

For calendar year 2020, or tax year beginning 04-01-2020, and ending 03-31-2021

Name of foundation ROBERT H & SUSAN F CASTELLINI FOUNDATION C/O CHRISTOPHER L FISTER TRUSTEE		A Employer identification number 31-6429763	
Number and street (or P.O. box number if mail is not delivered to street address) 312 ELM STREET NO 2600		Room/suite	B Telephone number (see instructions) (513) 651-9400
City or town, state or province, country, and ZIP or foreign postal code CINCINNATI, OH 45202		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ..... <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 4,294,630		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... <input type="checkbox"/>	
J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	835,150			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B . . . . .				
	3 Interest on savings and temporary cash investments	401	401		
	4 Dividends and interest from securities . . .	5,555	5,555		
	5a Gross rents . . . . .				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	376,129			
	b Gross sales price for all assets on line 6a 586,274				
	7 Capital gain net income (from Part IV, line 2) . . .		376,129		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less: Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .	24,117	738		
	12 Total. Add lines 1 through 11 . . . . .	1,241,352	382,823		
	13 Compensation of officers, directors, trustees, etc.	1,180	826		354
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach schedule) . . . . .				
	c Other professional fees (attach schedule) . . . . .				
	17 Interest . . . . .	410	0		0
	18 Taxes (attach schedule) (see instructions) . . .				
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	10,827	7,579		0
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	12,417	8,405		354
	25 Contributions, gifts, grants paid . . . . .	1,379,511			1,379,511
	26 Total expenses and disbursements. Add lines 24 and 25	1,391,928	8,405		1,379,865
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	-150,576			
	b Net investment income (if negative, enter -0-)		374,418		
c Adjusted net income (if negative, enter -0-) . . .					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	<b>1</b> Cash—non-interest-bearing . . . . .		1	1
	<b>2</b> Savings and temporary cash investments . . . . .	565,701	438,320	439,570
	<b>3</b> Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____	9,000		
	<b>4</b> Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .			
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .			
	<b>14</b> Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)	3,579,553	3,565,493	3,855,059	
<b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	4,154,254	4,003,814	4,294,630	
Liabilities	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23</b> <b>Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
Net Assets or Fund Balances	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	<b>24</b> Net assets without donor restrictions . . . . .			
	<b>25</b> Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	<b>26</b> Capital stock, trust principal, or current funds . . . . .	4,485,317	4,154,254	
	<b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds	-331,063	-150,440	
	<b>29</b> <b>Total net assets or fund balances</b> (see instructions) . . . . .	4,154,254	4,003,814	
<b>30</b> <b>Total liabilities and net assets/fund balances</b> (see instructions) .	4,154,254	4,003,814		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	4,154,254
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	-150,576
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	193
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	4,003,871
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	57
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	<b>6</b>	4,003,814

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a See Additional Data Table				
b				
c				
d				
e				

<b>2</b> Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	<b>2</b>	376,129
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	{	<b>3</b>	

## Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

**SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE**

<b>1</b> Reserved		
<b>(a)</b> Reserved	<b>(b)</b> Reserved	<b>(c)</b> Reserved
<b>2</b> Reserved . . . . .		<b>2</b>
<b>3</b> Reserved. . . . .		<b>3</b>
<b>4</b> Reserved . . . . .		<b>4</b>
<b>5</b> Reserved . . . . .		<b>5</b>
<b>6</b> Reserved . . . . .		<b>6</b>
<b>7</b> Reserved . . . . .		<b>7</b>
<b>8</b> Reserved , . . . .		<b>8</b>

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Reserved.	<b>1</b>	5,204
<b>c</b>	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2.	<b>3</b>	5,204
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-.	<b>5</b>	5,204
<b>6</b>	Credits/Payments:		
<b>a</b>	2020 estimated tax payments and 2019 overpayment credited to 2020	<b>6a</b>	6,043
<b>b</b>	Exempt foreign organizations—tax withheld at source	<b>6b</b>	0
<b>c</b>	Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>	0
<b>d</b>	Backup withholding erroneously withheld	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d.	<b>7</b>	6,043
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached.	<b>8</b>	0
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> .	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> .	<b>10</b>	839
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2021 estimated tax</b> 839 <b>Refunded</b>	<b>11</b>	0

