-om 990-T		Exempt Organ	d proxy tax unde	ine	ss inco	ome T  3(e))	ax Retur	• _	OMB No. 1545-0887
.4 Department of the Treasury Internal Revenue Service		► Go to www. • Do not enter SSN number	irs.gov/Form990T for in s on this form as it may						Open to Public Inspection for 501(c)(3) Organizations Only
Check box if address changed		Name of organization (						D Empl (Emp	oyer identification number loyees' trust, see actions.)
Exempt under section	Print	THE GREATER	CINCINNATI	FO	MDATI	NC		3	1-0669700
X 501(c <u>)(3</u> )	Or	Number, street, and room						E Unrel	sted business activity code instructions.)
408(e) 220(e)	Туре	720 E PETE F							
408A 530(a)		City or town, state or prov	ince, country, and ZIP or	r foreig	n postal code			1	•
529(a)		CINCINNATI,	OH 45202					531	120
Book value of all assets at end of year	-	F Group exemption numb		<u> </u>					
608,197,8		G Check organization type			1 X 5	01(c) trust	401(z	) trust	Other trust
		ition's unrelated trades or bi		2		-	the only (or first) u		
		N-RESIDENTIAL				-	, complete Parts I-V		•
describe the first in the b	lank spa	ce at the end of the previous	s sentence, complete Pa	rts I an	d II, complete	a Schedule	M for each addition	nal trade	e or
business, then complete			<del></del>						
	-	poration a subsidiary in an a		nt-subs	idiary control	led group?		Y	es X No
		tifying number of the parent				<del></del>		-12	241 2000
The books are in care of	1 T	WILL WOODWARD de or Business Inco	) 		(A) In		one number .		<del></del>
		e or business inco	onie .	· ·	(A) In	come	(B) Expense		(C) Not
1 a Gross receipts or sale									
b Less returns and allow	-		c Balance	10			To A Marie Control	100	
		A, line 7)		2	•				THE CHANGE WELL
		rom line 1c		3					
		h Schedule D)		4a.					
		art II, line 17) (attach Form		4b					
		sts		40					
income (loss) from a	-	ship or an S corporation (att	•	5			<b>在於6個數數次數</b>		
Rent income (Schedu				6			ļ <u>.</u>		<u> </u>
		ne (Schedule E)		7	10	,326.	8,7	771.	1,555.
-		nd rents from a controlled o		8					ļ
		on 501(c)(7), (9), or (17) or				-			
		me (Schedule I)		10			ļ`		
		aJ)		11			- March & Broken Station	s com	
2 Other income (See In				12	4.0	206	I THE TOTAL		
Total. Combine lines	3 throu	gh 12		13		,326.		771.	1,555.
		ot Taken Elsewhere							•
		utions, deductions must						_	
		rectors, and trustees (Scheo						14	
								15	ļ
								16	
								17	
		ee instructions)						18	
Taxes and licenses				<u></u>				19	
		e instructions for limitation						20	0.
		562)						7	1
		n Schedule A and elsewhere		• • • • • • • • • • • • • • • • • • • •				22b	<del> </del>
Depletion								23	<del> </del>
Contributions to defi	erred co	mpensation plans	-  RECE	IVE	D(			24	<del> </del>
Employee benefit or	oorams							25	<del> </del>
Excess exemptrexpe	nses (So	chedule I) hedule J)	WOV Y	···20	tg[Ö∱er			26	
Excess readership c	osts (Sc	nedule J)	-   &					27	<del> </del>
Other deductions (at	tach sci	nedule)			J&I			28_	
9 Total deductions. A	aa lines	14 through 28	_ OGDE	Ŋ., (	7			29	1,555.
		ncome before net operating						30	1,000 - 1,000 ·
		loss arising in tax years beg							1,555.
		ncome. Subtract line 31 from						32	
23701 01-09-19 LHA F	or Pape	rwork Reduction Act Notice					(2)	(1)	Form <b>990-T</b> (2018
4444	4	450 001	1	•	000	T	$\mathcal{L}_{\text{map}}$	<b>\                                    </b>	MIT DO 10047
1111 758050	120	479-001	2018	. 05	UUU TH	e GKK	ATEK CINC	TNN	ATI FO 12047

