

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
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		nent of the Treasury Revenue Service  Do not enter so Go to www irs.		•		-				olic Inspection
F	or cal	endar year 2019 or tax year beginning		-		and endi				, 20
_		foundation ERIC B YEISER FAMIL	LY FOU	NDATION C				A Employeriden	tification nur	mber
	THI	RD BANK, AGENT			,			31	L-16468	15
N		and street (or P O box number if mail is not delivered t	o street ad	dress)		Room/suit	e	B Telephone num		
	PΩ	BOX 630858						9	513-534	-5310
		own, state or province, country, and ZIP or foreign post	al code			L				
								C If exemption appl pending, check hi	ication is	▶□
	CTN	CINNATI, OH 45263-0858						pending, check n	ere	
G		ck all that apply.   Initial return		Initial return	of a former p	ublic char	itv	D 1 Foreign organi	zazione obsob b	noro ►
		Final return		Amended ret	•			2 Foreign organi		
		Address change		Name change			- 1	85% test, chec	k here and attac	h _ 🗍
H	Che	ck type of organization: X Section 501	(c)(3) ex					·		
Ï		ection 4947(a)(1) nonexempt charitable trust	_	her taxable pr		$_{ ext{ion}}$ $0^{\sim}$	.	E If private foundate under section 50°		<b>►</b>
1				nethod X Ca		rual				<del></del>
•		<del> </del>	ther (sp					F If the foundation under section 50		
				d), must be on ca	ash basis )		_		,	
6		Analysis of Revenue and Expenses (The	r							sbursements
		total of amounts in columns (b), (c), and (d)	1011	evenue and enses per	(b) Net inve		(	c) Adjusted net		charitable urposes
		may not necessarily equal the amounts in column (a) (see instructions) )		books	incom	ie		income		basis only)
_	1	Contributions, gifts, grants, etc., received (attach schedule) .							1	
	2	Check if the foundation is not required to						<u></u>		
	3	attach Sch B		5,854.		5,854.				STMT 1
	4	Dividends and interest from securities		442,191.	44	2,191.				STMT 2
	•	Gross rents		,		-,				
		Net rental income or (loss)								•
ď		Net gain or (loss) from sale of assets not on line 10	<del> </del>	234,295.						•
Revenue	Ъ	Gross sales price for all	· ·	292/233.				RECEIVE	= 10	<del>                                     </del>
Š	7	Capital gain net income (from Part IV, line 2).	1		23	4,295		RECEIVE	10	
Re	8	Net short-term capital gain				-/	Г		030	
	9	Income modifications					카	MAY 13 2	UPU G	
:		Gross sales less returns					히			
:		Less Cost of goods sold .					L	- SDENI	TIT	,
Ì		Gross profit or (loss) (attach schedule)						OGUEN		
,	11	Other income (attach schedule)		105.						STMT 3
	12	Total. Add lines 1 through 11 · · · · · ·		682,445.	68	2,340.				
_	13	Compensation of officers, directors, trustees, etc		•						
es	۱.,	Other employee salaries and wages				NONE		NON	1E	
SU	15	Pension plans, employee benefits				NONE		NON	1E	
g	16a	Legal fees (attach schedule)				`				
Administrative Expense	ь	Accounting fees (attach schedule) STMT 4		1,175.		588.		NON	1E	588
<u>×</u>	c	Other professional fees (attach schedule: 5.		85,042.	8	5,042.				
rat	17	Interest								
ist	18	Taxes (attach schedule) (see instructions). 6.		30,432.		9,086.				
<u>.</u>	19	Depreciation (attach schedule) and depletion.								
d	20	Occupancy								
Ψ P	21	Travel, conferences, and meetings				NONE		NON	1E	
and	22	Printing and publications				NONE		NON	1E	
		Other expenses (attach schedule) STMT. 7.	L	4,248.		567.				3,681
Operating	24	Total operating and administrative expenses.								
er		Add lines 13 through 23		120,897.	9	5,283.		NON	1E	4,269
Ö	25	Contributions, gifts, grants paid		910,000.					<u> </u>	910,000
_	26	Total expenses and disbursements Add lines 24 and 25	1	.,030,897.	9	5,283.		NON	1E	914,269
	27	Subtract line 26 from line 12								
	а	Excess of revenue over expenses and disbursements		-348,452.						- <del></del>
	b	Net investment income (If negative, enter -0-)			58	7,057.				
_	С	Adjusted net income (if negative, enter -0-)								
SA F	r Par	erwork Reduction Act Notice, see instructions							Form	990-PF (2019)

