			EXTENDED TO MAY 17, 2021		
	0	00	Return of Organization Exempt From	n Income Tax	OMB No. 1545-0047
For		90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		»   <b>2010</b>
		uary 2020)	Do not enter social security numbers on this form as it m	nay be made public.	Open to Public
Depa Interr	rtment on al Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the la		Inspection
				JUN 30, 2020	
B c	Check if	le: C Name o	f organization	D Employer identific	ation number
	Addre		RY FOUNDATION OF CINCINNATI		
-	_chang Name			31-055407	10
-	_chang Initial		usiness as and street (or P.O. box if mail is not delivered to street address) Room/		4
	_returr ]Final	111	VINE STREET 2112		0.8.0
	⊥returr termii ated		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,512,033.
	□Amer	ided CTNC	INNATI, OH 45202	H(a) Is this a group ret	
	_returr Appli		nd address of principal officer: LINDA MUTH	for subordinates?	
	_ tion pendi		INE STREET, SUITE 2112, CINCINNATI, O		····· = =
1.1	[ay.ey		X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or		ist. (see instructions)
			CINCINNATIROTARY.ORG	H(c) Group exemption	
				Year of formation: 1961 M	
	art I				otato of logar dofinitio,
	1	Briefly describ	e the organization's mission or most significant activities: <b>GRANTS</b> A	ND ALLOCATIONS	ARE MADE
Activities & Governance		BY THE	ROTARY FOUNDATION OF CINCINNATI TO OR	GANIZATIONS IN	
nar	2	Check this bo	x      x      if the organization discontinued its operations or disposed of r	more than 25% of its net asse	ets.
Vel	3	Number of vo	ting members of the governing body (Part VI, line 1a)	3	31
ğ	4	Number of ind	lependent voting members of the governing body (Part VI, line 1b)		30
00 00	5		of individuals employed in calendar year 2019 (Part V, line 2a)		0
/itie	6		of volunteers (estimate if necessary)		300
cti	7 a		d business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated	business taxable income from Form 990-T, line 39		0.
				Prior Year	Current Year
Ð	8	Contributions	and grants (Part VIII, line 1h)	231,813.	129,768.
enu	9		ce revenue (Part VIII, line 2g)	0.	0.
Revenue	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)	321,042.	397,338.
ш	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,975.	0.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	549,880.	527,106.
	13		milar amounts paid (Part IX, column (A), lines 1-3)	293,363.	210,647.
	14		to or for members (Part IX, column (A), line 4)	0.	0.
es	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses	16a		undraising fees (Part IX, column (A), line 11e)	0.	0.
ă	b		ing expenses (Part IX, column (D), line 25) • 17,892.		
ш	1 1	-	es (Part IX, column (A), lines 11a-11d, 11f-24e)	202,052.	312,114.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	495,415.	<u>522,761.</u> 4,345.
	19	Revenue less	expenses. Subtract line 18 from line 12	54,465.	
Net Assets or Fund Balances		Total const- "	Dart V line 16	Beginning of Current Year 7,101,270.	<u>End of Year</u> 6,765,349.
Asse Bala	20 21	Total assets (		269,568.	124,031.
let ∕ ind	21		(Part X, line 26) fund balances. Subtract line 21 from line 20	6,831,702.	6,641,318.
	art II		Block	0,031,7020	0,041,010.
