Form **990-PF**

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

OMB No 1545-0047 2019

	ment of the Treasury		icial security numbers on .gov/Form990PFfor instru	·		pen to Public Inspection
		or tax year beginning		, 2019, and end		, 20
_		E OLIVER FAMILY	FOUNDATION C/O	U.S. BANK	A Employer identi	fication number
N.2	A., AGENT		·		31-	-1365209
lumbe		number if mail is not delivered t	to street address)	Room/sui	te B Telephone numb	er (see instructions)
PO	BOX 0634				5:	13-632-4292
ity or	town, state or province,	country, and ZIP or foreign post	al code	-		
					C If exemption applic pending, check her	ation is e ▶
MI	LWAUKEE, WI !	53201-0634				
3 Ch	eck all that apply:	Initial return	Initial return	of a former public cha	Irity D 1 Foreign organiza	tions, check here •
		Final return	Amended ret	urn	2 Foreign organiza	
		Address change	Name change		85% test, check computation .	here and attach
1 Ch	eck type of organiz	zation. X Section 501	(c)(3) exempt private for	oundation (F. If private foundation	n status was terminated
	Section 4947(a)(1) n	onexempt charitable trust	Other taxable pri	vate foundation 🕽	-	b)(1)(A), check here .
Fa	ir market value o	of all assets at JAcco	ounting method. X Ca	sh Accrual	F If the foundation is	in a 60-month termination
en	d of year (from Pai		Other (specify)		under section 507(b)(1)(B), check here .
			column (d), must be on ca	ish basis)		1:
Part	Analysis of Rev	enue and Expenses (The	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable
		n columns (b), (c), and (d)	expenses per books	income	income	purposes
	column (a) (see in					(cash basis only)
1		ts, etc , received (attach schedule) .	2,271,948.			7
2		e foundation is not required to ch Sch B				
3	Interest on savings an	nd temporary cash investments.				0,000
4	Dividends and inte	rest from securities	925,779.	899,284.		STMT 1
58	Gross rents					
t	Net rental income or	(loss)	1 066 510		- REC	EIVED !
		n sale of assets not on line 10	1,066,518.			
Ē '	assets on line 6a	4,240,300	•	1 066 510	- 1월 JUL 2	4 2020
7	•	come (from Part IV, line 2) .		1,06 <u>6,518</u> .	2 JUL 3	
8		ıtal gaın				18
10:	Income modification Gross sales less returi	ons · · · · · · · · · · · · · · · · · · ·			OGD	EN, UT · ` · ·
'"	and allowances				l	
1	Less Cost of goods so	· ·				1
		s) (attach schedule)	1,000.			STMT 2
11		ch schedule)		1,965,802.		SIMI Z
12		through 11	4,265,245. NONE			NON
13	,	cers, directors, trustees, etc	NONE	NONE	· · · · · · · · · · · · · · · · · · ·	
14	• •	•		NONE	·	
15 16a		ployee benefits schedule)STMT 3	7,532.	NONE		•
		ittach schedule)STMT.4	3,000.	NONE	·	
וכ	-	fees (attach schedule, 5.1.5.	60,226.	54,203.	1.011	6,023
17	•			1 9		
18		dule) (see instru StICMS]. 6.	42,180.			1
=1		th schedule) and depletion.				1
19 20						
124	• •	s, and meetings		NONE	NONI	<u> </u>
22	•	ations		NONE		
1		tach schedule) STMT. 7	2,519.			2,519
23	· · · · · · · · · · · · · · · · · · ·	d administrative expenses				
		gh 23	115,457.	54,203.	NONE	19,074
25		s, grants paid	931,000.			931,000
26	_	bursements Add lines 24 and 25	1,046,457.	54,203.	NON	
27	Subtract line 26 fro					
í		er expenses and disbursements	3,218,788.			
1		come (if negative, enter -0-)		1,911,599.		

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

JSA For Paperwork Reduction Act Notice, see instructions 9E1410 1 000 FNB524 P28D 04/24/2020 13:46:21

Form **990-PF** (2019)

Part I	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	of year			
	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value			
1	Cash - non-interest-bearing						
2	Savings and temporary cash investments	832,690.	2,727,501	2,727,501			
3	Accounts receivable >						
	Less allowance for doubtful accounts ▶						
4	Pledges receivable ▶						
1	Less allowance for doubtful accounts ▶						
5	Grants receivable			,			
6	Receivables due from officers, directors, trustees, and other						
	disqualified persons (attach schedule) (see instructions)			A			
7	Other notes and loans receivable (attach schedule)	Tree of the control o	รู้จะ เปลี่ยนการทุกสมัยกระวันกุลทุกสมุกสมัยกระวัน จะกับจากการสุด เพื่อ เปลี่ยนการทุกสมัยกระวันกุลทุกสมุกสมุกสมุกสมุก				
	Less allowance for doubtful accounts ► <u>NONE</u>						
Assets 9 10a	Inventories for sale or use						
SS 9	Prepaid expenses and deferred charges						
⋖ 10a	Investments - U S and state government obligations (attach schedule)			24 252 252			
b		21,279,428.	22,591,977	. 34,369,810			
1,c	Investments - corporate bonds (attach schedule)						
11	Investments - land, buildings, and equipment basis			22827 3830			
	Less accumulated depreciation (attach schedule)						
12	Investments - mortgage loans						
13 14	Investments - other (attach schedule)	(CS/27/2004 1/25/2014)	N 101 X1 S C Z 1 28 N 1 X 22 7 X X				
'*	equipment, basis	Marin a hill sa natambahantahan sa hila a hamal	www.www.water	The street of th			
	equipment pass Less accumulated depreciation (attach schedule)	2 222	1 (55	3 (55			
15	Other assets (describe STMT 10)	2,820.	1,655	1,655			
16	Total assets (to be completed by all filers - see the	22 114 020	1 221 122	37 000 066			
	instructions Also, see page 1, item I)		25,321,133.	37,098,966			
17	Accounts payable and accrued expenses			87.57.248.55.27 8.4.58.74.44.44.44.44.44.44.44.44.44.44.44.44.			
ا دی	Grants payable						
19	Deferred revenue	<u>-</u>		13 8 5 mm 1 4 m 3 1 7 4 6			
19 20 21 22 22 22 22 22 22 22 22 22 22 22 22	Loans from officers, directors, trustees, and other disqualified persons.			CONTRACTOR OF THE PROPERTY OF			
E 22	Mortgages and other notes payable (attach schedule) Other liabilities (describe ▶)			22 (2005) (A 250) (A			
_ 22	Other habilities (describe			E2593486728C478E3			
23	Total liabilities (add lines 17 through 22)		NONE				
	Foundations that follow FASB ASC 958, check here			1887 48 48 18 18 18 18 18 18 18 18 18 18 18 18 18			
Salances 24 25	and complete lines 24, 25, 29, and 30						
E 24	Net assets without donor restrictions						
e 25	Net assets with donor restrictions · · · · · · · · · · · · · · · · · · ·			1881 18 18 18 18 18 18 18 18 18 18 18 18			
힏 ~	Foundations that do not follow FASB ASC 958, check here						
pund 26	and complete lines 26 through 30						
5 26	Capital stock, trust principal, or current funds	22,114,938.	25,321,133.				
y 27	Paid-in or capital surplus, or land, bldg , and equipment fund			14 15 15 15 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16			
28	Retained earnings, accumulated income, endowment, or other funds			を記れた。対いる今代的の過			
28 29 29	Total net assets or fund balances (see instructions)	22,114,938.	25,321,133.				
30 S	Total liabilities and net assets/fund balances (see						
Z	instructions)	22,114,938.	25,321,133.				
Part I				T			
	al net assets or fund balances at beginning of year - Part						
	d-of-year figure reported on prior year's return)			22,114,938.			
	2	3,218,788.					
	3 Other increases not included in line 2 (itemize) ► TAX LOT ADJ 3 77.						
	Add lines 1, 2, and 3						
	creases not included in line 2 (itemize) SEE STA		5	12,670.			
6 Tot	al net assets or fund balances at end of year (line 4 minus l	ine 5) - Part II, column (t	o), line 29 6	25,321,133.			