Par	t II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	f year
		amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1 (	Cash - non-interest-bearing	1	1.	1
	2 9	Cash - non-interest-bearing	156,826.	403,775.	403,775
					- m <del> m - m</del> - m - m - m - m - m - m - m -
		ess allowance for doubtful accounts			
		ess allowance for doubtful accounts			
		Grants receivable			
	6 F	Receivables due from officers, directors, trustees, and other			
	(	disqualified persons (attach schedule) (see instructions)			
	7 (	Other notes and loans receivable (attach schedule)			
	ι	.ess. allowance for doubtful accounts ► NONE			
S		nventories for sale or use			
o-۱		Prepaid expenses and deferred charges			
¥ 1		nvestments - U.S. and state government obligations (attach schedule).			
		nvestments - corporate stock (attach schedule)		12,394,173.	17,559,994
		nvestments - corporate bonds (attach schedule)		2,910,812.	2,978,720
1	1	nvestments - land, buildings,			,
	l	ess accumulated depreciation		- + , -	• '
١,		attach schedule) nvestments - mortgage loans		,	
	3	nvestments - other (attach schedule)		•	
	4 4	and, buildings, and			
	į	ess accumulated depreciation			
1,	5 (	Other assets (describe		***	
		Total assets (to be completed by all filers - see the			
'		nstructions Also, see page 1, item I)	16,057,210.	15,708,761.	20,942,490
1.		Accounts payable and accrued expenses		237.007.02.	20/312/120
		Grants payable			· · · · · · · · · · · · · · · · · · ·
		Deferred revenue			
:≝]`,		oans from officers, directors, trustees, and other disqualified persons.			
abilities		Mortgages and other notes payable (attach schedule)			<del></del>
ء 2 ات		Other liabilities (describe )			
-	•	Julier Habilities (describe P			<del></del>
2	3 1	Total liabilities (add lines 17 through 22)		NONE	
		Foundations that follow FASB ASC 958, check here			
Balances		and complete lines 24, 25, 29, and 30.			1
E ,		Net assets without donor restrictions			
Ba 2		Net assets with donor restrictions · · · · · · · · · · · · · · · · · · ·			
	. S I	Foundations that do not follow FASB ASC 958, check here			
5	. ε	and complete lines 26 through 30			
Net Assets or Fund	6 (	Capital stock, trust principal, or current funds	16,057,210.	15,708,761.	•
5 2	7 6	Paid-in or capital surplus, or land, bldg, and equipment fund			
į,	9 .	Retained earnings, accumulated income, endowment, or other funds	-		
Si 2	9 1	Fotal net assets or fund balances (see instructions)	16,057,210.	15,708,761.	
ر ا	0 1	Total liabilities and net assets/fund balances (see	20/03//220.	23,700,702.	
ž ਁ		nstructions) · · · · · · · · · · · · · · · · · · ·	16,057,210.	15,708,761.	
Par	t III	Analysis of Changes in Net Assets or Fund Bala		23//05//02/	
_		net assets or fund balances at beginning of year - Part		must agree with	
		of-year figure reported on prior year's return)		- 1	16,057,210.
		amount from Part I, line 27a			-348,452.
		r increases not included in line 2 (itemize) ► ROUNDING		3	3.
		lines 1, 2, and 3		<del></del>	15,708,761.
		eases not included in line 2 (itemize)		5	
		net assets or fund balances at end of year (line 4 minus li	ine 5) - Part II, column (h		15,708,761.
<u> </u>		The second of the second of the or your time 4 times of	37 . 6.1. 117 001411111 (E	.,,	Form <b>990-PF</b> (2019)

I G	(a) List and des	cribe the kind(s) of property sold (for exick warehouse, or common stock, 200	kample, real estate,	(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						
С						
d						
<u>e</u>	<del></del>					
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) mini	ıs (g))
a	4,205,959.		3,971,664.			234,295.
b						
<u>c</u>				-		
<u>d</u>	-			<del> </del>		
<u>e</u>		owing gain in column (h) and owned b	withe foundation on 12/31/69	·		
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		Gains (Col. (h) ga (k), but not less t Losses (from co.	han -0-) <b>or</b>
			, , , , , , , , , , , , , , , , , , ,			234,295.
<u>a</u> b						2021200.
C						
d						
e						
2	Capital gain net income	Ar ingt canital ineel	oin, also enter in Part I, line 7	2		234,295.
3	Net short-term capital di	ain or (loss) as defined in sections	,	<del></del>		231,233.
•		art I, line 8, column (c) See inst				
	=			3		
Pai		nder Section 4940(e) for Redu		ncome		
		the section 4942 tax on the distrib 't qualify under section 4940(e) Do		ase perio	d?	Yes X No
1	·	nount in each column for each yea		ng any en	tries.	·
•	(a)	(b)	(c)	3 - 7 -	(d)	
Cale	Base period years ander year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		Distribution ra (col (b) divided by	
	2018	502,533.	18,302,573.			0.027457
	2017	310,000.	11,074,137.			0.027993
	2016	250,000.	7,685,152.		_	0.032530
	2015	199,000.	5,699,676.			0.034914
	2014	166,000.	3,607,564.			0.046014
2	Total of line 1, column (	d)		2		0.168908
3		o for the 5-year base period - divid				
	the number of years the	foundation has been in existence	If less than 5 years	3		0.033782
4	Enter the net value of no	oncharitable-use assets for 2019 fr	om Part X, line 5	4	19_,	689,174.
5	Multiply line 4 by line 3			5		665,140.
6	Enter 1% of net investm			6		
		ent income (1% of Part I, line 27b)		1 1		5,871.
7	Add lines 5 and 6	ent income (1% of Part I, line 27b)			·	5,871. 671,011.
7	Enter qualifying distribu			7 8		671,011. 914,269.

