| | (Except for contributions, deductions must be directly connected with the unrelated business income) | | |
|----|--|----------|--------|
| 14 | Compensation of officers, directors, and trustees (Schedule K) | 14 | |
| 15 | Salaries and wages | 15 | |
| 16 | Repairs and maintenance | 16 | |
| 17 | Bad debts | 17 | |
| 18 | Interest (attach schedule) (see instructions) | 18 | |
| 19 | Taxes and licenses , | 19 | |
| 20 | Charitable contributions (See instructions for limitation rules) STATEMENT 1 . | 20 | 0. |
| 21 | Depreciation (attach Form 4562) | 建 | - |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return | 22b | |
| 23 | Depletion | 23 | |
| 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) | 28 | |
| 29 | Total deductions. Add lines 14 through 28 | 29 | 0. |
| 30 | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | 30 | 1,555. |

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

Unrelated business taxable income. Subtract line 31 from line 30

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

31

32

1,555.

Form 990-T (2018)

| Form 990- | T(2018) THE GREATER CINCINNATI FOUNDATION 31-066 | 9700 | | Page 2 |
|------------|--|---------------------------|------------|----------------|
| Part | II Total Unrelated Business Taxable Income | | | |
| 33 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 33 | 1,5 | 55. |
| 34 | Amounts paid for disallowed fringes | 34 | | |
| 35 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 2 | 35 | 1.5 | 55. |
| 36 | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of | " | | |
| 30 | lines 33 and 34 | 26. | | |
| 07 | • | 36. | 1 0 | 00. |
| 37 | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) | 37 | _1,0 | 00. |
| 38 | Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, | 1 1 | | 0 |
| <u> </u> | enter the smaller of zero or line 36 | 38 | | 0. |
| Part | | 1 1 | | |
| 39 | Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) | 39 | _ | 0. |
| 40 | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: | | | _ |
| | X Tax rate schedule or Schedule D (Form 1041) | 40 | | 0. |
| 41 | Proxy tax. See instructions | 41 | | |
| 42 | Alternative minimum tax (trusts only) | 42 | | |
| 43 | Tax on Noncompliant Facility Income. See instructions | 43 | | |
| 44 | Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies | 44 | | 0. |
| Part \ | / Tax and Payments | | | |
| 45a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a | | | |
| b | | 1 | | |
| | General business credit Attach Form 3800 45c | 1 | | |
| 4 | Credit for prior year minimum tax (attach Form 8801 or 8827) | 1 | | |
| u | | 450 | | |
| e 40 | · | 45e | _ | 0. |
| 46 | Subtract line 45e from line 44 | 46 | _ | <u> </u> |
| 47 | Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Other (attach schedule) | 47 | | |
| 48 | Total tax. Add lines 46 and 47 (see instructions) | 48 | | 0. |
| 49 | 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 | 49 | _ | 0. |
| | Payments: A 2017 overpayment credited to 2018 | 4 1 | | |
| b | 2018 estimated tax payments | 4 | | |
| C | Tax deposited with Form 8868 50c | 1 1 | | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) 50d |] [| | |
| е | Backup withholding (see instructions) 50e | J i | | |
| f | Credit for small employer health insurance premiums (attach Form 8941) 50f | <u> </u> | | |
| | Other credits, adjustments, and payments: Form 2439 | 1 | | |
| · | ☐ Form 4136 ☐ Other ☐ Total ► 50g | | | |
| 51 | Total payments. Add lines 50a through 50g | 51 | | |
| 52 | 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 | | |
| 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 \ | | 1_30 | | |
| | At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority | | Vaa | N _a |
| 56 | | | Yes | No |
| | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file | | ' | l ' |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country | | | |
| | here > | | \vdash | X |
| 57 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? | | \vdash | X |
| | If "Yes," see instructions for other forms the organization may have to file. | | | , |
| 58 | Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$ | | لسنا | <u> </u> |
| Q: | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | dge and belief, it is tru | 16, | |
| Sign | M(, , , , ,) | ay the IRS discuss the | s return w | vith |
| Here | /// WWW CFO th | e preparer shown bel | ow (see | _ |
| | Signature of officer Date Title in | structions)? X Y | es | No |
| | Print/Type preparer's name Preparer's signature Date Check | f PTIN | | |
| Paid | self- employed | | | |
| Prepa | ATAMOGUA DITTEM ATAMOGUA DITTEM 102/15/201 | P01225 | 377 | |
| Use C | CTARK CONTRIBER WASHING CO. | 31-080 | | 3 |
| USE C | 10100 INNOVATION DRIVE, SUITE 400 | | | |
| | | 37-226-0 | 070 | |
| 823711 01- | | Form 9 | | (2010) |
| -COLL OF | | LOUIT S | 22-1 | (2010) |