Part IV Capital Gain	is and Losses for Tax on Inve	estment Income	T 753		
	escribe the kind(s) of property sold (for e brick warehouse, or common stock, 200		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a PUBLICLY TRADED	SECURITIES				
b					<u> </u>
<u>C</u>					
					
<u>e</u>	(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (lo	ss)
(e) Gross sales price	(or allowable)	plus expense of sale		((e) plus (f) mini	ıs (g))
a 4,240,908.		3,174,390.		1,	066,518.
b					
С			1		
<u>d</u>					
Complete only for accets	 showing gain in column (h) and owned b	y the foundation on 12/31/69			
Complete only for assets	(i) Adjusted basis	(k) Excess of col (i)		Gains (Col (h) ga (k), but not less t	
(i) FMV as of 12/31/69	as of 12/31/69	over col (j), if any		Losses (from co	
a				1,	066,518.
b					
С					
<u>d</u>			ļ		
<u>e</u>	, IS as	l Port Line 7		-	
2 Capital gain net incom	e or (net capital loss)	ain, also enter in Part I, line 7 oss), enter -0- in Part I, line 7	2	1	066,518.
3 Net short-term capital	gain or (loss) as defined in sections	•			000/520.
	Part I, line 8, column (c) See ins				
Part I, line 8	<u> </u>	<u> </u>	3		
	Under Section 4940(e) for Red ic private foundations subject to the				
	r the section 4942 tax on the distrib n't qualify under section 4940(e). De		ase perio	d?	Yes X No
1 Enter the appropriate a	amount in each column for each yea	r; see the instructions before maki	ng any en		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution ra (col (b) divided by	
2018	876,988.	27,742,404.			0.031612
2017	1,428,725.	23,985,875.		_	0.059565
2016	1,336,354.	19,918,262.	 		0.067092
2015 2014	1,081,994. 1,021,379.	17,372,510. 16,024,836.			0.062282 0.063737
2014	1,021,379.	10,024,030.		<u></u>	<u> </u>
2 Total of line 1, column	(d)		2		0.284288
	atio for the 5-year base period - divid				
•	ne foundation has been in existence		3		0.056858
4 Enter the net value of	noncharitable-use assets for 2019 fr	om Part X, line 5	4	32,	491,333.
				1	047 202
5 Multiply line 4 by line	3		5	1,	847,392.
6 Enter 1% of net investi	ment income (1% of Part I, line 27b)		6		19,116.
7 Add lines 5 and 6			7	1,	866,508.
					050 054
8 Enter qualifying distrib If line 8 is equal to or Part VI instructions.	outions from Part XII, line 4 greater than line 7, check the box	ın Part VI, line 1b, and complete	that part	using a 1% tax	950,074. rate See th

Form **990-PF** (2019)

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instructions)
1a	Exempt operating foundations described in section 4940(d)(2), check here	
	Date of ruling or determination letter	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	38,232.
	here and enter 1% of Part I, line 27b	\$2.62.54.02.8M
_	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of	
	Part I, line 12, col (b)	
_	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	NONE
2	To direct section of the control of	38,232.
3	Add lines I did 2.	NONE
4	Subtitle A (income) tax (domestic section 4347/a/1) trusts and taxable roundations only, others, enter of	38,232.
5	Tax based on investment income. Subtract line 4 non-line 5 in zero of less, enter 40	03 a 284 22 23 24
6	Credits/Payments	
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 43,424.	
b	Exempt foreign organizations - tax withheld at source	
C	Tax paid with application for extension of time to file (Form 8868) 6c NONE	
d	Backup withholding erroneously withheld	
7	Total credits and payments. Add lines 6a through 6d	43,424.
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	_
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	5,192.
11	Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ 5,192. Refunded ▶ 11	
Par	t VII-A Statements Regarding Activities	2
1a	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
ь	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	537 14 12 3
	published or distributed by the foundation in connection with the activities	[28] 교육[단점]
^	Did the foundation file Form 1120-POL for this year?	1c X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	500 830 34
u	(1) On the foundation > \$ (2) On foundation managers > \$	家公长签帐 上
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	
e		
•	on foundation managers \$ Has the foundation engaged in any activities that have not previously been reported to the IRS?	2 X
2		555 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
_	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 X
	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 A
Ь	If "Yes," has it filed a tax return on Form 990-T for this year?	
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 that	
	conflict with the state law remain in the governing instrument?	6 X
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 X
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.	
	ОН	
ь	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 2019 or the tax year beginning in 2019? See the instructions for Part XIV If "Yes,"	
	complete Part XIV	9 X (
4.0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	
10	names and addresses	10 X
	names and addresses	orm 990-PF (2019)

Par	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	X	
	Website address ► N/A			
14	The books are in care of ► U S BANK NA Telephone no ► (513) 632	-439	3	
	Located at ▶ P O BOX 1118, CN-OH-W10X, CINCINNATI, OH ZIP+4 ▶ 45201			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		•	\prod
	and enter the amount of tax-exempt interest received or accrued during the year		-	
16	At any time during calendar year 2019, 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			1
	the foreign country			1
Par	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
19	During the year, did the foundation (either directly or indirectly)			
14	(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			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			i
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception Check "No" if the	Ì		
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
h	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			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2019?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			1
	6d and 6e) for tax year(s) beginning before 20197			1
	If "Yes," list the years			1
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		
c	If the provisions of section 4942(a)(2) are being applied to any 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]
	at any 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			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			
	foundation had excess business holdings in 2019)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		X
	Fr	rm 99	0-PF	(2019)

Par	VI-B Statements Regarding Activities f	or Which Form 4	720 May Be Req	uirea (continuea)					
5a	During the year, did the foundation pay or incur any amo	unt to				Yes	No		
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes X No								
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on,								
	directly or indirectly, any voter registration drive?				,		,		
	(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No								
	(4) Provide a grant to an organization other than a charitable, etc., organization described in								
	section 4945(d)(4)(A)? See instructions								
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational								
	purposes, or for the prevention of cruelty to children				1 1		1		
b	If any answer is "Yes" to 5a(1)-(5), did any of the								
	Regulations section 53 4945 or in a current notice regar	ding disaster assistant	ce? See instructions.		- 5b		 -		
	Organizations relying on a current notice regarding disas						1		
C	If the answer is "Yes" to question 5a(4), does the						1		
	because it maintained expenditure responsibility for the			Yes No	'				
	If "Yes," attach the statement required by Regulations se						1		
6a	Did the foundation, during the year, receive any fur	•		77			[
	on a personal benefit contract?			•	6b	${x}$			
b	Did the foundation, during the year, pay premiums, direc	tiy or indirectly, on a p	personal benefit contra	ici,	. 65	^			
70	If "Yes" to 6b, file Form 8870 At any time during the tax year, was the foundation a pa	rty to a prohibited tay	shelter transaction?	. Yes X No	,		i		
7a b	If "Yes." did the foundation receive any proceeds or have								
. 8	Is the foundation subject to the section 4960 tax on pay	•			1.7.7				
•	remuneration or excess parachute payment(s) during the			. Yes X No	,	1	Ì		
Par	Information About Officers, Directo				oloyees,				
1	and Contractors List all officers, directors, trustees, and foundation	n managers and th	eir compensation.	See instructions.					
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expense				
		devoted to position	enter -0-)	and deferred compensation	other allo	wance:	s 		
SEE	STATEMENT 12								
	Compensation of five highest-paid employees	(other than those	e included on line	1 - see instruction	ons) If no	ne e	enter		
_	"NONE."	(other than those							
		(b) Title, and average	4-) C	(d) Contributions to employee benefit	(e) Expense	accou	nt,		
(a)	Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred compensation	other allo	wance	s		
					· • • •				
NON	E		NONE	NONE	NC	ONE			
21021									
Total	number of other employees paid over \$50,000	<u> </u>		<u> ▶</u>		ONE			
					Form 990	LPF /	20101		