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Par	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstru	ction	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here			
	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		5,8	<u> 71.</u>
	here X and enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of			٠,
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		N	<u>IONE</u>
3	Add lines 1 and 2		5,8	71.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		N	<u>IONE</u>
5	Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0		5,8	<u> 171.</u>
6	Credits/Payments			ł
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 17,000.			l.
b	Exempt foreign organizations - tax withheld at source			,
c	Tax paid with application for extension of time to file (Form 8868) 6c NONE			1
d	Backup withholding erroneously withheld	~ .	-	•
7	Total credits and payments Add lines 6a through 6d		17,0	00.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
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		11,1	<u>.29.</u>
11	Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ 11,129. Refunded ▶ 11			
Par	VII-A Statements Regarding Activities			
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?	18		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
	Did the foundation file Form 1120-POL for this year?	1c		X
d	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, articles	-		٠,
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		^
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		<del>-</del>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	- 5		<u> </u>
	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		X	- •
_	conflict with the state law remain in the governing instrument?	7	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	<del>  '  </del>		-
8a	Enter the states to which the foundation reports or with which it is registered. See instructions			į į
	OH			
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	8b	X	-
	(or designate) of each state as required by General Instruction G? If "No," attach explanation			
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,"	9		х
	complete Part XIV	-		
٠Λ.	Did any persons become substantial contributors during the tax year? If "Yes" attach a schedule listing their			1

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Par	t VII-A Statements Regarding Activities (continued)			
u u	Otatements negariting Activities (continued)	Τ	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			<u> </u>
• •		11		x
12	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	<del>  ' '  </del>		<u></u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	12		x
12	person had advisory privileges? If "Yes," attach statement. See instructions	13	Х	<u>^</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?			
4.4	Website address ► N/A  The books are in care of ► FIFTH THIRD BANK, AGENT Telephone no ► (513) 534	-708	2	
14	Located at   38 FOUNTAIN SQUARE PLAZA, CINCINNATI, OH  ZIP+4   45263	- / 0 0		
45				ТТ
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			
	and enter the amount of tax-exempt interest received or accrued during the year		Yes	No
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		163	X
	over a bank, securities, or other financial account in a foreign country?	16	l	^
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
Dar	the foreign country ►  VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
rai		T	Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		163	140
18	During the year, did the foundation (either directly or indirectly)  (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	}		
				:
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	72			ĺ
	T			
	(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			
	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)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in	4 %	•	
	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	1		
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	10		Х
_	were not corrected before the first day of the tax year beginning in 2019?	1c		
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 6d and 6e) for tax year(s) beginning before 2019?			,
				ĺ
	If "Yes," list the years			
D	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	2b		- 1
_	all years listed, answer "No" and attach statement - see instructions)	20		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	}		, <i>,</i>
2-	Did the foundation held many them a 20% direct or indicate interest in any hydronic paterning.			
Ja	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
L				l
a	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	3b		
4.	foundation had excess business holdings in 2019)	4a		X
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			
0	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,
	character perpetuation and not been formered from jeopardy before the mat day of the tax year beginning in 20131	_ <del></del>		<del></del>

