Form 990-PF

### **Return of Private Foundation**

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

OMB No 1545-0047 2019

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

	<u>For</u>	caler	ndar year 2019 or tax year beginning		, 2019, and	dending				, 20	
Ī	Nam	e of fou				A Employe	er identifi	catio	n numb	er	
	JF.	Z Fa	mily Foundation Trust <b>ZEHG</b>			26-0	10982	Ω			
			I street (or P.O box number if mail is not delivered to street address)		Room/suite	B Telephor			e instruct	tions)	
	31	Δυα	usta Ave.			/513	) 550-	001	ıΩ		
(	City	or town	, state or province, country, and ZIP or foreign postal code							ling, check here	
			ght KY 41011			C ii exemp	поп аррік	alio	n is peno	ling, check here	; <b>-</b>
-				n of a former p	vublic chari	54 5				<b>.</b>	. —
	G	OHECE	Final return Amended		Dublic Charl	D 1. Foreig	ın organiza	ation	s, cneck	nere	▶ [
			☐ Address change ☐ Name chan							g the 85% test,	
٠ i	<u>.                                    </u>	Charl		<del></del>	tion Al	Η '''	here and				.▶□
בּ ¦			type of organization: Section 501(c)(3) exempt p		<b>4</b> 9	7   ' .	i foundatio 507(b)(1)(A			terminated und	der ▶ 🔲
+ ¦			on 4947(a)(1) nonexempt charitable trust   Other tax			_	(-/(-//-/	,,			- Ш
' '			narket value of all assets at J Accounting method	i. 🔼 Cash (	Accrua	I II III II				h termination	<u>-</u>
			f year (from Part II, col. (c), ☐ Other (specify)  5) ► \$ 963,590. (Part I, column (d), must be			under se	ction 507(	ו(ד)(ט	(b), criec	K nere	▶ 🗌
1				e on cash basii	s.)		1			Tan 5	
	ĿĊ	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue a		et investment	(c) Ad	liuste	ed net	(d) Disbursen for charitat	
			amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )	expenses p books	er   ` '	ıncome		com		purposes (cash basis o	
-			<del>, , , , , , , , , , , , , , , , , , , </del>		<del>_</del> +-		<b></b> -			(Casil Dasis (	···y)
		1	Contributions, gifts, grants, etc., received (attach schedule)	25,0	<u> </u>		<del> </del> -			ļ	
		2	Check ► ☐ if the foundation is not required to attach Sch. B		<u></u>		<del> </del>		<del></del>		
		3	Interest on savings and temporary cash investments		61.	61.	<del></del>			<u> </u>	
		4	Dividends and interest from securities	16,9	46.	16,946.		_			<del>_</del>
		5a	Gross rents					$\vdash$	-RE	CEIVE	$\mathbf{D}$
	_	b	Net rental income or (loss)								=
	<u> </u>	6a	Net gain or (loss) from sale of assets not on line 10	-23,3			<del> </del>	일	MA	<del>√ 1 1 202</del>	<del>'n </del> C
	ē	b	Gross sales price for all assets on line 6a 42, 368.		P-6	a Stmt	ļ	98	NI)	1 1 200	
3	Revenue	7	Capital gain net income (from Part IV, line 2)	ļ <u>-</u>		0.	ļ	<b>↓</b> !			<del></del>
20	-	8	Net short-term capital gain				ļ	╄	_OC	DEN, L	<u> </u>
ह		9	Income modifications				ļ	_			
.₹	1	10a	Gross sales less returns and allowances				<u> </u>			,	
M. Received in		b	Less: Cost of goods sold				ļ			· · · · · · · ·	
3		C	Gross profit or (loss) (attach schedule)		<del></del>						
	ſ	11	Other income (attach schedule)			12 007	<u> </u>			ļ	
, O		12	Total. Add lines 1 through 11	18,6	76.	17,007.	ļ			ļ	
 د	S	13	Compensation of officers, directors, trustees, etc.								
	SC	14	Other employee salaries and wages				-				
3	ē	15	Pension plans, employee benefits				<u> </u>			-	
3	ᆲ│	16a	Legal fees (attach schedule)			·					
	ē	b	Accounting fees (attach schedule)		-		-				
	<u></u>	C	Other professional fees (attach schedule) L-16c .Stmt	2,9	38.	2,938.	<del>                                     </del>			<del> </del>	
	<u> </u>	17	Interest		40	210	<u> </u>				
	Ĕ	18	Taxes (attach schedule) (see instructions) See. Stmt	4	40.	219.	<u> </u>			<u> </u>	<del></del>
2	Ē	19	Depreciation (attach schedule) and depletion		<del></del>	<del></del>	<del>  -</del>	—		<del> </del>	
C1	8	20	Occupancy	}	<del>}</del>		<del> </del> -				
 ∡,	ק	21	Travel, conferences, and meetings	}			-	—		<del> </del>	
	<u>a</u>	22	Printing and publications	<del></del>		<del></del>		—			
	<u>n</u>	23	Other expenses (attach schedule)				<del></del>	—		ļ	
ဘ	Operating and Administrative Expenses	24	Total operating and administrative expenses.  Add lines 13 through 23	, ,	70	2 157	1			]	
SEP 1 4 2020	ğ	o.c	<u> </u>	3,3		3,157.	<del>                                     </del>			<del> </del>	
ļ	ರ∣	25 26	Contributions, gifts, grants paid	15,5		2 157	-			15,5	00.
-		26	Total expenses and disbursements. Add lines 24 and 25	18,8	/8.	3,157.	-			15,5	<u> </u>
	ļ	27	Subtract line 26 from line 12	_	.		]			1	
		a	Excess of revenue over expenses and disbursements	-2	02.	12.050	<del> </del>			<del> </del>	
		b	Net investment income (if negative, enter -0-) .  Adjusted net income (if negative, enter -0-)			13,850.	<del> </del>			<u> </u>	<u> </u>
		C	Adjusted net income (ii negative lenter -()-)		- 1		1			1	•