Form 990-T	2014), THE GREATER CINCINNATI FOUNDATION 31-	066	970	0	Pege 2
Part i	Total Unrelated Business Taxable Income				
33 `	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	1	.,555.
	Amounts paid for disallowed fringes		34		3,487.
25	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT	2	35		0,042.
	Total of unrelated business taxable income before specific deduction, Subtract line 35 from the sum of		-		,,0121
•••	•				
	lines 33 and 34	•••••	36		
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		87		L,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		1		
	enter the smaller of zero or line 35		38		0.
	1 ax Computation				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		39		0.
40	Trusts Texable at Trust Raties. See instructions for tax computation. Income tax on the amount on line 38 from:		F-2-3		<del>.                                      </del>
	X Tax rate schedule or Schedule D (Form 1041)	_	40		0.
41	Draw by Can instructions				<del></del>
40	Prexy tax. See instructions		41		
42	Alternative minimum tax (trusts only)		42		
43	Tax on Moncompliant Facility Income. See instructions	•••••	43		·
	Total. Add ilnes 41, 42, and 43 to line 39 or 40, whichever applies		44		0.
	Tax and Payments				
452	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a .		1		
b	Other credits (see instructions)		] [		
e	General business credit, Attach Form 3800		1∙ ∣		
ď	Credit for prior year minimum tax (attach Form 8801 or 8827)		1 1		
-	Total gradite Add Frag 45s through 45d		ا معر ا		
48	Total credits. Add lines 45a through 45d		45e		
•••	Subtract line 45e from line 44	•••••	46		0.
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (ettach ad		47		
48	Tetal tax, Add lines 46 and 47 (see instructions)		48	ļ	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49		<u> </u>
50 a	Payments: A 2017 overpayment credited to 2018		<b>.</b> [	1	
b	2018 estimated tax payments 50b		1		
	Tax deposited with Form 8868 50c		7	l	
4	Foreign organizations: Tax paid or withheld at source (see instructions) 564		1 .	ł	
	Backup withholding (see instructions) 566		1		
:			1	ļ	
'	Credit for small employer health insurance premiums (attach Form 8941)		4	1	
•	Other credits, adjustments, and payments: Form 2439		l l		
	☐ Form 4135 ☐ Other ☐ Total ► 50g		- <del> </del>		
51	Total payments. Add lines 50a through 50g		51	<u> </u>	
	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲		52		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	. 🕨	53	<u> </u>	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	>	54		
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	•	55		
Part \	Statements Regarding Certain Activities and Other Information (see instructions)				
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority				Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			•	100 100
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			1	
					-
	tere >				X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign tru	st?	•••••		X
	If "Yes," see instructions for other forms the organization may have to file.				1 1.
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$				
O7 -	Under penalties of perjury, I declare that I have examined this return, including ecocompanying schedules and statements, and to the best of m correct, and complete. Declaration of preparer (other than lausever) is based on all information of which preparer has any knowledge.	y kn <del>owi</del>	edge and	belief, it is true	
Sign	M	Г.		1S discuss this	
Here	M 7 MMm   1)-6-7019 CFO		•	at spowy pajo: 12 decemb fum	
	Signature of officer Date Title	_			•
	Print/Type preparer's name Preparer's signature Date Check	<del>-   </del>	if PT		1 110
				415	
Paid	DD3 11/05/10	ipioye(			002
Prepa	rer CPA LEMASTER, CPA 11/05/19			00039	
Use C	only Firm's name ► CLARK, SCHAEFER, HACKETT & CO. Firm's	EN P	- 3	1-080	<u>0053</u>
	10100 INNOVATION DRIVE, SUITE 400				
	Firm's address ► DAYTON, OH 45342 Phone	no.	<u>937-</u>	<u>-226-0</u>	
823711 01	<del>09-19</del>			Form 9	90-T (2018)