' Par	VI-B Statements Regarding Activities f	or Which Form	1720 May Be Req	uired (con	tinued)			
5a	During the year, did the foundation pay or incur any amo			· · · · · · · · · · · · · · · · · · ·			Yes	No
	(1) Carry on propaganda, or otherwise attempt to influe	nce legislation (sectio	n 4945(e))?	. Yes	X No	,		
	(2) Influence the outcome of any specific public ele	ection (see section	4955); or to carry or	n,			٠.	
	directly or indirectly, any voter registration drive?			. Yes	X No	<b>,</b>		1
	(3) Provide a grant to an individual for travel, study, or o				X No	<b>,</b>		'
	(4) Provide a grant to an organization other than a	charitable, etc., org	ganization described i	in				
	section 4945(d)(4)(A)? See instructions			. Yes	X No	<b>,</b>		
	(5) Provide for any purpose other than religious, ch							
	purposes, or for the prevention of cruelty to children	or animals?		. Yes	X No	<b>,</b>		
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the e	exceptions de	scribed in	n		
	Regulations section 53 4945 or in a current notice regard	ding disaster assistar	ice? See instructions.			5b		
	Organizations relying on a current notice regarding disas	ter assistance, check	here					
C	If the answer is "Yes" to question 5a(4), does the	foundation claim e	exemption from the t	ax				
	because it maintained expenditure responsibility for the	grant?		. Yes	No	<b>,</b>		
	If "Yes," attach the statement required by Regulations se-	ction 53 4945-5(d)						
6a	Did the foundation, during the year, receive any fun	ids, directly or indir	ectly, to pay premiui	ms				
	on a personal benefit contract?			Yes	X No	·		
b	Did the foundation, during the year, pay premiums, direc	tly or indirectly, on a	personal benefit contra	act?		. <u>6b</u>	ļ	X
	if "Yes" to 6b, file Form 8870				<del></del>	'		
7a	At any time during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?.	. Yes	X No	)		-
b	If "Yes," did the foundation receive any proceeds or have	any net income attri	butable to the transact	ion <sup>7</sup>	• • • •	. <u>7b</u>		
8	is the foundation subject to the section 4960 tax on pay	ment(s) of more than	\$1,000,000 in					
	remuneration or excess parachute payment(s) during the				X No		L	İ
Par	Information About Officers, Director and Contractors	rs, Trustees, Fol	indation ivianagei	rs, mignly r	aid Emi	pioyees,		
1	List all officers, directors, trustees, and foundation	n managers and t	heir compensation	See instruct	tions.			
<u> </u>	List dil officers, directors, trastees, dila fodilaction							
<u> </u>	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid.	(d) Contribut employee beni	ions to efit plans	(e) Expen		
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contribut	ions to efit plans			
Josli	(a) Name and address n Yeiser	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contribut employee beni	ions to efit plans npensation			es .
Josli 1 Eas	(a) Name and address  n Yeiser t Fourth Street, Suite 1400, Cinti., OH 45202	(b) Title, and average hours per week devoted to position  Trustee & Presid	(c) Compensation (If not paid.	(d) Contribut employee beni	ions to efit plans			
Josli 1 Eas James	(a) Name and address  n Yeiser  t Fourth Street, Suite 1400, Cinti., OH 45202  H. Brun	(b) Title, and average hours per week devoted to position  Trustee & Presid  1  Trustee & Secret	(c) Compensation (if not paid, enter -0-)	(d) Contribut employee beni	elit plans mpensation - () -			es .
Josli 1 Eas James 1 Eas	(a) Name and address  n Yeiser  t Fourth Street, Suite 1400, Cinti., OH 45202  H. Brun  t Fourth Street, Suite 1400, Cinti., OH 45202	(b) Title, and average hours per week devoted to position  Trustee & Presid  1  Trustee & Secret	(c) Compensation (If not paid, enter -0-)	(d) Contribut employee beni	ions to efit plans npensation			es .
Josli 1 Eas James 1 Eas Micha	(a) Name and address  n Yeiser  t Fourth Street, Suite 1400, Cinti., OH 45202  H. Brun  t Fourth Street, Suite 1400, Cinti., OH 45202  el S Cambron	(b) Title, and average hours per week devoted to position  Trustee & Presid  1  Trustee & Secret  1  Trustee & Treasu	(c) Compensation (lf not paid, enter -0-)	(d) Contribut employee beni	ens to efit plans mpensation - 0 -			es .
Josli 1 Eas James 1 Eas Micha	(a) Name and address  n Yeiser  t Fourth Street, Suite 1400, Cinti., OH 45202  H. Brun  t Fourth Street, Suite 1400, Cinti., OH 45202	(b) Title, and average hours per week devoted to position  Trustee & Presid  1  Trustee & Secret	(c) Compensation (if not paid, enter -0-)	(d) Contribut employee beni	elit plans mpensation - () -			-0- -0-
Josli 1 Eas James 1 Eas Micha	(a) Name and address  n Yeiser  t Fourth Street, Suite 1400, Cinti., OH 45202  H. Brun  t Fourth Street, Suite 1400, Cinti., OH 45202  el S Cambron	(b) Title, and average hours per week devoted to position  Trustee & Presid  1  Trustee & Secret  1  Trustee & Treasu	(c) Compensation (lf not paid, enter -0-)	(d) Contribut employee beni	ens to efit plans mpensation - 0 -			-0- -0-
Josli 1 Eas James 1 Eas Micha 1 Eas	(a) Name and address  n Yeiser  t Fourth Street, Suite 1400, Cinti., OH 45202  H. Brun  t Fourth Street, Suite 1400, Cinti., OH 45202  el S Cambron	(b) Title, and average hours per week devoted to position  Trustee & Presid  1  Trustee & Secret  1  Trustee & Treasu  1	(c) Compensation (lf not paid, enter -0-)  - 0-	(d) Contribut employee ben and deferred cor	ens to effit plans repensation  - 0	other al	lowance	-0- -0-
Josli 1 Eas James 1 Eas Micha 1 Eas	(a) Name and address  n Yeiser  t Fourth Street, Suite 1400, Cinti., OH 45202  H. Brun  t Fourth Street, Suite 1400, Cinti., OH 45202  el S Cambron  t Fourth Street, Suite 1400, Cinti., OH 45202	(b) Title, and average hours per week devoted to position  Trustee & Presid  1  Trustee & Secret  1  Trustee & Treasu  1	(c) Compensation (lf not paid, enter -0-)  - 0-	(d) Contribute employee benand deferred con	ens to entry the service of the serv	other al	lowance	-0- -0-