**Part VII-A Statements Regarding Activities**

<b>1a</b>	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	<b>Yes</b>	<b>No</b>
<b>b</b>	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>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.</i>		<b>No</b>
<b>c</b>	Did the foundation file <b>Form 1120-POL</b> for this year?		<b>No</b>
<b>d</b>	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ► \$ 0 (2) On foundation managers. ► \$ 0		
<b>e</b>	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 0		
<b>2</b>	Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	<b>2</b>	<b>No</b>
<b>3</b>	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	<b>3</b>	<b>No</b>
<b>4a</b>	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	<b>4a</b>	<b>No</b>
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<b>4b</b>	
<b>5</b>	Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	<b>5</b>	<b>No</b>
<b>6</b>	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?	<b>6</b>	<b>Yes</b>
<b>7</b>	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	<b>7</b>	<b>Yes</b>
<b>8a</b>	Enter the states to which the foundation reports or with which it is registered (see instructions) ► OH		
<b>b</b>	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>	<b>8b</b>	<b>Yes</b>
<b>9</b>	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 2020 or the taxable year beginning in 2020? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	<b>9</b>	<b>No</b>
<b>10</b>	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	<b>10</b>	<b>Yes</b>

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	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. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	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 . . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>N/A</u>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ▶ <u>CASTELLINI MANAGEMENT COMPANY</u> Telephone no. ▶ <u>(513) 651-9400</u>			

Located at ▶ 312 ELM STREET SUITE 2600 CINCINNATI OH ZIP+4 ▶ 45202

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . ▶ <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶ <b>15</b>			
<b>16</b>	At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .	<b>16</b>	<b>Yes</b>	<b>No</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶			

**Part 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.**

<b>1a</b>	During the year did the foundation (either directly or indirectly):		<b>Yes</b>	<b>No</b>
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> 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.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . . . . .	<b>1b</b>		
	Organizations relying on a current notice regarding disaster assistance check here. . . . . ▶ <input type="checkbox"/>			
<b>c</b>	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 2020? . . . . .	<b>1c</b>		<b>No</b>
<b>2</b>	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)):			
<b>a</b>	At the end of tax year 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .	<b>2b</b>		
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____			
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If "Yes," did it have excess business holdings in 2020 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 Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2020.) . . . . .	<b>3b</b>		
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</b>	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 2020?	<b>4b</b>		<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

<b>5a</b>	During the year did the foundation pay or incur any amount to:		<b>Yes</b>	<b>No</b>
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions . . . . .		<b>5b</b>	
	Organizations relying on a current notice regarding disaster assistance check here. . . . .	<input type="checkbox"/>		
<b>c</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>6b</b>	<b>No</b>
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			
	If "Yes" to 6b, file Form 8870.			
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>7b</b>	
<b>b</b>	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .			
<b>8</b>	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
FIFTH THIRD BANK	AGENT	1,180	0	0
38 FOUNTAIN SQUARE CINCINNATI, OH 45202	1.00			
ROBERT H CASTELLINI	CHAIRMAN/PRESIDENT & TRUST	0	0	0
312 ELM STREET SUITE 2600 CINCINNATI, OH 45202	0.00			
SUSAN F CASTELLINI	TRUSTEE	0	0	0
312 ELM STREET SUITE 2600 CINCINNATI, OH 45202	0.00			
CHRISTOPHER L FISTER	SECRETARY/TREASURER & TRUS	0	0	0
312 ELM STREET SUITE 2600 CINCINNATI, OH 45202	0.00			
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
<b>Total number of other employees paid over \$50,000.</b> . . . .				<b>0</b>

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
**3 Five highest-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
NONE		
Total number of others receiving over \$50,000 for professional services. . . . . ▶		0

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

1	Expenses

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 . . . . . ▶	0

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	48,546
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	236,253
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	3,821,061
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	4,105,860
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	4,105,860
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	61,588
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	4,044,272
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	202,214

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	202,214
<b>2a</b>	Tax on investment income for 2020 from Part VI, line 5. . . . .	<b>2a</b>	5,204
<b>b</b>	Income tax for 2020. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	5,204
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	197,010
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	0
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	197,010
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	197,010