Schedule A - Cost of Goods S	old. Enter method of inven	tory valuation N/A		
1 Inventory at beginning of year		6 Inventory at end of year	r	6
2 Purchases *	2	7 Cost of goods sold. Su	F.	
8 Cost of labor	3	from line 5. Enter here	and in Part I,	
4 a Additional section 263A costs		line 2		7 . '
(attach schedule)		8 Do the rules of section	263A (with respect to	Yes No
b Other costs (attach schedule)	4b	property produced or a	cquired for resale) apply to	<b>原理</b> 电影
5 Total. Add lines 1 through 4b	5	the organization?		
Schedule C - Rent Income (Fr (see instructions)	om Real Property and	Personal Property L	eased With Real Prope	rty)
1. Description of property	<del></del>			
		<del></del>		
<u>(1)</u> <u>(2)</u>	<del></del>	<del></del>	<del></del>	<del></del>
(3)	<del></del>	<del></del>	<del></del>	<del></del>
(4)		·		
	2. Rent received or accrued			<del></del>
(a) From personal property (if the percent rent for personal property is more the 10% but not more than 50%)	n e rentforp	and personal property (if the percentage personal property exceeds 50% or if at its based on profit or income)	3(a) Deductions directly o columns 2(a) and	onnected with the income in 2(b) (sittech schedule)
(1)				
(2)				
(3)		•		
(4)				
Total	O . Total		0.	
(c) Total income. Add totals of columns 2(a here and on page 1, Part I, line 6, column (A	<u>)</u>		(b) Total deductions. Enter here and on page 1, Part 1, line 6, column (5)	0.
Schedule E - Unrelated Debt-	Financed Income (see	instructions)	<del></del>	
		Gross income from or allocable to debt-	3. Deductions directly conne to debt-finance	d property
Description of debt-finance	ced property	financed property	(2) Straight line depreciation (attach achedule)	(b) Other deductions (attach schedule)
			STATEMENT 3	STATEMENT 4
(1) 200 WEST FOURTH ST	REET - 5TH &	<del> </del>		
(2) 6TH FLOORS		98,340.	44,866.	38,664.
(3)				
(4)				
4. Amount of everage acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach achedule)	6. Column 4 divided by column 5	7. Grass Income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(s) and 3(b))
(1)		%	<del></del>	
(2) 53,009.	505,016		10,326.	8,771.
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals		<b>&gt;</b>	10,326.	8,771.
Total dividends-received deductions inclu	ided in column 8			0.

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation Income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						9 6 14 6 A C
Totals (carry to Part II, line (5))	0.	0.				0.

Form 990-T (2018)

Partill Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation Income	6. Readership costs	Excess readership costs (column 6 minus column 5, but not more then column 4).
(1)						
(2)						
(3)						
(4)				·		
Totals from Part I	0.	0.	<b>建学的学校</b>	THE WAY	4	0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.		17-19-20-5	<b>35.197.25</b>	0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0

Form 990-T (20.18)

FORM 990-T .	CONTRIBUTIONS SUMMARY		STATEMENT 1
•			
CARRYOVER OF PRICE	OR YEARS UNUSED CONTRIBUTIONS	•	
FOR TAX YEAR 20 FOR TAX YEAR 20 FOR TAX YEAR 20	14		
FOR TAX YEAR 20 FOR TAX YEAR 20	16 240		
TOTAL CARRYOVER TOTAL CURRENT YES	AR 50% CONTRIBUTIONS	651	
TOTAL CONTRIBUTION TAXABLE INCOME L	ONS AVAILABLE IMITATION AS ADJUSTED	651 0	_
EXCESS 50% CONTRI		651 651	<del>-</del>
ALLOWABLE CONTRI	BUTIONS DEDUCTION		0
TOTAL CONTRIBUTIO	ON DEDUCTION .		0

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/13	204,610.	0.	204,610.	204,610.
12/31/14	89,380.	0.	89,380.	89,380.
12/31/15	36,842.	0.	36,842.	36,842.
12/31/16	283,281.	0.	283,281.	283,281.
12/31/17	604,221.	0.	604,221.	604,221.
NOL CARRYO	VER AVAILABLE THIS	YEAR	1,218,334.	1,218,334.

FORM 990-T	SCHEDULE E - DEPRECIA	ATION DEDUCT:	ION	STATEMENT 3
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION	- SUBTOTAL -	- 1	44,866.	44,866
TOTAL OF FORM 99	90-T, SCHEDULE E, COLUMN	3(A)·		44,866
FORM 990-T	SCHEDULE E - OTHER	R DEDUCTIONS		STATEMENT 4
	SCHEDULE E - OTHER	ACTIVITY NUMBER	AMOUNT	STATEMENT 4 TOTAL
DESCRIPTION  CLEANING  UTILITIES  REAL ESTATE TAX		ACTIVITY	7,800. 15,984. 12,686.	
FORM 990-T  DESCRIPTION  CLEANING  UTILITIES  REAL ESTATE TAXI INTEREST		ACTIVITY NUMBER	7,800. 15,984.	

