Form 990-

	,	•		EXTEN	DED TO NOVE	MBE	R 16, 2020			
•	E~m	990-Ţ	l E	Exempt Organ				ax Return	ОМ	IB No 1545-0047
		•	} _		nd proxy tax unde			1017		
-			For cal	lendar year 2019 or other tax yea	•		, and ending	1417	- 2	2019
		5	,			structio	ns and the latest inform	ation.	- •	
		tment of the Treasury al Revenue Service	l ▶	Do not enter SSN number					Open 1 501(c)	to Public Inspection for (3) Organizations Only
	<u>_</u>	Check box if	War and Boundary of the							
	^ _	address changed	Cemblosees,	trust, see)						
	D E	xempt under section	Print	THE GREATER	CINCINNATI	FOU		303		0669700
•] 501(c 0 3)	or	Number, street, and room			etructions	, E	Unrelated bu	usiness activity code
		408(e) 220(e)	Type	720 B PETE I			120 / NO	V 23 2020	(See instruct	ions)
	⊨	408A 530(a)		City or town, state or prov				20 2020		
	\vdash] 529(a)		CINCINNATI,		lureigi	Pusial code	gden UT 5	31120)
	C Bo	ok value of all assets		F Group exemption numb				Hadda O : 13	<u> </u>	
	ate	736,269,4	71	G Check organization type		oration	X 501(c) trust	401(a) tr	rust	Other trust
	<u>u En</u>			tion's unrelated trades or b		2		the only (or first) unre		Other dest
				N-RESIDENTIAL				complete Parts I-V. If		one
				ice at the end of the previou				*		one,
*					is semence, complete ra	i is i aiii	i ii, complete a Schedule	IN TOT CACIT AUDITIONAL	liaue oi	
		siness, then complete		ooration a subsidiary in an a	ffiliated group or a paren	t-cubcu	diany controlled group?		Yes	X No
				tifying number of the paren		11-20020	olary controlled group?		163	[<u>22</u>] NO
				WILL WOODWARI			Telenh	one number ▶ 51	3-241	1-2880
				de or Business Inc			(A) Income	(B) Expenses	1	(C) Net
	-,-	7.5 500					(71) 111001110	PARALL MARCHINGS	200 Edw	
		Gross receipts or sale			c Balance	ا ۱۰				
		Less returns and allow		A luga 7)	C Dalatice	1c 2			Vel. 2018	
	2	Cost of goods sold (S			•	3			440	800 2 14 14 14 14 14 14 14 14 14 14 14 14 14
	3	Gross profit. Subtract				4a			1.0.4	/
~		Capital gain net incon		·	4707)	4b			377 15 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	b			Part II, line 17) (attach Form	4/9/)	4c		Alle Zana Alla C		
	_ C	Capital loss deduction		sis ship or an S corporation (at	tach ctatament)	5	,			
	5			Ship of an S corporation (at	iacii siatement)	6		14.0 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
	6	Rent income (Schedu	•	ma (Cahadula E)		7	4,870.		9.	4,861.
-	7	Unrelated-debt-finance		•	rannization (Sahadula D	8	4,0701	/	- 	1,001.
	8			and rents from a controlled c on 501(c)(7), (9), or (17) or		9				
	9	Exploited exempt acti			gamzation (Schedule G)	10				
	10	Advertising income (S	•	•		11				
	11	Other income (See in:		•		12			333E	
	12 13	Total. Combine lines				13	4,870.	1. 9-2000 C.	9.	4,861.
	<u> </u>			ot Taken Elsewher	P. (See instructions for					
	3 7 75			be directly connected wi						
	14	 		rectors, and trustees (Sche		/			14	
23		Salaries and wages	1100/3, 01	, and it baloos (00110			_	T	15	
202	.15 16	Repairs and mainter	nance			Ì	11320	r	16	
ြာ	-	Bad debts	anco			ţ	1100	_	17	
୍ ଷ	18	Interest (attach sche	dule) (s	ee instructions)		į	1		18	
ے	10	Taxes and licenses	(3,00,00	ind man denona)				ľ	19	
SEP	20	Depreciation (attach	Form 4	562)			20	6.0	-785	
	21			n Schedule A and elsewhere	on return		21a		21b	
ᇤ	22	Depletion	u			,	[=-4]		22	
Z	23	Contributions to def	erred co	moensation plans				Ī	23	
SCANNED	24	Employee benefit pr		, , , , , , , , , , , , , , , , , , ,				F	24	
Ċ	25	Excess exempt expe	-	enedule I)				<u> </u>	25	
Ś	26	Excess readership of	_						26	
	27	Other deductions (a)						F	27	
	28	Total deductions. A							28	0.
	29			ncome before net operating	loss deduction. Subtrac	t line 28	3 from line 13	F	29	4,861.
	30			loss arising in tax years beg				F	11	
		(see instructions)	aung	u. your bot	, 2 2	, ,, =0			30	0.
	31~	/ `	taxable i	ncome. Subtract line 30 fro	m line 29			<u>\</u>	31	4,861.
	92370			rwork Reduction Act Notice				₹ (8		orm 990-T (2019)