Pá	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	Enc	d of year
		should be for end-of-year amounts only (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	29,367.	36,867	. 36,867.
	2	Savings and temporary cash investments	•		
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
	}	Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶			
ţ	8	Inventories for sale or use		-	
Assets	9	Prepaid expenses and deferred charges	819.	2,598	. 2,598.
Ą	10a	Investments—U.S. and state government obligations (attach schedule)			
	ь	Investments - corporate stock (attach schedule) L-10b Stmt	735,980.	726,499	. 924,125.
	С	Investments - corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment. basis ▶			_
		Less. accumulated depreciation (attach schedule) ▶			<u> </u>
	12	Investments-mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment. basis ▶		<del></del>	
		Less. accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ▶)			<del></del>
	16	<b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item l)	766,166.	765,964	. 963,590.
	17	Accounts payable and accrued expenses			
S	18	Grants payable			
itie	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Lia	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe >			
	23	Total liabilities (add lines 17 through 22)			
alances		Foundations that follow FASB ASC 958, check here ► □ and complete lines 24, 25, 29, and 30.			
<u>la</u>	24	Net assets without donor restrictions			_
8	25	Net assets with donor restrictions			
Net Assets or Fund		Foundations that do not follow FASB ASC 958, check here ► 🗵			
Į,	00	and complete lines 26 through 30.			
ō	26	Capital stock, trust principal, or current funds	1,019,000.	1,044,000	·
ets	27	Paid-in or capital surplus, or land, bldg., and equipment fund	252 024	270 036	<u></u>
SS	28 29	Retained earnings, accumulated income, endowment, or other funds <b>Total net assets or fund balances</b> (see instructions)	<u>-252,834.</u>	-278,036	
t A	30	Total liabilities and net assets/fund balances (see	766,166.	765,964	:
Ne		instructions)	766,166.	765,964	,
	rt III	Analysis of Changes in Net Assets or Fund Balances	700,100.	703,304	:
		In net assets or fund balances at beginning of year—Part II, colu	mn (a) line 20 (must	agree with	
•		of year figure reported on prior year's return)			766,166.
2		er amount from Part I, line 27a			
3		- Parameter A. M. Aladarda A. O. A. Maria			<del></del>
4		lines 1, 2, and 3		<del></del> -	~ <del>                                     </del>
5					
6	Tota	reases not included in line 2 (itemize) ► if net assets or fund balances at end of year (line 4 minus line 5)—f	Part II, column (b), lin	e 29 <b>6</b>	765,964.