		-	I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of my	knowledge and helief it is
			. Declaration of preparer (other than officer) is based on all information of which pre		
	, _ 0.10				
Sig	n	Signatur	e of officer	Date	
0.9	-				

Oigii	, -		
Here	LINDA MUTH, SECRETARY		
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	JANE E. PFEIFER		04/08/21 self-employed P00014949
Preparer	Firm's name 🕒 CLARK, SCHAEFER,	HACKETT & CO.	Firm's EIN ▶ 31-0800053
Use Only	Firm's address 🖌 1 EAST 4TH STREE	Т	
	CINCINNATI, OH 4	5202	Phone no. 513-241-3111
May the IF	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes No
932001 01-2	D-20 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.	Form <b>990</b> (2019)
C	FF CCUEDILE O FOD ODCANTO	ATTON MICCION CTATEM	

SEE	SCHEDULE	0	FOR	ORGANIZATION	MISSION	STATEMENT	CONTINUATION

	n 990 (2019) ROTARY FOUNDATION OF CINCINNATI	31-0554072	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission: TO PROVIDE THE LEADERSHIP, FUNDING AND RESOURCES NECESS.	יסססנוס שס אסע	Π
	THE DIVERSE HUMANITARIAN EFFORTS OF THE ROTARY CLUB OF		L
	THE PRIMARY GOAL IS TO SUPPORT CHILDREN, PARTICULARLY T		
	FUTURE DEVELOPMENT IS (CONTINUED ON SCHEDULE O)		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services'	?Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers, the total expenses, an	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 138,004. including grants of \$ 138,004. ) (Rev CAMP ALLYN - ORGANIZED FOR AND BENEFITTING HANDICAPPED		)
	CAMP ALLIN - ORGANIZED FOR AND BENEFILLING HANDICAPPED		
4b	(Code:) (Expenses \$247,681. including grants of \$ 72,643. ) (Rev		
40	(Code:) (Expenses \$247,681. including grants of \$72,643. ) (Rev TO PROMOTE, CARRY OUT OR AID RELIGIOUS, CHARITABLE, SCI	enue \$ ENTTFTC	)
	LITERARY AND EDUCATIONAL ACTIVITIES OR INSTITUTIONS AND	-	
	THE CARE, EDUCATION, HEALTH AND TRAINING OF CRIPPLED OR		
	DISABLED CHILDREN ON BEHALF OF MEMBERS.		
4c	(Code:) (Expenses \$ including grants of \$) (Rev	renue \$	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ►     385,685.		<b>90</b> (2019)
02000	12 01 20 20	Form 9	2019)
ə3∠00	<sup>22</sup> 01-20-20 <b>2</b>		

Form 990 (			FOUNDATION	OF	CINCINNATI
Part IV	Checklist of R	lequired Sc	hedules		

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b				Yes	No
2         Is the organization required to complete Schedule 0, Part 1         2         X           3         Did the organization engage in direct or indirect politicity and the organization on behalf of or in opposition to candidates for public office? If Yes, "complete Schedule 0, Part 1         3           4         Section S01(c)(3) organizations. Did the organization engage in lobbying activities or have a section S01(t) election in effect during the tax year? If Yes, "complete Schedule 0, Part 1         4           5         Is the organization asceline S01(c)(3), or 501(c)(3) organization that receives membership dues, assessments, or similar amounts as defined in Persune Procedure 88-197 If Yes, "complete Schedule 0, Part 1         6           6         Did the organization maintain any dono advised funds or any similar funds or accounts? If Yes, "complete Schedule 0, Part 1         6           7         Did the organization maintain activitics for uclures? If Yes, "complete Schedule 0, Part 1         7           8         Did the organization moment in Part X, line 21, for secrew or custodial account liability, serve as a custodian for amounts in schedule D, Part 1         8           9         Did the organization moment amount in Part X, line 21, for secrew or custodial account liability, serve as a custodian for amounts in schedule D, Part 1         8           10         Did the organization report an amount in restments - other securities in Part X, line 10 <sup>2</sup> , may e <sup>*</sup> , complete Schedule D, Part V         10           10         Did the organization report an amount	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
<ul> <li>Bothe organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public official <i>II IV</i><sub>26</sub>, <i>complete Schedule Q, Part I</i></li> <li>Section 501(6) election in effect</li> <li>Is the organization ascience 501(6) election in effect</li> <li>Is the organization a section 501(6) election in effect</li> <li>Is the organization a section 501(6) election in effect</li> <li>Is the organization a section 501(6) election in effect</li> <li>Is the organization a section 501(6) election in effect</li> <li>Is the organization ascience 501(6) election in structures? <i>II IV</i><sub>26</sub>, <i>complete Schedule D, Part II</i></li> <li>Did the organization markina noll a conservation easement, including easements to preserve open space, the environment, historic lar areas, or historic structures? <i>II IV</i><sub>26</sub>, <i>complete Schedule D, Part II</i></li> <li>Did the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not liaded in Part X, provide credit counseling, detti management, credit repart, or deute negotiation services?</li> <li>If the organization erport an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not liade in Part X, provide credit counseling, detti management, credit repart, or deute negotiation services?</li> <li>If the organization erport an amount for the following questions is "Yes," them complete Schedule D, Part V.</li> <li>If the organization report an amount for the asset in part X, line 107, <i>I'</i>, <i>Pres, complete Schedule D, Part II</i></li> <li>If the organization report an amount for them escurites in Part X, line 107, <i>I'</i>, <i>Pres, complete Schedule D, Part II</i></li> <li>If the organization report an amount for them esset in Part X, line 107, <i>I'</i>, <i>Pres, complete Schedule D, Part X</i></li> <li>If the organization report an amount for them esame store them ta</li></ul>					