Par	VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emploannd Contractors (continued)	yees,
3	Five h	ighest-paid independent contractors for professional services. See instructions. If none, enter "NONE	"
		(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON	E		NONE
		er of others receiving over \$50,000 for professional services	NONE
	IX-A	Summary of Direct Charitable Activities	
		ndation's four largest direct charitable activities during the tax year include relevant statistical information such as the number of s and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 <u>N</u>	ONE		
_			
2_			
-			
3_			
4 _			
_			
	IX-B	Summary of Program-Related Investments (see instructions)	
	scribe the	two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
_			
2 _			
Δ1	other pro	gram-related investments. See instructions	
	ONE	g	
_			
Tota	. Add	nes 1 through 3 · · · · · · · · · · · · · · · · · ·	000 PF

Form	990-PF	(2019) 31-1365209	_	Page 8
Par	t X	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign fou	
1	Fair	market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purpo			
а		age monthly fair market value of securities	1a	31,884,639.
b	Avera	age of monthly cash balances	1b	1,101,486.
C		market value of all other assets (see instructions)	1c	NONE
d		(add lines 1a, b, and c)	1d	32,986,125.
е		ction claimed for blockage or other factors reported on lines 1a and		
		ttach detailed explanation)	_	
2		isition indebtedness applicable to line 1 assets	2	NONE NONE
3	Subtr	ract line 2 from line 1d,	3	32,986,125.
4		deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
		uctions)	4	494,792.
5		value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	32,491,333.
6	Minin	num investment return. Enter 5% of line 5	6	1,624,567.
Par	t XI	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part)	dations	
1	Minir	num investment return from Part X, line 6	1	1,624,567.
		· · · · · · · · · · · · · · · · · · ·		1,021,301.
2 a	lax o		1	
b		ne tax for 2019 (This does not include the tax from Part VI), . 2b	2c	38,232.
C		lines 2a and 2b	3	1,586,335.
3		butable amount before adjustments. Subtract line 2c from line 1	4	1,000.
4		veries of amounts treated as qualifying distributions	5	1,587,335.
5		lines 3 and 4	6	NONE
6		ction from distributable amount (see instructions)	 • 	NONE
7		ibutable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,	7	1,587,335.
_	line	<u> </u>	, ,	1,567,335.
Par	t XII	Qualifying Distributions (see instructions)		
1	Amo	unts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
а	Expe	nses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	950,074.
b	Progr	ram-related investments - total from Part IX-B	1b	
2	Amo	unts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purpo	oses	2	NONE
3	Amo	unts set aside for specific charitable projects that satisfy the		
а	Suita	bility test (prior IRS approval required)	3a	NONE
b		distribution test (attach the required schedule)	3b	NONE
4		fying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	950,074.
5		dations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
		1% of Part I, line 27b See instructions	5	N/A
6		sted qualifying distributions. Subtract line 5 from line 4	6	950,074.
		: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	lculating	
	- ·	qualifies for the section 4940(e) reduction of tay in those years		

Form **990-PF** (2019)

r all	t XIII Undistributed Income (see insti	T III		(c)	· (d) .
1	Distributable amount for 2019 from Part XI,	(a) Corpus	(b) Years prior to 2018	, 2018	2019
	line 7				1,587,335
2	Undistributed income, if any, as of the end of 2019			, -u	
, a	Enter amount for 2018 only			100.00	
b	Total for prior years 20,20,20		NONE		
	Excess distributions carryover, if any, to 2019				
	From 2014 NONE				
b	From 2015 NONE				
C	From 2016				
	From 2017				
	From 2018 NONE		\$\frac{1}{2}\frac{1}{2	M 1 2 C C 18 C 18 C 18 C 18 C 18 C 18 C 1	1.55分替 FOX 5 July 2015 1.5 J
	Total of lines 3a through e	606,043.	63 (100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 63 (100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 /	(必要でき、1.5 まだみ) (マランム(編) く	\(\frac{1}{2}\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Qualifying distributions for 2019 from Part XII,				
	line 4 ▶ \$ 950,074.			NONE	3.2489 STEE
а	Applied to 2018, but not more than line 2a	\$\int\(\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	[48] [18] [18] [18] [18] [18] [18] [18] [1	NONE CONTRACTOR OF THE PROPERTY OF THE PROPERT	124 S. 424 126 A. 42 126 A. 126 A
	Applied to undistributed income of prior years		NONE		
	,	HOVE 10 10 10 10 10 10 10 10 10 10 10 10 10	NONE	\$\pu\k\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	147 (4 14 14 14 14 14 14 14 14 14 14 14 14 14
	Treated as distributions out of corpus (Election	, NONE			
	required - see instructions)	r at the second number .			950,074
	Applied to 2019 distributable amount Remaining amount distributed out of corpus	NONE	(数据为4)、基本区域与		10.00 (10
	Excess distributions carryover applied to 2019		PARKET CONTRACTOR		70020 90 0 7 2#20 N
	(If an amount appears in column (d), the same amount must be shown in column (a))	606,043.			606,04
				が含めるができます。	787873884
	Enter the net total of each column as indicated below:	•			
-	Corpus Add lines 3f, 4c, and 4e Subtract line 5	NONE			
	Prior , years' undistributed income Subtract				
	line 4b from line 2b		NONE	発性は治れの改善	
C	Enter the amount of prior years' undistributed			経験が記録に 対象	
	income for which a notice of deficiency has been issued, or on which the section 4942(a)				
	tax has been previously assessed		NONE		
d	Subtract line 6c from line 6b Taxable				
	amount - see instructions		NONE		
	Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount - see				
	instructions			NONE	405 20 4 10 50 0 40 10 10 10 10 10 10 10 10 10 10 10 10 10
f	Undistributed income for 2019 Subtract lines				£
•	4d and 5 from line 1 This amount must be				34 04
	distributed in 2020	Record Services			31,21
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be	NONE			
	required - see instructions)	NONE	######################################	\$\$\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1199 (1188 119 7 A. 1188 1188 1188 1188 1188 1188 1188 1
-	Excess distributions carryover from 2014 not	NONE			
	applied on line 5 or line 7 (see instructions)	NONE	CONTRACTOR	\$\$\!\delta \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Let 19 En hill strake Course United
	Excess distributions carryover to 2020.	31/317			
	Subtract lines 7 and 8 from line 6a	NONE		KIN TYRESHADINGKI KI KIRANINATINATI MIRIT	2 4 4 1 7 8 9 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Analysis of line 9				
-	Excess from 2015 NONE				
	Excess from 2016 NONE				
	Excess from 2017 NONE				
	Excess from 2018 NONE				
е	Excess from 2019 NONE	产工会会等人的政治的人人,然后的政治的	ONE SHOWER SHOWS A SHOW AS	marine distribution of the second pro-	Form 990-PF (20