Josli 1 Eas James 1 Eas Micha 1 Eas	(a) Name and address  n Yeiser  t Fourth Street, Suite 1400, Cinti., OH 45202  H. Brun  t Fourth Street, Suite 1400, Cinti., OH 45202  el S Cambron  t Fourth Street, Suite 1400, Cinti., OH 45202  Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position  Trustee & Presid  1  Trustee & Secret  1  Trustee & Treasu  1  (other than thos	(c) Compensation (If not paid, enter -0-)  -0-  -0-  se included on line	(d) Contribute employee being and deferred contribute employee being and deferred contribute employee being the employee being	ions to efit plans mpensation  -0-  -0-  instruction	ons). If n	one,	-0- -0- enter
Josli 1 Eas James 1 Eas Micha 1 Eas	(a) Name and address  n Yeiser  t Fourth Street, Suite 1400, Cinti., OH 45202  H. Brun  t Fourth Street, Suite 1400, Cinti., OH 45202  el S Cambron  t Fourth Street, Suite 1400, Cinti., OH 45202  Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position  Trustee & Presid  1  Trustee & Secret  1  Trustee & Treasu  1  (other than thos	(c) Compensation (lf not paid, enter -0-)  - 0-	(d) Contribute employee bean and deferred cor	instruction	other al	one,	-0- -0- enter
Josli 1 Eas James 1 Eas Micha 1 Eas	(a) Name and address  n Yeiser  t Fourth Street, Suite 1400, Cinti., OH 45202  H. Brun  t Fourth Street, Suite 1400, Cinti., OH 45202  el S Cambron  t Fourth Street, Suite 1400, Cinti., OH 45202  Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position  Trustee & Presid  1  Trustee & Secret  1  Trustee & Treasu  1  (other than those hours per week	(c) Compensation (If not paid, enter -0-)  -0-  -0-  se included on line	e 1 - see	instruction	ons). If n	one,	-0- -0- enter
Josli 1 Eas James 1 Eas Micha 1 Eas	(a) Name and address  n Yeiser  t Fourth Street, Suite 1400, Cinti., OH 45202  H. Brun  t Fourth Street, Suite 1400, Cinti., OH 45202  el S Cambron  t Fourth Street, Suite 1400, Cinti., OH 45202  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  Trustee & Presid  1  Trustee & Secret  1  Trustee & Treasu  1  (other than those hours per week	(c) Compensation (If not paid, enter -0-)  -0-  -0-  se included on line	e 1 - see	instructions to each plans in pensation -00	ons). If n	one,	-0- -0- enter
Josli 1 Eas James 1 Eas Micha 1 Eas	(a) Name and address  n Yeiser  t Fourth Street, Suite 1400, Cinti., OH 45202  H. Brun  t Fourth Street, Suite 1400, Cinti., OH 45202  el S Cambron  t Fourth Street, Suite 1400, Cinti., OH 45202  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  Trustee & Presid  1  Trustee & Secret  1  Trustee & Treasu  1  (other than those hours per week	(c) Compensation (lf not paid, enter -0-)  -0-  -0-  (c) Compensation  (c) Compensation	e 1 - see  (d) Contribute of the compens.	instructions to each plans in pensation -00	ons). If n	one,	-0- -0- enter
Josli 1 Eas James 1 Eas Micha 1 Eas	(a) Name and address  n Yeiser  t Fourth Street, Suite 1400, Cinti., OH 45202  H. Brun  t Fourth Street, Suite 1400, Cinti., OH 45202  el S Cambron  t Fourth Street, Suite 1400, Cinti., OH 45202  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  Trustee & Presid  1  Trustee & Secret  1  Trustee & Treasu  1  (other than those hours per week	(c) Compensation (lf not paid, enter -0-)  -0-  -0-  (c) Compensation  (c) Compensation	e 1 - see  (d) Contribute of the compens.	instructions to each plans in pensation -00	ons). If n	one,	-0- -0- enter
Josli 1 Eas James 1 Eas Micha 1 Eas	(a) Name and address  n Yeiser  t Fourth Street, Suite 1400, Cinti., OH 45202  H. Brun  t Fourth Street, Suite 1400, Cinti., OH 45202  el S Cambron  t Fourth Street, Suite 1400, Cinti., OH 45202  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  Trustee & Presid  1  Trustee & Secret  1  Trustee & Treasu  1  (other than those hours per week	(c) Compensation (lf not paid, enter -0-)  -0-  -0-  (c) Compensation  (c) Compensation	e 1 - see  (d) Contribute of the compens.	instructions to each plans in pensation -00	ons). If n	one,	-0- -0- enter
Josli 1 Eas James 1 Eas Micha 1 Eas	(a) Name and address  n Yeiser  t Fourth Street, Suite 1400, Cinti., OH 45202  H. Brun  t Fourth Street, Suite 1400, Cinti., OH 45202  el S Cambron  t Fourth Street, Suite 1400, Cinti., OH 45202  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  Trustee & Presid  1  Trustee & Secret  1  Trustee & Treasu  1  (other than those hours per week	(c) Compensation (lf not paid, enter -0-)  -0-  -0-  (c) Compensation  (c) Compensation	e 1 - see  (d) Contribute of the compens.	instructions to each plans in pensation -00	ons). If n	one,	-0- -0- enter
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Josli 1 Eas James 1 Eas Micha 1 Eas	(a) Name and address  n Yeiser  t Fourth Street, Suite 1400, Cinti., OH 45202  H. Brun  t Fourth Street, Suite 1400, Cinti., OH 45202  el S Cambron  t Fourth Street, Suite 1400, Cinti., OH 45202  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  Trustee & Presid  1  Trustee & Secret  1  Trustee & Treasu  1  (other than those hours per week	(c) Compensation (lf not paid, enter -0-)  -0-  -0-  (c) Compensation  (c) Compensation	e 1 - see  (d) Contribute of the compens.	instructions to each plans in pensation -00	ons). If n	one,	-0- -0- enter
Josli 1 Eas James 1 Eas Micha 1 Eas Micha 2 (a)	(a) Name and address  n Yeiser  t Fourth Street, Suite 1400, Cinti., OH 45202  H. Brun  t Fourth Street, Suite 1400, Cinti., OH 45202  el S Cambron  t Fourth Street, Suite 1400, Cinti., OH 45202  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  Trustee & Presid  1  Trustee & Secret  1  Trustee & Treasu  1  (other than those hours per week devoted to position	(c) Compensation (If not paid, enter -0-)  -0-  -0-  (c) Compensation  (c) Compensation  NONE	e 1 - see  (d) Contribute of the compens.	inns to effit plans in pansation  -0-  -0-  -0-  instruction titions to benefit eferred ation	other all	one,	-0- -0- enter