Form 990-T (31-0669/00 Page 2
	Total Unrelated Business Taxable Income	1 4 061
•	tal of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32 4,861.
	nounts paid for disallowed fringes	i 33
34 Ch	arritable contributions (see instructions for limitation rules) STMT 2 STMT 3	Y "I'
	tal unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	
36 De	duction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	$\frac{36}{4,861}$
37 To	tal of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	7 37
38 Sp	ecific deduction (Generally \$1,000, but see line 38 instructions for exceptions) ${\cal G}$	38 1,000.
39 Un	related business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	1 1
	ter the smaller of zero or line 37	<u>d 39 0.</u>
A	/ Tax Computation	
	ganizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40
-	usts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from	. - -
	Tax rate schedule or Schedule D (Form 1041)	
42 Pro	oxy tax. See instructions	
43 Alt	ternative minimum tax (trusts only)	
	x on Noncompliant Facility Income. See instructions	
	tál. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	7 45 0.
	Tax and Payments	
	reign tax credit (corporations attach Form 1118; trusts attach Form 1116)	4
_	her credits (see instructions)	4
_	neral business credit. Attach Form 3800	
	edit for prior year minimum tax (attach Form 8801 or 8827)	
	tal credits. Add lines 46a through 46d	83.
	ibtract line 46e from line 45	1 47 0.
	her taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	
	tal tax. Add lines 47 and 48 (see instructions)	9 0. 5 50 0.
		5 50 0.
	syments: A 2018 overpayment credited to 2019	•
	19 estimated tax payments	⊣ -
	x deposited with Form 8868	 {
	reign organizations: Tax paid or-withheld at source (see instructions)	-
	ckup withholding (see instructions)	-
	edit for small employer health insurance premiums (attach Form 8941)	-
g Ot	her credits, adjustments, and payments: Form 2439	
	☐ Form 4136 Other Total ▶	\$2
	tal payments. Add lines 51a through 51g	53 .
	timated tax penalty (see instructions). Check if Form 2220 is attached	
		1 54 K 55
		56
Part V		1 30 1
	any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	Yes No
	rer a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	103 110
	nCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	
rii he		-x
	uring the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	——————————————————————————————————————
	"Yes," see instructions for other forms the organization may have to file.	
	ter the amount of tax-exempt interest received or accrued during the tax year > \$	
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge.	ledge and belief, it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	
Here	m Man 11-11-2020 CFO	May the IRS discuss this return with the preparer shown below (see
		instructions)? X Yes No
-	Print/Type preparer's name Preparer's signature Date Check	ıf PTIN
Date	HERBERT L LEMASTER, self-employee	
Paid	11/09/20	P00039882
Prepai	CLARK CONSERD HACKERM COO	
Use O	10100 INNOVATION DRIVE, SUITE 400	
		937-226-0070
923711 01-2		Form 990-T (2019)
	179	78

Page 3

2 Purchasas 3 Cost of labor 4 Additional section 253A costs (attach schedule) 5 Other clusts of section 263A (costs (attach schedule) 5 Total. Add innes 1 through 4b 5 Total. Add innes 1 thr	Schedule A - Cost of Goods	Sold. Enter me	thod of invento	ory val	uation N/A				.	
3 Cost of labor 4.4 Additional section 283A costs (attach schedule) 4.9 In mark 1 in m	1 Inventory at beginning of year	1		6 1	nventory at end of year	•		6		
## Additional section 263A costs (attach schedule) ## Do the rules of section 263A (with respect to properly produced or acquired for resale) apply to the organization? Total	2 Purchases	2		7 (Cost of goods sold. Su	btract li	ne 6			
(attach schedule) 4a 4b 5 Other rules of section 263A (with respect to 4b 0 Other costs (attach schedule) 5 Total. Add intels 1 through 4b 5 Total Add intels 4b 6 Total	3 Cost of labor	3		1	rom line 5. Enter here a	and in P	art I,			
b Other costs (attach schedule) 5 Total. Add lims 1 through 4b 5 Total. Add lims 1 through 4b 5 Total. Add lims 1 through 4b 5 Total Add lims 1 through 4b 5 Total Add lims 1 through 4b 5 Total Call Call Call Call Call Call Call C	4a Additional section 263A costs			1	ine 2			7		,
5 Total. Add lines 1 through 4b 5 the organization? Checklide C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) Description of property (1) (2) (3) (4) 2. Finet received or socrete (a) From personal property lift be pe	(attach schedule)	4a		8 (Do the rules of section :	263A (v	vith respect to		Yes	No
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2. Rent received or accrued (a) from personal property (if the person	(3)									
(a) From personal property (if the personal	(4)									
(a) Promiser and properly (if the percentage of introl percentage of the percentage of introl percentage of the percentage of the percentage of introl percentage of the perce							0/0) Dadashara da ash		th the second s	_
(2) (3) (4) (4) (5) Total	rent for personal property is more to	entage of than	of rent for pe	ersonal pi	operty exceeds 50% or if	99	columns 2(a) an	d 2(b) (attac	h schedule)	·
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(3)		2	41,292.				4,870	•		9.
(4) Enter here and on page 1, Part I, line 7, column (A) Fotals 4,870 • 9 •					%				· · · · · ·	
Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B) 4,870 • 9 •					%					
Totals Total dividends-received deductions included in column 8 4,870. 9. 0.				_						
Total dividends-received deductions included in column 8	Totals				▶		4,870			9.
		cluded in column 8								0.