Pa	Private Up	erating Foundations	s (see instructions a	na Part VII-A, questi	on 9)		NOT A	55PTCWRP1
1 a	If the foundation has	received a ruling or d	etermination letter tha	t it is a private opera	iting			
	foundation, and the ruling	g is effective for 2019, en	ter the date of the ruling		▶[
b	Check box to indicate	whether the foundation	is a private operating	foundation described in	section	4942(j)(3	or	4942(j)(5)
	Enter the lesser of the ad-	Tax year		Prior 3 years				
	justed net income from Part	(a) 2019	(b) 2018	(c) 2017	(d) 20	16	(e)	Total
	I or the minimum investment		(5) 2010	(6) 2017	(0, 20			
	return from Part X for each							
	year listed	<u> </u>						
b	85% of line 2a							
c	Qualifying distributions from Part							
	XII, line 4, for each year listed .							
d	Amounts included in line 2c not					i		
	used directly for active conduct of exempt activities							
۵	Qualifying distributions made							
٠	directly for active conduct of							
	exempt activities Subtract line							
3	2d from line 2c							
•	alternative test relied upon							
а	"Assets" alternative test enter							
	(1) Value of all assets							
	(2) Value of assets qualifying					1		
	under section 4942(j)(3)(B)(i)							
b	"Endowment" alternative test-			\ \ \				
	enter 2/3 of minimum invest-							
	ment return shown in Part X,							
	line 6 for each year listed "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)							$\overline{}$
	port from an exempt							\
	organization							
	(4) Gross investment income		Samuniaka Abia mank	ambo if Aba faorada	ain bad ¢	F 000 an a		
rai				only if the founda	tion nad \$	5,000 or r	nore in	assets at
		uring the year - see						
	Information Regarding						l	
а	List any managers of	the foundation who h	nave contributed mor	e than 2% of the tota	i contributio	ns received	by the	toundation
	before the close of any	tax year (but only if th	iey nave contributed i	nore than \$5,000). (Se	e section 50	//(a)(2).)		
	N/A							
b	List any managers of					n equally l	arge po	rtion of the
	ownership of a partner	ship or other entity) of	which the foundation	has a 10% or greater	ınterest			
	N/A			,				
2	Information Regarding	Contribution, Grant.	Gift, Loan, Scholarsh	p. etc Programs:				
_	Ť.			-				
				to preselected charm				
	unsolicited requests for complete items 2a, b,			ints, etc., to individua	is or organiz	ations unde	i other	conditions,
	•							
а	The name, address, an	d telephone number o	r email address of the	person to whom appli	cations shou	ild be addre	ssed	
	SEE STATEMENT							
b	The form in which app	lications should be sub	mitted and information	on and materials they s	hould includ	e:		
	SEE ATTACHED ST	TATEMENT FOR LI	NE 2					
								
	Any submission deadli	nes						
٠	•		NE 2					
	SEE ATTACHED ST	INIEMENI FOK LI	NE Z					
	Am., 2004-1-1-1-1		auch or his error	anhual areas sheets	ala fialds 1	undo of		
d	Any restrictions or li factors:	mitations on awards,	such as by geogra	apriicai areas, charita	vie fielās, k	anas of in:	stitutions	s, or other
	1001015.							
	SEE ATTACHED ST	<u> FATEMENT FOR LI</u>	NE 2	<u> </u>				

Form 990-PF (2019)				Page 11
Part XV Supplementary Information (c	continued)			
3 Grants and Contributions Paid Durin Recipient Name and address (home or business)	ng the Year or Appl	roved for	Future Payment	
Recipient	show any relationship to	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
SEE STATEMENT 32				931,000.
,				
				i
Total			▶ 3a	931,000.
b Approved for future payment				
Total			▶ 3b	

Page **12**

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by	section 512, 513, or 514	(e)	
-	(a)	(b)	(c)	(d)	Related or exempt function income	
1 Program service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)	
8						
b						
					<u> </u>	
			<u> </u>			
d						
e					 .	
<u> </u>						
g Fees and contracts from government agencies					. <u></u>	
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments -						
4 Dividends and interest from securities		, , , , , , , , , , , , , , , , , , , ,	14	925,779.		
5 Net rental income or (loss) from real estate						
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal property			<u> </u>			
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory			18	1,066,518.		
9 Net income or (loss) from special events · · ·						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue a		•				
b RETURN OF GRANTS			1	1,000.		
				2,000.		
<u> </u>						
d						
e				1,993,297.		
12 Subtotal Add columns (b), (d), and (e)					1 002 207	
13 Total. Add line 12, columns (b), (d), and (e) -				13	1,993,297.	
See worksheet in line 13 instructions to verify calcular XVI-B Relationship of Activities		acomplishment of Ev	omnt Dur	2000		
Line No. Explain below how each activit	y for which	n income is reported in	ı column (e	e) of Part XVI-A contribu	ited importantly to the	
▼ accomplishment of the foundation	n's exempt	t purposes (other than b	y providing	funds for such purposes	s) (See instructions)	
				· · · ·		
<u> </u>						
					<u> </u>	
					.	
				····		
		NOT APPLICABLE				
	, <u>-</u>					
· · · · · ·						
					_	
					_	
						