public office? If ''es' complete Schedule C, Part I         3           4 Section 50(16) organizations. Dut the organization engage in lobbying activities, or have a section 50(10) election in effect during the tax year? If 'yes,'' complete Schedule C, Part II         4           5 Is the organization ascholin 50(10)(0), et 501(2)(0) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 80197 If ''es', complete Schedule C, Part II         6           6 Did the organization calculated amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts I we's,'' complete Schedule D, Part II         7           7         10 the organization mantain any donor advised turds or ary similar funds or accounts of P ''res,'' complete Schedule D, Part II         7           8         10 the organization mantain collections of works of art, historical treasures, or hotion' accounseling, debt management, credit repair, or debt negotation services?         8           9         10 the organization index of any child organization, hold assets in donor-restripted endowments?         9           10         10 the organization index of any child organization, hold assets in donor-restripted endowments?         9           11         11 the organization report an amount for leady endowments in 'Yes,'' complete Schedule D, Part V         10         X           12         14 the organization report an amount for investments - other securities in Part X, line 10? If Yes,'' complete Schedule D, Part X<	-	,	2	X	
4         Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(c)(4) ecomplete Schedule C, Part II         4           5         Is the organization assection 501(c)(4), 501(c)(5), or 501(c)(4) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 9819? If "Yes," complete Schedule C, Part III         5           6         Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part III         6           7         Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part III         7           8         Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part III         7           7         Did the organization maintain collections of works of art, historical treasures, or diter similar assets? If "Yes," complete Schedule D, Part IV         7           9         Did the organization and organization, areited organization, neotitation services?         9           9         Did the organization assert in only of the following questions is "Yes," then complete Schedule D, Part SU, VII, VIII, VIII, IX, or X as applicable.         10           8         Did the organization report an amount for investments - order sectifies in Part X, line 10?, Hiss," complete Schedule D, Part SU, Part VI         11           11         If the organization report an amount for investments - porgam related in P	3				77
during the tax year? If Yes," complete Schedule C, Pert II     4       5     Is the organization a section 501(c)(6), or 501(c)			3		X
5         Is the organization ascettion 501(c)(4), 501(c)(6), or 601(c)(6) organization that receives membership dues, assessments, or similar mouts as defined in Reveue Proceedure 98:197 (/Ys, "complete Schedule 0, Part II         5           6         Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to generatize in maintain any donor advised funds or any similar funds or accounts for which donors have the right to generatize in maintain any donor advised funds or any similar funds or accounts for the similar assets for yes, "complete Schedule D, Part II         7           7         Bid the organization mexicite or hold a conservation essence, it haves, "complete Schedule D, Part II         7           9         Did the organization funds or through a related organization, funds or through a related organization, devised and ownents or in quasi endowments? If 'Yes,' complete Schedule D, Part V         8           9         Did the organization report an amount for land, buildings, and equipment in Part X, line 107. If 'Yes,' complete Schedule D, Part X         10           11         If the organization report an amount for other assets in Part X, line 107. If 'Yes,' complete Schedule D, Part X         11           12         Did the organization report an amount for investments - part ymains 'finds or more of its total assets reported in Part X, line 17 / 'Yes,' complete Schedule D, Part X         111<	4				v
similar amounts as defined in Revenue Procedure 84.197 // Yes,* complete Schedule C, Part II       5         6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advised in the distribution or investment of amounts in such funds or accounts? If 'Yes,* complete Schedule D, Part II       6         7 Did the organization receive or hold a conservation easement, including easements to preserve open space. The environment, historic land rease, or historics tructures? If 'Yes,* complete Schedule D, Part II       7         8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,* complete Schedule D, Part II       7         9 Did the organization, directly or through a related organization, hold assets in donor-estroled endowments?       9         10 Did the organization is answer to any of the following questions is 'Yes," then complete Schedule D, Part V.       10         11 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part V.       10         12 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part V.       10         13 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X.       114         14 Did the organizat	_		4		X