| Schedule A - Cost of Goods | Sold. Enter method of invent | ory valuation ► N/A | | |
|---|---|---|---|--|
| 1 Inventory at beginning of year | 1 | 6 Inventory at end of year | | 6 |
| 2 Purchases | 2 | 7 Cost of goods sold. St | ubtract line 6 | 1. 1 |
| 3 Cost of labor | 3 | from line 5. Enter here | and in Part I, | |
| 4a Additional section 263A costs | | line 2 | | 7 |
| (attach schedule) | 4a | 8 Do the rules of section | 263A (with respect to | Yes No |
| b Other costs (attach schedule) | 4b | acquired for resale) apply to | | |
| 5 Total Add lines 1 through 4b | 5 | the organization? | | |
| Schedule C - Rent Income ((see instructions) | From Real Property and | Personal Property L | eased With Real Prop | perty) |
| 1. Description of property | | | | |
| (1) | | | | · · · · · · · · · · · · · · · · · · · |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| _ | 2. Rent received or accrued | | | |
| (a) From personal property (if the perc rent for personal property is more 10% but not more than 50%) | than `of rent for pe | d personal property (if the percentages sonal property exceeds 50% or if its based on profit or income) | ge 3(a) Deductions directi columns 2(a) a | y connected with the income in and 2(b) (attach schedule) |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Total | O . Total | · | 0. | |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column | (A) > | | (b) Total deductions Enter here and on page 1, Part I, line 6, column (8) | > 0. |
| Schedule E - Unrelated Deb | t-Financed Income (see in | nstructions) | | |
| | | 2. Gross income from | Deductions directly control to debt-finant | |
| 1. Description of debt-fin | anced property | or allocable to debt- financed property | (a) Straight line depreciation (ettach schedule) | (b) Other deductions (attach schedule) |
| | | | STATEMENT 3 | STATEMENT 4 |
| (1) 200 WEST FOURTH | STREET - 5TH & | | SINIEMENI 5 | DIAIDMENT 4 |
| (2) 6TH FLOORS | JIRBEI JIII W | 98,340. | 44,866 | 38,664. |
| (3) | ····· | 30,3101 | 11,000 | 30,0020 |
| (4) | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed | Average adjusted basis of or allocable to | 6. Column 4 divided by column 5 | 7. Gross income reportable (column | Allocable deductions (column 6 x total of columns) |
| property (attach schedule) | debt-financed property (attach schedule) | | 2 x column 6) | 3(a) and 3(b)) |
| (1) | | % | | |
| (2) 53,009. | 505,016. | 10.50% | 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 | | ▶ | 10,326 | 8,771. |
| Total dividends-received deductions in | cluded in column 8 | | | 0. |
| | | | | |

Form **990-T** (2018)

(2) (3) (4)

0.

0.