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	<b>1a</b>	1,379,865
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	1,379,865
<b>5</b>	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. . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	1,379,865

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
<b>1</b> Distributable amount for 2020 from Part XI, line 7				197,010
<b>2</b> Undistributed income, if any, as of the end of the 2020:				
<b>a</b> Enter amount for 2019 only. . . . .			0	
<b>b</b> Total for prior years: 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2020:				
<b>a</b> From 2015. . . . .	1,562,550			
<b>b</b> From 2016. . . . .	1,485,255			
<b>c</b> From 2017. . . . .	1,852,982			
<b>d</b> From 2018. . . . .	1,853,592			
<b>e</b> From 2019. . . . .	1,436,058			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	8,190,437			
<b>4</b> Qualifying distributions for 2020 from Part XII, line 4: ► \$ 1,379,865				
<b>a</b> Applied to 2019, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2020 distributable amount. . . . .				197,010
<b>e</b> Remaining amount distributed out of corpus	1,182,855			
<b>5</b> Excess distributions carryover applied to 2020. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	9,373,292			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .		0		
<b>e</b> Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .			0	
<b>f</b> Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .				0
<b>7</b> 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). . . . .	0			
<b>8</b> Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions). . . . .	1,562,550			
<b>9</b> <b>Excess distributions carryover to 2021.</b> Subtract lines 7 and 8 from line 6a. . . . .	7,810,742			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2016. . . . .	1,485,255			
<b>b</b> Excess from 2017. . . . .	1,852,982			
<b>c</b> Excess from 2018. . . . .	1,853,592			
<b>d</b> Excess from 2019. . . . .	1,436,058			
<b>e</b> Excess from 2020. . . . .	1,182,855			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling. . . . . ☐

**b** Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test—enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
<b>c</b> "Support" alternative test—enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

ROBERT H CASTELLINI

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

CASTELLINI FOUNDATION CO C FISTER T  
312 ELM STREET SUITE 2600  
CINCINNATI, OH 45202  
(513) 651-9400

**b** The form in which applications should be submitted and information and materials they should include:

LETTER FORM

**c** Any submission deadlines:

NONE

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

SHOULD BE LIMITED TO THE GREATER CINCINNATI AREA, MUST BE A TAX-EXEMPT ORGANIZATION AND PREFER NOT TO MAKE GRANTS FOR RELIGIOUS OR POLITICAL PURPOSES.

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>▶ 3a</b>	1,379,511
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			<b>▶ 3b</b>	0

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b> Program service revenue:						
<b>a</b> _____						
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>f</b> _____						
<b>g</b> Fees and contracts from government agencies						
<b>2</b> Membership dues and assessments. . . .						
<b>3</b> Interest on savings and temporary cash investments . . . . .				14	401	
<b>4</b> Dividends and interest from securities. . . .				14	5,555	
<b>5</b> Net rental income or (loss) from real estate:						
<b>a</b> Debt-financed property. . . . .						
<b>b</b> Not debt-financed property. . . . .						
<b>6</b> Net rental income or (loss) from personal property						
<b>7</b> Other investment income. . . . .				14	738	
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .				18	376,129	
<b>9</b> Net income or (loss) from special events:						
<b>10</b> Gross profit or (loss) from sales of inventory						
<b>11</b> Other revenue:						
<b>a</b> <u>ORDINARY INCOME - OTHER INVESTMENTS</u>			26,644			
<b>b</b> <u>RENTAL INCOME - OTHER INVESTMENTS</u>			-3,260			
<b>c</b> <u>NET SECTION 1231 GAIN</u>						
<b>d</b> <u>CANCELLATION OF DEBT - OTHER INVESTMENTS</u>						
<b>e</b> <u>SECTION 179</u>			-5			
<b>12</b> Subtotal. Add columns (b), (d), and (e). .			23,379		382,823	0
<b>13</b> <b>Total.</b> Add line 12, columns (b), (d), and (e). . . . . (See worksheet in line 13 instructions to verify calculations.)				<b>13</b>		406,202

[illegible]

## Part XVII

- |       | Yes | No |
|-------|-----|----|
| 1a(1) |     | No |
| 1a(2) |     | No |
| 1b(1) |     | No |
| 1b(2) |     | No |
| 1b(3) |     | No |
| 1b(4) |     | No |
| 1b(5) |     | No |
| 1b(6) |     | No |
| 1c    |     | No |

**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? . . . . . ☐ Yes ☒ No

**b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Sign  
Here**

\*\*\*\*\*

Title

(see instr.) ☐ Yes ☐ No

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ <input type="checkbox"/>	PTIN
Firm's name ▶				Firm's EIN ▶
Firm's address ▶				Phone no.

