Form 990-PF

Return of Private Foundation

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

2018

	D: In	epartn ternal	nent of the Treasury Revenue Service		cial security numbers on gov/Form990PFfor instr					pen to Public I	
	F	or ca	lendar vear 2018	or tax year beginning	10/		and endin			09/30) , 20 19
			f foundation			<u> </u>			ployer identif	ication number	
		TR	U/A FIFTH TI	HIRD FOUNDATION					31-	6024135	
				number if mail is not delivered t	o street address)		Room/suite	B Tel		er (see instruction	ons)
		ΡC	BOX 630858						51	13-579-54	198
	_			country, and ZIP or foreign posta	al code						
		CIN	CINNATI, OH	45263-0858				C If expen	cemption applica ding, check here	tion is	. ▶□
			ck all that apply.	Initial return	Initial return	of a former p	ublic charit	у р 1 ғ	oreion organiza	tions, check here .	. •
				Final return	Amended ret	turn		2 F	oreign organizat	tions meeting the	٠
03	-			Address change	Name change				15% test, check homputation .		. ▶ 🔲
	H	Che	ck type of organiz	ation X Section 501			N	F If n	uvate foundation	status was termin	seted c
\mathcal{L}	ΙŢ	s	Section 4947(a)(1) n	onexempt charitable trust	Other taxable pri)(1)(A), check here	
	1	Fair	market value o		unting method: X Ca	ash 💹 Acc	rual	F If th	e foundation is a	n a 60-month term	ination
			of year (from Par	, <u> </u>	ther (specify)			und	er section 507(b)(1)(B), check here	. ▶
>					column (d) must be on ca	sh basis)				T 705 .	
_	Li	art	total of amounts in	enue and Expenses (The n columns (b), (c), and (d) ly equal the amounts in structions)	(a) Revenue and expenses per books	(b) Net inve			sted net ome	(d) Disburs for chari purpo (cash basi	itable ises
	_	1		s, etc., received (attach schedule)	10,000,000.						
		2	Check If the	e foundation is not required to				·····			
		3		d temporary cash investments.	419,022.	41	9,022.				STMT 1
		4	-	rest from securities	296,087.		3,020.				STMT 2
		5a			•						
		Ι.	Net rental income or (
	<u>ه</u>	l		sale of assets not on line 10	1,023,512.						
	Revenue	ь	Gross sales price for a assets on line 6a	11,703,289.							٠
	eve	7		ome (from Part IV, line 2) .		1,02	3,512.			-12-4	
	Œ	8	Net short-term capi	tal gaın					HEUL	<u> IIVED</u>	,
		9		ns							18
		10a	Gross sales less return and allowances					18	$-JU$ $\!$	5 2020	0
		ı	Less Cost of goods so						سميد. وينورون		8
}		C) (attach schedule)				- -(OGDE	NIIT	=
)		11		ch schedule)		1 77		<u> </u>		11, 01	
	_	12		hrough 11	11,738,621.	1,/3	5,554.				
•	ç	13		ers, directors, trustees, etc			NONE	<u>-</u>	NONE		
•	JSe	14		aries and wages			NONE		NONE		
	bel	15		chedule)	18,223.		9,112.		NONE		9,112
	Ĕ	10a		ttach schedule)STMT.4	1,000		500.		NONE		500
	Administrative Expense		_	fees (attach schScIMT. 5.	11,706.	1	1,706.		110112		
	ati	17									
	isti	18		dule) (see instructions). 6.	18,181.	1	1,181.				
	Ë	19		n schedule) and depletion.			_,				
S	-b	20									
\mathfrak{Q}		21		, and meetings			NONE		NONE		
SCANNED		22		ations			NONE		NONE		
2		23		ach schedule) STMT. 7.	267,880.	19	7,816.				70,064
[]	perating	24	*	d administrative expenses.							_ _
	ě		Add lines 13 through	gh 23	316,990.	23	0,315.		NONE		79,676
N	Ö	25	Contributions, gifts,	grants paid	12,892,496.	*					92,496
VOV		26	Total expenses and disb	ursements Add lines 24 and 25	13,209,486.	23	0,315.		NONE	12,9	72,172
0		27	Subtract line 26 fro	m line 12		,					
ဗ		a	Excess of revenue over	er expenses and disbursements	-1,470,865.					<u> </u>	
2	- 1	b	Net investment inc	ome (if negative, enter -0-)		1,50	5,239.			I	,

c Adjusted net income (if negative, enter -0-).