Totals (carry to Part II, line (5))

Form 990-T (2018) THE GREATER CINCINNATI FOUNDATION 31-06697

Part II 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 | 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 readersh costs (column 6 min column 5, but not me than column 4) | nus |
|-----------------------------|---|--|--|--|-----------------------|---------------------|--|----------|
| (1) | | - | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Totals from Part I | ▶ | 0. | 0. | | | 联制的 20 00 | · | 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. | | | | | <u>U</u> |

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 (2018)

| FORM 990-T | CONTRIBUTIONS SUMMARY | STAT | EMENT 1 |
|--|-----------------------|-------------|-------------|
| CARRYOVER OF PRIOR YEARS UN | NUSED CONTRIBUTIONS | | |
| FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 | 240 | | , |
| FOR TAX YEAR 2017 | 411 | | |
| TOTAL CARRYOVER TOTAL CURRENT YEAR 50% CONT | TRIBUTIONS | 651 | |
| TOTAL CONTRIBUTIONS AVAILABLE INCOME LIMITATION A | | 651 0 | |
| EXCESS 50% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS | | 651 651 | |
| ALLOWABLE CONTRIBUTIONS DEL | DUCTION | | 0 |
| TOTAL CONTRIBUTION DEDUCTIO | ON | | 0 |
| | | = | |

| FORM 990-T | NET | OPERATING LOSS I | 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 CARRYOV | ER AVAILABLE THIS | YEAR | 1,218,334. | 1,218,334. |
| | | | | |

| FORM 990-T | SCHEDULE E - DEPRECIA | TION DEDUCTI | ON | STATEMENT 3 |
|--|-------------------------|--------------------|------------------------------|-------------|
| DESCRIPTION | , | ACTIVITY NUMBER | AMOUNT | TOTAL |
| DEPRECIATION | - SUBTOTAL - | 1 | 44,866. | 44,866. |
| TOTAL OF FORM 990 | O-T, SCHEDULE E, COLUMN | 3(A) | | 44,866. |
| FORM 990-T | SCHEDULE E - OTHER | DEDUCTIONS | | STATEMENT 4 |
| DESCRIPTION | | ACTIVITY NUMBER | AMOUNT | TOTAL |
| CLEANING UTILITIES REAL ESTATE TAXES | 5 | | 7,800. 15,984. 12,686. | |
| INTEREST | - SUBTOTAL - | 1 | 2,194. | 38,664. |
| TOTAL OF FORM 99 | O-T, SCHEDULE E, COLUMN | 3(B) | | 38,664. |

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

| ENTIT | 'Y 2 |
|--------|----------|
| OMB No | 1545-068 |

Department of the Treasury Internal Revenue Service (99) Name of the organization For calendar year 2018 or other tax year beginning ______, and ending _____

THE GREATER CINCINNATI FOUNDATION

▶ 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).