## SCHEDULE M (Form 990-T)

## **Unrelated Business Taxable Income for Unrelated Trade or Business**

	RN	т.	L.T.	Y		4
l	O	MB	No.	154	5-06	<b>187</b>

Department of the Tressury Internal Revenue Service (99) For calender year 2018 or other tax year beginning

▶ Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Name	THE GREATER CINCINNATI	FOUN	DATION	31-0		
	nrelated business activity code (see instructions) > _52300					<del></del>
	escribe the unrelated trade or business   INVESTMEN	T IN	PARTNERSHI	PS		
Rär	Unrelated Trade or Business Income		(A) Income	(B) Expens	es .	(C) Net
1 a	Gross receipts or sales					THE STATE OF
ь	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Schedule A, line 7)	2		が開発を	を表	Manager Comment
3	Gross profit. Subtract line 2 from line 1c	3		がある。		
4 a	Capital gain net income (attach Schedule D)	4a		<b>西文包含</b>		3,940.
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	175,633.	ははない。		175,633.
C	Capital loss deduction for trusts	4c		<b>等还是</b>	1000	
5	Income (loss) from a partnership or an S corporation (attach statement)	5	49,444.			49,444.
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7		1		
8	Interest, annuities, royalties, and rents from a controlled					
-	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
-	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions; attach schedule)	12		是有的	3	
13	Total, Combine lines 3 through 12	13	229,017.			229,017.
14	Deductions Not Taken Elsewhere (See instructions deductions must be directly connected with the uncompensation of officers, directors, and trustees (Schedule K)	ınrelat	ed business incor —————	ne.) 		
15	Salaries and wages				15	
16	Repairs and maintenance				16	
17	Bad debts				17	<del></del>
18	Interest (attach schedule) (see instructions)	•••••	SEE STA	TEMENT 5	18	8,366.
19	Taxes and licenses	••••••		······································	19	
20	Charitable contributions (See instructions for limitation rules)				<u> </u>	0.
21	Depreciation (attach Form 4562)			••••••••••	54,5	
 22	Less depreciation claimed on Schedule A and elsewhere on return	***********	22a		22b	
23	Depletion				23	34,079.
24	Contributions to deferred compensation plans				24	
25	Employee benefit programs				25	
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)				27	
28	Other deductions (attach schedule)		SEE STA	TEMENT 6	28	1,023,190.
29	Total deductions. Add lines 14 through 28				29	1,065,635.
30	Unrelated business taxable income before net operating loss dedu				30	-836,618.
31	Deduction for net operating loss arising in tax years beginning on o	or after J	January 1, 2018 (see		CASE	
	instructions)				31	製品できませた。
<u>32</u>	Unrelated business taxable income. Subtract line 31 from line 30				32	-836,618.
LHA	For Paperwork Reduction Act Notice, see Instructions.			:	Schedu	le M (Form 990-T) 2018

FORM 990-T (M)	INTEREST PAID	STATEMENT 5
DESCRIPTION		AMOUNT
INTEREST EXPENSE - PASS	THROUGH FROM INTEREST IN LPS	8,366.
TOTAL TO SCHEDULE M, PA	RT II. LINK 18	8,366.
•		
FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 6
FORM 990-T (M)  DESCRIPTION  OTHER DEDUCTIONS - PASS		STATEMENT 6

## SCHEDULE I (Form 1041)

Department of the Treasury

Internal Revenue Service

**Alternative Minimum Tax - Estates and Trusts** 

Attach to Form 1041.

► Go to www.irs.gov/Form 1041 for instructions and the latest information.

