

Form **990-PF**
 Department of the Treasury
 Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

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 ▶ **Go to www.irs.gov/Form990PF for instructions and the latest information.**

OMB No 1545-0052
2018
Open to Public Inspection

For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

Name of foundation THE MARY MAGDALEN FOUNDATION INC		A Employer identification number 31-1182978
Number and street (or P O box number if mail is not delivered to street address) 1629 REPUBLIC STREET	Room/suite	B Telephone number (see instructions) (513) 721-4811
City or town, state or province, country, and ZIP or foreign postal code CINCINNATI, OH 45202		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <u>1,468,404</u>	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis)</i>	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received (attach schedule)	768,853			
2	Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
3	Interest on savings and temporary cash investments	52	52	52	
4	Dividends and interest from securities				
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10				
b	Gross sales price for all assets on line 6a				
7	Capital gain net income (from Part IV, line 2)		0		
8	Net short-term capital gain			0	
9	Income modifications				
10a	Gross sales less returns and allowances				
b	Less Cost of goods sold				
c	Gross profit or (loss) (attach schedule)				
11	Other income (attach schedule)				
12	Total. Add lines 1 through 11	768,905	52	52	
13	Compensation of officers, directors, trustees, etc	92,833	0	0	92,833
14	Other employee salaries and wages	199,605	0	0	199,605
15	Pension plans, employee benefits				
16a	Legal fees (attach schedule)	10,802	0	0	10,802
b	Accounting fees (attach schedule)				
c	Other professional fees (attach schedule)	14,579	0	0	14,579
17	Interest				
18	Taxes (attach schedule) (see instructions)	24,169	0	0	24,169
19	Depreciation (attach schedule) and depletion	51,523	0	51,523	
20	Occupancy	42,028	0	0	42,028
21	Travel, conferences, and meetings	1,064	0	0	1,064
22	Printing and publications	2,249	0	0	2,249
23	Other expenses (attach schedule)	125,989	70	0	125,919
24	Total operating and administrative expenses. Add lines 13 through 23	564,841	70	51,523	513,248
25	Contributions, gifts, grants paid	0			0
26	Total expenses and disbursements. Add lines 24 and 25	564,841	70	51,523	513,248
27	Subtract line 26 from line 12				
a	Excess of revenue over expenses and disbursements	204,064			
b	Net investment income (if negative, enter -0-)		0		
c	Adjusted net income (if negative, enter -0-)			0	

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	6,760	92,669	92,669
	2 Savings and temporary cash investments	47,740	47,721	47,721
	3 Accounts receivable ▶ <u>6,601</u>			
	Less allowance for doubtful accounts ▶ _____		6,601	6,601
	4 Pledges receivable ▶ _____			
	Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____			
	Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____			
Less accumulated depreciation (attach schedule) ▶ _____				
12 Investments—mortgage loans				
13 Investments—other (attach schedule)				
14 Land, buildings, and equipment basis ▶ <u>1,835,649</u>				
Less accumulated depreciation (attach schedule) ▶ <u>514,236</u>	1,360,155	1,321,413	1,321,413	
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	1,414,655	1,468,404	1,468,404	
Liabilities	17 Accounts payable and accrued expenses	150,519	204	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	150,519	204	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	1,240,498	1,445,294	
	25 Temporarily restricted	2,138	1,406	
	26 Permanently restricted	21,500	21,500	
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
30 Total net assets or fund balances (see instructions)	1,264,136	1,468,200		
31 Total liabilities and net assets/fund balances (see instructions) .	1,414,655	1,468,404		

Part III Analysis of Changes in Net Assets or Fund Balances			
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)		1	1,264,136
2 Enter amount from Part I, line 27a		2	204,064
3 Other increases not included in line 2 (itemize) ▶ _____		3	0
4 Add lines 1, 2, and 3		4	1,468,200
5 Decreases not included in line 2 (itemize) ▶ _____		5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .		6	1,468,200

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
1a			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