JSA For Paperwork Reduction Act Notice, see instructions
8E1410 1 000 SK7464 5889 04/14/2020 11:58:57

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		. ,	Attached schedules and amounts in the	Beginning of year	End (of year
P	art II	Balance Sheets	description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-beari	ng	6.	216	. 216
İ			cash investments	13,970,173.	11,043,492	. 11,043,492.
				-	-	
ļ			btful accounts ▶			_
	4	Pledges receivable ▶				
		Less, allowance for dou	btful accounts ▶			<u>.</u>
	5	Grants receivable				
	6	Receivables due from	officers, directors, trustees, and other			,
		disqualified persons (att	ach schedule) (see instructions)			
	7		eceivable (attach schedule) 🕨			-
		Less allowance for doub	btful accounts ► NONE			
ţ	8		se			
Assets	9	Prepaid expenses and d	eferred charges			
۲	10a	Investments - U S and state	e government obligations (attach schedule)。.			
	b	Investments - corporate	stock (attach schedule)			
		Investments - corporate	bonds (attach schedule)	1,614,244.	2,052,409	. 2,080,301
	11	Investments - land, building and equipment basis				
-		Less accumulated deprecia (attach schedule)	ation >			
	12		loans			
	13	Investments - other (atta Land, buildings, and	ach schedule)			
	14		-	^		
		(attach schedule)	etion	-		<u> </u>
		Other assets (describe	- 1			
ĺ	16		completed by all filers - see the	06 601 065	05 000 051	25 (52 702
\dashv			age 1, item I)	26,691,267.	25,222,251	. 25,653,782.
	17		ccrued expenses			
,,	18					
ë.	19					
Ě	20		ers, trustees, and other disqualified persons.			
Liabilities	21		otes payable (attach schedule)			
7	22	Other liabilities (describe	• ▶)	<u></u>		
	23	Total liabilities (add line	es 17 through 22)		NONI	Į R
ㅓ	23		v SFAS 117, check here		NOIV.	
Š			through 26, and lines 30 and 31.			
alances		•				
ā	24		ĺ			
ä	25 26	Temporarily restricted				
Assets or Fund B	20		ot follow SFAS 117, check here ►X	-		
괴		and complete lines 27				
ò	27	-	cipal, or current funds	26,691,267.	25,222,251	
ts	28		r land, bldg, and equipment fund	<u> </u>		
SSE	29		lated income, endowment, or other funds			
T A	1/4/	•		26,691,267.	25,222,251	
Red	3/20	Total liabilities and	d balances (see instructions)			
	150		<u> </u>	26,691,267.	25,222,251	
Ρ	art III		nges in Net Assets or Fund Bala			
			balances at beginning of year - Part		must agree with	
			d on prior year's return)			26,691,267.
2			line 27a			-1,470,865.
3			ded in line 2 (itemize) > SEE STA		3	1,849.
4					4	25,222,251.
5	Dec	reases not included in	n line 2 (itemize) ▶		5	
6	Tota	I net assets or fund b	alances at end of year (line 4 minus l	ine 5) - Part II, column (b), line 30 6	25,222,251.
_						Form 990-PF (2018)

						1 age 5
Pai	rt IV Capital Gains	and Losses for Tax on Inve	estment Income			
	(a) List and des	scribe the kind(s) of property sold (for e	xample, real estate,	(b) How acquired	(c) Date acquired	(d) Date sold
		rick warehouse, or common stock, 200		P - Purchase D - Donation	(mo , day, yr)	(mo , day, yr)
1 a	PUBLICLY TRADED	SECURITIES		- Donanion		
b		<u>DBCORITIES</u>		_		
						
c						
d						
e	·				<u> </u>	
	(e) Gross sales price	(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (lo	
	(e) Gross saids price	(or allowable)	plus expense of sale	ł	((e) plus (f) mini	us (g))
a	11,703,289.		10,679,777.		1,	023,512.
b						
						
d				-		
			·			
<u> </u>						<u> </u>
	Complete only for assets sn	owing gain in column (h) and owned b	y the foundation on 12/31/69		Gains (Col (h) ga	
	(i) FMV as of 12/31/69	(j) Adjusted basis	(k) Excess of col (i)	col	(k), but not less t Losses (from co	
		as of 12/31/69	over col (j), if any		Losses (nom co	· (117)
a					1,	023,512.
b)					
C						
d				-		
e		· · · · · · · · · · · · · · · · · · ·				······································
			in, also enter in Part I, line 7			 .
2	Capital gain net income	or inet capital loce)		2	3	000 E10
_	N. A. Charles		oss), enter -0- in Part I, line 7			023,512.
3	· · · · · · · · · · · · · · · · · · ·	ain or (loss) as defined in sections				
	-	art I, line 8, column (c) See ins	•			
		<u> </u>		3		
Par	t V Qualification U	nder Section 4940(e) for Redu	<u>uced Tax on Net Investment Ir</u>	ncome		
(For	optional use by domestic	private foundations subject to the	section 4940(a) tax on net investri	nent incoi	ne.)	
If se	ection 4940(d)(2) applies,	leave this part blank				
		·				
Was	the foundation liable for	the section 4942 tax on the distrib	utable amount of any year in the b	ase period	d?	Yes X No
		't qualify under section 4940(e) Do	• •	p		
1		nount in each column for each year		a any en	rios	
<u> </u>	(a)			ig any en	(d)	
	Base period years	(b)	(c)	į	Distribution ra	
Cale	endar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		(col (b) divided by	
	2017	9,706,114.	30,322,798.			0.320093
	2016	7,976,601	22,578,601.			0.353281
	2015	2,945,393.	17,178,106.			0.171462
	2014	4,385,547.	12,640,614.			0.346941
	2013	4,060,178.	12,302,633.			0.330025
	2013	4,000,170.	12,302,033.			0.330023
_	T . 1 . 4	-17		,		1.521802
2		d)		2		1.521802
3		o for the 5-year base period - divid				
	the number of years the	foundation has been in existence i	f less than 5 years	3		0.304360
4	Enter the net value of no	oncharitable-use assets for 2018 fro	om Part X, line 5	4	30,	<u>535,5</u> 38.
			,			
_	Mandainhi linn a hirilinn 3			5	9	293,796.
5	Multiply line 4 by line 3.					233,130.
						15 050
6	Enter 1% of net investme	ent income (1% of Part I, line 27b) .		6		15,052.
7	Add lines 5 and 6			7	9,	308,848.
					_	
8	Enter qualifying distribut	ions from Part XII, line 4		8	12.	972,172.
•	If line 8 is equal to or q	reater than line 7, check the box				
	Part VI instructions	• • • • • • • • • • • • • • • • • • • •		•		