Open to Public Inspection for \$250 (c)(3) Organizations Only

Employer identification number

31-0669700

| | Inrelated business activity code (see instructions) > 52300 | 0 | | | | |
|-----|--|----|--------------|-------------|---------|-------------------|
| | Describe the unrelated trade or business INVESTMEN | | N PARTNERSHI | es. | | |
| | Unrelated Trade or Business Income | | (A) Income | (B) Expense | es | (C) Net |
| 1a | Gross receipts or sales | | - | | | |
| b | Less returns and allowances c Balance | 1c | | | | |
| 2 | Cost of goods sold (Schedule A, line 7) | 2 | <u></u> . | | 到這 | |
| 3 | Gross profit Subtract line 2 from line 1c | 3 | | | 74.71 | |
| 4 a | Capital gain net income (attach Schedule D) | 4a | 3,940. | | NE F | 3,940. |
| b | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | 175,633. | 不是 | | 175,633. |
| c | Capital loss deduction for trusts | 4c | | | | |
| 5 | Income (loss) from a partnership or an S corporation (attach | | | | X. | |
| | statement) | 5 | 49,444. | | | 49,444. |
| 6 | Rent income (Schedule C) | 6 | | | | |
| 7 | Unrelated debt-financed income (Schedule E) | 7 | | | | |
| 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 | Explorted exempt activity income (Schedule I) | 10 | | | | |
| 11 | Advertising income (Schedule J) | 11 | | | | |
| 12 | Other income (See instructions, attach schedule) | 12 | | | を開 | |
| 13 | Total, Combine lines 3 through 12 | 13 | 229,017. | | | 229,017. |
| Păi | Deductions Not Taken Elsewhere (See instructions deductions must be directly connected with the understanding the connected with the connected with the connected with the connected with the understanding the connected with the understanding the connected with the co | | | | cept fo | or contributions, |
| 14 | Compensation of officers, directors, and trustees (Schedule K) | | • | | 14 | |
| 15 | Salaries and wages | | • | | 15 | · |
| 16 | Repairs and maintenance . | | | _ | 16 | |
| 17 | Bad debts . | | | | 17 | |
| 18 | Interest (attach schedule) (see instructions) | | SEE STAT | EMENT 5 | 18 | 8,366. |
| 19 | Taxes and licenses | | | | 19 | |
| 20 | Charitable contributions (See instructions for limitation rules) | | 1 . (| | 20 | 0. |
| 21 | Depreciation (attach Form 4562) | | 21 | | 33 | |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return | | 22a | <u> </u> | 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 | 4 005 155 |
| 28 | Other deductions (attach schedule) | | SEE STAT | EMENT 6 | 28 | 1,023,190. |

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Deduction for net operating loss ansing in tax years beginning on or after January 1, 2018 (see

Total deductions. Add lines 14 through 28

Schedule M (Form 990-T) 2018

29

30

1,065,635.

-836,618.

-836,618.

instructions)

| FORM 990-T (M) | INTEREST PAID | STATEMENT 5 | |
|------------------------|-------------------------------|-------------|--|
| DESCRIPTION | | AMOUNT | |
| INTEREST EXPENSE - PAS | 8,366. | | |
| TOTAL TO SCHEDULE M, P | ART II, LINE 18 | 8,366. | |
| FORM 990-T (M) | OTHER DEDUCTIONS | STATEMENT 6 | |
| DESCRIPTION | | AMOUNT | |
| OTHER DEDUCTIONS - PAS | STHROUGH FROM INTEREST IN LPS | 1,023,190. | |
| TOTAL TO SCHEDULE M, P | ART II. LINE 28 | 1,023,190. | |

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/Form1041 for instructions and the latest information.

OMB No 1545-0092

| | e of estate or trust | | Employer identification number |
|-------------|--|--------------------------|--------------------------------|
| | E GREATER CINCINNATI FOUNDATION | | 31-0669700 |
| Pa | rt I : Estate's or Trust's Share of Alternative Minimum Taxable In | come | |
| 1 | Adjusted total income or (loss) (from Form 1041, line 17) | | 1 |
| 2 | Interest | | 2 |
| 3 | Taxes . | | 3 |
| 4 | Reserved for future use . | | 4 |
| 5 | Refund of taxes | | 5 () |
| 6 | Depletion (difference between regular tax and AMT) | | 6 |
| 7 | Net operating loss deduction. Enter as a positive amount | SEE STATEMENT 7 | 7 1,555. |
| 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) | | 11 |
| 12 | Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) | | 12 |
| 13 | Disposition of proporty (difference between AMT and regular tax gain or loss) | | 13 |
| 14 | Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) | · | 14 |
| 15 | Passive activities (difference between AMT and regular tax income or loss) | • | 15 |
| 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) | • | 19 |
| 20 | Research and experimental costs (difference between regular tax and AMT) | • | 20 |
| 21 | Income from certain installment sales before January 1, 1987 | • | 21 (|
| 22 | 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 (1,400.) |
| 25 | Adjusted altornativo minimum taxable income. Combine lines 1 through 24 | STATEMENT 9 | 25 155. |
| | Note: Complete Part II below before going to line 26. | • | |
| 26 | Income distribution deduction from Part II, line 44 N/A | 26 | |
| 27 | Estate tax deduction (from Form 1041, line 19) N/A | 27 | |
| 28 | Add lines 26 and 27 | () | 28 |
| 29 | Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25 | • • | 29 155. |
| , | If line 29 is: | | |
| | • \$24,600 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or tr | ust 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 | | |
| Pa | rt II Income Distribution Deduction on a Minimum Tax Basis | N/A | |
| 30 | Adjusted alternative minimum taxable income (see instructions) | | 30 |
| 31 | Adjusted tax-exempt interest (other than amounts included on line 8) | | 31 |
| 32 | Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0- | | 32 |
| 33 | Capital gains for the tax year allocated to corpus and paid or permanently set aside for | | |
| | charitable purposes (from Form 1041, Schedule A, line 4) | | 33 |
| 34 | Capital gains paid or permanently set aside for charitable purposes from gross income (see ins | structions) | 34 |
| 35 | Capital gains computed on a minimum tax basis included on line 25 | , | 35 (|
| 36 | Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amou | nt | 36 |
| 3/ | Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36 | | 37 |
| 38 | Income required to be distributed currently (from Form 1041, Schedule B, line 9) | • | 38 |
| 39 | Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedu | ule D, line 10) | 39 |
| 40 | Total distributions. Add lines 38 and 39 | | 40 |
| 41 | Tax-exempt income included on line 40 (other than amounts included on line 8) | • • | 41 |
| 12 | Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40 | • | 12 |
| 1 <u>44</u> | | | Schedule I (Form 1041) (2018) |