Form 990-T (2019)

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 2. Amount of income directly connected plattach schedule) (1) (2) (3) (4) Enter here and on page 1. Part I, time 9, column (A) Totals 2. Cores unstructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 3. Expenses are subjected assistant of the subject of exploited exitivity incomes to minus column 3) if a genine control plate is not unrelated and the surface of the	Schedule F - Interest, A	Annuitie	s, Royali	ties, and					itions	(see ins	tructions	s)
Solidade	1. Name of controlled organizati	ion	ıdentıfi	cation	3. Net unz	elated income	4. Tot	tal of specified	include	ed in the contri	olling	connected with income
Company Controlled Organizations S. Net irrelated means laud S. Total of specified payments S. Port of scheme S that is excited in the correlating payments S. Net irrelated means laud S. Total of specified payments S. Port of scheme S that is excited in the correlating payments or specified in the correlation of the correlation o	(1)	-							ļ .			
Solution					-							
Monexempt Controlled Organizations												
Nonexempt Controlled Organizations 8, Not irrelated income (lose) (goe nathuctions) 9, Total of specified apymorts (in the content of that is instituted with income in column 10 in the content of												
(1) (2) (3) (4) (5) (6) (6) (7) (8) (8) (8) (8) (9) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9		zations										
(d) (d) (d) (e) (e) (e) (f) (e) (e) (e) (e	7. Taxable Income				9. Total		nents	in the controll	ing organi	is included ization's	11. Dec with	luctions directly connected income in column 10
(d) (d) (d) (e) (e) (e) (f) (e) (e) (e) (e	(1)						-					
Add columns S and 10 Add columns S and 10 Add columns S and 10 Enter here and on page 1. Part 1, the 6, column (A) Add columns S and 10 Add columns S and 10 Enter here and on page 1. Part 1, the 6, column (A) Add columns S and 10 Column (A) Colu												
Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) Totals Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 3. Description of income (see instructions) 1. Description of income 2. Amount of income 3. Description of income (attach schedule) (attach schedule) (b) 5. Total description of income (attach schedule) (c) (d) 5. Total description of income (attach schedule) (d) 6. Totals Consequence (attach schedule) 1. Description of income (attach schedule) (d) 6. Totals Consequence (attach schedule) (d) 6. Enter here and on page 1, pert I, line 8, column (B) (d) Consequence (attach schedule) (d) Conseque	-									Î		
Add column S and 1) Enter here and on page 1, Pert I, Ims 8, column (A) O . O .										Ì		
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Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (ase instructions) 1. Description of income 2. Amount of income 2. Amount of income directly connected platcher schedule) (1) (2) (3) (4) Enter here and on page 1 Part I, ins 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 3. Expenses directly connected with production of exploited ectivity 2. Cross directly connected with production of exploited ectivity 2. Cross directly connected with production of exploited ectivity 2. Cross directly connected with production of exploited ectivity 2. Cross directly connected with production of exploited ectivity 2. Cross directly connected with production of exploited ectivity 3. Expenses directly connected with production of exploited ectivity 4. Net recome (Goal) 5. Gross nonem from activity that is not unrelated business income business income business exploited ectivity (1) (2) (3) (4) Enter here and on page 1 Part I, ins 9, column (B) Enter here and on page 1 Part I, ins 10, cot (A) Part I, ins 2, column (B) 5. Gross nonem from activity that is not unrelated business income business income (4) Enter here and on page 1 Part I, ins 10, cot (B) (4) Enter here and on page 1 Part I, ins 10, cot (B) (5) Cross nonem from page 1 Part I, ins 10, cot (B) (6) (7) Foreign 2 (7) Foreign 3 (8) (9) (1) (1) (2) (3) (4) (4) (5) (6) (6) (7) (6) (7) (6) (7) (6) (7) (7	Totals						•			0.		0.
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(4) Contract Cont	1. Desc	ription of inco	me			2. Amount of	ıncome	directly conne	cted			 Total deductions and set-asides (col 3 plus col 4)⁻
(4) Enter here and on page 1, Part I, line 9, column (A) Cocas unrelated business in compute cols 5 strough 7 strough 1. Description of exploited activity in the first production of unrelated business in compute cols 5 strough 7 strough 1. Description of exploited activity in the first production of unrelated business in compute cols 5 strough 7 strough 1. Description of exploited activity in the first production of unrelated business in compute cols 5 strough 7 strough 1. Description of exploited activity in the first production of unrelated business in compute cols 5 strough 7 strough 1. Description of exploited activity in the first production of unrelated business in compute cols 5 strough 7 strough 1. Description of page 1, Part I, line 10, col (A) (1) (2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) Enter here and on page 1, Part I, line 10, col (B) Totals 2. Gross strough 7 strough 1. Name of pariodical advertising Income (see instructions) Part J. Income From Periodicals Reported on a Consolidated Basis 7. Excess exempt expenses column 5, but not more strough and on page 1, Part I, line 10, col (B) Income From Periodicals Reported on a Consolidated Basis 7. Excess exempt expenses column 5 but not more strough 1. Name of pariodical advertising gine color	(1)											
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1. Description of exploited activity 2. Gross urelated business income from bade or business 3. Expenses discelly connocted with production of urrelated business income from bade or business 4. Nat income (loss) from urrelated driving production of urrelated business income 5. Gross income from activity that is not urrelated business income 5. Gross income from activity that is not urrelated business income 5. Gross income 6. Expenses attributable to column 5. But not more than column 4.	Schedule I - Exploited		Activity	Income	, Other	Than Adv		g Income	, whilipp	> , 2000/851.r.	7080- VY	
(2) (3) (4) Enter here and on page 1, Part 1, line 10, col (A) line 10, col (B) Part 1, line 25 Cross advertising costs A. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 A. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 A. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 A. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 A. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 A. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 A. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 A. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 A. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 A. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 A. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 A. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 A. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 A. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute col 3) if	1. Description of	2. C	business e from	directly co with pro of unit	onnected duction elated	from unrelated business (co minus colum gain, comput	trade or olumn 2 n 3) If a e cots 5	from activity is not unrela	that ted	attributa	able to	expenses (column 6 minus column 5, but not more than
(3) (4) Enter here and on page 1, Part I, line 10, col (A) Totals O. O. Schedule J - Advertising Income (see instructions) Part II, line 25 1. Name of periodical 2. Gross advertising income 2. Gross advertising costs advertising costs advertising costs (a) If a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) D. Enter here and on page 1, Part I, line 25 O. O. Enter here and on page 1, Part I, line 10, col (B) Part II, line 25 O. O. Schedule J - Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cost 5 through 7 Totals (carry to Part II, line (5)) O. O. O.	(1)											
(3) (4) Enter here and on page 1, Part I, line 10, col (A) Totals O. O. Schedule J - Advertising Income (see instructions) Part I, Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 1. Name of periodical 2. Gross advertising costs advertising costs advertising costs (3) If a gain, compute cost 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) D. O. Enter here and on page 1, Part I, line 25 O. O. Enter here and on page 1, Part II, line 25 O. O. Consolidated Basis 7. Excess readership costs (column 6 minus column 5, but not more than column 4)					·_							
(4) Enter here and on page 1, Part I, line 10, col (A) Part II, line 25												
Schedule J - Advertising Income (see instructions) [Part II Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 3. Direct advertising costs of 2 minus of (loss) (col 2 minus of 3) if a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) • Advertising gain or (loss) (col 2 minus of (loss) (col	(4)	page 1	, Part I, col (A)	page 1	Parti, col (B).							on page 1,
Part Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 3. Direct advertising costs 3. Direct advertising costs 5. Circulation income 6. Readership costs (column 6 minus column 5, but not more than column 4) (1) (2) (3) (4) (4) (5) (5) (6) (7)		na Incor		netruction		1 147700000 1422	Para de Table	ad <u>22</u> 7838 - 7472	a va	yydaiddillilliadd by	BBISH OF SE	<u> </u>
1. Name of periodical 2. Gross advertising advertising costs 3. Direct advertising costs or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5))						solidated	Basis					
(2) (3) (4) Totals (carry to Part II, line (5)) 0. 0.	1. Name of periodical		advertising			or (loss) (c col 3) If a g	ol 2 minus ain, comput					costs (column 6 minus column 5, but not more
(2) (3) (4) Totals (carry to Part II, line (5)) 0. 0.	(1)				•		S. 7. 7. 2.	7				
Totals (carry to Part II, line (5)) ► 0. 0.	(2) (3)											
_ ^^^ T		•		0.	0		244.5					0. Form 990-T (2019)