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
IES HOLDINGS, INC.	D	2007-11-30	2020-08-14
IES HOLDINGS, INC.	D	2007-12-17	2020-08-14
IES HOLDINGS, INC.	D	2007-12-17	2020-08-17
IES HOLDINGS, INC.	D	2004-03-04	2020-08-17
IES HOLDINGS, INC.	D	2014-03-04	2020-08-18
IES HOLDINGS, INC.	D	2014-03-04	2020-08-19
IES HOLDINGS, INC.	D	2014-07-29	2020-08-19
OTHER INVESTMENTS	P	2020-12-31	2020-12-31

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
195,897		123,492	72,405
19,522		8,810	10,712
50,131		22,865	27,266
93,262		16,119	77,143
125,636		21,585	104,051
51,691		8,910	42,781
34,597		8,364	26,233
15,538			15,538

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
			72,405
			10,712
			27,266
			77,143
			104,051
			42,781
			26,233
			15,538

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
1N55030 OAKLAWN DRIVE CINCINNATI, OH 45227		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	1,000
AMERICAN CANCER SOCIETY 250 WILLIAMS ST NW SUITE 400 ATLANTA, GA 30303		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100
AMERICAN ENTERPRISE INSTITUTE 1789 MASSACHUSETTES AVENUE NW WASHINGTON, DC 20036		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	25,000
<b>Total . . . . . ▶ 3a</b>				1,379,511

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AMERICAN ENTERPRISE INSTITUTE 1789 MASSACHUSETTES AVENUE NW WASHINGTON, DC 20036		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	25,000
AMERICAN ENTERPRISE INSTITUTE 1789 MASSACHUSETTES AVENUE NW WASHINGTON, DC 20036		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	25,000
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100
<b>Total . . . . . ▶ 3a</b>				1,379,511



**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ARTSWAVE 20 EAST CENTRAL PARKWAY SUITE 200 CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	26,000
BEECHWOOD HOME 2140 POGUE AVENUE CINCINNATI, OH 45208		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100
BLUEGRASS CARE NAVIGATORS 2312 ALEXANDRIA DRIVE LEXINGTON, KY 40504		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100
<b>Total . . . . .</b> ► <b>3a</b>				1,379,511

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BOYS AND GIRLS CLUB OF HENDERSON COUNTY 1304 ASHE STREET HENDERSONVILLE, NC 28792		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	1,000
CALIFORNIA ACADEMY OF SCIENCES 55 MUSIC CONCOURSE DRIVE SAN FRANCISCO, CA 94118		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	500
CATHOLIC INNER CITY SCHOOLS EDUCATION FUND 100 E 8TH STREET CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	50,000
<b>Total . . . . . ▶ 3a</b>				1,379,511

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
CHATFIELD COLLEGE 1544 CENTRAL PKWAY CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	300
CINCINNATI ART MUSEUM 953 EDEN PARK DRIVE CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	10,000
CINCINNATI ART MUSEUM 953 EDEN PARK DRIVE CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	45,000
<b>Total . . . . . ▶ 3a</b>				1,379,511

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CINCINNATI ARTS AND TECHNOLOGY CENTER 700 PETE ROSE WAY LOBBY C/D CINCINNATI, OH 45203		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	1,000
CINCINNATI CENTER CITY DEVELOPMENT CORPORATION 1203 WALNUT STREET 4TH FLOOR CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	25,000
CINCINNATI CENTER CITY DEVELOPMENT CORPORATION 1203 WALNUT STREET 4TH FLOOR CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	50,000
<b>Total</b> . . . . .			<b>3a</b>	1,379,511