Part	IV Capital Gains and	Losses for Tax on Investme	ent Income			
		d(s) of property sold (for example, real est e, or common stock, 200 shs. MLC Co )	ate,	(b) How acquired P-Purchase D-Donation	(c) Date acquii (mo , day, yr	
<u>1a</u>						
<u>b</u>				<u> </u>		
<u>C</u>						
<u>d</u>	<del> </del>			-		<del></del>
e	· · · · · · · · · · · · · · · · · · ·	40.5	4-3 01			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis		n) Gain or (loss) plus (f) minus (g))
a						
b						
<u>c</u>						
d						· · ·
<u>         e                           </u>	O	(1)		10/01/00		
	Complete only for assets snov	ving gain in column (h) and owned by				s (Col. (h) gain minus ut not less than -0-) <b>or</b>
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any		ses (from col (h))
<u>a</u> b						
<u>c</u>					<del></del>	
<u>d</u>						
				-		
2	Capital gain net income or		lso enter in Pa enter -0- ın Pa		2	
3	If gain, also enter in Part I	or (loss) as defined in sections , line 8, column (c). See instruc	1222(5) and (6) tions. If (loss)	, enter -0- ın }		
		<u> </u>			3	····
Part		er Section 4940(e) for Reductions subject to the se				
Was t		this part blank. section 4942 tax on the distributa ualify under section 4940(e). Do i			ase period?	☐ Yes 🏿 No
1		unt in each column for each year			kıng any enti	189
<u> </u>	(a)		, 300 110 11311		Initing drift Critic	(d)
Cale	Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value o	(c) f noncharitable-use as	sets (co	Distribution ratio
	2018	19,27	9.	358,8	08.	0.053731
	2017	5,00	0.	294,8	97.	0.016955
	2016	<del></del>	0.	245,4		0.000000
	2015	1,00		235, 9		0.004238
	2014	10,00	0.	236,6	97.	0.042248
2	Total of line 1, column (d)				. 2	0.117172
3	. , ,	or the 5-year base period—divid			· -	0.11/1/2
3		undation has been in existence if				0.023434
4	Enter the net value of nonc	haritable-use assets for 2019 fro	om Part X, line	5	. 4	866,479.
5	Multiply line 4 by line 3 .				. 5	20,305.
6	Enter 1% of net investment	t income (1% of Part I, line 27b)			. 6	139.
7	Add lines 5 and 6				. 7	20,444.
8	·	ns from Part XII, line 4				15,500.
	If line 8 is equal to or great Part VI instructions.	er than line 7, check the box in	Part VI, line 1b	o, and complete t	hat part using	g a 1% tax rate. See the

<u>Part</u>	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—s	ee instructions)
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	277.
	here ▶ □ and enter 1% of Part I, line 27b	
¢	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of	
	Part I, line 12, col. (b)	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2 0.
3	Add lines 1 and 2	277.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	<u>-</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	277.
6	Credits/Payments:	
a	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 2,598.	
þ	Exempt foreign organizations—tax withheld at source	
¢	Tax paid with application for extension of time to file (Form 8868) 6c	
_d	Backup withholding erroneously withheld	
7	Total credits and payments. Add lines 6a through 6d	<del></del>
8	Enter any penalty for underpayment of estimated tax. Check here  from 2220 is attached	<del></del>
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	
11 Para	Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ 2,321. Refunded ▶ 1. VII-A Statements Regarding Activities	<u>                                     </u>
		it Yes No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did participate or intervene in any political campaign?	
<b>L</b>		- <del></del>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materia	APPROVING NATIONAL SECTIONS
	published or distributed by the foundation in connection with the activities.	115
С	Did the foundation file Form 1120-POL for this year?	1c ×
ď	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.	
-	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	
	on foundation managers. ▶ \$	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2 X
	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, article	es
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes .	<del></del>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5 X
	If "Yes," attach the statement required by General Instruction T.	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	
	By language in the governing instrument, or	
	By state legislation that effectively amends the governing instrument so that no mandatory directions the state legislation.	_   _
_	conflict with the state law remain in the governing instrument?	6 ×
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 3	XV 7 ×
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶	
	KY	
Ъ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gener	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b ×
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)	
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes	
10	complete Part XIV	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the	311   40   🗸