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
JE		<del> </del>
<u> </u>		,,,,,,
		NONE
		<u> </u>
I number of others receiving over \$50,000 for professional services	<b>.</b>	NONE
t IX-A Summary of Direct Charitable Activities		
st the foundation's four largest direct charitable activities during the tax year. Include relevant statistica ganizations and other beneficiaries served, conferences convened, research papers produced, etc	al information such as the number of	Expenses
IONE		
	<del></del>	
t IX-B Summary of Program-Related Investments (see instructions)		
escribe the two largest program-related investments made by the foundation during the tax year on lines 1	and 2	Amount
IONE		
	<del></del>	
	···	
		<u> </u>
Il other program-related investments. See instructions		
IONE		
		1

Form **990-PF** (2019)

	31-1040013		1 age o
Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	gn foun	dations,
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	19,364,855.
b	Average of monthly cash balances	1b	624,154.
C	Fair market value of all other assets (see instructions)	1c_	NONE
d	Total (add lines 1a, b, and c)	1d	19,989,009.
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	NONE
3	Subtract line 2 from line 1d	3	19,989,009.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		000 025
_	instructions),	4	299,835.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5 6	19,689,174.
6	Minimum investment return. Enter 5% of line 5		984,459.
Par	and certain foreign organizations, check here and do not complete this part.)	dations	
_	Minimum investment return from Part X, line 6	1	984,459.
1 2 a	Tax on investment income for 2019 from Part VI, line 5	· •	704,437.
za b	Income tax for 2019 (This does not include the tax from Part VI).		
C	Add lines 2a and 2b	2c	5,871.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	978,588.
4	Recoveries of amounts treated as qualifying distributions		NONE
5	Add lines 3 and 4	5	978,588.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	978,588.
Par	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	914,269.
ь	Program-related investments - total from Part IX-B		
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		• "
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the.		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	914,269.
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	5,871.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	908,398.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	lculating	whether the foundation
	qualifies for the section 4940(e) reduction of tax in those years.		

Form 990-PF (2019)

Pa	t XIII Undistributed Income (see instr	uctions)			
1	Distributable amount for 2019 from Part XI,	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
•	line 7				978,588.
2	Undistributed income, if any, as of the end of 2019				
_	Enter amount for 2018 only			900,581.	
	Total for prior years 20,20,20		NONE		
	Excess distributions carryover, if any, to 2019				
	From 2014 NONE				
	From 2015 NONE				
	From 2016 NONE				
	From 2017 NONE				
	From 2018 NONE				
	Total of lines 3a through e	NONB			
	Qualifying distributions for 2019 from Part XII,			-	i
	line 4. ▶ \$ 914,269.				,
а	Applied to 2018, but not more than line 2a			900,581.	1
	Applied to undistributed income of prior years				,
	(Election required - see instructions)		NONE		
	Treated as distributions out of corpus (Election				
٠	required - see instructions)	NONE			1
d	Applied to 2019 distributable amount				13,688.
	Remaining amount distributed out of corpus.	NONB			
5	Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same	NONB			NONE
_	amount must be shown in column (a) )				
	Enter the net total of each column as indicated below:	NONE			
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	NONE	· · · · · · · · · · · · · · · · · · ·	-	····
b	Prior years' undistributed income Subtract		NONE	Ì	1
_	Inne 4b from line 2b		NOIVE		
C	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)		NONE		
	tax has been previously assessed		NONE		
d	Subtract line 6c from line 6b Taxable amount - see instructions		NONE		,
e	Undistributed income for 2018 Subtract line				
	4a from line 2a Taxable amount - see			1	•
	instructions				
f	Undistributed income for 2019 Subtract lines				
	4d and 5 from line 1 This amount must be distributed in 2020				964,900.
′	Amounts treated as distributions out of corpus to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)	NONB			
Q	Excess distributions carryover from 2014 not				
•	applied on line 5 or line 7 (see instructions)	NONE			
9	Excess distributions carryover to 2020.			}	
-	Subtract lines 7 and 8 from line 6a	NONB			
10	Analysis of line 9			*	•
а	Excess from 2015 NONE				•
b	Excess from 2016 NONE				•
С	Excess from 2017 NONE				
d	Excess from 2018 NONE				,
е	Excess from 2019 NONE				- 000 DE