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

2 Capital gain net income or (net capital loss)	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

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

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see instructions before making any entries			
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	335,407	0	0.000000
2016	235,806	0	0.000000
2015	133,039	0	0.000000
2014	145,946	0	0.000000
2013	162,096	0	0.000000
2 Total of line 1, column (d)			0.000000
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years			0.000000
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5			
5 Multiply line 4 by line 3			0
6 Enter 1% of net investment income (1% of Part I, line 27b)			0
7 Add lines 5 and 6			0
8 Enter qualifying distributions from Part XII, line 4			513,248

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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

Table with 11 rows for excise tax calculation. Includes fields for exempt foundations, tax under section 511, subtitle A tax, and credits/payments. Total amount due and overpayment are also indicated.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, 'Yes', and 'No' responses. Questions cover political activities, unrelated business income, and asset requirements.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distributions, public inspection requirements, and books in care.

Located at 1629 REPUBLIC STREET CINCINNATI OH ZIP+4 45202

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here and enter the amount of tax-exempt interest received or accrued during the year.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 MARY MAGDALEN FOUNDATION IS A PERSONAL CARE FACILITY WHICH OFFERS THE POOR & HOMELESS IN CINCINNATI A PLACE TO SHOWER, SHAVE, WASH THEIR HAIR, HAVE THEIR CLOTHES LAUNDERED, RECEIVE MESSAGES, USE THE PHONE AND STORE THEIR LIMITED BELONGINGS	513,248
2	
3	
4	

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

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	47,750
b	Average of monthly cash balances.	1b	127,497
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	175,247
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	175,247
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	175,247
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	0
6	Minimum investment return. Enter 5% of line 5.	6	0

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

1	Minimum investment return from Part X, line 6.	1	
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	
b	Income tax for 2018 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	513,248
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	513,248
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	513,248

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.				
b Total for prior years 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2018				
a From 2013.				
b From 2014.				
c From 2015.				
d From 2016.				
e From 2017.				
f Total of lines 3a through e.				
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ _____				
a Applied to 2017, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2018 distributable amount.				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2014.				
b Excess from 2015.				
c Excess from 2016.				
d Excess from 2017.				
e Excess from 2018.				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. 1988-06-28

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

	Tax year				(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	0	0	0	0	0
b 85% of line 2a	0	0	0	0	0
c Qualifying distributions from Part XII, line 4 for each year listed	513,248	335,407	235,806	133,040	1,217,501
d Amounts included in line 2c not used directly for active conduct of exempt activities	0	0	0	0	0
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	513,248	335,407	235,806	133,040	1,217,501
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets	1,468,404	1,414,655	458,706	272,316	3,614,081
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	1,468,404	1,414,655	458,706	272,316	3,614,081
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					0
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					0
(3) Largest amount of support from an exempt organization					0
(4) Gross investment income					0

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

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

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

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

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

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed
 CARY POWELL
 1629 REPUBLIC STREET
 CINCINNATI, OH 45202
 (513) 721-4811

b The form in which applications should be submitted and information and materials they should include
 WRITTEN FORM INFORMATION REGARDING USE OF FUNDS REQUIRED

c Any submission deadlines
 NO DEADLINES

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
 GEOGRAPHIC GREATER CINCINNATI AREA FOR THE BENEFIT OF THE HOMELESS

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

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

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
LINDA G MUELLER 1629 REPUBLIC STREET CINCINNATI, OH 45202	VICE PRESIDENT / TRUSTEE 1 00	0	0	0
GARY D JOHNS 1629 REPUBLIC STREET CINCINNATI, OH 45202	SECRETARY / TRUSTEE 1 00	0	0	0
MARGARET M JOHNS 1629 REPUBLIC STREET CINCINNATI, OH 45202	PRESIDENT / TRUSTEE 1 00	0	0	0
ERIC G MUELLER 1629 REPUBLIC STREET CINCINNATI, OH 45202	TRUSTEE 1 00	0	0	0
KYLE J JOHNS 1629 REPUBLIC STREET CINCINNATI, OH 45202	TRUSTEE 1 00	0	0	0
CARY POWELL 1629 REPUBLIC STREET CINCINNATI, OH 45202	EXECUTIVE DIRECTOR 40 00	92,833	0	0
DUANE DAVIS 1629 REPUBLIC STREET CINCINNATI, OH 45202	TRUSTEE 1 00	0	0	0
JOHN FEISTER 1629 REPUBLIC STREET CINCINNATI, OH 45202	TRUSTEE 1 00	0	0	0
JEFF KRUMPLEMAN 1629 REPUBLIC STREET CINCINNATI, OH 45202	TRUSTEE 1 00	0	0	0
WILLIAM E SANTEN JR 1629 REPUBLIC STREET CINCINNATI, OH 45202	TRUSTEE 1 00	0	0	0
JAMES S ECKER 1629 REPUBLIC STREET CINCINNATI, OH 45202	TRUSTEE 1 00	0	0	0