OMB No. 1545-0092

2018

Nam	Of estate or trust	Employ	er identification number			
TH:	GREATER CINCINNATI FOUNDATION	31-0669700				
Pa	it l≀ Estate's or Trust's Share of Alternative Minimum Taxable Income					
1	Adjusted total income or (loss) (from Form 1041, line 17)	1				
	Interest					
3	Taxes					
4	Reserved for future use		は大きれて			
5	Refund of taxes		()			
6	Depletion (difference between regular tax and AMT)	_ 6				
7	Net operating loss deduction, Enter as a positive amount SER STATEMENT 7	7	70,042.			
8	Interest from specified private activity bonds exempt from the regular tax	8				
9	Qualified small business stock (see instructions)	9				
10	Exercise of incentive stock options (excess of AMT income over regular tax income)	10				
11	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)					
12	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)					
13	Disposition of property (difference between AMT and regular tax gain or loss)					
14	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)					
15	Passive activities (difference between AMT and regular tax income or loss)					
16	Loss limitations (difference between AMT and regular tax income or loss)	16				
17	Circulation costs (difference between regular tax and AMT)	17				
18	Long-term contracts (difference between AMT and regular tax income)	18				
19	Mining costs (difference between regular tax and AMT)					
20	Research and experimental costs (difference between regular tax and AMT)	20				
21	Income from certain installment sales before January 1, 1987	21	( )			
-	Intangible drilling costs preference	22				
23	Other adjustments, including income-based related adjustments	23				
24	Alternative tax net operating loss deduction (See the instructions for the limitation that applies.) STATEMENT 8	24	( 63,038.)			
	Adjusted alternative minimum taxable income. Combine lines 1 through 24 STATEMENT 9		7,004.			
	Note: Complete Part II below before going to line 26.					
26	Income distribution deduction from Part II, line 44 N/A 28					
27	Estate tax deduction (from Form 1041, line 19) N/A 27					
28	Add lines 26 and 27		1			
29	Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25	29	7,004.			
	If line 29 ls:					
	• \$24,600 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust isn't liable for the					
	alternative minimum tax.					
	Over \$24,600, but less than \$180,300, go to line 45.					
	\$180,300 or more, enter the amount from line 29 on line 51 and go to line 52.					
	Illi Income Distribution Deduction on a Minimum Tax Basis N/A					
30	Adjusted alternative minimum taxable income (see instructions)		ļ			
31	Adjusted tax-exempt interest (other than amounts included on line 8)		<u> </u>			
32	Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0-	32	<u> </u>			
33	Capital gains for the tax year allocated to corpus and paid or permanently set aside for	- 1				
	charitable purposes (from Form 1041, Schedule A, line 4)	_ 33	<u> </u>			
34	Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)					
35	Capital gains computed on a minimum tax basis included on line 25		μ			
36	Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount		<del> </del>			
37	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter -0-		<del> </del>			
38	Income required to be distributed currently (from Form 1041, Schedule B, line 9)	38	<del> </del>			
39	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)					
40	Total distributions. Add lines 38 and 39	40	<del> </del>			
41	Tax-exempt income included on line 40 (other than amounts included on line 8)		<del> </del>			
42	Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40					
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 1041.	schedul	e I (Form 1041) (2018)			

	edule   (Form 1041) (2018) THE GREATER CINCINNATI FOUNDA	31-0669700 Page 2						
Ρέ	irt[li] Income Distribution Deduction on a Minimum Tax Basis	N/2	4					
43	Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line 3							
	If zero or less, enter -0-	43						
44	Income distribution deduction on a minimum tax basis. Enter the smaller of line 42 or line	43.						
	Enter here and on line 26			44				
٠Ę٤	intellia Alternative Minimum Tax							
45	Exemption amount			45	\$24,600.0	)		
46	Enter the amount from line 29	46						
47	Phase-out of exemption amount	47	\$81,900.00					
48	Subtract line 47 from line 46. If zero or less, enter -0-	48		100				
49	Multiply line 48 by 25% (0.25)			49				
50	Subtract line 49 from line 45. If zero or less, enter -0-		•••••	. 50				
51	Subtract line 50 from line 46			51				
52	Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or ha	as a gair	on lines 18a and 19	3				
	of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwis	e, if line	51 is -					
	• \$191,100 or less, multiply line 51 by 26% (0.26).							
	• Over \$191,100, multiply line 51 by 28% (0.28) and subtract \$3,822 from the result							
	Alternative minimum foreign tax credit (see instructions)							
54	Tentative minimum tax. Subtract line 53 from line 52							
55	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Schedule G)		e 2a)					
<b>56</b>	Alternative minimum tax. Subtract line 55 from line 54. If zero or less, enter -0 Enter here	e and on		1994				
	Form 1041, Schedule G, line 1c			56				
[Pã	rttiV/ Line 52 Computation Using Maximum Capital Gains Rate		· · · · · · · · · · · · · · · · · · ·					
	Caution: If you didn't complete Part V of Schedule D (Form 1041), the Schedule D Tax Work	_						
	or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the instruction	ions						
	before completing this part.							
57	Enter the amount from line 51	······		57				
58	Enter the amount from Schedule D (Form 1041), line 26, line 13 of the Schedule D Tax	1 1						
	Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for	1		艾基				
	Form 1041, whichever applies (as refigured for the AMT, if necessary)	58		<b>一</b> [数数				
59	Enter the amount from Schedule D (Form 1041), line 18b, column (2)							
	(as refigured for the AMT, if necessary). If you didn't complete	_						
	Schedule D for the regular tax or the AMT, enter -0-	59		<b>—</b>				
60	If you didn't complete a Schedule D Tax Worksheet for the regular tax or the			1				
	AMT, enter the amount from line 58. Otherwise, add lines 58 and 59 and enter			<b>E</b>				
	the smaller of that result or the amount from line 10 of the Schedule D Tax	_						
	Worksheet (as refigured for the AMT, if necessary)		<del></del>	<b>₹</b>				
61	Enter the smaller of line 57 or line 60							
62	Subtract line 61 from line 57	••••••		62	<del></del>			
63	If line 62 is \$191,100 or less, multiply line 62 by 26% (0.26). Otherwise, multiply line 62 by							
R.A	28% (0.28) and subtract \$3,822 from the result	64		► 63 //4323				
64 85	Maximum amount subject to the 0% rate  Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D		\$2,600.00	- 4				
UÜ	Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions							
	for Form 1041, whichever applies (as figured for the regular tax). If you didn't							
	complete Schedule D or either worksheet for the regular tax, enter the amount							
	from Form 1041, line 22; if zero or less, enter -0-	<b>XX</b>	•					
66	Subtract line 65 from line 64. If zero or less, enter -0-							
67		67						
68	Enter the smaller of line 57 or line 58  Enter the smaller of line 66 or line 67. This amount is taxed at 0%	68						
	Subtract line 68 from line 67	69	•					
	OUDURG IIIE OO HUIII IIIE O/	1 49		Cal	edule I /Form 104	1) (2019)		