orm	990-PF (2019)			<u> 31-</u>	1646815		Pa Pa	ge <b>1(</b>
Pai	rt XIV Private Ope	erating Foundations	(see instructions a	nd Part VII-A, quest	tion 9)		NOT APPLIC	ABI
1 a	If the foundation has	received a ruling or d	etermination letter tha	it it is a private ope	rating			
	foundation, and the ruling	is effective for 2019, en	ter the date of the ruling		▶			
þ	Check box to indicate v	whether the foundation	is a private operating	foundation described	n section	4942(j)(3	or 4942	(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years			(e) Total	
	justed net income from Part	(a) 2019	(b) 2018	(c) 2017	(d) 2	016	(e) Total	
	I or the minimum investment						-	
	return from Part X for each year listed							
<b>L</b>	85% of line 2a	·			_			
C	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				1			
3	2d from line 2c		/-	<u> </u>	+		-	
	alternative test relied upon "Assets" alternative test - enter							
	(1) Value of all assets							
	(2) Value of assets qualifying under section	1						
	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							
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)	<del> /</del>		·				
	public and 5 or more							
	exempt organizations as provided in section 4942							
	(j)(3)(B)(m)	<b></b>						
	(3) Largest amount of sup- port from an exempt organization							
	(4) Gross investment income -							
Pai		tary Information (	Complete this part	only if the found	ation had	\$5,000 or I	more in asse	ts a
		uring the year - see				,		
1	Information Regarding	Foundation Manager	s:		•			
	List any managers of			re than 2% of the to	tal contributi	ons received	by the found	latioi
	before the close of any	tax year (but only if th	ey have contributed	more than \$5,000). (\$	See section 5	07(d)(2))		
	NONE							
h	List any managers of	the foundation who	own 10% or more o	of the stock of a cor	poration (or	an equally I	arge portion of	of the
Ü	ownership of a partner					on equally t	argo portion c	
		op o. oo. o,, o.		, was a veye av gradus				
	NONE							
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholarsh	ip, etc., Programs:			<del></del>	
	Check here ► X If t	he foundation only	makes contributions	to preselected cha	ritable organ	nizations and	d does not a	ccep
	unsolicited requests for	or funds. If the found	ation makes gifts, gr	ants, etc., to individu	ials or organ	izations unde	er other condi	tions
	complete items 2a, b, o	c, and d. See instruction	ns.					
a	The name, address, and	d telephone number o	r email address of the	person to whom app	olications sho	uld be addre	ssed:	
	, , , , , , , , , , , , , , , , , , , ,	<b>,</b>						
þ	The form in which app	lications should be sub	mitted and informati	on and materials they	should inclu	de.		
C	Any submission deadli	nes.						
d	Any restrictions or li	mitations on awards.	, such as by geogr	aphical areas, charm	table fields,	kinds of in	stitutions, or	othe
	factors		, 5 5	•	ŕ		•	

3 Grants and Contributions Paid Du	ring the Year or App	roved for	ruture rayment	
3 Grants and Contributions Paid Du Recipient Name and address (home or business)	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
SEE SCHEDULE ATTACHED				
odd Schabold Allachab	NONE	PC	PROGRAM SUPPORT	910,000.
				020,000
		1		
		-	•	
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		1		
			1	
		ŀ		
			1	
Total		<u> </u>	▶ 3a	910,000
b Approved for future payment		T	▶ 3a	310,000
Δ , , , , , , , , , , , , , , , , , , ,				
NONE	+			
		ļ		
,				

F-4-0-1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ucing Acti		Evaluated by	section 512 512 as 514	(e)
Enter gross amounts unless otherwise indicated	(a) Business code	(b) Amount	(c)	(d) Amount	Related or exempt function income
1 Program service revenue a					(See instructions )
b					
С					
d			-		
e					
g Fees and contracts from government agencies					
2 Membership dues and assessments			1.4	5 054	NON
3 Interest on savings and temporary cash investments			14	5,854. 442,191.	NONE NONE
4 Dividends and interest from securities 5 Net rental income or (loss) from real estate			<del> </del>	112,151.	NONE
a Debt-financed property					
<b>b</b> Not debt-financed property					<del></del>
6 Net rental income or (loss) from personal property			<del></del>		····
7 Other investment income	<u> </u>	=	18	234,295.	NONE
<ul><li>8 Gain or (loss) from sales of assets other than inventory</li><li>9 Net income or (loss) from special events · · ·</li></ul>				231,233.	110112
O Gross profit or (loss) from sales of inventory					
1 Other revenue a					
ь EXCISE TAX REFUND			14	105.	
d					
d e					
12 Subtotal Add columns (b), (d), and (e) · · · ·				682,445.	NONE
13 Total Add line 12, columns (b), (d), and (e)				13	682,445.
13 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculated as the color of the colo	ulations)				682,445.
3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcipant XVI-B Relationship of Activities	ulations) to the A	ccomplishment of	Exempt Purpo	oses	
3 Total Add line 12, columns (b), (d), and (e)  See worksheet in line 13 instructions to verify calcomorphisms.  Part XVI-B Relationship of Activities  Line No Explain below how each activity.	ulations)  5 to the Act  by for which	ccomplishment of	Exempt Purpo	oses of Part XVI-A contribut	ted importantly to th
3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcipant XVI-B Relationship of Activities	ulations)  5 to the Act  by for which	ccomplishment of	Exempt Purpo	oses of Part XVI-A contribut	ted importantly to th
3 Total Add line 12, columns (b), (d), and (e)  See worksheet in line 13 instructions to verify calcomorphisms.  Part XVI-B Relationship of Activities  Line No Explain below how each activity.	ulations)  5 to the Act  by for which	ccomplishment of	Exempt Purpo	oses of Part XVI-A contribut	ted importantly to th
3 Total Add line 12, columns (b), (d), and (e)  See worksheet in line 13 instructions to verify calco  Part XVI-B Relationship of Activities  Line No Explain below how each activity	ulations)  5 to the Act  by for which	ccomplishment of	Exempt Purpo	oses of Part XVI-A contribut	ted importantly to th
3 Total Add line 12, columns (b), (d), and (e)  See worksheet in line 13 instructions to verify calco  Part XVI-B Relationship of Activities  Line No Explain below how each activity	ulations)  5 to the Act  by for which	ccomplishment of	Exempt Purpo	oses of Part XVI-A contribut	ted importantly to th
See worksheet in line 13 instructions to verify calcompart XVI-B  Relationship of Activities  Line No  Explain below how each activity	ulations)  5 to the Act  by for which	ccomplishment of	Exempt Purpo	oses of Part XVI-A contribut	ted importantly to the
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Form 990-PF (2						31-1646815				<sub>je</sub> 13
Part XVII	Organizations	<u> </u>			s and	Relationships Wi		ritable	Exe	mpt
in sec	-			_	-	ny other organization Ion 527, relating			Yes	No
-	ers from the reporting	a foundation to	a noncharitable e	evemnt organi	zation of	f.				
		-				<i></i>		1a(1)		Х
										X
b Other t	ransactions:									
(1) Sal	es of assets to a non	charitable exer	npt organization.					1b(1)		X
(2) Pur	chases of assets from	m a noncharital	ble exempt organi	ızation				1b(2)		X
										X
	-									X
						• • • • • • • • • • •				X
										X
	-	_				Column (h) aboute				
						Column (b) should . If the foundation r				
						of the goods, other				
(a) Line no	(b) Amount involved	·	noncharitable exempt of			scription of transfers, trans				
- (1)	(2)	(0) 1101110		gaman	12723					
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-										
			·							
2a Is the	foundation directly	or indirectly at	filiated with, or r	elated to, one	or mo	re tax-exempt organ	ızatıons			
	•						T I	Ye	s X	No
b If "Yes,	complete the follow	ving schedule.								
	(a) Name of organizatio	n	(b) Type o	of organization		(c) Descr	ption of relation	ship		
					$\longrightarrow$	·				
					$\longrightarrow$					
			<u> </u>		<del></del>					—
Under	penalties of perius I decla	that I have exam	ined this return, including	a accompanying sc	hedules and	I statements, and to the bes	t of my knowledd	e and be	elief, it	ıs true.
correc	t, and complete Declaration o	prepare (other than	taxpayer) is based on all in	formation of which p	reparer has	any knowledge				
Sign	- tout	Donn	144 5/5	12020	r Lu	estee	May the IRS	discuss		return below?
Here   Sign	ature of officer or trustee		Date	,	Title		See instruction		Yes	No
7							L			=
Daid	Print/Type preparer's na	me	Preparer's signat	ture // \ ~ .		Date	,,,ecv, ,,	PTIN		
Paid	GINA K. S	MITH		a K Smoll	<u>-</u>	5-1-2020	elf-employed	P000	> <u>69</u>	396
Preparer		FTH THIRD		- /•		Firm's E		06768		
Use Only		O BOX 6308								
	CI	NCINNATI,	ОН	452	263-0 <u>8</u>	58 Phone r				
							For	m 990	/-PF /	20191