Part	VII-A	Statements Regarding Activities (continued)			
				Yes	No
11	meanin	time during the year, did the foundation, directly or indirectly, own a controlled entity within the g of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		×
12		foundation make a distribution to a donor advised fund over which the foundation or a disqualified had advisory privileges? If "Yes," attach statement. See instructions	12		×
13		foundation comply with the public inspection requirements for its annual returns and exemption application?	13	×	
	Website	e address ► N/A			
14	The bo	oks are in care of ▶ John A. Zembrodt Telephone no. ▶ (000)00	00-0	0000	
15	Located	d at ▶ 34 Augusta Ave., Ft. Wright, KY ZIP+4 ▶ 41011 a 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here			<b>N</b>
15		ter the amount of tax-exempt interest received or accrued during the year		• '	
16		time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
		bank, securities, or other financial account in a foreign country?	16		×
		e instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of eign country ▶			
Part	VII-B	Statements Regarding Activities for Which Form 4720 May Be Required			
		rm 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a		the year, did the foundation (either directly or indirectly):		ľ	
	(2) Bor	page in the sale or exchange, or leasing of property with a disqualified person?   Yes No row money from, lend money to, or otherwise extend credit to (or accept it from) a			
		qualified person?			
		nish goods, services, or facilities to (or accept them from) a disqualified person?			
	(5) Trai	nsfer any income or assets to a disqualified person (or make any of either available for			
		benefit or use of a disqualified person)?			
		ee to pay money or property to a government official? (Exception. Check "No" if the ndation agreed to make a grant to or to employ the official for a period after			[
	tern	nination of government service, if terminating within 90 days.)			
b	If any	answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in tions section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
		zations relying on a current notice regarding disaster assistance, check here	ID		
С		e foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
		ot corrected before the first day of the tax year beginning in 2019?	1c		×
2	operati	on failure to distribute income (section 4942) (does not apply for years the foundation was a private ng foundation defined in section 4942(j)(3) or 4942(j)(5)):		į	
а		end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines  6e) for tax year(s) beginning before 2019?			
		oe) for tax year(s) beginning before 2013			
b	Are the	ere any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
	(relating	g to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	•	rs listed, answer "No" and attach statement—see instructions.)	2b		
С		rovisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
3a	Did the	foundation hold more than a 2% direct or indirect interest in any business enterprise time during the year?			
b	If "Yes	" did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or			
	disqual Commi	lified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the issioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
		-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			
40		tion had excess business holdings in 2019.)	3b 4a		×
4a b	Did the	foundation invest during the year any amount in a mariner that would jeopardize its charitable purposes?			
-		ble purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4h		×

	٠.
D	•
Page	к

Par	Statements Regarding Activities	s tor wn	ich Form	4720 I	viay be n	equire	u (contin	iueuj			
5a	During the year, did the foundation pay or incur	any amou	unt to:	-						Yes	No
	(1) Carry on propaganda, or otherwise attempt t						Yes Yes	<b>⊠</b> No			Ī
	(2) Influence the outcome of any specific public										
	directly or indirectly, any voter registration dr	ıve? .					☐ Yes	⊠ No			ļ
	(3) Provide a grant to an individual for travel, stu	idy, or oth	ner sımılar p	ourpose	es?		☐ Yes	X No			1
	(4) Provide a grant to an organization other than section 4945(d)(4)(A)? See instructions	n a charit	able, etc., o	organiz	ation desci	ribed ın		⊠ No			
	(5) Provide for any purpose other than religious purposes, or for the prevention of cruelty to compare the prevention of cruelty the cruelty the prevention of cruelty the							⊠ No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the							cribed	1		]
	in Regulations section 53.4945 or in a current no								5b		
	Organizations relying on a current notice regardi	ng disast	er assistan	ce, che	ck here .						
С	If the answer is "Yes" to question 5a(4), does t	the found	lation claim	exemp	otion from	the tax		_			-
	because it maintained expenditure responsibility	_					∐ Yes	∐ No			1
6a	If "Yes," attach the statement required by Regulation Did the foundation, during the year, receive any					miums					
Va	on a personal benefit contract?		=	-			☐Yes	⊠ No			- 1
b	Did the foundation, during the year, pay premiun					benefit			6b		
	If "Yes" to 6b, file Form 8870.										Ī
7a											
þ	If "Yes," did the foundation receive any proceeds is the foundation subject to the section 4960 ta							17 .	7b		
8	remuneration or excess parachute payment(s) di							□No			
Par	t VIII Information About Officers, Direct									ees.	
ı aı	and Contractors		usices, i c	Juliuu	iioii iviaiii	.go.o,		u.u =	pioj	,	
1	List all officers, directors, trustees, and found	dation ma	anagers an	d their	compens	ation. S	See instru	uctions			
	(a) Name and address	(b) Title, a	and average per week to position	(c) Cor (If n	mpensation ot paid, ter -0-)	(d) ( emplo	Contribution byee benefit erred compe	s to plans	(e) Expe	nse acc allowan	
Joh	n A. Zembrodt	Truste	·		<u>`</u>						
	Augusta Ave. Ft. Wright KY 41011		2.00		0.	l		0.			0.
	en Marıe Zembrodt	Truste	ee								
	Augusta Ave. Ft. Wright KY 41011		2.00		0.			0.			0.
Jos	eph A. Zembrodt	Truste									_
13	Georgetown Rd. Ft. Mitchell KY 41011		2.00		0.			0.			<u>0.</u>
2	Compensation of five highest-paid employed	es (other	r than thos	se incl	uded on li	ne 1 –	see instr	uction	s). If n	one,	enter
_	"NONE."										
	(a) Name and address of each employee paid more than \$50,00		(b) Title, and a hours per w devoted to po	veek T	(c) Compe	nsation	(d) Contribi employee plans and compen	benefit deferred	(e) Expe	nse ace allowan	count, ces
Non	9								-		
					I		1				
							-	-			
								-			
-											
-											
Total	number of other employees paid over \$50,000 .								0 Form <b>99</b>		