<ul> <li>6 Did the organization maintain any donce advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? // 'Yes,' complete Schedule D, Part //</li> <li>7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic af areas, or historic structures? // 'Yes,' complete Schedule D, Part //</li> <li>8 Did the organization organization amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?</li> <li>9</li> <li>9 Did the organization organization, and the following questions is 'Yes,' then complete Schedule D, Part V</li> <li>10 Did the organization report an amount for fivestments - other securities in Part X, line 10', li, 'Yes,' complete Schedule D, Part V</li> <li>11 If the organization report an amount for fivestments - other securities in Part X, line 10', li, 'Yes,' complete Schedule D, Part V</li> <li>11 Did the organization report an amount for investments - other securities in Part X, line 13', the 15' B' or more of its total assets reported in Part X, line 16' li 'Yes,' complete Schedule D, Part V</li> <li>11 Did the organization report an amount for investments - organs related in Part X, line 13', line 16' li 'Yes,' complete Schedule D, Part X</li> <li>11 Did the organization separate, incleade and subtrements for the tax year' include a footnote that addresses the organization separate, incleade and subtrements for the tax year' in 'Yes,' complete Schedule D, Part X</li> <li>11 Did the organization included in consolidated financial statements for the tax year'?</li> <li>11 Did the organization assets reported an autom tor for the saste in Part X, line 15', li 'Yes,' complete Schedule D, Part X</li> <li>11 Did</li></ul>	5		-		х
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II       6         7       Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II       7         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II       8         9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or dobt negotiation services?       9         10       Did the organization, directly or through a related organization, hold assets in donor-restributed endowments or in quasi endowments? If "res," complete Schedule D, Part V       10         11       If the organization report an amount for land, buildings, and equipment in Part X, line 12, If at is 5% or more of its total assets reported in Part X, line 16? If "res," complete Schedule D, Part VI       11a         12       Did the organization report an amount for investments - program related in Part X, line 15% or more of its total assets reported in Part X, line 16? If "res," complete Schedule D, Part VI       11a         13       Did the organization report an amount for other assets in Part X, line 15% that is 5% or more of its total assets reported in Part X, line 16? If "res," complete Schedule D, Part X       11a         14	6		5		<u></u>
7       Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II       7         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II       8         9       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV       8         9       Did the organization for amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not tisted in Part X, or provide credit counseling, debt management, credit repair, or debt negoliation services?       9         10       X       10       X       10       X         11       If the organization, report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V       10       X         11       If the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11         11       Did the organization report an amount for other assets in Part X, line 15, this is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI       116         11       Did the organization report an amount for other assets in Part X, line 15, this is 5% or more of its total assets reported	0		6		х
the environment, historic land areas, or historic structures? # 'Yes, ' complete Schedule D, Part II.       7         8       Did the organization maintain collections of works of art, historical resources, or other similar assets? If 'Yes,' complete Schedule D, Part II.       7         9       Did the organization report an amount in Part X, line 21, for secrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9         10       Did the organization, directly or through a related organization, hold assets in donornestricted and/wments or in quasi endowments? If 'Yes,' complete Schedule D, Part V       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V       10       X         12       Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.       114       X         13       Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.       114         14       Did the organization separate or consolidated financial statements for the tax year? If 'Yes,' complete Schedule D, Part X       116         15       Did the organization onbus separate.       Consolits asterments for the tax year? If 'Yes,'	7				
<ul> <li>B) Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III</li> <li>B) Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IVI</li> <li>D) Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? (If "Yes," complete Schedule D, Part V</li> <li>D) Did the organization report an amount for land, buildings, and equipment in Part X, line 107. If "Yes," complete Schedule D, Part V</li> <li>D) Did the organization report an amount for investments - other securities in Part X, line 107. If "Yes," complete Schedule D, Part V</li> <li>D) Did the organization report an amount for investments - other securities in Part X, line 107. If "Yes," complete Schedule D, Part VI</li> <li>D) Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167. If "Yes," complete Schedule D, Part VII</li> <li>D) Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167. If "Yes," complete Schedule D, Part VIII</li> <li>D) Did the organization report an amount for other lashilties in Part X, line 25? If "Yes," complete Schedule D, Part X</li> <li>D) Did the organization report an amount for other lashilties in Part X, line 25? If "Yes," complete Schedule D, Part X</li> <li>D) Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X</li> <li>D) Did the organization as deparate or consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X</li> <li>D) Did the organization aschoder Vio Line 122, then completing Schedule D, Part X</li> <li>D) Did the organization aschoder Vio Line 124, the</li></ul>	'		7		х