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

	NET	INVESTMENT	INCOME	1 1 1 1		 5,854.
REVENUE	AND	EXPENSES	PER BOOKS	1		5,854.
						TOTAL
			DESCRIPTION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MONEY MARKET INTEREST	

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

NET INVESTMENT INCOME	6, 10, 240, 240, 240,	191. 442,191.
REVENUE AND EXPENSES PER BOOKS	6, 20, 10, 97, 240, 3, 18, 9,	442,191.
DESCRIPTION	USGI REPORTED AS NONQUALIFIED DIVIDENDS FOREIGN INTEREST U.S. GOVERNMENT INTEREST (FEDERAL TAXABLE OID INCOME FOREIGN DIVIDENDS DOMESTIC DIVIDENDS NONQUALIFIED FOREIGN DIVIDENDS NONQUALIFIED DOMESTIC DIVIDENDS SECTION 199A DIVIDENDS CORPORATE INTEREST	TOTAL

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FORM	990PI	F, PAF	T TS	- 0	THER	INCOME
=====	====	=====	====	====	====	======

REVENUE AND **EXPENSES** DESCRIPTION PER BOOKS EXCISE TAX REFUND 105.

TOTALS 105. ==========

26

FORM 990PF, PART I - ACCOUNTING FEES 

CHARITABLE PURPOSES	1 1 1 1 1 1	588.	588.	11 11 11 11 11 11 11 11 11 11 11 11
ADJUSTED NET INCOME			NONE	
NET INVESTMENT INCOME	1 1 1 1 1	588.	588.	
REVENUE AND EXPENSES PER BOOKS	!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	1,175.	1,175.	11 11 11 11 11 11 11 11 11 11 11
DESCRIPTION		TAX PREPARATION FEE (NON-ALLOC	TOTALS	

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

ECIA	INVESTMENT	INCOME		85,042.	85,042.	
REVENUE	AND EXPENSES	PER BOOKS		85,042.	85,042.	
				ES (NON-DED	TOTALS	
		DESCRIPTION		INVESTMNT MNGMNT FEES (NON-DED		

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NET INVESTMENT INCOME	5,291.		3,758. 37.	9,086.
REVENUE AND EXPENSES PER BOOKS	5,291.	4,346. 17,000.	3,758. 37.	30,432.
DESCRIPTION	FOREIGN TAXES	PRIOR YEAR EXCISE TAX PAID EXCISE TAX ESTIMATE	FOREIGN TAXES ON QUALIFIED FOR FOREIGN TAXES ON NONQUALIFIED	TOTALS

STATEMENT

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FORM 990PF, PART I - OTHER EXPENSES

CHARITABLE PURPOSES	3,681.	3,681.
NET INVESTMENT INCOME	223.	567.
REVENUE AND - EXPENSES PER BOOKS	223. 3,681. 344.	4,248.
DESCRIPTION	OTHER ALLOCABLE EXPENSE-INCOME OTHER MISC. EXPENSES INVESTMENT EXPENSES ON DIVIDEN	TOTALS