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVE CINCINNATI, OH 45229		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100
CINCINNATI NATURE CENTER 4949 TEALTOWN ROAD MILFORD, OH 45150		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	1,000
CINCINNATI PARKS FOUNDATION 421 OAK STREET CINCINNATI, OH 45219		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	1,000
<b>Total . . . . .</b> ► <b>3a</b>				1,379,511

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CINCINNATI PLAYHOUSE IN THE PARK 962 MT ADAMS CIRCLE CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	10,000
CINCINNATI REDS HALL OF FAME AND MUSEUM 100 JOE NUXHALL WAY CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100,000
CINCINNATI STATE FOUNDATION 3520 CENTRAL PARKWAY CINCINNATI, OH 45223		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	10,000
<b>Total . . . . . ▶ 3a</b>				1,379,511

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CINCINNATI USA REGIONAL CHAMBER FOUNDATION 3 E 4TH STREET SUITE 200 CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	50,000
CINCINNATI USA REGIONAL CHAMBER FOUNDATION 3 E 4TH STREET SUITE 200 CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	50,000
CINCINNATI ZOO AND BOTANICAL GARDEN 3400 VINE STREET CINCINNATI, OH 45220		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100
<b>Total . . . . . ▶ 3a</b>				1,379,511

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CITY GOSPEL MISSION 1805 DALTON AVENUE CINCINNATI, OH 45214		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	250
COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA 4 VANDERBILT PARK DRIVE SUITE 300 ASHEVILLE, NC 28803		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	2,000
COVINGTON CATHOLIC HIGH SCHOOL 1600 DIXIE HIGHWAY PARK HILLS, KY 41011		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100
<b>Total . . . . . ▶ 3a</b>				1,379,511



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
COVINGTON LATIN SCHOOL 21 EAST 11TH STREET COVINGTON, KY 41011		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100
DENISON UNIVERSITY 100 WEST COLLEGE ST GRANVILLE, OH 43023		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	15,000
EVANS SCHOLARS FOUNDATION 2501 PATRIOT BLVD GLENVIEW, IL 60026		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	250
<b>Total . . . . . ▶ 3a</b>				1,379,511

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
EPILEPSY ALLIANCE OHIO 895 CENTRAL AVE 550 CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100
FRANCISCAN RENEWAL CENTER 5802 E LINCOLN DR SCOTTSDALE, AZ 85253		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	17,073
FRANCISCAN RENEWAL CENTER 5802 E LINCOLN DR SCOTTSDALE, AZ 85253		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	17,072
<b>Total . . . . .</b> ► <b>3a</b>				1,379,511

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FRANCISCAN RENEWAL CENTER 5802 E LINCOLN DR SCOTTSDALE, AZ 85253		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	17,073
FRANCISCAN RENEWAL CENTER 5802 E LINCOLN DR SCOTTSDALE, AZ 85253		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	17,073
FREESTORE FOODBANK 1141 CENTRAL PARKWAY CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100
<b>Total . . . . . ▶ 3a</b>				1,379,511

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FUTURE FARMERS OF AMERICA 6060 FFA DRIVE INDIANAPOLIS, IN 46278		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100
GLENVILLE-CASHIERS RESCUE SQUAD 79 N NORTON RD CASHIERS, NC 28736		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100
GLYNN COUNTY VOLUNTEER FIREFIGHTERS INC 1804-A FREDERICA ROAD ST SIMONS ISLAND, GA 31522		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100
<b>Total . . . . .</b> ► <b>3a</b>				1,379,511

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GOOD SAMARITAN HOSPITAL FOUNDATION 375 DIXMYTH AVENUE CINCINNATI, OH 45220		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	10,000
GOOD SAMARITAN HOSPITAL FOUNDATION 375 DIXMYTH AVENUE CINCINNATI, OH 45220		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	500
GREATER CINCINNATI FOUNDATION 720 E PETE ROSE WAY SUITE 120 CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100
<b>Total . . . . . ▶ 3a</b>				1,379,511