	dule ! (Form 1041) (2018)				Page 3
Рá	rtilVa Line 52 Computation Using Maximum Capital Gains Ra	es (cont	tinued)		
70	Maximum amount subject to rates below 20%	70	\$12,700.00	200	
	Enter the amount from line 66	71			
<b>72</b>	Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the				
	Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax			<b>建</b>	
	Worksheet, whichever applies (as figured for the regular tax). If you	1 1			
	didn't complete Schedule D or either worksheet for the regular tax, enter	1 1			
	the amount from Form 1041, line 22; if zero or less, enter -0-	72		鑫	
73	Add line 71 and line 72	73			
74	Subtract line 73 from line 70. If zero or less, enter -0-	74			
	Enter the smaller of line 69 or 74				
	Multiply line 75 by 15% (0.15)		<b>)</b>	76	
	Add lines 68 and 75	77			
	If lines 77 and 57 are the same, skip lines 78 through 82 and go to line 83. Otherwise, g	o to line 78.	•		
78	Subtract line 77 from line 67	78			
7 <del>9</del>	Multiply line 78 by 20% (0.20)			79	
	If line 59 is zero or blank, skip lines 80 through 82 and go to line 83. Otherwise, go to lis				
80	Add lines 62, 77, and 78	80			
81	Subtract line 80 from line 57	81			
82	Multiply line 81 by 25% (0.25)		<b>&gt;</b>	82	
	Add lines 63, 76, 79, and 82		,	83	
	If line 57 is \$191,100 or less, multiply line 57 by 26% (0.26). Otherwise, multiply line 57 by				
	and subtract \$3,822 from the result			84	
85	Enter the smaller of line 83 or line 84 here and on line 52			85	

SCHEDULE I	NET	OPERATING LOSS	CARRYOVER	STATEMENT 7
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED		AMOUNT
12/31/13	204,610.		<del></del>	204,610.
12/31/14	89,380.		0.	89,380.
12/31/15	36,842.		0.	36,842.
12/31/16	283,281.	l	0.	283,281.
12/31/17	604,221.		0.	604,221.
TOTAL TO SO	CHEDULE I, LINE 7	7		1,218,334.

SCHEDULE I	ALTERNATI	VE MINIMUM TAX	NOL CARRYOVER	STATEMENT	8
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED		AMOUNT	
12/31/13	204,610.	0.		204,6	10
12/31/14	89,380.	0.		89,3	80.
12/31/15	36,842.	0.		36,8	342.
12/31/16	283,281.	0.		283,2	281.
12/31/17	604,221.	0.		604,2	
	HEDULE I, LINE 24 TO LIMITATION	•		1,218,3	34.

	NET OPERATING L COMPUTATION OF		STATEMENT 9
DESCRIPTION	TOTAL AMT NOL CARRYFORWARD	AMT NOL USED THIS YEAR	UNUSED AMT NOL CARRYFORWARD
AMT NOL CARRYFORWARD	1,218,334.	63,038.	1,155,296.
TOTAL TO SCHEDULE I, LINE 24		63,038.	1,155,296.

## **4562**

**Depreciation and Amortization** (Including Information on Listed Property)

Attach to your tax return.