Schedule D, Part III       8       8         9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, or debt negotiation services?       9         10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V       10         11 If the organization includes answer to any of the following questions is "Yes," then complete Schedule D, Parts V, III, VIII, NII, N, or X as applicable.       10         12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V       11a         13 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11b         14 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11c         11d Did the organization report an amount for other lashifties in Part X, line 25? If "Yes," complete Schedule D, Part X       11d         11d Did the organization schede D, Part X       11d       11c         11d Did the organization schede D, Part X       11d       11d         11d Did the organization schede D, Part X       11d       11d         11d	8		<b></b>		
9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9         10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "yes," complete Schedule D, Part V       10         11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI.       10       X         12       Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes, " complete Schedule D, Part VI.       11a       X         13       Did the organization report an amount for investments - other securities in Part X, line 13? If 'Yes," complete Schedule D, Part VI.       11a       X         14       Did the organization report an amount for investments - program related in Part X, line 13% for more of its total assets reported in Part X, line 16? If 'Yes," complete Schedule D, Part VI.       11c       11d         15       Did the organization report an amount for other assets in Part X, line 13% for more of its total assets reported in Part X, line 16? If 'Yes," complete Schedule D, Part X       11d         16       the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization report an amount for other liabilities in Part X, line 13? If 'Yes,' complete Schedule D, Part X       11d <td< td=""><td>U</td><td></td><td>8</td><td></td><td>х</td></td<>	U		8		х
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?       9         I''yes, "complete Schedule D, Part V       10         Did the organization, directly or through a related organization, hold assets in donorrestricted endowments       9         I'' the organization, directly or through a related organization, hold assets in donorrestricted endowments       10       X         I'' the organization, report an amount for land, buildings, and equipment in Part X. line 10?       1/' Yes, " complete Schedule D, Part V       11a       X         D Dd the organization report an amount for investments - other securities in Part X. line 12?       1/' Yes, " complete Schedule D, Part VII       11a       X         D Id the organization report an amount for investments - other securities in Part X. line 13?       1/' Yes," complete Schedule D, Part VII       11a       X         D Id the organization report an amount for other assets in Part X. line 15?       1/' Yes," complete Schedule D, Part VII       11d       11d         D Id the organization report an amount for other liabilities in Part X. line 16?       1/' Yes," complete Schedule D, Part X       11d       11d         D Id the organization report an amount for other liabilities in Part X. line 16?       1/' Yes," complete Schedule D, Part X       11d       11d         D Id the organization report an amount for other liabilities in Part X. line 16?       1/' Yes," complete Schedule D, Part X	9				
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or in quasi endowments? // "Yes," complete Schedule D, Part V     10     X       11     If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X     as applicable.       a     Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D, Part VI     11a     X       b     Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VII     11b     11c       c     Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VII     11c     11c       d     Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part X     11d       e     Did the organization's separate or consolidated financial statements for the tax year?     11d       11d     Did the organization sanswered 'No" to line 12a, then completing Schedule D, Part X     11f       12a     Did the organization asset on Yob(1)(I)(A)(ii)? // "Yes," complete Schedule D, Part X     11d       12a     Did the organization asched in section 170(b)(1)(A)(ii)? // "Yes," complete Schedule E     13d       12a     Did the organization aschede in section 170(b)(1)(A)(ii)? // "Yes," complete Schedule E	10				
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as applicable. a Did the organization report an amount for land, buildings, and equipment in Pair X, line 107. <i>If</i> 'Yes," <i>complete Schedule D, Part VI</i> b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167. <i>If</i> 'Yes," <i>complete Schedule D, Part VII</i> c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167. <i>If</i> 'Yes," <i>complete Schedule D, Part VII</i> d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 167. <i>If</i> 'Yes," <i>complete Schedule D, Part VII</i> D id the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 167. <i>If</i> 'Yes," <i>complete Schedule D, Part X</i> , line 167. <i>If</i> 'Yes," <i>complete Schedule D, Part X</i> , line 167. <i>If</i> 'Yes," <i>complete Schedule D, Part X</i> . D id the organization obtain separate or consolidated financial statements for the tax year include a footnote that addresses the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i> 'Yes," <i>complete Schedule D, Part X</i> inte 128. <i>If</i> 'Yes," <i>complete Schedule D, Part X in 28</i> . D id the organization aschool described in section 170(b)(1)(A)(ii)? <i>If</i> 'Yes," <i>complete Schedule E</i> 13. D id the organization maintain an office, employees, or agents outside of the United States? D id the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States? D id the organization report on Part IX, column (A), line 3, more than \$5,000 of gargeate grants or other assistance to or for foreign individuals? <i>If</i> 'Yes," <i>complete Schedule F, Parts II and IV</i> 16 D id the organization report to at ball of more than \$5,000 of gargease	11				