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
HEALTHNETWORK FOUNDATION 33 RIVER STREET CHAGRIN FALLS, OH 44022		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	50,000
HOOVER INSTITUTION 434 GALVEZ MALL STANFORD UNIVERSITY STANFORD, CA 94305		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100,000
ITALIAN AMERICAN BASEBALL FOUNDATION 549 OAK GROVE RD FRENCHTOWN, NJ 08825		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	1,000
<b>Total . . . . . ▶ 3a</b>				1,379,511

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
JOE TORRE SAFE AT HOME FOUNDATION 55 WEST 39TH STREET SUITE 600 NEW YORK, NY 10018		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	2,000
LA SOUPE INC119 CLEVELAND AVENUE MILFORD, OH 45150		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	3,000
LINDNER CENTER OF HOPE 4075 OLD WESTERN ROW ROAD MASON, OH 45040		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	200
<b>Total . . . . . ▶ 3a</b>				1,379,511

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MEDICAL MISSION SISTERS 8400 PINE ROAD PHILADELPHIA, PA 19111		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	2,000
MERCY MONTESSORI SCHOOL 2335 GRANDVIEW AVE CINCINNATI, OH 45206		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	4,000
MERCY MONTESSORI SCHOOL 2335 GRANDVIEW AVE CINCINNATI, OH 45206		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	2,500
<b>Total . . . . .</b> ► <b>3a</b>				1,379,511



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MERCY ST VINCENT MEDICAL CENTER 2213 CHERRY STREET TOLEDO, OH 43608		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100
MUSIC HALL REVITALIZATION COMPANY INC 1241 ELM STREET CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	50,000
ONESOURCE936 DALTON AVENUE CINCINNATI, OH 45203		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	5,000
<b>Total . . . . . ▶ 3a</b>				1,379,511

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ORDER OF MALTA AMERICAN ASSOCIATION 1011 FIRST AVENUE SUITE 1350 NEW YORK, NY 10022		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	3,500
OUR LADY OF LIGHT FOUNDATION 5418 MOELLER AVE CINCINNATI, OH 45212		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	6,250
OUR LADY OF LIGHT FOUNDATION 5418 MOELLER AVE CINCINNATI, OH 45212		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	6,250
<b>Total . . . . .</b> ► <b>3a</b>				1,379,511

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
OUR LADY OF LIGHT FOUNDATION 5418 MOELLER AVE CINCINNATI, OH 45212		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	6,250
OUR LADY OF LIGHT FOUNDATION 5418 MOELLER AVE CINCINNATI, OH 45212		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	6,250
OUR LADY OF THE HOLY SPIRIT CENTER 5440 MOELLER AVE NORWOOD, OH 45212		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	120
<b>Total . . . . . ▶ 3a</b>				1,379,511

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PREGNANCY CENTER EAST 4760 MADISON ROAD CINCINNATI, OH 45227		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	1,000
ROSIE REDS INCPO BOX 62558 CINCINNATI, OH 45262		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100
RUAH WOODS6675 WESSELMAN RD CINCINNATI, OH 45248		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	5,000
<b>Total . . . . . ▶ 3a</b>				1,379,511

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SOCIETY OF ST VINCENT DE PAUL 1125 BANK ST CINCINNATI, OH 45214		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100
SOCIETY OF ST VINCENT DE PAUL 1125 BANK ST CINCINNATI, OH 45214		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	37,500
SOUTHEAST GEORGIA HEALTH SYSTEM FOUNDATION 2415 PARKWOOD DR BRUNSWICK, GA 31520		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	1,000
<b>Total . . . . .</b> ► <b>3a</b>				1,379,511

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ST CECILIA CHURCH3105 MADISON RD CINCINNATI, OH 45209		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	1,000
ST CLARE OF ASSISI PARISH 31622 US HIGHWAY 6 EDWARDS, CO 81632		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	1,000
ST JOHN NEUMANN CATHOLIC CHURCH 12191 MILL RD CINCINNATI, OH 45240		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100
<b>Total . . . . .</b> ► <b>3a</b>				1,379,511

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100
ST ROSE CHURCH 2501 RIVERSIDE DRIVE CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	10,000
ST ROSE CHURCH 2501 RIVERSIDE DRIVE CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	10,000
<b>Total . . . . . ▶ 3a</b>				1,379,511