Part	and Contractors (continued)	
3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NON	
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
None		
		<u> </u>
Fotal r	number of others receiving over \$50,000 for professional services	0
Part	IX-A Summary of Direct Charitable Activities	<u>.                                  </u>
	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of nizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	None	
_		0.
2		
3		
4 -		
•		
Part	IX-B Summary of Program-Related Investments (see instructions)	
Desc	ribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	None	
		0.
2		
All of	ther program-related investments. See instructions	<del>                                     </del>
3	, , , , , , , , , , , , , , , , , , ,	
Total.	Add lines 1 through 3	0.
		Form <b>990-PF</b> (2019

Part	X Minimum Investment Return (All domestic foundations must complete this part. Forei	gn fo	undations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes.		
а	Average monthly fair market value of securities	1a	853 <u>,063</u> .
b	Average of monthly cash balances	1b	24,013.
C	Fair market value of all other assets (see instructions)	1c	2,598.
d	<b>Total</b> (add lines 1a, b, and c)	1d	879,674.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	879,674.
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	ınstructions)	4	13,195.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	866,479.
6	Minimum investment return. Enter 5% of line 5	6	43,324.
Part		ounda	ations
	and certain foreign organizations, check here ▶ ☐ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	43,324.
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019. (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	277.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	43,047.
4	Recoveries of amounts treated as qualifying distributions	4	· ·
5	Add lines 3 and 4	5	43,047.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	43,047.
Part	XII 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	15,500.
b	Program-related investments—total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	15,500.
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	15,500.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating	g whe	ther the foundation
	qualifies for the section 4940(e) reduction of tax in those years.		5 QQQ DE (0010)

Part	XIII Undistributed Income (see in:	structio	ns)			
			(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1	Distributable amount for 2019 from Paline 7					43,047.
2	Undistributed income, if any, as of the end of	-				43,047.
	· · · · · · · · · · · · · · · · · · ·					
a	Enter amount for 2018 only					
ь	Total for prior years: 20, 20, 20,					
3	Excess distributions carryover, if any, to 2					
а	From 2014					
b	From 2015					
C	From 2016	0.				
d	From 2017	0.				
е	From 2018	781.	<u>-</u> -			
f	Total of lines 3a through e	[	1,781.			
4	Qualifying distributions for 2019 from Paline 4: ► \$15,500.	ırt XII,				
а	Applied to 2018, but not more than line 2	a . [				
b	Applied to undistributed income of prior	years				
	(Election required—see instructions)					
С	Treated as distributions out of corpus (Elerequired—see instructions)					
d	Applied to 2019 distributable amount .	[	·			15,500.
е	Remaining amount distributed out of corp	ous [	0.			
5	Excess distributions carryover applied to	2019				
-	(If an amount appears in column (d), the					
	amount must be shown in column (a).)		1,781.			1,781.
6	Enter the net total of each colum	}	····			
	indicated below:		0			
а	Corpus. Add lines 3f, 4c, and 4e. Subtract	F	0.			
b	Prior years' undistributed income. Sul line 4b from line 2b			0.		
С	Enter the amount of prior years' undistri income for which a notice of deficience					
	been issued, or on which the section 49					
	tax has been previously assessed					
d	Subtract line 6c from line 6b. Ta	xable				
_	amount-see instructions			0.		
е	Undistributed income for 2018. Subtract					
	4a from line 2a. Taxable amount	1			0	
	instructions	ŀ		·	0.	
f	Undistributed income for 2019. Subtract					
	4d and 5 from line 1. This amount mu					05 766
	distributed in 2020	• •				25,766.
7	Amounts treated as distributions out of c					
	to satisfy requirements imposed by se					
	170(b)(1)(F) or 4942(g)(3) (Election ma					
	required—see instructions)	,				
8	Excess distributions carryover from 201 applied on line 5 or line 7 (see instruction		0.			
9	Excess distributions carryover to	2020.				, [
	Subtract lines 7 and 8 from line 6a		0.			·
10	Analysis of line 9:					
а	Excess from 2015	0.				1
b	Excess from 2016	0.				
c	Excess from 2017	0.				}
d	Excess from 2018	0.				
e	Excess from 2019	0.				