Form 990-T (2019) 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)

. 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 than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				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, tine 26
Totals, Part II (lines 1-5)	0.	0.				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 (2019)

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/13	204,610.	1,555.	203,055.	203,055.
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	VER AVAILABLE THIS	YEAR	1,216,779.	1,216,779.
FORM 990-T		CONTRIBUTIONS		STATEMENT 2
DESCRIPTION	1/KIND OF PROPERTY	METHOD USED TO	O DETERMINE FMV	AMOUNT
	COMMUNICATION	N/A		
CHARITABLE PASSTHROUGH LPS	FROM INTEREST IN	N/A		336

FORM 990-T	CONTRIBUTIONS SUM	MARY	STATEMENT 3
CARRYOVER OF PRIC	OR YEARS UNUSED CONTRIBUTION	IS - 60% LIMIT	
FOR TAX YEAR 20	18		
TOTAL CARRYOVER TOTAL CURRENT YE	AR 60% CONTRIBUTIONS		
TOTAL CONTRIBUTION TAXABLE INCOME L	ONS AVAILABLE IMITATION AS ADJUSTED	0	
EXCESS 60% CONTR TOTAL EXCESS CON	•	0 0	
ALLOWABLE CONTRI	BUTIONS DEDUCTION		0
TAXABLE INCOME F	OR LIMITATION AFTER 60% CONT	TRIBUTIONS	-1,211,918
CARRYOVER OF PRI	OR YEARS UNUSED CONTRIBUTION	NS - 50% LIMIT	
FOR TAX YEAR 20 FOR TAX YEAR 20 FOR TAX YEAR 20 FOR TAX YEAR 20	014 015 016 . 24 017 41	10 11	
FOR TAX YEAR 20 TOTAL CARRYOVER	014 015 016 . 24 017 41	10 11	
FOR TAX YEAR 20 TOTAL CARRYOVER TOTAL CURRENT YE TOTAL CONTRIBUTE	014 015 016 24 017 41 018 1,25 AR 50% CONTRIBUTIONS	10 11 56 —————————————————————————————————	
FOR TAX YEAR 20 TOTAL CARRYOVER TOTAL CURRENT YEAR TOTAL CONTRIBUTE	014 015 016 24 017 41 018 1,25 AR 50% CONTRIBUTIONS ONS AVAILABLE IMITATION AS ADJUSTED IBUTIONS	1,907 336 2,243	_
FOR TAX YEAR 20 TOTAL CARRYOVER TOTAL CURRENT YE TOTAL CONTRIBUTE TAXABLE INCOME L EXCESS 50% CONTRIBUTE TOTAL EXCESS CON	014 015 016 24 017 41 018 1,25 AR 50% CONTRIBUTIONS ONS AVAILABLE IMITATION AS ADJUSTED IBUTIONS	1,907 336 2,243 0	0