value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (d) Name of nonchantable exempt organization (d) Description of transfers, transactions, and sharing arrangements (d) Description of transfers, transactions, and sharing arrangements (d) Description of transfers, transactions, and sharing arrangements (e) Description of transfers, transactions, and sharing arrangements (d) Description of transfers, transactions, and sharing arrangements (e) Description of relationship (e) Descripti	Part	XVII	Information Re Organizations	egarding Tra	nsfers to	and Tr	ansactions	and	Relationship	os With	Nonchar	itable	Exc	empt
a Transfers from the reporting foundation to a noncharitable exempt organization of. (1) Cash		in sect	tion 501(c) (other										Yes	No
(2) Other assets. b Other transactions. (1) Sales of assets to a noncharitable exempt organization. (2) Purchases of assets from a noncharitable exempt organization. (3) Rental of facilities, equipment, or other assets. (4) Reimbursement arrangements. (5) Loans or loan guarantees. (6) Performance of services or membership or fundraising solicitations. (6) Performance of services or membership or fundraising solicitations. (7) Experiment of facilities, equipment, mailing lists, other assets, or paid employees. (8) Performance of services or membership or fundraising solicitations. (9) Performance of services or membership or fundraising solicitations. (1) Experiment of facilities, equipment, mailing lists, other assets, or paid employees. (1) Experiment of facilities, equipment, mailing lists, other assets, or paid employees. (2) Interest to any other assets, or services given by the reporting foundation if the foundation received less than fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangement, show in column (gli the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (Q) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (a) Line no (b) Amount involved (Q) Name of noncharitable exempt organization (d) Description of relationship. (a) Name of organization (b) Type of organization (e) Description of relationship. (a) Name of organization (b) Type of organization (e) Description of relationship. (a) Name of organization (e) Description of relationship. (b) Trust Exempt (e) Description of relationship. (c) Description of relationship. (a) Description of relationship. (a) Description of rela		-							_					·
22 Other assets 132 X 15 15 15 15 15 15 15														~ ¹
b Other transactions. (1) Sales of assets to a noncharitable exempt organization														
(1) Seles of assets to a noncharitable exempt organization		• •								• • • • •		18(2)		
22 Purchases of assets from a noncharitable exempt organization				aharitahla ayar	mnt organi	zation						1b/1)		_x '
(a) Rental of facilities, equipment, or other assets. (b) Rembursement arrangements (c) Loans or loan guarantees (d) Performance of services or membership or fundraising solicitations (e) Performance of services or membership or fundraising solicitations (e) Performance of services or membership or fundraising solicitations (e) Sharing of facilities, equipment, mailing lists, other assets, or paid employees (d) List be answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation if the foundation reveal less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of variatiers, transactions, and sharing arrangements (e) Name of organization (e) Name of organization (f) Description of relationship (g) Name of organization (h) Type of organization (e) Description of relationship (e) Description of relationship (f) Description of relationship (g) Name of organization (h) Type of organization (e) Description of relationship (f) Description of relationship (h) Type of organization (h) Description of relationship (h) Type of organization (h) Description of relationship (h) Description of rel														
(4) Reimbursement arrangements														
(5) Loans or loan guarantees .														
(6) Performance of services or membership or fundraising solicitations. c Sharing of facilities, equipment, mailing lists, other assets, or paid employees. d if the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangements. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements and searched in section 501(c) (other than section 501(c)(3)) or in section 527?														_
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees														Х
value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (d) Name of nonchantable exempt organization (d) Description of transfers, transactions, and sharing arrangements (d) Description of transfers, transactions, and sharing arrangements (d) Description of transfers, transactions, and sharing arrangements (e) Description of transfers, transactions, and sharing arrangements (d) Description of transfers, transactions, and sharing arrangements (e) Description of relationship (f) Transfer Description of prepare (given any howeldage and belief, it is true, correct, and cognitive Deslationship Description of prepare (given any howeldage) (e) Date True Description of the best of my brownledge and belief, it is true, correct, and cognitive Deslationship Description of transfers are properly as any howeldage (e) Date True Description of the best of my brownledge and belief, it is true, correct, and cognitive Deslationship Description of the Date Office of trustee (e) Date Date Description of relationship (e) Description of relationship (e) Description of relationship (e) Description of relationship (e) Description	С	Sharing	g of facilities, equipm	ent, mailing lis	ts, other as	ssets, or p	aid employe	es			[1c		Х
value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (d) Name of nonchantable exempt organization (d) Description of transfers, transactions, and sharing arrangements (d) Description of transfers, transactions, and sharing arrangements (e) Description of transfers, transactions, and sharing arrangements (d) Description of transfers, transactions, and sharing arrangements (e) Description of transfers, transactions, and sharing arrangements (e) Description of transfers, transactions, and sharing arrangements (d) Description of transfers, transactions, and sharing arrangements (e) Description of relationship (e) Description o														
(a) Line no (b) Amount involved (c) Name of nonchantable exempt organization (d) Description of transfers, transactions, and sharing arrangements 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?														
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?		value ı	n any transaction or	T										
described in section 501(c) (other than section 501(c)(3)) or in section 527?	(a) Lir	ne no	(b) Amount involved	(c) Name of	noncharitable	exempt orga	nization	(d) De:	scription of transf	ers, transacti	ons, and share	ng arra	ngeme	nts
described in section 501(c) (other than section 501(c)(3)) or in section 527?														
described in section 501(c) (other than section 501(c)(3)) or in section 527?				_										
described in section 501(c) (other than section 501(c)(3)) or in section 527?				_										
described in section 501(c) (other than section 501(c)(3)) or in section 527?		-								-				
described in section 501(c) (other than section 501(c)(3)) or in section 527?				1	· · · · · · · · · · · · · · · · · · ·									
described in section 501(c) (other than section 501(c)(3)) or in section 527?			 -	-			-							
described in section 501(c) (other than section 501(c)(3)) or in section 527?						• • • • • • • • • • • • • • • • • • • •								
described in section 501(c) (other than section 501(c)(3)) or in section 527?														
described in section 501(c) (other than section 501(c)(3)) or in section 527?														
described in section 501(c) (other than section 501(c)(3)) or in section 527?														
described in section 501(c) (other than section 501(c)(3)) or in section 527?														
described in section 501(c) (other than section 501(c)(3)) or in section 527?														
described in section 501(c) (other than section 501(c)(3)) or in section 527?														
described in section 501(c) (other than section 501(c)(3)) or in section 527?												_		
(a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than knowledge) Sign Here Signature of officer or trustee RICHARD D. OLIVER Print/Type preparer's name JOSEPH J. CASTRIANO Preparer Firm's name PRICEWATERHOUSECOOPERS LLP Firm's address 600 GRANT STREET PITTSBURGH, PA 15219 Phone no 412-355-6000		describ	ed in section 501(c)	(other than se	ction 501(I	Y6	es 📝	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and controlled Declaration of preparer (other transferage) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below? See instructions	b	If "Yes,	" complete the follow	wing schedule										
Sign Here Signature of officer or trustee Date Title TrustEE Title Print/Type preparer's name JOSEPH J. CASTRIANO Preparer Firm's name ▶ PRICEWATERHOUSECOOPERS LLP Use Only Firm's address ▶ 600 GRANT STREET PITTSBURGH, PA 15219 Phone no 412-355-6000			(a) Name of organizatio	n	'	(b) Type of o	rganization			(c) Description	on of relations	hip		
Sign Here Signature of officer or trustee Date Title TrustEE Print/Type preparer's name JOSEPH J. CASTRIANO Preparer Firm's name ▶ PRICEWATERHOUSECOOPERS LLP Firm's address ▶ 600 GRANT STREET PITTSBURGH, PA 15219 Print/Type preparer has any knowledge TRUSTEE Title TRUSTEE Title TRUSTEE Title Date Od/24/2020 Self-employed PO1251603 Print/Type preparer's name Preparer's signature Od/24/2020 Self-employed PO1251603 Firm's EIN ▶ 13-4008324 Phone no 412-355-6000														
Sign Here Signature of officer or trustee Date Title TrustEE Print/Type preparer's name JOSEPH J. CASTRIANO Preparer Firm's name ▶ PRICEWATERHOUSECOOPERS LLP Firm's address ▶ 600 GRANT STREET PITTSBURGH, PA 15219 Print/Type preparer has any knowledge TRUSTEE Title TRUSTEE Title TRUSTEE Title Date Od/24/2020 Self-employed PO1251603 Print/Type preparer's name Preparer's signature Od/24/2020 Self-employed PO1251603 Firm's EIN ▶ 13-4008324 Phone no 412-355-6000			<u> </u>		-									
Sign Here Signature of officer or trustee Date Title TrustEE Title Print/Type preparer's name JOSEPH J. CASTRIANO Preparer Firm's name ▶ PRICEWATERHOUSECOOPERS LLP Use Only Firm's address ▶ 600 GRANT STREET PITTSBURGH, PA 15219 Phone no 412-355-6000							-							
Sign Here Signature of officer or trustee Date Title TrustEE Title Print/Type preparer's name JOSEPH J. CASTRIANO Preparer Firm's name ▶ PRICEWATERHOUSECOOPERS LLP Use Only Firm's address ▶ 600 GRANT STREET PITTSBURGH, PA 15219 Phone no 412-355-6000								1						
Sign Here Image: Signature of officer or trustee of the preparer shown below? Signature of officer or trustee of the preparer shown below? See instructions		Under	penalties of perjury, I decla	ire that I have exam	ined this retur	n, including a	ccompanying sch	redules and	d statements, and t	o the best of	my knowledge	and b	elief, it	ıs true,
Here Signature of officer or trustee Date Title RICHARD D. OLIVER Paid Print/Type preparer's name JOSEPH J. CASTRIANO Preparer Use Only Firm's address ▶ 600 GRANT STREET PITTSBURGH, PA 15219 Paid See instructions X Yes No Date Check X if PTIN Date O4/24/2020 self-employed P01251603 Firm's EIN ▶ 13-4008324 Phone no 412-355-6000	_		correct, and complete Declaration of preparer (other transfer,							Ī				
Print/Type preparer's name JOSEPH J. CASTRIANO Preparer Firm's name PRICEWATERHOUSECOOPERS LLP Firm's address PRICEWATERHOUSECOOPERS LLP Print/Type preparer's name Date 04/24/2020 Self-employed PO1251603 Firm's EIN ▶ 13-4008324 Phone no 412-355-6000	Here	Sign	nature of officer or trustee									_		_
Print/Type preparer's name JOSEPH J. CASTRIANO Preparer Firm's name PRICEWATERHOUSECOOPERS LLP Firm's address PRICEWATERHOUSECOOPERS LLP Print/Type preparer's name Date 04/24/2020 Self-employed PO1251603 Firm's EIN ▶ 13-4008324 Phone no 412-355-6000		RI	CHARD D. OLIV	ER										لت
Preparer Use Only Castriano	D~:~	1	Print/Type preparer's na	me	Prepare	er's signature	IB		I		۱" (<u>حم</u> «			
Use Only Firm's address ▶ 600 GRANT STREET PITTSBURGH, PA 15219 Phone no 412-355-6000						17	18c	=:	04/24/2	2020 self-)3
PITTSBURGH, PA 15219 Phone no 412-355-6000	-					PERS LI	<u> P</u>			Firm's EIN	▶ 13-4	1008	324	
	Use	Only									440.5-			
			PI	TTSBURGH,	PA	_	152	19	-	Phone no				(2010)