| Sche | dule I (Form 1041) (2018) THE GREATER CINCINNATI FOUNDA | 31-0669700 Page 2 | | | | | |
|-----------|---|-------------------|--------|-------------|---|------------------|-----------|
| | rt 🔢 Income Distribution Deduction on a Minimum Tax Basis | N/A | | | | | |
| 43 | Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line | | | | | | |
| | If zero or less, enter -0- | 43 | | | | | |
| 44 | No. 10 at 1 at 10 at 11 at 11 at 11 at 12 | | | | | | |
| _ | Enter here and on line 26 | 44 | | | | | |
| ΡĄ | rt III Alternative Minimum Tax | | | | | | |
| 45 | Exemption amount | | | • | 45 ->36/4/24 | \$24,600 0 | <u> </u> |
| 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 | | | - 30 | | |
| 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 40855 | | | | | |
| 52 | Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or h | \$ A A | | | | | |
| | of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwi | | | | | | |
| | • \$191,100 or less, multiply line 51 by 26% (0.26). | 100000 | | | | | |
| | Over \$191,100, multiply line 51 by 28% (0 28) and subtract \$3,822 from the result | 52 | | | | | |
| 53 | Alternative minimum foreign tax credit (see instructions) | • • | | | 53 | | |
| 54 | Tentative minimum tax. Subtract line 53 from line 52 | lula C. lu | aa Oa) | • | 55 | <u></u> | |
| 55 | Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Sched | | | • | 244 | | |
| 56 | Alternative minimum tax. Subtract line 55 from line 54. If zero or less, enter -0- Enter her form 1041, Schedule G, line 1c | e allu uli | , | | 56 | | |
| ₽D. | rolli 1041, Schedule G, line 10 rt-IV: Line 52 Computation Using Maximum Capital Gains Rat | 29 | | | 1 30 1 | 4.5 | |
| K .a. | Caution: If you didn't complete Part V of Schedule D (Form 1041), the Schedule D Tax Wor | | | | | ••• | |
| | or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the instruc | | | | | | |
| | 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 | | 夏延 | | |
| - | Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for | | | | | | |
| | Form 1041, whichever applies (as refigured for the AMT, if necessary) | 58 | | | | | |
| 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 | | | 71 11 12 | | |
| 60 | If you didn't complete a Schedule D Tax Worksheet for the regular tax or the | | | | 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | | |
| | AMT, enter the amount from line 58. Otherwise, add lines 58 and 59 and enter | | | | | | |
| | the smaller of that result or the amount from line 10 of the Schedule D Tax | 1 | | | | | |
| | Worksheet (as refigured for the AMT, if necessary) | 60 | | | | | |
| 61 | Enter the smaller of line 57 or line 60 | | | | 61 | - | |
| 62 | Subtract line 61 from line 57 | 62 | ···· | | | | |
| 63 | If line 62 is \$191,100 or less, multiply line 62 by 26% (0.26). Otherwise, multiply line 62 by | | | | | | |
| | 28% (0.28) and subtract \$3,822 from the result | 1 | | • | ► 63 | | |
| 64 | Maximum amount subject to the 0% rate | 64 | | \$2,600 00 | | | |
| 65 | Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D | | | | 理 | | |
| | Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions | | | | N. S. | | |
| | for Form 1041, whichever applies (as figured for the regular tax). If you didn't | | | | 2. J. | | |
| | complete Schedule D or either worksheet for the regular tax, enter the amount | | | | 14 S C | | |
| | from Form 1041, line 22; if zero or less, enter -0- | 65 | | | | | |
| 66 | ubtract line 65 from line 64. If zero or less, enter -0- | | | | | | |
| 67 | Enter the smaller of line 57 or line 58 | | | | | | |
| 68 | Enter the smaller of line 66 or line 67. This amount is taxed at 0%. | 68 | - | | | | |
| <u>69</u> | Subtract line 68 from line 67 | 69 | | · | - Caba | dula I (Farm 404 | 4) (0040) |