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Part VI       11a       X         b       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b         c       Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11c         d       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11c         d       Did the organization report an amount for other isbilities in Part X, line 16? If "Yes," complete Schedule D, Part X       11d         e       Did the organization report an amount for other isbilities in Part X, line 16? If "Yes," complete Schedule D, Part X       11d         e       Did the organization isbility for uncertain tax positions under FIN 44 (SC 7407) If "Yes," complete Schedule D, Part X       11d         11a       Did the organization aschool described in section 1700(b/(1)/(k)/ii)? If "Yes," complete Schedule E       11d         11a       Did the organization navigate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV         15       Did the organization maveaggregate revenues or e	а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
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e       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e         f       Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f         12a       Did the organization betain separate, independent audited financial statements for the tax year?       If "Yes," complete Schedule D, Part X       11f         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       If "Yes," complete Schedule D, Part X and XII       12a         b       Was the organization aschered "No" to line 12a, then completing Schedule D, Parts X and XII is optional       12b       13         14a       Did the organization naintain an office, employees, or agents outside of the United States?       14a       14a         b       Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of garts or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete S	d				
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Schedule D, Parts XI and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       12b       12b         13       Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E       13       13       14a			11f		X
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If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I       17         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18         19       Did the organization ope			12a	X	
<ul> <li>13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E</li> <li>14a Did the organization maintain an office, employees, or agents outside of the United States?</li> <li>14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV</li> <li>15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV</li> <li>16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV</li> <li>17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I</li> <li>18 Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II</li> <li>19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H</li> <li>20a</li> <li>20a</li> <li>20b</li> </ul>	b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
<ul> <li>14a Did the organization maintain an office, employees, or agents outside of the United States?</li> <li>14a</li> <li>14a</li> <li>14a</li> <li>14b</li> <li>14b</li> <li>14b</li> <li>14b</li> <li>14c</li> <li>14c</li></ul>					X
<ul> <li>b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>.</li> <li>15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>.</li> <li>16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>.</li> <li>17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>.</li> <li>18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>.</li> <li>19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>.</li> <li>20a</li> <li>b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</li> </ul>	13				X
<ul> <li>investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>.</li> <li>15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>.</li> <li>16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>.</li> <li>17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>.</li> <li>18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>.</li> <li>19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>.</li> <li>20a</li> <li>20b</li> </ul>	14a		14a		X
or more? If "Yes," complete Schedule F, Parts I and IV       14b         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV       15         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I       16         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       17         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a         20a       Did the organization attach a copy of its audited financial statements to this return?       20b	b				
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16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 16         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> 17         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 18         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"       19         20a       Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b	15				v
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<ul> <li>17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i></li> <li>18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i></li> <li>19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"</li> <li>19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i></li> <li>20a</li> <li>b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</li> </ul>	16				v
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I       17         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       19         20a       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b	47		16		X
18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines       18         10       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"       18         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"       19         20a       Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b	1/				v