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instrı	ction	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		15,0	<u> </u>
	here X and enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			NONE
3	Add lines 1 and 2		15,0	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			NONE
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		15,0)52.
6	Credits/Payments			
a	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 8,811.			
b	Exempt foreign organizations - tax withheld at source			
c	The part of the special of the speci			
d	than being offereday wanted	-	22,8	211
7 8	Total credits and payments Add lines 6a through 6d		22,0	211.
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		7.	759.
11	Enter the amount of line 10 to be Credited to 2019 estimated tax 7,759. Refunded 11			
	t VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a	···	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		X
	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			
С	Did the foundation file Form 1120-POL for this year?	1c		<u>X</u>
ď	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	}	}	ĺ
	(1) On the foundation ▶ \$			
e ⁻	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. \$			٠,
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u> </u>
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	3	-	- '
_	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	4a		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4b	<u> </u>	
- 0	If "Yes," has it filed a tax return on Form 990-T for this year?	5		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
Ů	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?	6	Х	`
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	ОН			
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 ² If "No," attach explanation	8b	X	
9	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 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes,"			
	complete Part XIV	9		<u>X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		\ X

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Par	t VII-A Statements Regarding Activities (continued)			
		[]	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ▶ FIFTH THIRD BANK Telephone no ▶ (513) 579	-547	6	
• •	Located at ▶ 38 FOUNTAIN SQUARE PLAZA, CINCINNATI, OH ZIP+4 ▶ 45202			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		▶	
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
	the foreign country	j		
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			,
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies		Yes	No
1a	During the year, did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	Ì		
	disqualified person?	1		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X	1		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?	1		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	1		
	foundation agreed to make a grant to or to employ the official for a period after	1		
	termination of government service, if terminating within 90 days)			
Ь	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	1c		X
_	were not corrected before the first day of the tax year beginning in 2018?	<u></u>		
2	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
_	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			
a	6e, Part XIII) for tax year(s) beginning before 2018?			
	If "Yes," list the years		·	
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
_	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	>	ľ	,	
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	1		
	at any time during the year?	l		
b	If "Yes," did it have excess business holdings in 2018 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	1		
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of	ŀ		
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	<u> </u>		igwdap
	foundation had excess business holdings in 2018)	3b		- ,,
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>X</u>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	<u> </u>		
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		X