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
ST XAVIER HIGH SCHOOL 600 W NORTH BEND RD CINCINNATI, OH 45224		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	250
ST XAVIER HIGH SCHOOL 600 W NORTH BEND RD CINCINNATI, OH 45224		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	500
SUMMIT COUNTRY DAY SCHOOL 2161 GRANDIN ROAD CINCINNATI, OH 45208		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	2,500
<b>Total . . . . . ▶ 3a</b>				1,379,511



**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SUMMIT COUNTRY DAY SCHOOL 2161 GRANDIN ROAD CINCINNATI, OH 45208		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	500
SUMMIT COUNTRY DAY SCHOOL 2161 GRANDIN ROAD CINCINNATI, OH 45208		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	2,500
THE CHRIST HOSPITAL FOUNDATION 2123 AUBURN AVE SUITE 528 CINCINNATI, OH 45219		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100,000
<b>Total . . . . .</b> ► <b>3a</b>				1,379,511

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE DAWN REDWOODS TRUST 1 BLACKFIELD DRIVE SUITE 331 TIBURON, CA 94920		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	1,000
THE JACKIE ROBINSON FOUNDATION 75 VARICK STREET 2ND FLOOR NEW YORK, NY 10013		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	2,500
THE KELLY-CAROL FOUNDATION FOR CHILDREN WITH CANCER 301 EAST FOURTH STREET 3300 GREAT AMERICAN TOWER CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	1,000
<b>Total . . . . . ▶ 3a</b>				1,379,511

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE METROPOLITAN CLUB 50 E RIVERCENTER BLVD SUITE 1900 COVINGTON, KY 41011		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	2,000
THE SALVATION ARMY 114 E CENTRAL PKWY CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100
TONY LA RUSSA'S ANIMAL RESCUE FOUNDATION 2890 MITCHELL DRIVE WALNUT CREEK, CA 94598		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	1,000
<b>Total . . . . . ▶ 3a</b>				1,379,511

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TRI DELTA DELTA RHO CHAPTER 468 ROSE STREET LEXINGTON, KY 40508		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	1,000
UNITED WAY OF COASTAL GEORGIA 3400 PARKWOOD DRIVE SUITE A 2ND FLOOR BRUNSWICK, GA 31520		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	500
UNITED WAY OF GREATER CINCINNATI 2400 READING ROAD CINCINNATI, OH 45202		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	75,000
<b>Total . . . . .</b> ► <b>3a</b>				1,379,511

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNIVERSITY OF CINCINNATI FOUNDATION 51 GOODMAN DRIVE CINCINNATI, OH 45221		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	10,000
UNIVERSITY OF CINCINNATI FOUNDATION 234 GOODMAN ST CINCINNATI, OH 45219		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	100
UNIVERSITY OF NOTRE DAME 1100 GRACE HALL NOTRE DAME, IN 46556		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	10,000
<b>Total . . . . . ▶ 3a</b>				1,379,511

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
URBAN LEAGUE OF GREATER SOUTHWESTERN OHIO 3458 READING ROAD CINCINNATI, OH 45229		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	5,000
URSULINES OF BROWN COUNTY 20860 OH-251 FAYETTEVILLE, OH 45118		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	2,000
URSULINES OF BROWN COUNTY 20860 OH-251 FAYETTEVILLE, OH 45118		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	6,000
<b>Total . . . . . ▶ 3a</b>				1,379,511

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
URSULINES OF BROWN COUNTY 20860 OH-251 FAYETTEVILLE, OH 45118		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	10,000
USSGA MEMORIAL FUND 49 KNOLLWOOD ROAD ELMSFORD, NY 10523		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	500
VELOSANO9500 EUCLID AVENUE/AC322 CLEVELAND, OH 44195		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	500
<b>Total . . . . . ▶ 3a</b>				1,379,511

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
XAVIER UNIVERSITY 113 SMITH HALL - WILLIAMS COLLEGE OF BUSINESS CINCINNATI, OH 45207		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	200,000
XAVIER UNIVERSITY 3800 VICTORY PKWY CINCINNATI, OH 45207		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	25,000
XAVIER UNIVERSITY 3800 VICTORY PKWY CINCINNATI, OH 45207		PC	CONTRIBUTION TO SUPPORT THEIR ORGANIZATION	250
<b>Total . . . . . ▶ 3a</b>				1,379,511