Form 9	90-PF (2019)					Page 10
Part	XIV Private Operating Founda	itions (see instru	ctions and Part	t VII-A, question 9	)	N/A
1a	If the foundation has received a ruling	g or determination	letter that it is a	private operating	<del></del>	
	foundation, and the ruling is effective fo	r 2019, enter the da	ate of the ruling .			
b	Check box to indicate whether the fou	ndation is a private	operating founda	ation <u>des</u> cribed in se	ection 🗌 4942(j)	(3) or 4942(j)(5
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) rotai
	each year listed					
b	85% of line 2a		_			
С	Qualifying distributions from Part XII,					
	line 4, for each year listed					
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				<i>f</i> -	
	alternative test relied upon		\ \ \			
а	"Assets" alternative test - enter:	ļ			ı	
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test-enter 2/3					
	of minimum investment return shown in					
	Part X, line 6, for each year listed .					
С	"Support" alternative test-enter					
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt organizations as provided in					
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from		-			
	an exempt organization					,
	(4) Gross investment income					
Part	XV Supplementary Information	on (Complete th	is part only if t	the foundation h	ad \$5,000 or m	ore in assets a
	any time during the year-	-see instruction	ıs.)			
1	Information Regarding Foundation	Managers:		<u></u>		
а	List any managers of the foundation					by the foundation
	before the close of any tax year (but o	only if they have co	ontributed more tl	han \$5,000). (See s	ection 507(d)(2).)	
	John A. Zembrodt, Ellen M.					
b	List any managers of the foundation					arge portion of the
	ownership of a partnership or other e	ntity) of which the	foundation has a	10% or greater inte	erest.	
	None					
2	Information Regarding Contribution	n, Grant, Gift, Loa	n, Scholarship, e	etc., Programs:		
	Check here ► 🗵 if the foundation	•	•		-	•
	unsolicited requests for funds. If the f		gıfts, grants, etc.,	, to individuals or o	rganizations unde	er other conditions
	complete items 2a, b, c, and d. See in					
а	The name, address, and telephone nu	ımber or email add	dress of the perso	on to whom applica	tions should be a	ddressed:
					. <u>.                                   </u>	
b	The form in which applications should	be submitted and	d information and	materials they sho	uld include:	
						<u></u>
С	Any submission deadlines:					
	Any restrictions or limitations on av	vards such as h	/ geographical a	reas, charitable fie	elds, kinds of ins	stitutions, or othe
_	factors:		, 3003.36001 0			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Form 990-PF (2019) Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual. Recipient Foundation Purpose of grant or show any relationship to Amount status of any foundation manager contribution Name and address (home or business) recipient or substantial contributor a Paid during the year Carmel Manor, Inc. 100 Carmel Manor Rd. 5,000. None Public General Fund Ft Thomas KY 41075 Catholic Relief Services 228 W. Lexington St. 1,000. Baltimore MD 21201 None Public General Fund Family Nurturing Center 5 Spiral Drive 1,500. Public General Fund Florence KY 41042 None Drew's Puzzle Piece, Inc. P O Box 175856 1,000. Public None General Fund Ft Mitchell KY 41017 St Michael Church 720 Washington Ave. None Public General Fund 1,000. Paintsville KY 41240 Father Beiting Appalachian Mission 524 S Highway 3 5,000. Public General Fund Louisa KY 41230 None Diocese of Covington 1125 Madison Ave. 1,000. Public General Fund Covington KY 41011 None За 15,500. Total Approved for future payment