990-T

OMB No. 1545-0172

Department of the Treesury Internal Revenue Service (99) Name(s) shown on return

► Go to www.irs.gov/Form4582 for instructions and the latest information.

| Business or activity to which this form relates

	GREATER CINCINNATI					PAGE 1		31-0669700
Pa	Election To Expense Certain Proper	rty Under Section 179	Note: If you have a	ny listed pr	operty, o	complete Part	V before	you complete Part I.
1 N	Maximum amount (see instructions)						1	1,000,000.
2 1	otal cost of section 179 property place							67.
	hreshold cost of section 179 property							2,500,000.
4 F	Reduction in limitation. Subtract line 3	from line 2. If zero	or less, enter -0-				4	0.
<b>5</b> 0	ollar limitation for tax yeer. Subtract line 4 from line	1. If zero or less, enter -0	If merried filing separately	, see instructio	ne		. 5	1,000,000.
6	(a) Description of pr	operty	(b) Cost	(business use	only)	(c) Elected c	cet	<b>经验证据</b>
							· ·	
						<u> </u>		
		· · · · · · · · · · · · · · · · · · ·						
7 L	isted property. Enter the amount from	line 29	***************************************		7			<b>第二次</b>
	otal elected cost of section 179 prope						8	67.
	entative deduction. Enter the smaller	-	• • •					67.
	arryover of disallowed deduction from							
	Business income limitation. Enter the s	<del>-</del>						44 44
	Section 179 expense deduction. Add li							
	Carryover of disallowed deduction to 2				12		67	38 32 4 1 2 2 P
	Don't use Part II or Part III below for							256400.5765.1. (45664-19-2. add) (4())
	Special Depreciation Allowa			clude lister	1 nmper	tv )		<del></del>
	pecial depreciation allowance for qual						$\top$	Τ
	•					_	44	
	he tax year						. 14	
	Property subject to section 168(f)(1) ele					-	. 15	<del></del>
	ther depreciation (including ACRS)  MACRS Depreciation (Don't		arte Con Instruction				. 16	<del></del>
	Sing MACHS Depreciation (Don't	include listed prop	Section A	8.)				
		<del></del>				<del></del>		<del></del>
	AACRS deductions for assets placed in	-					17 1255	
18 <u>"</u>	you are electing to group any assets placed in serv		One or more general asset  During 2018 Tax Y					A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	Section B - Assets	(b) Month and	(c) Basis for depreciation	m		eral Deprecial	ion aysi	<u></u>
	(a) Classification of property	year placed in service	(business/investment us only - see instructions		Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 <u>a</u>	3-year property							
<u>b</u>	5-year property							
С	7-year property							
d	10-year property							
е	15-year property						•	
1	20-year property							
g	25-year property			2	5 утв.		S/L	
		/		27	'.5 yrs.	MM	S/L	
h	Residential rental property	/	<u>-</u>	27	'.5 yrs.	ММ	S/L	
		/		3	9 yrs.	MM	S/L	
i	Nonresidential real property	/				ММ	S/L	
	Section C - Assets F	Placed in Service I	During 2018 Tax Yea	ar Using th	e Altern	ative Depreci	ation Sy	stem
20a	Class life	<b>经验公益</b>					S/L	
b	12-year		-		2 yrs.		S/L	
	30-year	,			O yrs.	ММ	S/L	
d	40-year	<del>                                     </del>			0 yrs.	MM	S/L	
	Tt-IV. Summary (See instructions.)							<u> </u>
	isted property. Enter amount from line	28			_		. 21	<del></del>
	otal. Add amounts from line 12, lines		s 19 and 20 in colum	n (a). and	ine 21		"   <del></del> '	<del> </del>
	inter here and on the appropriate lines	_				<u>.</u>	22	, [
	For assets shown above and placed in	-	•				···	· · · · · · · · · · · · · · · · · · ·
	ortion of the basis attributable to sect	-	•		23			