**TY 2020 Other Assets Schedule**

**Name:** ROBERT H & SUSAN F CASTELLINI FOUNDATION  
C/O CHRISTOPHER L FISTER TRUSTEE  
**EIN:** 31-6429763

**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
OTHER INVESTMENTS	3,579,553	3,565,493	3,855,059

**TY 2020 Other Decreases Schedule**

**Name:** ROBERT H & SUSAN F CASTELLINI FOUNDATION  
C/O CHRISTOPHER L FISTER TRUSTEE

**EIN:** 31-6429763

Description	Amount
NON DEDUCTIBLE EXPENSES FROM PASS THROUGH INVESTMENTS	57

**TY 2020 Other Expenses Schedule**

**Name:** ROBERT H & SUSAN F CASTELLINI FOUNDATION  
C/O CHRISTOPHER L FISTER TRUSTEE

**EIN:** 31-6429763

**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ANNUAL FILING FEE	200	140		0
OTHER DEDUCTIONS - OTHER INVESTMENTS	10,627	7,439		0

**TY 2020 Other Income Schedule****Name:** ROBERT H & SUSAN F CASTELLINI FOUNDATION

C/O CHRISTOPHER L FISTER TRUSTEE

**EIN:** 31-6429763**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OTHER INCOME - OTHER INVESTMENTS	738	738	738
ORDINARY INCOME - OTHER INVESTMENTS	26,644		26,644
RENTAL INCOME - OTHER INVESTMENTS	-3,260		-3,260
SECTION 179	-5		-5

**TY 2020 Other Increases Schedule**

**Name:** ROBERT H & SUSAN F CASTELLINI FOUNDATION  
C/O CHRISTOPHER L FISTER TRUSTEE

**EIN:** 31-6429763

**Other Increases Schedule**

Description	Amount
OTHER TAX EXEMPT INCOME FROM INVESTMENTS	193

**TY 2020 Substantial Contributors  
Schedule**

**Name:** ROBERT H & SUSAN F CASTELLINI FOUNDATION  
C/O CHRISTOPHER L FISTER TRUSTEE

**EIN:** 31-6429763

Name	Address
ROBERT H CASTELLINI	312 ELM STREET SUITE 2600 CINCINNATI, OH 45202

<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	<b>Schedule of Contributors</b>  ▶ <b>Attach to Form 990, 990-EZ, or 990-PF.</b> ▶ Go to <u><a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a></u> for the latest information.	OMB No. 1545-0047
		<b>2020</b>
Name of the organization ROBERT H & SUSAN F CASTELLINI FOUNDATION C/O CHRISTOPHER L FISTER TRUSTEE		<b>Employer identification number</b> 31-6429763

**Organization type** (check one):

<b>Filers of:</b>	<b>Section:</b>
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other 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<sup>1</sup>/<sub>3</sub>% 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 totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  
ROBERT H & SUSAN F CASTELLINI FOUNDATION  
C/O CHRISTOPHER L FISTER TRUSTEE

**Employer identification number**  
31-6429763

**Part I**

**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBERT H CASTELLINI 312 ELM STREET SUITE 2600 CINCINNATI, OH 45202	\$ 100,000	<input checked="" type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)
2	CASTELLINI MANAGEMENT COMPANY 312 ELM STREET SUITE 2600 CINCINNATI, OH 45202	\$ 210,150	<input checked="" type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input checked="" type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)
3	ROBERT H CASTELLINI 312 ELM STREET SUITE 2600 CINCINNATI, OH 45202	\$ 400,000	<input checked="" type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)
4	CASTELLINI MANAGEMENT COMPANY 312 ELM STREET SUITE 2600 CINCINNATI, OH 45202	\$ 125,000	<input checked="" type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)



Name of organization ROBERT H & SUSAN F CASTELLINI FOUNDATION C/O CHRISTOPHER L FISTER TRUSTEE	Employer identification number 31-6429763
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**Part II** Noncash Property

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	19,538 SHARES OF IES HOLDINGS, INC. STOCK	\$ 581,451	2020-08-13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

31-6429763

**Part III** *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)* ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)