3b

	r gro	Analysis of Income-Producing Acs amounts unless otherwise indicated.	7	Isiness income	Excluded by secti	on 512, 513, or 514	(-)
	J. 1		(a) . Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	Related or exemp function income
1	Prog a	gram service revenue:				,	(See instructions.
	ъ -						
	c						
	ď						
	е -						
	f						
	g F	ees and contracts from government agencies					
2		nbership dues and assessments					
3	Inter	est on savings and temporary cash investments			14	61.	
4	Divid	dends and interest from securities			14	16,946.	
5	Net	rental income or (loss) from real estate:		_			
		Debt-financed property					
		Not debt-financed property					
6	Net	rental income or (loss) from personal property				<del></del> -	
7		er investment income					
8		or (loss) from sales of assets other than inventory		<u> </u>	18		
9		income or (loss) from special events					
10		ss profit or (loss) from sales of inventory					
11	Othe.	er revenue: a					
	b _				-		
	°						
	d _		I I		<del> </del>	<del></del>	<u> </u>
40	e Culi	total. Add columns (b), (d), and (e)		<del></del>	<del></del>	C 224	
12	Subi	total. Add columns (b), (d), and (e)			<u> </u>	-6,324.	
40	T-4-	-1 A -2 -1 Lun - 4 O1 Lun (L.) (-1) L (-)				40	6 204
13	Tota	<b>il.</b> Add line 12, columns (b), (d), and (e)				13	-6,324.
<b>13</b> (See	Tota work	II. Add line 12, columns (b), (d), and (e)	s.)			13	-6,324.
13 (See Pa	Tota work	<ul> <li>II. Add line 12, columns (b), (d), and (e)</li> <li>Isheet in line 13 instructions to verify calculation</li> <li>I-B Relationship of Activities to the A</li> </ul>	s.) ccomplishm	ent of Exemp	ot Purposes		
13 (See Par Lin	Tota work	II. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	ot Purposes		
13 (See Pal Lin	Tota work t XV e No.	II. Add line 12, columns (b), (d), and (e) Sheet in line 13 instructions to verify calculation  I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur  Solely grant making entity	s.) ccomplishm	ent of Exemp	ot Purposes		
13 (See Pal Lin	Tota work t XV e No.	II. Add line 12, columns (b), (d), and (e) Sheet in line 13 instructions to verify calculation  I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur  Solely grant making entity  Solely grant making entity	s.) ccomplishm	ent of Exemp	ot Purposes		
13 (See Pal Lin	Tota work t XV e No.	II. Add line 12, columns (b), (d), and (e) Sheet in line 13 instructions to verify calculation  I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur  Solely grant making entity	s.) ccomplishm	ent of Exemp	ot Purposes		
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13 (See Pal Lin	Tota work t XV e No.	II. Add line 12, columns (b), (d), and (e) Sheet in line 13 instructions to verify calculation  I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur  Solely grant making entity  Solely grant making entity	s.) ccomplishm	ent of Exemp	ot Purposes		
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13 (See Pal Lin	Tota work t XV e No.	II. Add line 12, columns (b), (d), and (e) Sheet in line 13 instructions to verify calculation  I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur  Solely grant making entity  Solely grant making entity	s.) ccomplishm	ent of Exemp	ot Purposes		
13 (See Pal Lin	Tota work t XV e No.	II. Add line 12, columns (b), (d), and (e) Sheet in line 13 instructions to verify calculation  I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur  Solely grant making entity  Solely grant making entity	s.) ccomplishm	ent of Exemp	ot Purposes		

orm 99	0-PF (2	2019)							Pa	ige 13
Part	XVII	Informatio Organizati		sfers to and Trans	sactions	and Relationshi	ps With Nonchai	ritable		
1	in se	ection 501(c) (o nizations?	other than section	engage in any of the f 501(c)(3) organizatio	ons) or in	section 527, re			Yes	No
а	Tran	sfers from the rep	porting foundation to	a noncharitable exer	npt organ	zation of:				
	, ,	Cash						1a(1)		×
		ther assets .						1a(2)		X ,
b	Other transactions: (1) Sales of assets to a noncharitable exempt organization							41. (4)		
								1b(1)		×
				able exempt organizat r assets				1b(2) 1b(3)		×
			• •					1b(4)		×
		oans or loan gua	_					1b(5)		×
				ip or fundraising solic				1b(6)		×
С				sts, other assets, or pa				1c		×
d	If the value value	e answer to any or of the goods, or in any transaction	of the above is "Yes ther assets, or servio on or sharing arrange	s," complete the follo ces given by the repo ement, show in colum	wing sche orting foun in (d) the	edule. Column (b) addition. If the found value of the goods,	should always show lation received less other assets, or se	than rvices	faır m recei	arket ved.
(a) Line	no	(b) Amount involved	(c) Name of nonch	aritable exempt organizatio	n (	d) Description of transfe	rs, transactions, and sha	ring arra	angeme	ents
		· · -	· -				·			
								-		
	_									
						<u></u>	···			
2a				filiated with, or relate ction 501(c)(3)) or in se			mpt organizations	☐ Ye	s X	No
b	If "Ye	es," complete the	e following schedule.							
		(a) Name of organ	ization	(b) Type of orga	anization		(c) Description of relation	nship		
					<del></del>				<del></del>	
_							<del></del>			
	Unde	er penalties of periury 1	declare that I have examine	d this return, including accom	nanving sche	dules and statements, and	to the best of my knowled	ige and b	pelief, it	is true.
Sign				an taxpayer) is based on all inf			wledge			
lere		RO	) 0 1 o	- 15/2/20	Trus	taa	May the li	reparer s	hown b	elow?
	4 <del></del>	pature of officer or true	stee	Date	Title		See instru	ctions	X Yes [	□No
Paid	<del></del>	Print/Type preparer		Preparer's signature		Date	Check X if	PTIN		
rep	2202	Robert A.		R dut a.	Schut	5/1/2	self-employed	20135	899	1
-	arer Only	Firm's name ▶		nutzman, CPA		7	Firm's EIN ▶ 61-60			
-36 (		Firm's address ▶	33 Rockhill I				Phone no (859) 4			
BAA			Ft. Thomas		KY 4	11075	F	orm <b>99</b>	0-PF	(2019)