Form 4562 (2018)	THE	GREATE	R CI	NCIN	ITAN	FOU	NDA	HOL			31-	0669	<u>700</u>	Page 2
Part V. Listed Prop	perty (Include au ent, recreation, o	utomobiles, ce	rtain oth	ner vehic	les, cert	ain aircr	aft, an	d property	used fo	r				
	ny vehicle for w			standar	d mileac	e rate o	r dedu	ctina lease	expens	e. como	olete or	ılv 24a.		
24b, columi	ns (a) through (c	) of Section A	, all of S	ection B,	and Se	ction C	if appli	cable.				,		
Section	A - Depreciation	on and Other	Informa	tion (Ca	ution: S	See the i	nstruc	tions for li	nits for p	asseng	er autor	nobiles.)		
24a Do you have evidence	to support the bus	siness/investme	nt use cla	imed?		es 🗀	No	24b If "Y	es," is th	e evide	nce writt	ten?	Yes	No
(a)	(b)	(c)		(d)		(e)	-	<b>(1)</b>		9)		(h)		(i)
Type of property	Date placed in	Business/ investment		Cost or		nis for depri miness/inve		Recovery		hod/		eciation		cted on 179
(list vehicles first)	service	use percenta		ther basis	"	uee only		period	Сопу	ention	dea	uction	)	ost
25 Special depreciation	allowance for q	ualified listed	property	placed i	n servic	e during	the ta	x year and	<u> </u>				<b>经</b> 数据	16×10
used more than 50%	-			•		_		•		25	ļ			44
26 Property used more	than 50% in a q	ualified busine	SS USO:											
			<b>6</b>						ļ —			_		
<del></del>	<del></del>		6		$\neg$								<del>                                     </del>	
	<del></del>		<u> </u>								<del>                                     </del>			
27 Property used 50% o	r less in a qualif							L	<u> </u>		<u> </u>		<del></del>	
er riopetty adda dove o	1		<u> </u>		·				S/L·		Γ'		- 12 CO	E 2-17'4
	<del>-   -   -  </del>		16		_				S/L					- ·
	<del>                                     </del>		<u> </u>						S/L·		<del> </del>			1
28 Add amounts in colu	- i i				line O1					28	<del></del>		1.0	***
											<u> </u>	T 00		
29 Add amounts in colu	<u>mn (I), IIN<del>e</del> 26. E</u>									<del></del>			Щ	
				B - Infon										
Complete this section for		•									-			
to your employees, first a	inswer the ques	rtions In Section	on C to a	ee if you	meet a	n excep	tion to	completin	g this se	ction fo	r those v	vehicles.		
· · · · · · · · · · · · · · · · · · ·					_									
			_	a)	(	<b>b</b> )	1.	(c)	(	<b>4</b> )	(	<b>e</b> )	(1	7)
30 Total business/investime		_	Vel	hicle .	Vel	<u>hicle</u>	<u> 'v</u>	<u>ehicle</u>	Veh	icle	Vel	<u>hicle</u>	Veh	icle
year (don't include com				· .			_						<u> </u>	
31 Total commuting mile	as driven during	the year												
32 Total other personal	(noncommuting	) mi <b>les</b>	ł		1		1		ł		ì		i	
driven	•••••								<u> </u>			_		
33 Total miles driven du	ring the year.						1							
Add lines 30 through	32		<u></u>	_							<u> </u>		<u> </u>	
34 Was the vehicle avail	lable for person	al use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty hours	i?													
35 Was the vehicle used														
than 5% owner or rel		*******	İ			i			1			i		
36 Is another vehicle av											1			
use?	·		ŀ		l		]	1				Į		
		- Questions 1	or Empl	overs W	ho Pro	vide Vet	icles 1	or Use by	Their E	mplove	08			
Answer these questions			-	_				-				ren't		
more than 5% owners or										<b>,</b> ,				
37 Do you maintain a w			ohibits a	ll person	al use c	of vehicle	s. incl	udina com	mutina.	by your			Yes	No
employees?		-		-				_		_,,				1
38 Do you maintain a w	ritten policy stat	tement that on	ohibita p	ersonal	use of v	ehicles.	except	commuti	na. by vo	XUP	************			1
employees? See the		-	-				-			· <b>-</b> .				1
39 Do you treat all use of				_	•	-				•••••	••••••	••••••	·	1
40 Do you provide more	•										•••••	•••••		1
the use of the vehicle													1	1
41 Do you meet the requ												***********	-	1
Note; If your answer											•••••	••••••	A Section	A. 181
Part VI Amortization		0,014118 16	s, don	r comple	10 0000	OII D IOI	u io cc	AGIGO AGI	icioo.				ALTENY:	Property Parks
	a)	<del></del>	(b)	Γ	(c)		$\top$	(d)	— T	(e)			<b>(1)</b>	
	on of costs	Date	amortization		Amortizal			Code		Amortiza	itton	Ą	mortization or this year	
40 Amortization of contr	that begins du	ring your 2016	begins 3 toy woo	<u>.                                    </u>		·	—-			period or per	recurity			
42 Amortization of costs	a mer negli is du	ining your 2010	Lan yell	<del> </del>			$\top$		$\overline{}$					
			<del></del>	<del> </del>			+-							
40 Americalism of south	a that because had	form very 0019	i i								43	<del></del> -		
43 Amortization of costs	_	-	-				••••••				44			
44 Total, Add amounts	in column (n. Sa	ee the instruct	IONS TOF	wnere to	report						1 44			