FORM 990-T SCHEDULE E - OTHER	DEDUCTIONS		STATEMENT 4
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
INTEREST - SUBTOTAL -	1	104.	104.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	3(B)		104.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

ENTITY

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning ______ , and ending

► 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 501(c)(3) Organizations Only

Name	of the organization THE GREATER CINCINNATI	FOID	IDATTON	•	Employer ider 31-06		
	nrelated Business Activity Code (see instructions) > 52300		IDIII I OIL		1 31 00	05,0	
	escribe the unrelated trade or business INVESTMEN		N PARTNE	RSHIPS	.		
Par			(A) Incom		(B) Expense:	s	(C) Net
_	Crease receipts or color	ι—				-+	
	Gross receipts or sales Less returns and allowances c Balance	1c		1			
	Less returns and allowances c Balance ▶ Cost of goods sold (Schedule A, line 7)	2					
2	Gross profit Subtract line 2 from line 1c	3					
3	Capital gain net income (attach Schedule D)	4a	-65,	228.			-65,228.
	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		276.			19,276.
	Capital loss deduction for trusts	4c		2,01			13,11,01
C E	Income (loss) from a partnership or an S corporation (attach	40					
5		5	287,	880.			287,880.
_	statement)	6	207,	-			207,0001
6	Rent income (Schedule C)	7					
7	Unrelated debt-financed income (Schedule E)	- '-				- 	
8	Interest, annuities, royalties, and rents from a controlled	ا ا					
_	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	241,	020			241,928.
<u>13</u>	Total. Combine lines 3 through 12	13				<u>_</u>	
Par	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in			on dedu	ictions.) (Dec	duction	ns must be
14	Compensation of officers, directors, and trustees (Schedule K)					14	
15	Salaries and wages					15	
16	Repairs and maintenance					16	
17	Bad debts			~		17	11 000
18	Interest (attach schedule) (see instructions)		SEE	STATE	MENT 5	18	11,770.
19	Taxes and licenses		1			19	
20	Depreciation (attach Form 4562)		_20)			
21	Less depreciation claimed on Schedule A and elsewhere on return		21	a		21b	00 500
22	Depletion					22	22,590.
23	Contributions to deferred compensation plans					23	
24	Employee benefit programs					24	
25	Excess exempt expenses (Schedule I)					25	
26	Excess readership costs (Schedule J)					26	4 004 560
27	Other deductions (attach schedule)		SEE	STATE	MENT 6	27	1,201,563.
28	Total deductions. Add lines 14 through 27					28	1,235,923.
29	Unrelated business taxable income before net operating loss dedu	ction :	Subtract line 28	from line 1	3	29	-993,995.
30	Deduction for net operating loss arising in tax years beginning on o	or after	January 1, 2018	s (see	a		_
	instructions)				STMT 7	30	0.
<u>31_</u>	Unrelated business taxable income. Subtract line 30 from line 29					31	-993,995.
LHA	For Paperwork Reduction Act Notice, see instructions.				Se	chedule	M (Form 990-T) 2019

FORM 990-T (M)	INTEREST PA	ID	STATEMENT 5
DESCRIPTION			AMOUNT
INTEREST EXPENSE - PASS	THROUGH FROM INTEREST	IN LPS	11,770.
TOTAL TO SCHEDULE M, PA	RT II, LINE 18		11,770.
FORM 990-T (M)	OTHER DEDUCT	IONS	STATEMENT 6
DESCRIPTION			AMOUNT
OTHER DEDUCTIONS - PASS	THROUGH FROM INTEREST	IN LPS	1,201,563.
TOTAL TO SCHEDULE M, PA	RT II, LINE 27		1,201,563
SCHEDULE M	NET OPERATING LOSS	DEDUCTION	STATEMENT 7
TAX YEAR LOSS- SUSTAI	LOSS PREVIOUSLY NED APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18 836,6	518.	836,618.	836,618.
NOL CARRYOVER AVAILABLE	THIS YEAR	836,618.	836,618.