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"       19         20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a         b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b	IQ		10		x
complete Schedule G, Part III       19         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b	10	IC and oar IT "Yes," complete Schedule G, Part II	18		
20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a         20b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b	19		10		x
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b	20-				X
- Big the organization report more than \$6,000 or grants or other assistance to any domestic organization or			200		
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	- 1		21	x	
pageons of each of the first of	932003				(2019)

932003 01-20-20

Form	990	(2019)	
	330	(2013)	

	· (contractor)		Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	No
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			<u> </u>
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			37
~~	"Yes," complete Schedule L, Part IV	28c		X X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	30 31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If Yes, complete Schedule N, Part F</i>	51		
0L	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		- 23
50	- · · · · · · · · · · · · · · · · · · ·	38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 10			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
932004	01-20-20	Form	990	(2019)

Form 990			FOUNDATION			
Part V	St	atements Regarding (	Other IRS Filings	and '	Tax Compliance	(continued)

2a         Exerc the number of employee reported on Form W3, Transmittal of Wage and Tax Statements,         2a         0           b         If a least one is reported on line 2A, did the organization file all required federal employment tax returns?         2b           3a         Define the organization have annotation the all required federal employment tax returns?         2b           3a         Define organization have unveloted basiness gross income of \$1,000 or more during the year?         2b           3b         Define organization are annotation have an interest in, or all againation or Schedule O         2b           4a         At any time during the calendary set, did the organization have an interest in, or all againation or Schedule O         2b           5b         If "Yes," into the name of the foreign country 'second the organization fare of the organization a part to a profibited tax shelter transaction at tax years'         2a         X           5b         Was the organization in part to a mode B867: 7         5c         5c         5c           6b         If "Yes," in the organization in fore B867: 7         5c         5c         5c         5c           7c         Organization a part to a deductible ac instrable contributions?         7c         7za         X           7c         Types," indicate the organization field marks and party is a contribution of party for loads an structery profiled tas have annotatin tha structure?         7c </th <th></th> <th></th> <th></th> <th></th> <th>Yes</th> <th>No</th>					Yes	No
b         If a least one is reported on line 2a, di the organization file all required fedral employment to returns?         26           30         Did the organization have unveited business gross income of \$1,000 or more during the year?         3a         X           34         Did the organization have unveited business gross income of \$1,000 or more during the year?         3a         X           35         Dif the organization have unveited business gross income of \$1,000 or more during the year?         3a         X           36         At any time during the calenders gross income of \$1,000 or more during the year?         3a         X           37         Dif the organization have unveited business gross income of \$1,000 or more during the year?         3a         X           38         If ''''es', 'institute the name of the organization file from any time during the tax year?         5a         X           50         Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions include with every solidation an express statement that such contributions or gifts were not tax deductible?         7a         X           7         Organization stati may receive deductible environ to a partice or the during the year?         7a         X           7         Organization stati may receive data during the year?         7a         X           7         Organization stati may receive deductible	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note: If the sum of lines 1 and 2 a is greater than 250, you may be required to e_r/sp (see instructions)         Image: Section 2000         Image: Section 2000 <thimage: 2000<="" section="" th="">         Image: Section</thimage:>		filed for the calendar year ending with or within the year covered by this return	n (	<u>)</u>		
3a       Ddt the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         4a       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account/, or other francial account/, or other francial account/, securities account, or other francial accounts (FEAR).       4a       X         bit 1*ves, 'net the name of the forgin country, securities account, or other francial accounts (FEAR).       5a       X         bit 1*ves, 'net the name of the organization france in any time during the tax year?       5a       X         bit 1*ves, 'net the organization france in SmB80F7.       5a       X         bit 1*ves, 'net the organization in france in SmB80F7.       5a       X         bit 1*ves, 'net the organization france with the organization france with the size set the organization france with the organization france with the size of the organization france with the size of the organization france with the size of the organization france with size for the size of the organization france with size for the size of the organization france with size on the size of the organization france with size on the size of the organization france with size on the size of the organization france with size on the size of the organization france with size on the size of the organization france with size on the size of the organization france with size on the size of the organization france with size on the size of the organization france with size on the size of the organization france with size on the size of the organization france with size on the size of the organization france with the size of the s	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