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

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

2019

Employer identification number

THE OLIVER FAMILY FOUNDATION C/O U.S. BANK 31-1365209 Organization type (check one). Section: Filers of: 501(c)() (enter number) organization Form 990 or 990-EZ 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, 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) (2019)

Name of organization
THE OLIVER FAMILY FOUNDATION C/O U.S. BANK

Employer identification number 31-1365209

Part I	eeded.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	GERTRUDE M OLIVER NON EXEMPT CLT #2 C/O JOHN J KROPP, TRUSTEE CINCINNATI, OH 45202	\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	OLIVER CHARITABLE LEAD TRUST 1 C/O JOHN J KROPP, TRUSTEE CINCINNATI, OH 45202	\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	G OLIVER EXEMPT CLT #2 CUSTODY C/O JOHN J KROPP, TRUSTEE CINCINNATI, OH 45202	\$105,150	Person X 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)

FNB524 P28D 04/24/2020 13:46:21

	NET INVESTMENT INCOME	6,155. 35,133. 777,934. 10,786. 69,276.	
FROM SECURITIES ====================================	REVENUE AND EXPENSES PER BOOKS	6,155. 35,133. 26,495. 777,934. 10,786. 69,276.	79
FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES	DESCRIPTION	USGI REPORTED AS NONQUALIFIED DIVIDENDS FOREIGN DIVIDENDS NONDIVIDEND DISTRIBUTIONS DOMESTIC DIVIDENDS NONQUALIFIED DOMESTIC DIVIDENDS SECTION 199A DIVIDENDS	TOTAL

FORM 990PF, PART I - OTHER INCOME

> REVENUE AND EXPENSES PER BOOKS

DESCRIPTION

1,000.

RETURN OF GRANTS

1,000.

TOTALS

FEES	11 11 11 11 11
LEGAL	
ı	
Н	
PART	
990PF,	
FORM	

CHARITABLE PURPOSES	7,532.	7,532	11 11 11 11 11 11 11 11 11 11 11
ADJUSTED NET INCOME			11 11 11 11 11 11 11 11 11
NET INVESTMENT INCOME			
REVENUE AND EXPENSES PER BOOKS	7,532.		
DESCRIPTION	LEGAL FEES - INCOME (ALLOCABLE	TOTALS	

Μ

ß	ı
[Ŧ]	i
囝	1
ſΞų	١
	١
Ö	11111
Ž	ļ
Ħ	ļ
닭	ļ
\in	1
50	i
\sim	1111
ÿ	i
ã	i
•	1
1	1
	١
\vdash	Ì
_	ļ
Ë	!
ΆR	1
ΡA	1
	i
_	i
Ĺц	i
ם	i
0	-
9	1
σ	
_	!
Ξ	ļ
OR.	!
-	ł
щ	1

CHARITABLE PURPOSES	3,000.	3,000.
ADJUSTED NET INCOME	1 1 1 1 1	NONE
NET INVESTMENT INCOME	1 1 1 1 1	NONE
REVENUE AND EXPENSES PER BOOKS	3,000.	3,000.
DESCRIPTION	TAX PREPARATION FEE (NON-ALLOC	TOTALS

2

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

CHARITABLE PURPOSES 	6,023.
NET INVESTMENT INCOME	54,203. 54,203. ====================================
REVENUE AND EXPENSES PER BOOKS	60,226.
	TOTALS
DESCRIPTION	TRUST FEES

FORM 990PF, PART I - TAXES

REVENUE
AND
EXPENSES

DESCRIPTION

PER BOOKS

42,180.

FEDERAL ESTIMATES - PRINCIPAL

42,180.

TOTALS

7

STATEMENT

EXPENSES
OTHER
1
Н
PART
990PF,
FORM

REVENUE	AND	EXPENSES	PER BOOKS	
			DESCRIPTION	

EXPENSES PER BOOKS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1,818.	501.	200.
DESCRIPTION		OTHER MISC EXPENSES	OTHER MISC EXPENSES	STATE FILING FEE/TAX

|| || || || || || ||

TOTALS

PURPOSES	1,818. 501. 200.	2,519.
----------	------------------------	--------

CHARITABLE

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	ENDING FMV
478160104 JOHNSON JOHNSON 571748102 MARSH MCLENNAN COS I	645,301.	645,301.	1,034,218.
	28,93	26,435	28,505
ILLINOIS TOOL WOR	74,20	74,20	543,38
704326107 PAYCHEX INC	11,66	03,393	18,022
MAXIM INTEGRATED	70,05	70,052	20,775
MCCORMIC	88,25	,	
PEPSICO	32,80	780,617.	1,083,656.
HASBRO	84,01		
SEMPRA	84,58	584,589.	779,365.
	50,35		
	73,43	76,76	56,174
	63,82	86,37	29,653
EXXON	86,03	86,03	19,941
	27,81	278,956.	396,078.
	72,47	75,51	01,446
88579Y101 3M CO	79,27		
	92,47	92,47	15,95
756109104 REALTY INCOME CORP	03,56	10,65	04,14
	64,47	564,478.	785,641.
	11,14	02,79	39,93
	13,86	47,46	29,23
054937107 B B T CORP	83,21		
	08,40	98,745	,001,447
	46,56	846,563.	1,713,226.
LYO	10,97	10,973	471,928
	38,78		
HONEYWE	80,16	780,163.	1,115,985.
00287Y109 ABBVIE INC	91,46		