SCHEDULE I (Form 1041)

Department of the Treasury

Name of estate or trust

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

2019

Employer identification number

TH	B GREATER CINCINNATI FOUNDATION	31-0669700
Pa	rt I Estate's or Trust's Share of Alternative Minimum Taxable Income	
1	Adjusted total income or (loss) (from Form 1041, line 17) ESBTs, see instructions	1
2	Interest	2
3	Taxes	3
4	Refund of taxes	4 (
5	Depletion (difference between regular tax and AMT)	5
6	Net operating loss deduction Enter as a positive amount SEE STATEMENT 8	6 4,861.
7	Interest from specified private activity bonds exempt from the regular tax	7
8	Qualified small business stock (see instructions)	8
9	Exercise of incentive stock options (excess of AMT income over regular tax income)	9
10	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	10
11	Disposition of property (difference between AMT and regular tax gain or loss)	11 -10.
12	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	12 503.
13	Passive activities (difference between AMT and regular tax income or loss)	13
14	Loss limitations (difference between AMT and regular tax income or loss)	14
15	Circulation costs (difference between regular tax and AMT)	15
16	Long-term contracts (difference between AMT and regular tax income)	16
17	Mining costs (difference between regular tax and AMT)	17
18	Research and experimental costs (difference between regular tax and AMT)	18
19	Income from certain installment sales before January 1, 1987	19 (
20	Intangible drilling costs preference	20
21	Other adjustments, including income-based related adjustments	21 99,594.
22	Alternative tax net operating loss deduction (See the instructions for the limitation that applies)	22 (94,453.)
23	Adjusted alternative minimum taxable income. Combine lines 1 through 22 STATEMENT 9	23 10,495.
	Note: Complete Part II below before going to line 24	
24	Income distribution deduction from Part II, line 42 N/A STATEMENT 10	
25	Estate tax deduction (from Form 1041, line 19) N/A 25	
26	Add lines 24 and 25	26
27	Estate's or trust's share of alternative minimum taxable income. Subtract line 26 from line 23	27 10,495.
	If line 27 is	
	 \$25,000 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 \$25,000, but less than \$183,500, go to line 43 	
	• \$183,500 or more, enter the amount from line 27 on line 49 and go to line 50	
_	• ESBTs, see instructions	<u> </u>
	rt II Income Distribution Deduction on a Minimum Tax Basis N/A	T an 1
	Adjusted alternative minimum taxable income (see instructions)	28
29	Adjusted tax-exempt interest (other than amounts included on line 7)	29
30	· · · · · · · · · · · · · · · · · · ·	30
31	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)	31 32
	Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)	32

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

39 Tax-exempt income included on line 38 (other than amounts included on line 7)

36 Income required to be distributed currently (from Form 1041, Schedule B, line 9)

34 Capital losses computed on a minimum tax basis included on line 23. Enter as a positive amount

40 Tentative income distribution deduction on a minimum tax basis. Subtract line 39 from line 38

35 Distributable net alternative minimum taxable income (DNAMTI) Combine lines 28 through 34 If zero

37 Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)

Schedule I (Form 1041) (2019)

34

35

36

37 38

39

or less, enter -0-

38 Total distributions Add lines 36 and 37

Schedule (Form 1041) (2019) THE GREATER CINCINNATI FOUNDATION							1-06697	00	Page 2
Pa	rt II Income Distribution Deduction on a Minimum Tax Basis		N/2	A					
41	Tentative income distribution deduction on a minimum tax basis Subtract line 29								
	If zero or less, enter -0-		41						
42	Income distribution deduction on a minimum tax basis. Enter the smaller of lim		ĺĺ						
	Enter here and on line 24		42						
<u> Pa</u>	rt III (Alternative Minimum Tax								
43	Exemption amount .		43	\$25,00	00				
44	Enter the amount from line 27	44				1 1			
45	Phase-out of exemption amount	45	L	\$83,500].			
46	Subtract line 45 from line 44 If zero or less, enter -0-	46	L						
47	Multiply line 46 by 25% (0 25)					47			
48	Subtract line 47 from line 43 If zero or less, enter -0-					48			
49	Subtract line 48 from line 44					49			
50	Go to Part IV of Schedule I to figure line 50 if the estate or trust has qualified dividends or ha	as a gan	n or	lines 18a and 19					
	of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwis	e, if line	e 49	IS:					
	• \$194,800 or less, multiply line 49 by 26% (0 26)								
	 Over \$194,800, multiply line 49 by 28% (0.28) and subtract \$3,896 from the result 	ılt				50	 		
51	Alternative minimum foreign tax credit (see instructions)					51			
52	Tentative minimum tax Subtract line 51 from line 50					52			
53	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Form 1041, Schedule G, line 1a (minus any foreign tax credit from					53	- <u>-</u>		
54	Alternative minimum tax. Subtract line 53 from line 52 If zero or less, enter -0-	Enter h	nere	and on		_			
ID	Form 1041, Schedule G, line 1c art IV Line 50 Computation Using Maximum Capital Gains Rate					54			
1 100						т .			
	Caution: If you didn't complete Part V of Schedule D (Form 1041), the Schedule D			•					
	or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the	ie instr	ruci	ions					
-	before completing this part								
55	Enter the amount from line 49 Enter the amount from line 26 of Cabadula D (Form 1041), line 12 of the Cabadula D Tay	1	ı			55		_	
56	Enter the amount from line 26 of Schedule D (Form 1041), line 13 of the Schedule D Tax Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for					l _l			
	Form 1041, whichever applies (as refigured for the AMT, if necessary)	-56	ĺ						
57	Enter the amount from Schedule D (Form 1041), line 18b, column (2)	-	┢			ا ـ ا			
•	(as refigured for the AMT, if necessary). If you didn't complete	1				<u>ئى</u> د			
	Schedule D for the regular tax or the AMT, enter -0-	57							
58	If you didn't complete a Schedule D Tax Worksheet for the regular tax or the					1			
_	AMT, enter the amount from line 56. Otherwise, add lines 56 and 57 and enter								
	the smaller of that result or the amount from line 10 of the Schedule D Tax								
	Worksheet (as refigured for the AMT, if necessary)	58	L]			
59						59			
60	Subtract line 59 from line 55		60						
61	If line 60 is \$194,800 or less, multiply line 60 by 26% (0.26) Otherwise, multiply line								
	28% (0 28) and subtract \$3,896 from the result		61						
62	Maximum amount subject to the 0% rate	62	L	\$2,650		! !			
63	Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D		1						
	Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions								
	orm 1041, whichever applies (as figured for the regular tax). If you didn't								
	mplete Schedule D or either worksheet for the regular tax, enter the amount								
	rom Form 1041, line 23; if zero or less, enter -0-								
64	Subtract line 63 from line 62 If zero or less, enter -0-	$oxed{oxed}$							
65	inter the smaller of line 55 or line 56								
66	Enter the smaller of line 64 or line 65 This amount is taxed at 0%								
<u>67</u>	Subtract line 66 from line 65								

