 Totals. Add the amounts in colu							
negative amounts) Enter each t							
Schedule D, line 1b (If Box A ab	•						115.
above is checked) or line 2 lif F	ZAY C ahaya is ch	necked)	i	1	1	i	1 115

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

823011 11-28-18 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2018)

Page 2

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no.

HAMILTON COMMUNITY FOUNDATI	ON
-----------------------------	----

31-6038277

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute
statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your
broker and may even tell you which box to check

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions) For short-term transactions, see page 1
Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. If you enter an amount (d) (h) (e) (c) Proceeds Date sold or Cost or other Gain or (loss). Description of property Date acquired in column (g), enter a code in (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) (Mo, day, yr) disposed of column (f). See instructions. from column (d) & Note below and (Mo, day, yr) (f) see Column (e) ın combine the result Amount of Code(s) with column (g) the instructions adjustment FEG PRIVATE **OPPORTUNITIES** 710. FUND, LP FEG PRIVATE OPPORTUNITIES FUND <213.3 II, LP 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E

above is checked), or line 10 (if Box F above is checked)

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form **8949** (2018)