TY 2018 Cash Deemed Charitable Explanation Statement

Name: THE MARY MAGDALEN FOUNDATION INC

EIN: 31-1182978

Explanation: CASH BALANCES ARE USED SOLELY TO SUPPORT THE PURPOSE OF THE ORGANIZATION.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2018 Depreciation Schedule

Name: THE MARY MAGDALEN FOUNDATION INC

EIN: 31-1182978

Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
LAND	1987-01-01	28,240			0 %	0	0	0	
BUILDING	1987-01-01	82,608	76,900	SL	39 0000000000000	2,118	0	2,118	
BUILDING IMPROVEMENTS	1987-01-01	462,339	373,307	SL	39 0000000000000	11,855	0	11,855	
FURNITURE & EQUIPMENT	1987-01-01	10,442	8,957	SL	7 0000000000000	0	0	0	
VEHICLE	2005-11-21	21,250	21,250	SL	5 0000000000000	0	0	0	
ROOF MAIN STREET	2017-01-04	2,302	59	SL	39 0000000000000	59	0	59	
GUEST SERVICES SOFTWARE	2017-05-30	2,344	456	SL	3 0000000000000	781	0	781	
LEASEHOLD IMPROVEMENTS	2017-11-17	1,197,754	2,559	SL	39 0000000000000	30,712	0	30,712	
FURNITURE & FIXTURES	2017-11-17	14,923	178	SL	7 0000000000000	2,132	0	2,132	
EQUIPMENT	2017-11-17	14,442	172	SL	7 0000000000000	2,063	0	2,063	
COMPUTERS	2017-11-17	7,474	125	SL	5 0000000000000	1,495	0	1,495	
EQUIPMENT - PHONE SYSTEM	2018-04-18	2,122		SL	7 0000000000000	202	0	202	
BUILDING IMPROVEMENTS - SIGNAGE	2018-05-16	4,924		SL	39 0000000000000	74	0	74	
SPRINKLER SYSTEM COMPRESSOR	2018-12-13	5,735		SL	15 0000000000000	32	0	32	

**TY 2018 Land, Etc.
Schedule****Name:** THE MARY MAGDALEN FOUNDATION INC**EIN:** 31-1182978

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
LAND	28,240	0	28,240	28,240
BUILDING	82,608	79,018	3,590	3,590
BUILDING IMPROVEMENTS	462,339	385,162	77,177	77,177
FURNITURE & EQUIPMENT	10,442	8,957	1,485	1,485
ROOF MAIN STREET	2,302	118	2,184	2,184
GUEST SERVICES SOFTWARE	2,344	1,237	1,107	1,107
LEASHOLD IMPROVEMENTS	1,197,754	33,271	1,164,483	1,164,483
FURNITURE & FIXTURES	14,923	2,310	12,613	12,613
EQUIPMENT	14,442	2,235	12,207	12,207
COMPUTERS	7,474	1,620	5,854	5,854
EQUIPMENT - PHONE SYSTEM	2,122	202	1,920	1,920
BUILDING IMPROVEMENTS - SIGNAGE	4,924	74	4,850	4,850
SPRINKLER SYSTEM COMPRESSOR	5,735	32	5,703	5,703

TY 2018 Legal Fees Schedule**Name:** THE MARY MAGDALEN FOUNDATION INC**EIN:** 31-1182978

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROFESSIONAL FEES	10,802	0	0	10,802