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Schedule I (Form 1041) (2018)

Schedule I (Form 1041) (2018) Page 3 Part V Line 52 Computation Using Maximum Capital Gains Rates (continued) 70 Maximum amount subject to rates below 20% 70 \$12,700 00 71 Enter the amount from line 66 71 72 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 Worksheet, 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 -0-73 Add line 71 and line 72 73 74 Subtract line 73 from line 70 If zero or less, enter -0-75 Enter the smaller of line 69 or 74 76 Multiply line 75 by 15% (0.15) 77 Add lines 68 and 75 If lines 77 and 57 are the same, skip lines 78 through 82 and go to line 83. Otherwise, go to line 78. 78 Subtract line 77 from line 67 78 79 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 line 80. 80 Add lines 62, 77, and 78 81 81 Subtract line 80 from line 57 82 Multiply line 81 by 25% (0.25) 82 83 83 Add lines 63, 76, 79, and 82 $\textbf{84} \quad \text{If line 57 is $191,100 or less, multiply line $\dot{57}$ by 26% (0.26). Otherwise, multiply line 57 by 28% (0.28)}\\$ and subtract \$3,822 from the result 85 Enter the smaller of line 83 or line 84 here and on line 52

Schedule I (Form 1041) (2018)

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

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| SCHEDULE I | ALTERNAT | IVE MINIMUM TAX NOL CARRYOVER | STATEMENT 8 |
|------------|---------------------------------------|-------------------------------|-------------|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | AMOUNT |
| 12/31/13 | 204,610. | 0. | 204,610. |
| 12/31/14 | 89,380. | 0. | 89,380. |
| 12/31/15 | 36,842. | 0. | 36,842. |
| 12/31/16 | 283,281. | 0. | 283,281. |
| 12/31/17 | 604,221. | 0. | 604,221. |
| | CHEDULE I, LINE 24 T TO LIMITATION | | 1,218,334. |

| | | NET OPERATING I | | STATEMENT 9 |
|------------------------------|------------|-------------------------------|---------------------------|--------------------------------|
| DESCRIPTION | | TOTAL AMT NOL CARRYFORWARD | AMT NOL USED THIS YEAR | UNUSED AMT NOL CARRYFORWARD |
| AMT NOL CARRYFORWARD | 1,218,334. | 1,400. | 1,216,934. | |
| TOTAL TO SCHEDULE I, LINE 24 | | | 1,400. | 1,216,934. |