Par	VII-B Statements Regarding Activities for	or Which Form 4	1720 May Be Req	uired (continued)			
5a	During the year, did the foundation pay or incur any amo		•			Yes	No
	(1) Carry on propaganda, or otherwise attempt to influen		on 4945(e))?	. Yes X No	,		_
	(2) Influence the outcome of any specific public ele						
	directly or indirectly, any voter registration drive?			Yes X No	,		ز ا
	(3) Provide a grant to an individual for travel, study, or o	ther similar purposes	7	Yes X No	,)
	(4) Provide a grant to an organization other than a						}
	section 4945(d)(4)(A)? See instructions			Yes X No	,		
	(5) Provide for any purpose other than religious, ch			al le			
	purposes, or for the prevention of cruelty to children	or anımals?		. Yes X No	,		!
b	If any answer is "Yes" to 5a(1)-(5), did any of the						
	Regulations section 53 4945 or in a current notice regard	ding disaster assistan	ice? See instructions.		<u>5b</u> _		
	Organizations relying on a current notice regarding disas	ter assistance, check	here				t
С	If the answer is "Yes" to question 5a(4), does the					i	ĺ,
	because it maintained expenditure responsibility for the	grant?		. Yes No)		
	If "Yes," attach the statement required by Regulations se-				ļ.		Ι,
6a	Did the foundation, during the year, receive any fun	ids, directly or indir	rectly, to pay premiui				١,
	on a personal benefit contract?			Yes X No) - '		د. ِ
b	Did the foundation, during the year, pay premiums, direct	tly or indirectly, on a	personal benefit contra	act?	. 6b		X
	If "Yes" to 6b, file Form 8870						
7a	At any time during the tax year, was the foundation a par				·	-	
ь	If "Yes," did the foundation receive any proceeds or have	•		ion?	· 7b		
8	Is the foundation subject to the section 4960 tax on pays					t	í
	remuneration or excess parachute payment(s) during the Information About Officers, Director						
	and Contractors						
1	List all officers, directors, trustees, and foundation	n managers and t	heir compensation	See instructions.			
	ziot un omooro, unototo, tractoro, una totalica			(d) Contributions to	(a) Evnens	0.00001	ınt
	(a) Name and address	(b) Title, and average hours per week devoted to position			(e) Expens other all		
		(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans			
FIFTH	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans			
FIFTH	(a) Name and address THIRD BANK	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			es
FIFTH	(a) Name and address THIRD BANK	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			es
FIFTH	(a) Name and address THIRD BANK	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			es
FIFTH	(a) Name and address THIRD BANK	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			es
FIFTH	(a) Name and address THIRD BANK	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			es
FIFTH	(a) Name and address THIRD BANK UNTAIN SQUARE PLAZA, CINCINNATI, OH 45202	(b) Title, and average hours per week devoted to position TRUSTEE	(c) Compensation (lf not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other all	owance	-0-
FIFTH	(a) Name and address THIRD BANK	(b) Title, and average hours per week devoted to position TRUSTEE	(c) Compensation (lf not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other all	owance	-0-
FIFTH	(a) Name and address THIRD BANK UNTAIN SQUARE PLAZA, CINCINNATI, OH 45202 Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than those)	(c) Compensation (lf not paid, enter -0-) -0-	(d) Contributions to employee benefit plans and deferred compensation -0-	other all	one,	-0-
FIFTH 38 FC	(a) Name and address THIRD BANK UNTAIN SQUARE PLAZA, CINCINNATI, OH 45202 Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than those the course of the course per week hours per week hou	(c) Compensation (lf not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation -()- (d) Contributions to employee benefit plans and deferred	other all	one,	-0- enter
FIFTH 38 FC	(a) Name and address THIRD BANK UNTAIN SQUARE PLAZA, CINCINNATI, OH 45202 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than those)	(c) Compensation (lf not paid, enter -0-) -0-	(d) Contributions to employee benefit plans and deferred compensation - () -	ons). If no	one,	-0- enter
FIFTH 38 FC	(a) Name and address THIRD BANK UNTAIN SQUARE PLAZA, CINCINNATI, OH 45202 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than those the course of the course per week hours per week hou	(c) Compensation (lf not paid, enter -0-) -()-	(d) Contributions to employee benefit plans and deferred compensation -()- (d) Contributions to employee benefit plans and deferred compensation	ons). If no	one,	- 0 - enter
FIFTH 38 FC	(a) Name and address THIRD BANK UNTAIN SQUARE PLAZA, CINCINNATI, OH 45202 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than those the course of the course per week hours per week hou	(c) Compensation (lf not paid, enter -0-) -0-	(d) Contributions to employee benefit plans and deferred compensation -()- (d) Contributions to employee benefit plans and deferred	ons). If no	one,	-0- enter
FIFTH 38 FC	(a) Name and address THIRD BANK UNTAIN SQUARE PLAZA, CINCINNATI, OH 45202 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than those the course of the course per week hours per week hou	(c) Compensation (lf not paid, enter -0-) -()-	(d) Contributions to employee benefit plans and deferred compensation -()- (d) Contributions to employee benefit plans and deferred compensation	ons). If no	one,	- 0 - enter
FIFTH 38 FC	(a) Name and address THIRD BANK UNTAIN SQUARE PLAZA, CINCINNATI, OH 45202 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than those the course of the course per week hours per week hou	(c) Compensation (lf not paid, enter -0-) -()-	(d) Contributions to employee benefit plans and deferred compensation -()- (d) Contributions to employee benefit plans and deferred compensation	ons). If no	one,	- 0 - enter
FIFTH 38 FC	(a) Name and address THIRD BANK UNTAIN SQUARE PLAZA, CINCINNATI, OH 45202 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than those the course of the course per week hours per week hou	(c) Compensation (lf not paid, enter -0-) -()-	(d) Contributions to employee benefit plans and deferred compensation -()- (d) Contributions to employee benefit plans and deferred compensation	ons). If no	one,	- 0 - enter
FIFTH 38 FC	(a) Name and address THIRD BANK UNTAIN SQUARE PLAZA, CINCINNATI, OH 45202 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than those the course of the course per week hours per week hou	(c) Compensation (lf not paid, enter -0-) -()-	(d) Contributions to employee benefit plans and deferred compensation -()- (d) Contributions to employee benefit plans and deferred compensation	ons). If no	one,	- 0 - enter
FIFTH 38 FC	(a) Name and address THIRD BANK UNTAIN SQUARE PLAZA, CINCINNATI, OH 45202 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than those the course of the course per week hours per week hou	(c) Compensation (lf not paid, enter -0-) -()-	(d) Contributions to employee benefit plans and deferred compensation -()- (d) Contributions to employee benefit plans and deferred compensation	ons). If no	one,	- 0 - enter
FIFTH 38 FC	(a) Name and address THIRD BANK UNTAIN SQUARE PLAZA, CINCINNATI, OH 45202 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than those the course of the course per week hours per week hou	(c) Compensation (lf not paid, enter -0-) -()-	(d) Contributions to employee benefit plans and deferred compensation -()- (d) Contributions to employee benefit plans and deferred compensation	ons). If no	one,	- 0 - enter
FIFTH 38 FC	(a) Name and address THIRD BANK UNTAIN SQUARE PLAZA, CINCINNATI, OH 45202 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than those the course of the course per week hours per week hou	(c) Compensation (lf not paid, enter -0-) -()-	(d) Contributions to employee benefit plans and deferred compensation -()- (d) Contributions to employee benefit plans and deferred compensation	ons). If no	one,	- 0 - enter
FIFTH 38 FC 2 (a)	(a) Name and address THIRD BANK UNTAIN SQUARE PLAZA, CINCINNATI, OH 45202 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than those hours per week devoted to position the position than those hours per week devoted to position	(c) Compensation (lf not paid, enter -0-) -()- (c) Compensation -()-	(d) Contributions to employee benefit plans and deferred compensation -()- (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other all	one,	- 0 - enter