ω

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE	ENDING FMV
717081103 PFIZER INC 437076102 HOME DEPOT INC 539830109 LOCKHEED MARTIN CORP 91913Y100 VALERO ENERGY CORP 09247X101 BLACKROCK INC 002824100 ABBOTT LABORATORIES 65339F101 NEXTERA ENERGY INC 92939U106 WEC ENERGY GROUP INC 609207105 MONDELEZ INTERNATION 718546104 PHILLIPS 66 902973304 US BANCORP 11135F101 BROADCOM INC 828806109 SIMON PROPERTY GROUP 532457108 ELI LILLY CO 855244109 STARBUCKS CORP 580135101 MCDONALDS CORP 590135101 WELLS FARGO CO 20030N101 COMCAST CORP 949746101 WELLS FARGO CO 20030N101 COMCAST CORP 949746101 WELLS FARGO CO 20030N101 COMCAST CORP 949746101 WELLS FARGO CO 20030N101 COCCA COLA COMPANY 30040W108 EVERSOURCE ENERGY 237194105 DARDEN RESTAURANTS I 682680103 ONEOK INC	C F	557,22 669,252,066 669,222,066 657,22 657,	0000V440WQVCVWWQ8040088WQQ410 0000V440WQVQA0000088WQQ410	1, 12899 1, 14849, 12899 1, 14849, 12899 1, 14849, 12899 1, 10899, 12899 1, 10899, 129999, 129999, 129999, 129999, 129999, 12999, 129999, 129999, 129999, 129999, 129999,
	101413	7,4	/ C / TCC / 7	- II

δ

-	1
C	
	٠
V	
4	
~	•
۲,	1
٠	•
C)
~	J
ċ	5
202	J
_	
24	H
C	J
04/	
4	۲
C)
_	
ממכי	1
α	2
5	V
Ц	4
_	
4	1
Ľ	
ň	í
FNRS	
Ē	
_	•

	END ING FMV	1 1	1,655.	1,655.
	ENDING BOOK VALUE		1,655.	1,655.
	BEGINNING BOOK VALUE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2,820.	2,820.
			,	TOTALS
FORM 990PF, PART II - OTHER ASSETS	DESCRIPTION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACCRUED INCOME 000000000 MISCELLANEOUS ENTRY	

FORM 990E	F, PART	III	- 0'	DECREASES	IN	NET	WORTH	OR	FUND	BALANCES
DESCRIPTI	ON 			 						AMOUNT
ROC ADJ ROUNDING										12,668.
				TOT	ĄL			j		12,670.

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

RICHARD D OLIVER

ADDRESS:

C/O US BANK, POB 1118 CN-OH-W10X

CINCINNATI, OH 45202

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 0

OFFICER NAME:

JOHN C OLIVER

ADDRESS:

C/O US BANK, POB 1118 CN-OH-W10X

CINCINNATI, OH 45202

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 0

OFFICER NAME:

DEBRA OLIVER

ADDRESS:

C/O US BANK, POB 1118 CN-OH-W10X

CINCINNATI, OH 45202

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 0

OFFICER NAME:

VERE W GAYNOR

ADDRESS:

C/O US BANK, POB 1118 CN-OH-W10X

CINCINNATI, OH 45202

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 0

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

CHRISTINE A BUTTRESS ESQ

ADDRESS:

C/O US BANK, POB 1118 CN-OH-W10X

CINCINNATI, OH 45202

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 0

THE OLIVER FAMILY FOUNDATION C/O U.S. BANK FORM 990PF, PART XV - LINES 2a - 2d

RECIPIENT NAME:

U.S. BANK, N.A., AGENT

ADDRESS:

PO BOX 1118 CN-OH-W7PT CINCINNATI, OH 45201-1118

RECIPIENT'S PHONE NUMBER: 513-632-4292

FORM, INFORMATION AND MATERIALS:

NONE

SUBMISSION DEADLINES:

NONE

RESTRICTIONS OR LIMITATIONS ON AWARDS:

SHOULD BE LIMITED TO THE GREATER CINCINNATI AREA

THE OLIVER FAMILY FOUNDATION C/O U.S. BANK 31-1365209 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: FAMILIES FORWARD ADDRESS: 2400 READING ROAD, STE 126 CINCINNATI, OH 45202 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: 2,500. AMOUNT OF GRANT PAID RECIPIENT NAME: TRAILBLAZER BOOSTER CLUB ADDRESS: PO BOX 491 MASON, OH 45040 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: 5,000. AMOUNT OF GRANT PAID RECIPIENT NAME: BOYS AND GIRLS CLUBS OF GREATERCINCINN ADDRESS: 600 DALTON AVE CINCINNATI, OH 45203 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID

12,500.

PC

THE OLIVER FAMILY FOUNDATION C/O U.S. BANK 31-1365209 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: HISTORIC SOUTHWEST OHIO ADDRESS: PO BOX 62475 CINCINNATI, OH 45262 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 1,000. RECIPIENT NAME: GREAT LAKES COALITION ADDRESS: 526 MISSOURI AVE CINCINNATI, OH 45226 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 1,000.

RECIPIENT NAME:

YWCA

ADDRESS:

898 WALNUT STREET CINCINNATI, OH 45202

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:
SEVEN HILLS SCHOOL
ADDRESS:
5400 RED BANK ROAD
CINCINNATI, OH 45227
RELATIONSHIP:

NONE

PURPOSE OF GRANT: GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 10,000.

RECIPIENT NAME:
HILLSIDE TRUST

ADDRESS:

710 TUSCULUM AVE ALMS PARK

CINCINNATI, OH 45226

RELATIONSHIP:

NONE

PURPOSE OF GRANT:
GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 5,000.

RECIPIENT NAME:

STEPPING STONES CENTER

ADDRESS:

5650 GIVEN ROAD

CINCINNATI, OH 45243

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

THE OLIVER FAMILY FOUNDATION C/O U.S. BANK 31-1365209 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: LA SOUPE ADDRESS: 4150 ROUND BOTTOM ROAD CINCINNATI, OH 45244 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 1,000. RECIPIENT NAME: CINCINNATI MUSEUM CENTER ADDRESS: 1301 WESTERN AVENUE CINCINNATI, OH 45203 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 10,000. RECIPIENT NAME: INDIAN HILL FOUNDATION ADDRESS: 6855 DRAKE ROAD CINCINNATI, OH 45243 RELATIONSHIP: NONE

AMOUNT OF GRANT PAID

PURPOSE OF GRANT: GENERAL OPERATING

PC

FOUNDATION STATUS OF RECIPIENT:

1,000.

THE OLIVER FAMILY FOUNDATION C/O U.S. BANK 31-1365209 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID _______ RECIPIENT NAME: THE CHILDRENS THEATER OF CINCINNATI ADDRESS: 4015 RED BANK ROAD CINCINNATI, OH 45227 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: PC RECIPIENT NAME: LIGHTHOUSE YOUTH SERVICES ADDRESS: 1501 MADISON ROAD 2ND FLOOR CINCINNATI, OH 45206 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: 1,000. AMOUNT OF GRANT PAID RECIPIENT NAME: ARTSWAVE ADDRESS: 20 E CENTRAL PARKWAY #200 CINCINATTI, OH 45202 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 10,000. THE OLIVER FAMILY FOUNDATION C/O U.S. BANK 31-1365209 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: CINCINNATI BALLET (CLUB B) ADDRESS: 1555 CENTRAL PARKWAY CINCINNATI, OH 45214 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 5,000. RECIPIENT NAME: LEELANAU CONSERVANCY ADDRESS: PO BOX 1007 LELAND, MI 49654 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: 5,000. AMOUNT OF GRANT PAID RECIPIENT NAME: ROTHENBERG SCHOOL ROOFTOP GARDEN ADDRESS: 241 CLIFTON AVE CINCINNATI, OH 45202 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: PC

AMOUNT OF GRANT PAID

1,000.

THE OLIVER FAMILY FOUNDATION C/O U.S. BANK 31-1365209 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: TURNER FARM PRESERVATION FOUNDATION ADDRESS: 201 E FIFTH ST, STE 900 CINCINNATI, OH 45202 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 7,500. RECIPIENT NAME: INDIAN HILL CHURCH ADDRESS: 6000 DRAKE ROAD CINCINNATI, OH 45243 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 5,000.