919862 12-13-19

Schedule I (Form 1041) (2019)

Schedule I (Form 1041) (2019) Page 3 | Part IV | Line 50 Computation Using Maximum Capital Gains Rates (continued) \$12,950 68 Maximum amount subject to rates below 20% 69 69 Enter the amount from line 64 70 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 23, if zero or less, enter -0-70 71 71 Add line 69 and line 70 72 Subtract line 71 from line 68 If zero or less, enter -0-72 73 73 Enter the smaller of line 67 or 72 74 74 Multiply line 73 by 15% (0.15) 75 Add lines 66 and 73 If lines 75 and 55 are the same, skip lines 76 through 80 and go to line 81. Otherwise, go to line 76. 76 76 Subtract line 75 from line 65 77 77 Multiply line 76 by 20% (0.20) If line 57 is zero or blank, skip lines 78 through 80 and go to line 81. Otherwise, go to line 78. 78 Add lines 60, 75, and 76 79 79 Subtract line 78 from line 55 80 80 Multiply line 79 by 25% (0 25) 81 81 Add lines 61, 74, 77, and 80 82 If line 55 is \$194,800 or less, multiply line 55 by 26% (0.26) Otherwise, multiply line 55 by 28% (0.28) 82 and subtract \$3.896 from the result

Schedule I (Form 1041) (2019)

83 Enter the smaller of line 81 or line 82 here and on line 50

SCHEDULE I	NET O	PERATING LOSS CARRYOVER	STATEMENT 8
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	AMOUNT
12/31/13	204,610.	1,555.	203,055.
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.
12/31/18	836,618.	0.	836,618.
TOTAL TO SO	CHEDULE I, LINE 6		2,053,397.

SCHEDULE I	ALTERNAT]	VE MINIMUM TAX NO	L CARRYOVER	STATEMENT 9
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED		AMOUNT
12/31/13	204,610.	1,555.		203,055.
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 23			1,216,779.

SCHEDULE I		NET OPERATING I					
DESCRIPTION		TOTAL AMT NOL CARRYFORWARD	AMT NOL USED THIS YEAR	UNUSED AMT NOL CARRYFORWARD			
AMT NOL CARRYFO	RWARD	1,216,779.	94,453.	1,122,326.			
TOTAL TO SCHEDU	LE I, LINE 24		94,453.	1,122,326.			

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

OMB No 1545-0172

Sequence No 179

Department of the Treasury Internal Revenue Servicé Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates Identifying number

2

INVESTMENT IN THE GREATER CINCINNATI FOUNDATION PARTNERSHIPS 31-0669700 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 1,020,000. 1 Maximum amount (see instructions) 2 100. 2 Total cost of section 179 property placed in service (see instructions) 3 550, 000. 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-,020,000 Dollar limitation for tax year. Subtract line 4 from line 1 if zero or less, enter -0- if married filing separately, see instructions (a) Description of property (c) Elected cost 7 7 Listed property Enter the amount from line 29 100 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 100. 9 Tentative deduction Enter the smaller of line 5 or line 8 9 67. 10 10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 -100.11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 12 167. 13 Carryover of disallowed deduction to 2020 Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property) 14 Special depreciation allowance for qualified property (other than listed property)-placed in service during 14 the tax year 15 15 Property subject to section 168(f)(1) election 16 16 Other depreciation (including ACRS) Part III MACRS Depreciation-(Don't include listed property. See instructions.) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2019 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (f) Method (g) Depreciation deduction (a) Classification of property year placed in service TO THE PROPERTY. 3-year property 19a b 5-year property 7-year property c 10-year property d 15-year property е 20-year property SA 25 yrs 25-year property q мм S/I 27 5 yrs Residential rental property h ММ S/L 27 5 yrs 1 MM S/L 39 yrs i Nonresidential real property MM Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System SA 20a Class life 12 yrs S/L 12-year h

Part IV Summary (See instructions)

30-year

40-year

C

21 Listed property Enter amount from line 28

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr

23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Form 4562 (2019)