3 Five highest-paid independent contractors for	or professional services. See instructions. If none, enter "NONE	
(a) Name and address of each person paid		(c) Compensation
NONE		NONE
		 -
Total number of others receiving over \$50,000 for p	professional services	NONE
Part IX-A Summary of Direct Charitable A	ctivities	
List the foundation's four largest direct charitable activities du organizations and other beneficiaries served, conferences conve	ring the tax year Include relevant statistical information such as the number of end, research papers produced, etc	Expenses
1N/A		
2		
3		
3		
	<u> </u>	
4		
Part IX-B Summary of Program-Related In	vestments (see instructions)	
Describe the two largest program-related investments made by t	the foundation during the tax year on lines 1 and 2	Amount
1 <u>N/A</u>		
2		
<u> </u>		
All other program-related investments. See instructions		
3NONE		
		

Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign found	lations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
2	Average monthly fair market value of securities	1a	_14,163,075.
	Average of monthly cash balances	1b	16,837,471.
	Fair market value of all other assets (see instructions).	1c	NONE
	Total (add lines 1a, b, and c)	1d	31,000,546.
	Reduction claimed for blockage or other factors reported on lines 1a and	· · ·	31,000,340.
·	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	31,000,546.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see	 -	31,000,340.
4		4	465,008.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	30,535,538.
5 6	Minimum investment return. Enter 5% of line 5	6	1,526,777.
	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found		1,520,777.
rai	and certain foreign organizations, check here and do not complete this part.)	idations	
		1	1,526,777.
1	Minimum investment return from Part X, line 6	-	1,320,777.
2 a			
	Income tax for 2018. (This does not include the tax from Part VI) 2b	2c	15,052.
	Add lines 2a and 2b		1,511,725.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	<u>266.</u>
5	Add lines 3 and 4	5	1,511,991.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,	_	1 511 001
	line 1	7	1,511,991.
Par	Qualifying Distributions (see Instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	12,972,172.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	12,972,172.
5	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	5	15,052.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	12,957,120.
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		
	qualifies for the section 4940(a) reduction of tax in those years		

Form 990-PF (2018)