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2019

**Employer identification number** 

JEZ Family Foundation Trust 26-0109820 Organization type (check one). Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF ★ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** 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 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

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

Name of organization
JEZ Family Foundation Trust

Employer identification number

26-0109820

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1	John & Ellen Zembrodt  34 Augusta Ave.  Covington KY 41011	\$ 25,000.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person				
(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				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person				

# Additional information from your Form 990-PF: Return of Private Foundation

## Form 990-PF: Return of Private Foundation

Taxes

Continuation	Statement
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Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose	
Excise Tax	221.				
Foreign Tax Paid	219.	219.			
Total	440.	219.			

Name Employer Identificat						
JEZ Family Foundation Trust	26-0109820					
Asset Information:						
Description of Property UBS Financial Services, Inc.						
Business Code Exclusion Code 18						
Date Acquired						
Date SoldVarious Name of Buyer Check Box, if Buyer is a Business						
	tion) 65 600					
Sales Price42, 368. Cost or other basis (do not reduce by deprecia						
Sales Expense . Valuation Method						
Total Gain (Loss) –23, 331. Accumulated Depreciation						
Description of Property						
Date Acquired How Acquired Date Sold Name of Buyer						
Check Box, if Buyer is a Business .						
Sales Price Cost or other basis (do not reduce by deprecia	tion).					
Sales Expense Valuation Method						
Total Gain (Loss) Accumulated Depreciation						
Description of Property						
Business Code Exclusion Code						
Date Acquired How Acquired						
Date Sold Name of Buyer						
Check Box, if Buyer is a Business						
Sales Price Cost or other basis (do not reduce by deprecia	tion)					
Sales Expense Valuation Method						
Total Gain (Loss) Accumulated Depreciation						
Description of Property						
Business Code Exclusion Code						
Date Acquired How Acquired						
Date Sold Name of Buyer						
Check Box, if Buyer is a Business	•					
Sales Price Cost or other basis (do not reduce by deprecia	tion)					
Sales Expense Valuation Method						
Total Gain (Loss)						
Description of Property  Business Code Exclusion Code						
Business Code Exclusion Code						
Date Acquired now Acquired						
Date Sold Name of Buyer						
Check Box, if Buyer is a Business						
Sales Price Cost or other basis (do not reduce by deprecia	tion)					
Sales Expense Valuation Method						
Total Gain (Loss) Accumulated Depreciation	<u></u>					
Totala						
Totals:						
fotal Gain (Loss) of all assets						
Bross Sales Price of all assets42,368. Unrelated Business IncomeBusiness Code						
Unrelated Business Income Business Code . Excluded by section 512, 513, 51423, 331 . Exclusion Code . 18	_					
Related/Exempt Function Income	_					
Nelateo/Exempt Function income						
QuickZoom here to Form 990-PF, Page 1						
uickZoom here to Form 990-PF, Page 12						

### Form 990-PF Part I, Lines 16a - 16c

## Legal and Professional Fees

Name	Employer Identification No
JEZ Family Foundation Trust	26-0109820

### Line 16a - Legal Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
			j		
otal to Form 990-	PF, Part I, Line 16a				

## Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Total to Form 990-	 PF, Part I, Line 16b				

### Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
UBS	Invest Advisor Fee	2,938.	2,938.		
Total to Form 990-	PF, Part I, Line 16c	2,938.	2,938.		

### Investments

Name JEZ Family Foundation Tr			yer Identification No		
Line 10a - Investments - US and State Government Obligations:	S and State Government Obligations Obligations			End on nment ions alue	f Year US Government Obligations FMV
Tot to Fm 990-PF, Pt II, Ln 10a					
Line 10b - Investme	ents - Corporate	Stock:	Book Value	•	f Year Fair Market Value
UBS Financial Services,	Inc.		726,	499.	924,125.
Totals to Form 990-PF, Part II, L	.ine 10b		726,	499.	924,125.
Line 10c - Investme	nts - Corporate I	Bonds:	Book Value	•	f Year Fair Market Value
Totals to Form 990-PF, Part II, L	.ine 10c				
Line 12 - Investme	ents - Mortgage I	oans:	Book Value	<	f Year Fair Market Value
Totals to Form 990-PF, Part II, L	ine 12				
Line 13 - Inve	estments - Other:		Book Value	<	f Year Fair Market Value
Totals to Form 990-PF, Part II, L	ine 13				