TY 2018 Other Expenses Schedule**Name:** THE MARY MAGDALEN FOUNDATION INC**EIN:** 31-1182978**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE SUPPLIES	7,698	0	0	7,698
PAYROLL PROCESSING FEES	3,104	0	0	3,104
BANK SERVICE CHARGES	751	70	0	681
OH FILING FEES	200	0	0	200
POSTAGE	150	0	0	150
RELOCATION EXPENSE	36,354	0	0	36,354
ADMINISTRATIVE SERVICES	37,500	0	0	37,500
REPAIRS & MAINTENANCE	32,727	0	0	32,727
MISCELLANEOUS OPERATIONS PROGRAM EXPENSES	7,505	0	0	7,505

TY 2018 Other Professional Fees Schedule**Name:** THE MARY MAGDALEN FOUNDATION INC**EIN:** 31-1182978

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SECURITY DETAIL	14,579	0	0	14,579

**TY 2018 Substantial Contributors
Schedule****Name:** THE MARY MAGDALEN FOUNDATION INC**EIN:** 31-1182978**Name****Address**

JAMES J & JOAN A GARDNER FAMILY FOUNDATION

8044 MONTGOMERY ROAD SUITE 480
CINCINNATI, OH 45236

TY 2018 Taxes Schedule**Name:** THE MARY MAGDALEN FOUNDATION INC**EIN:** 31-1182978

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	24,169	0	0	24,169

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors
▶ Attach to Form 990, 990-EZ, or 990-PF
▶ Go to www.irs.gov/Form990 for the latest information

OMB No 1545-0047
2018

Name of the organization
THE MARY MAGDALEN FOUNDATION INC

Employer identification number
31-1182978

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹ 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
THE MARY MAGDALEN FOUNDATION INC

Employer identification number
31-1182978

Part I Contributors (See Instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	See Additional Data Table _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Name of organization THE MARY MAGDALEN FOUNDATION INC	Employer identification number 31-1182978
-----------------------------------------------------------------	-----------------------------------------------------

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

Additional Data

Software ID:

Software Version:

EIN: 31-1182978

Name: THE MARY MAGDALEN FOUNDATION INC

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	JAMES J & JOAN A GARDNER FAMILY FOUNDATION <hr/> 8044 MONTGOMERY ROAD SUITE 480 <hr/> CINCINNATI, OH 45236	<hr/> \$ 601,950	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>2</u>	CATHOLICS UNITED FOR THE POOR <hr/> PO BOX 14548 <hr/> CINCINNATI, OH 45250	<hr/> \$ 27,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>3</u>	GE EVENDALE PLANT EMPLOYEE COMMUNITY SERVICE FUND <hr/> 1 NEUMANN WAY <hr/> CINCINNATI, OH 45215	<hr/> \$ 10,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>4</u>	ROBERT J HARTLAUB JR <hr/> 144 W 6TH STREET <hr/> CINCINNATI, OH 45216	<hr/> \$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>5</u>	THE NEALON FAMILY FOUNDATION <hr/> 40 N MAIN ST <hr/> CINCINNATI, OH 45423	<hr/> \$ 18,300	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>6</u>	THE EDWARD C & ROBERT C BOTT FUND OF THE GREATER CINCINNATI FOUNDATION <hr/> 200 W FOURTH ST <hr/> CINCINNATI, OH 45202	<hr/> \$ 9,724	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<p style="text-align: center;"><u>7</u></p>	<p style="text-align: center;">LILIANE M WILLIAM J GELLNER</p>	<p style="text-align: right;">\$ 6,200</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions)</p>
	<p style="text-align: center;">6433 REDMONT COURT</p>		
	<p style="text-align: center;">LIBERTY TOWNSHIP, OH 45044</p>		
<p style="text-align: center;"><u>8</u></p>	<p style="text-align: center;">LOIS A & JOSEPH E SANTANGELO</p>	<p style="text-align: right;">\$ 5,000</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions)</p>
	<p style="text-align: center;">3560 RAYMAR DRIVE</p>		
	<p style="text-align: center;">CINCINNATI, OH 45208</p>		