_	n 990-PF (2018)		-	· · · ·	Page 9
Pa	rt XIII Undistributed Income (see instr	· · · · · · · · · · · · · · · · · · ·	//->	(a)	
1	Distributable amount for 2018 from Part XI,	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018 1,511,991.
•	Undistributed income, if any, as of the end of 2018				1,311,331.
	Enter amount for 2017 only			NONE	
	Total for prior years 20,20,20		NONE		··
3	_				
-	From 2013 3, 442, 284.				,
	From 2014 3,533,545.				
	From 2015 2,005,405.				;
c	From 2016 6,855,033.				,
E	From 2017 8,195,163.				
f	Total of lines 3a through e	24,031,430.			
4	Qualifying distributions for 2018 from Part XII, line 4 > \$ 12,972,172.				
8	Applied to 2017, but not more than line 2a			NONE	
t	Applied to undistributed income of prior years (Election required - see instructions)		NONE		
c	Treated as distributions out of corpus (Election			-	
	required - see instructions)	NONB			
o	Applied to 2018 distributable amount				1,511,991.
	Remaining amount distributed out of corpus	11,460,181.			<u> </u>
3	Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	NONE			NONE
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	35,491,611.			
b	Prior years' undistributed income Subtract				•
	line 4b from line 2b		NONE		
C	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		NONE		
	Subtract line 6c from line 6b Taxable				
G	amount - see instructions		NONE		
e	Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount - see instructions			NONE	
,	Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019				NONE
7	Amounts treated as distributions out of corpus			T	
	to satisfy requirements imposed by section			•	
	170(b)(1)(F) or 4942(g)(3) (Election may be	}			•
	required - see instructions)	NONB			
8	Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions)	3,442,284.			• •
9	Excess distributions carryover to 2019.				
	Subtract lines 7 and 8 from line 6a	32,049,327.			
10	Analysis of line 9	}			
	Excess from 2014 3,533,545.	ł			
	Excess from 2015 2,005,405.				•
	Excess from 2016 6,855,033.				1
	Excess from 2017 8, 195, 163.	ļ		ļ	
e	Excess from 2018 11,460,181.				Form 990-PF (2018)

Γđ	rt Alv Private Op	erating roundations	s (see instructions a	na Part VII-A, quest	ion 9)	NOT APPLI	CARL
1 a	If the foundation has	received a ruling or d	etermination letter tha	t it is a private opei	rating		
	foundation, and the ruling		1				
þ	Check box to indicate v	whether the foundation	is a private operating	foundation described is	n section	4942(j)(3) or 3 4942	2(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total	
	justed net income from Part I or the minimum investment	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(6) 1.51.51	
	return from Part X for each						
	year listed						
b	85% of line 2a						
c	Qualifying distributions from Part		\				
	XII, line 4 for each year listed .		\	<u></u>			
d	Amounts included in line 2c not used directly for active conduct of exempt activities						
е	Qualifying distributions made						
	directly for active conduct of						
	exempt activities Subtract line 2d from line 2c						
3	Complete 3a, b, or c for the		<u> </u>				
2	alternative test relied upon "Assets" alternative test - enter						
a	(1) Value of all assets						
	(2) Value of assets qualifying under section						
h	4942(j)(3)(B)(i)	· - -			<u> </u>		
	"Endowment" alternative test- enter 2/3 of minimum invest-			[
	ment return shown in Part X,						
	line 6 for each year listed		<u>/</u>	 		···	
С	"Support" alternative test - enter						
	(1) Total support other than gross investment income						
	(interest, dividends, rents,						
	payments on securities loans (section \$12(a)(5)),						
	or royalties)				<u> </u>		
	(2) Support from general				[
	public and 5 or more exempt organizations as						
	provided in section 4942					N .	
	(j)(3)(B)(m)						
	port from an exempt						
	organization			 	 		
Par		tary Information (C	Complete this part	only if the founda	ation had \$5.0	000 or more in asse	ts at
		uring the year - see					
1	Information Regarding	Foundation Manager	s:		 _		
а	List any managers of	the foundation who h	nave contributed mor	e than 2% of the tot	al contributions	received by the found	dation
	before the close of any	tax year (but only if th	ey have contributed r	nore than \$5,000). (S	ee section 507(c	J)(2))	
	NONE						
b	List any managers of	the foundation who	own 10% or more o	f the stock of a corp	oration (or an e	equally large portion of	of the
	ownership of a partners					, ,	
	NONE						
	110112						
2	Information Regarding	Contribution, Grant.	Gift, Loan, Scholarshi	p. etc Programs:		·	
					stable ergenszeti	ione and door not a	acant
	Check here ► if the unsolicited requests for						
	complete items 2a, b, c			into, etc., to marvidat	als of organization	JIIS UNGCI OTHER CONGI	110113,
_	The name, address, and	<u> </u>		person to whom ann	lications should b	ne addressed	
а		·	i eman address of the	person to whom app	ilcations should t	Je addressed.	
	SEE STATEMENT S		mutted and information	and materials their	abauld maludar		
D	The form in which appl			m and materials they	enonia iucinae.		
	SEE ATTACHED ST	ATEMENT FOR LI	NE 2				
		 .		-			
C	Any submission deadling	nes:					
	SEE ATTACHED ST	'ATEMENT FOR LI	NE 2				
d	Any restrictions or li	mitations on awards,	such as by geogra	aphical areas, charita	able fields, kind	s of institutions, or	other
	factors						
	SEE ATTACHED ST	'ATEMENT FOR LI	NE_2				
_							