RECIPIENT NAME:

CINCINNATI SYMPHONY ORCHESTRA

ADDRESS:

1241 ELM STREET

CINCINNATI, OH 45202

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

THE OLIVER FAMILY FOUNDATION C/O U.S. BANK 31-1365209 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID _____ RECIPIENT NAME: TAFT MUSEUM OF ART ADDRESS: 316 PIKE STREET CINCINNATI, OH 45202 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 100,000. RECIPIENT NAME: ARTWORKS ADDRESS: 20 E CENTRAL PARKWAY #200 CINCINATTI, OH 45202 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: 2,500. AMOUNT OF GRANT PAID RECIPIENT NAME:

UNITED WAY

ADDRESS:

2400 READING ROAD

CINCINNATI, OH 45202-1478

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

10,000. AMOUNT OF GRANT PAID

THE OLIVER FAMILY FOUNDATION C/O U.S. BANK 31-1365209 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: CINNCINNATI ZOO AND BOTANICAL GARDEN ADDRESS: 3400 VINE STREET CINCINNATI, OH 45220 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: ЪС AMOUNT OF GRANT PAID 132,500. RECIPIENT NAME: CONVALESCENT HOSPITAL FOR CHILDEN

CONVALESCENT HOSPITAL FOR CHILDE ADDRESS:
5729 DRAGON WAY
CINCINNATI, OH 45227
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL OPERATING

GENERAL OPERATING
FOUNDATION STATUS OF RECIPIENT:
PC

RECIPIENT NAME:
JOY
ADDRESS:
PO BOX 157
CLARKSVILLE, OH 45113
RELATIONSHIP:
NONE
PURPOSE OF GRANT:

PURPOSE OF GRANT:
GENERAL OPERATING
FOUNDATION STATUS OF RECIPIENT:
PC

THE OLIVER FAMILY FOUNDATION C/O U.S. BANK 31-1365209 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID ______ RECIPIENT NAME: CIVIC GARDEN CENTER OF GREATERCINCINNA ADDRESS: 2715 READING ROAD CINCINNATI, OH 45206 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: RECIPIENT NAME: FREESTORE FOODBANK ADDRESS: 1250 TENNESSEE AVE CINCINNATI, OH 45229 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: 10,000. AMOUNT OF GRANT PAID RECIPIENT NAME: BEECHWOOD HOME ADDRESS: 2140 POGUE AVE CINCINNATI, OH 45208 RELATIONSHIP: NONE PURPOSE OF GRANT:

AMOUNT OF GRANT PAID 100,000.

PC

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

THE OLIVER FAMILY FOUNDATION C/O U.S. BANK 31-1365209 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: BETHANY SCHOOL ADDRESS: 555 ALBION AVE CINCINNATI, OH 45246 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: RECIPIENT NAME: CINCINNATI PARKS FOUNDATION ADDRESS: 421 OAK STREET CINCINNATI, OH 45219 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: 52,000. AMOUNT OF GRANT PAID RECIPIENT NAME: DRESS FOR SUCCESS CINCINNATI ADDRESS: 135 W FOURTH STREET CINCINNATI, OH 45202 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID

PC

5,000.

THE OLIVER FAMILY FOUNDATION C/O U.S. BANK 31-1365209 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID _____ RECIPIENT NAME: CINCINNATI ART MUSEUM ADDRESS: 953 EDEN PARK DR CINCINNATI, OH 45202 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 50,000. RECIPIENT NAME: ATLANTIC SALMON FEDERATION ADDRESS: PO BOX 807 CALAIS, ME 04619 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 10,000. RECIPIENT NAME: CITY OF CINCINNATI, PARKS DIVISION ADDRESS: 950 EDEN PARK DRIVE CINCINNATI, OH 45202 RELATIONSHIP:

AMOUNT OF GRANT PAID

STATEMENT 26

NONE

PC

PURPOSE OF GRANT: GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

5,000.

THE OLIVER FAMILY FOUNDATION C/O U.S. BANK 31-1365209 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME: LADD, INC ADDRESS: 3603 VICTORY PARKWAY CINCINNATI, OH 45229 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: PC RECIPIENT NAME: HOPEFUL HORIZONS ADDRESS: PO BOX 1775 BEAUFORT, SC 29901 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 10,000. RECIPIENT NAME: KENZIE'S CLOSET ADDRESS: P.O. BOX 43285 CINCINNATI, OH 45285

RELATIONSHIP:

PURPOSE OF GRANT: GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

NONE

PC

THE OLIVER FAMILY FOUNDATION C/O U.S. BANK 31-1365209 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

WOMENS ART CLUB OF CINCINNATI

ADDRESS:

6980 CAMBRIDGE

MARIEMONT, OH 45227

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

LINDNER CENTER FOR HOPE

ADDRESS:

4075 WESTERN ROW ROAD

MASON, OH 45040

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

HOSPICE OF CINCINNATI INC .

ADDRESS:

4360 COOPER ROAD

CINCINNATI, OH 45242

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

THE OLIVER FAMILY FOUNDATION C/O U.S. BANK 31-1365209 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID _______ RECIPIENT NAME: CHATFIELD COLLEGE ADDRESS: 20918 STATE ROUTE 251 ST MARTIN, OH 45118-9705 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 5,000. RECIPIENT NAME: RONALD MCDONALD HOUSE ADDRESS: 350 ERKENBRECHER AVE CINCINNATI, OH 45229 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: 2,500. AMOUNT OF GRANT PAID RECIPIENT NAME: CINCINNATI NATURE CENTER ADDRESS: 4949 TEALTOWN ROAD MILFORD, OH 45150 RELATIONSHIP:

AMOUNT OF GRANT PAID

STATEMENT 29

NONE

PC

PURPOSE OF GRANT: GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

50,000.

THE OLIVER FAMILY FOUNDATION C/O U.S. BANK 31-1365209 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

INTERLOCHEN CENTER FOR THE ARTS

ADDRESS:

PO BOX 199

INTERLOCHEN, MI 49643

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

CINCINNATI CHILDREN'S HOSPITAL

ADDRESS:

PO BOX 5202

CINCINNATI, OH 45201

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

ATWILL MEMORIAL CHAPEL

ADDRESS:

105 N NORTHCOTT DR

NORTHPOINT, MI 49670

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

РÇ

AMOUNT OF GRANT PAID 10,000.

THE OLIVER FAMILY FOUNDATION C/O U.S. BANK 31-1365209 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: CHILDRENS HOME ADDRESS: 5050 MADISON ROAD CINCINNATI, OH 45227 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: PCAMOUNT OF GRANT PAID 10,000. RECIPIENT NAME: GARDEN CLUB OF AMERICA ADDRESS: 14 E. 60TH ST, 3RD FLOOR NEW YORK, NY 10022 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: 30,000. AMOUNT OF GRANT PAID RECIPIENT NAME: UNIVERSITY OF CINCINNATI COLLEGEOF MED ADDRESS: PO BOX 19970 CINCINNATI, OH 45219 RELATIONSHIP:

NONE

PC

PURPOSE OF GRANT: GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

THE OLIVER FAMILY FOUNDATION C/O U.S. BANK 31-1365209 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID ______ RECIPIENT NAME: CINCINNATI PRESERVATION ASSOCIATION ADDRESS: 342 WEST FOUTH STREET CINCINNATI, OH 45202 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 5,000. 931,000.

STATEMENT 32

==========

TOTAL GRANTS PAID:

Ε