S/L

S/L

21

MM

мм

30 yrs

40 yrs

For	m 4562 (2019)		GREAT									31-	0669	700	Page 2	
Pa	Listed Proper entertainment,	recreation, c	or amusemen	t)								lete ==	nh. 24-			
	Note: For any 24b, columns	vehicle for wi	hich you are	using the A. all of Si	standari ection B.	d mileag and Se	e rate or	deduc f appli	cting lease cable	expens	e, comp	lete on	ily 24a,			
		Depreciation								nits for p	assenge	er auton	nobiles)			
24a	Do you have evidence to s	support the bus	siness/investm	ent use cla	aimed?	T Y	es 🗔	No	24b If "Y	es." ıs th	e evider	nce writt	ten?	Yes	No	
	(a)	(b)	(c)		(d)	T	(e)		(f)		g)		(h)		(i)	
	Type of property	Date	Business		Cost or		is for depre		Recovery	Met	hod/	Depre	eciation		cted	
	(list vehicles first)	placed in service	investmei use percent		ther basis	(603	use only		period	Сопу	ention	dedi	uction		n 179 ost	
25	Special depreciation alle	owance for a	ualified listed	property	placed	n servic	e durina	the ta	x vear and		\top					
	used more than 50% in	•			,		9		. ,		25					
26	Property used more tha			ess use												
	,		I	%												
	-			%							-			~		
				%												
27	Property used 50% or le	ess in a qualif	i							L		•				
<u></u>	Troporty accessors on the	1		%						S/L -						
_				%						S/L -						
_				%		\neg				S/L -				,		
29	Add amounts in column	/h) lines 25	through 27		e and on	line 21	nage 1				28			e		
	Add amounts in column						page 1					<u> </u>	29			
<u> 29</u>	Add amounts in column	(1), 11116 20 L	inter nere an	Section		_	on Hse	of Veh	icles							
Car	mplete this section for ve	hicles used l	hy a sola nro		-					related	nerson	If you n	rovided v	ehicles		
	our employees, first ans													01110100		
io y	our employees, instans	wer the ques	SHORIS III GEGI		see ii you	i incet a	пехсер		Compicui	g a 113 30		1 111030	vernoics			
-	-				a)		b)		(c)		d)		(e)	11	(f)	
20	Total business/investment	milae drivan d	uring the	1	hicle		hicle	Ι .	/ehicle	1	ucle		hicle	Veh	•	
30	year (don't include commu		uring the	VC.	incic	VC	iioio	 	Cincio		1010	1	111010	701.		
24	- '		the year					 								
	Total commuting miles	_	-							 						
32	Total other personal (no	ncommung	l) miles	1				1								
22	driven Total miles driven during	a the year		-		 		<u> </u>				Ì				
33	Add lines 30 through 32															
24	ū		al uca	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
34	Was the vehicle availab	ie ior person	ai use	162	140	res	INO	163	140	163	140	163	1110	163	140	
25	during off-duty hours?	rimarily by a	more		 			 				 	<u> </u>		.	
33	Was the vehicle used p		more		•											
20	than 5% owner or relate	•	and .				1	 								
30	Is another vehicle availa	ible for perso	niai	1	1		1	1					İ			
_	use?	Continu C	- Questions	for Empl	levere M	(ha Drai	uido Vob		for Hea by	. Thoir E	mplove		1			
۸	swer these questions to			-	-				-				ren't			
	re than 5% owners or rel			exception	i to com	sieting c	Jection L) 101 VC	silicies dae	d by em	picyces	W110 Z	ii Cii t			
	Do you maintain a writte			robibite s	all nareor	al use c	of vehicle	s incl	uding com	mutina	by your	·		Yes	No	
3/	employees?	on policy stat	comonic unat p		per301	.a. us c (+5111010	, ICI	cang will		J, JOUI			1.63	1	
20	Do you maintain a writte	an nolicy etai	toment that r	arabibite r	orconal	use of v	ahicles	evcent	t commuti	na hv v	NI P				 	
36	employees? See the ins		•					-			Jui					
20	Do you treat all use of v			•		nocis, di	rectors,	0. 170	01 111010 0	***************************************						
	Do you provide more th	•		•		nformat	ion from	VOUR 6	mnlovees	about					\dagger	
40	, ,		•			monnat		your e	pioyees	about					1	
	the use of the vehicles, Do you meet the require					monetra	tion ires	2		•					1	
41									warad wah	uelee					1	
Б	Note: If your answer to	<i>31</i> , 38, 39, 4	o, or 4 i is "	es, don	r comple	ie Secti	UI D 101	uie cc	vereu ver	11CIGS.						
	art VI Amortization			(b)	1	(c)		1	(d)	Т	(e)			(f)		
	(a) Description of	f costs	D	ate amortization	1	Amortizal		-	Code section		Amortiza	ation	Ai fa	nortization or this year		
	Amadanatian at	ot books :		begins 10 tox voc	<u> </u>	amoun		l	Section		penod or per	renrage	10	- una year		
<u>42</u>	Amortization of costs th	iat begins du	iring your 20 T	is tax yea	ar T					$ \tau$		Ī				
					 	 -		+		-+		\rightarrow				
_	A A A		4 000	10.4	1							43				
	Amortization of costs th											44				
44	Total, Add amounts in	column (f) S	ee tne instru	ctions for	wnere to	report						<u> </u>				

Form **4562** (2019)

916252 12-12-19