Page **11**

Form 990-PF (2018)				Page 11
Part XV Supplementary Information				
3 Grants and Contributions Paid Dur	ing the Year or App	roved for	Future Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
SRE SCHEDULE ATTACHED	NONE	PC	PROGRAM SUPPORT	12,892,496.
			1	
•				
			-	
			:	
`				
Total		1		12,892,496.
b Approved for future payment			▶ 3a	12/0/2/170.
SEE SCHEDULE ATTACHED				
See Schedule Allached	NONE	PC	PROGRAM SUPPORT	
Total	<u> </u>	<u> </u>	<u>.</u> 3b	- <u>-</u>

Part XVI		ucing Act	ivities			
Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by	section 512, 513, or 514	(e)
-		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
a a	n service revenue					(See instructions)
				-		
			"-"			
е						
f						
g Fees	and contracts from government agencies					
2 Member	rship dues and assessments				<u> </u>	
	on savings and temporary cash investments				NON:	
	ds and interest from securities				NON:	296,087.
	al income or (loss) from real estate					ı
a Debt	-financed property					
b Not	debt-financed property					
6 Net renta	al income or (loss) from personal property					
7 Other in	vestment income					
8 Gain or (oss) from sales of assets other than inventory	,			NON:	1,023,512.
9 Net inco	ome or (loss) from special events · · ·					
10 Gross p	rofit or (loss) from sales of inventory					
11 Other re	evenue a					
b						
d				-		
e			-		NON	1,738,621.
	Add columns (b), (d), and (e)					
	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calci				13	1,730,021.
Part XVI			ccomplishment of	Exempt Puri	poses	
Line No.	Explain below how each activit					
▼	accomplishment of the foundation	on's exemp	t purposes (other the	an by providing	tunds for such purpos	es) (See instructions)
4	INVESTMENT INCOME EAR	NED BY	THIS TRUST IS	·USED TO M	AKE	ı
4	CHARITABLE CONTRIBUTION					
4	THE GOVERNING AGREEME					
8	INVESTMENT INCOME EAR		THIS TRUST IS	USED TO M	IAKE	
8	CHARITABLE CONTRIBUTION					
8	THE GOVERNING AGREEME	NT				
3	INVESTMENT INCOME EAR					
3	CHARITABLE CONTRIBUTI	ONS TO	<u>ORGANIZATIONS</u>	AS SPECIF	'IED IN	
3	THE GOVERNING AGREEME	NT	 ,			
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Par	XVII	Information R Exempt Orga		nsfers to and Transa	ctions and	l Relationsh	ips With Nonc	harit	table	
1		-		ngage in any of the follo	_				Yes	No
			than section	501(c)(3) organizations)	or in section	on 527, relat	ing to political			
	_	zations?								1
а			-	noncharitable exempt or						v
									 	X
								18(2)	 -	Х
D		transactions.	- t 'A - I- I							v
				ot organization						X
				e exempt organization.						X
				ssets						X
		_						-		X
		_								
			•	or fundraising solicitation						X
			_	, other assets, or paid em					<u></u> i	X
a				" complete the following						
				es given by the reporting ment, show in column (
(-) (-										
(a) L	ne no	(b) Amount involved	(c) Name of no	ncharitable exempt organization	(a) Desc	ription of transfers	, transactions, and shar	ing arra	ingeme	nts
										
-										
-		 -	<u> </u>							
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2a				iated with, or related to,				_	_	٦.
	describ	ped in section 501(c)	(other than secti	on 501(c)(3)) or in sectio	n 527?			Y	es 📝	No
b	If "Yes	<u>" complete the follow</u>	ving schedule							
		(a) Name of organization	n	(b) Type of organization	»л ((c)	Description of relations	hip		
				<u></u>						
				_ <u></u>			_ 			
				d this return, including accompany			he best of my knowledge	e and b	elief, it	is true
Sigr	1 1	t, and complete Declaration of	preparer (other than tax	payer) is based on all information of w	nich preparer has a	ny knowledge	14 15 188	-		_
	- I I Z 1	alt ()		04/14/2020	Trust	ee	May the IRS with the pre			return below?
lere	Sigi	nature of officer or trustee		Date	Title		See instructions		Yes	No
							<u> </u>	'=		
		Print/Type preparer's na	me	Preparer's signature		Date	Check If P	TIN		
Paid							self-employed			
rep	arer	Firm's name				Fı	rm's EIN ▶			
Jse	Only									

Phone no

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

	NET	INVESTMENT	INCOME	1 1 1 1 1		419,022.	
REVENUE	AND	EXPENSES	PER BOOKS	1 1 1 1 1 1		419,022.	
						TOTAL	
			DESCRIPTION		MONEY MARKET INTEREST		

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

NET THITE CHAMBATE	INCOME	1 1 1 1 1 1 1	564.	7,617.	46,169.		160,193.	38,878.	22,366.	17,233.	293,020.	11 11 11 11 11 11 11 11
	PER BOOKS	# # # # # # # # # # # # # # # # # # #	564.	7,617.	46,169.	3,067.	160,193.	38,878.	22,366.	17,233.	296,087.	
	DESCRIPTION		USGI REPORTED AS NONQUALIFIED DIVIDENDS	U.S. GOVERNMENT INTEREST (FEDERAL TAXABLE	FOREIGN DIVIDENDS	NONDIVIDEND DISTRIBUTIONS	DOMESTIC DIVIDENDS	NONQUALIFIED FOREIGN DIVIDENDS	NONQUALIFIED DOMESTIC DIVIDENDS	SECTION 199A DIVIDENDS	TOTAL	

STATEMENT

FORM 990PF, PART I - LEGAL FEES

CHARITABLE PURPOSES	3 1 1 1 1 1	9,112.	9,112.	
ADJUSTED NET INCOME			NONE	
NET INVESTMENT INCOME		 		H H H H H H H H H H H H H H H H H H H
REVENUE AND EXPENSES PER BOOKS	1 1 1 1 1 1 1	18,223.	18,223.	
			TOTALS	
DESCRIPTION	; ; ; ; ; ; ;	LEGAL FEES		

- ACCOUNTING FEES	
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		CHARITABLE	PURPOSES	1 1 1 1 1 1	500.			
	ADJUSTED	NET	INCOME	1 1 1 1		HWON		
	NET	INVESTMENT	INCOME	 	500.			
REVENUE	AND	EXPENSES	PER BOOKS	1 1 1 1 1 1	1,000.		· D D V H H I I I I I I I I I I I I I I I I I	
			DESCRIPTION		TAX PREPARATION FEE (NON-ALLOC	SIKHOH	STATOL	

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PROFESSIONAL FEES	
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NET INVESTMENT INCOME	11,706. 11,706. *=========
REVENUE AND EXPENSES PER BOOKS	11,706. 11,706. ============
DESCRIPTION	INVESTMNT MNGMNT FEES (NON-DED

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DESCRIPTION FOREIGN TAXES EXCISE TAX ESTIMATE FOREIGN TAXES ON QUA	REVENUE AND EXPENSES INVESTMENT PER BOOKS INCOME		FOREIGN TAXES ON NONQUALIFIED FOR 17.236. 7,236. 17.	TOTALS 18,181. 11,181.
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FORM 990PF, PART I - OTHER EXPENSES

TR U/A FIFTH THIRD FOUNDATION

CHARITABLE PURPOSES	42,264.200.
NET INVESTMENT INCOME	98,616. 98,105. 1,040. 55.
REVENUE AND EXPENSES PER BOOKS	140,880. 200. 98,105. 1,040. 27,600. 55.
DESCRIPTION	BANK SERVICE FEES OAG FILING FEE BANK SERVICE INVESTMENT FEES MISC EXPENSES FOREIGN DIV CHARITABLE MEMBERSHIP FEES INVESTMENT EXPENSES ON DIV

70,064.

197,816.

267,880.

TOTALS

64

1,849.

FORM 990PF, PART III - OTHER INCREAS	ES IN NET WORTH OR FUND BALANCES
DESCRIPTION	AMOUNT
ADJ INCOME FACTORED TO T/C 900 (ROC	563.
CINCI DELV FD RECOVERY PRIOR GIFT ROUNDING ON INCOME, EXPENSES & SALE:	267. 22.
RECOVERY OF PAST GRANT	
COST BASIS ADJ ON WASH SALE	997.

TOTAL

TR U/A FIFTH THIRD FOUNDATION FORM 990PF, PART XV - LINES 2a - 2d

RECIPIENT NAME:

THE FOUNDATION OFFICE AT FIFTH THIRD BK

ADDRESS:

38 FOUNTAIN SQUARE PLAZA M/D 1090VD

CINCINNATI, OH 45202

RECIPIENT'S PHONE NUMBER: 513-534-7001

FORM, INFORMATION AND MATERIALS:

GUIDELINES AVAILABLE ON THE FOUNDATION OFFICE AT FIFTH THIRD

BANK PAGE OF THE FIFTH THIRD BANK WEBSITE - 53.COM

SUBMISSION DEADLINES:

AVAILABLE UPON REQUEST

RESTRICTIONS OR LIMITATIONS ON AWARDS:

PRIMARILY IN THE AREAS SERVED BY FIFTH THIRD BANK

OF CINCINNATI, OHIO AND ITS REGIONS

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Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasu

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Go to www.irs.gov/Form990for the latest information.

OMB No 1545-0047

2018

Employer identification number Name of the organization TR U/A FIFTH THIRD FOUNDATION 31-6024135 Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization
TR U/A FIFTH THIRD FOUNDATION

Employer identification number

TR U/A	A FIFTH THIRD FOUNDATION _		31- <u>6</u> 024135
Part I	Contributors (see instructions). Use duplicate cop	pies of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	FIFTH THIRD BANK 38 FOUNTAIN SQUARE PLAZA CINCINNATI, OH 45263	\$10,000,000.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll

Noncash (Complete Part II for noncash contributions)