b       If Yas, 'test If lifed a Form 590-T for the year? If 'No't to line 3b, provide an explanation on Schedule O       3b         4a       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accounts outputs accounts and the intervention account?       4a       X         b       If 'Yes,' enter the name of the foreign country both as a bank account; executes account, or other functial accounts (FEAR).       5a       X         50       Us at the organization the foreign country both as a bank account; executes account, or other functial accounts (FEAR).       5a       X         50       Us at the organization the foreign country both as a bank account; executes account, or other authority over, a financial Accounts (FEAR).       5a       X         50       Us at the organization have organization that two or is a party to a prohibited tax shelter transaction?       5c       C         60       Does the organization numb gross receipts that are normally greater than \$100,000, and did the organization solidit any contributions or gits were not tax deductible on the value of the group of the value of the organization numb gross receipts account account any thor products and any the receive any thore of the walue of the organization numb gross receipts account account any thore acceuses provided?       7a       X         7       Tys, ' did the organization numb gross receipts account account any thore products account account any thore account acceuse any thinds, d		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ -file (see instructions)				
4       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a difference outhing and executing accountly.       4a       X         b       If "Yes," enter the name of the foreign country >       > <t< th=""><th>3a</th><th>Did the organization have unrelated business gross income of \$1,000 or more during the year?</th><th></th><th>3a</th><th></th><th>X</th></t<>	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
fmancial account in a foreign country with as bank account, securities account, or other financial account?       4a       X         b       If "Yes," enter the name of the foreign country with a general securities account, or other financial accounts (FBAR).       5a       X         56       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         61       Did any taxabib party notify the organization file Form 8808 677       5a       X         62       Does the organization any reports that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible contributions?       5a       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under acction 170(c).       5a       X         7       Organization newice a park finds, directly or indirectly, to pay premiums on a personal benefit contract?       7a       X         10       Tyse," indicate the number of Forms 8828 filed during the year?       7a       X         11       Tyse," indicate the number of Forms 8828 filed during the year?       7a       X         11       Tyse," indicate the number of Forms 8828 filed during the year?       7a       X         12       Did the organization news ever submits and engines on therwice forms 8828 filed during the year?       <	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
b If "Yes," enter the name of the foreign country Bee instructors for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP), 50 Was the organization aper yob a prohibited as shelter transaction? 50 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization nave for the organization for BMBS FT? 51 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization molde with every solicitation an express statement that such contributions or gifts were not tax deductible? 52 Organizations that were not tax deductible as charitable contributions? 53 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 54 Organizations that may receive deductible contributions under section 170(c). 54 Uf the organization needee apyment in exosos of \$27 made partly as a contribution and partly for powids and sincers provided to the payor? 55 D dt the organization needee apyment in exosos of \$27 made partly as a contribution of partly for world: and sincers provided to the payor? 55 D dt the organization needee apy funds, directly or indirectly, to pay premiums on a personal ponety for which it was required 56 D dt the organization receive a contribution of qualified intellectual property for which it was required? 57 D dt the organization neceived a contribution of qualified intellectual property (or which it was required? 57 D dt the organization neceived a contribution of qualified intellectual property (or which it was required? 58 Sponsoring organization make any stabel distributions under sequilon 4966? 59 Sponsoring organization make any stabel distributions under sequilon 4966? 59 Section 501(c)(27) organizations. Enter: 50 Did the sponsoring organization make at distribution for and bayed funds? 59 Section 501(c)(27) organizations. Enter: 50 Gress income from members or share	4a		•			
See instructions for fling requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),       58       X         50       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       58       X         51       Vest to line 5 ar 05, did the organization that twas or is a party to a prohibited tax shelter transaction?       58       X         6       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization see annual gross receipts that are normally greater than \$100,000, and did the organization see annual gross receipts that are normally greater than \$100,000, and did the organization see annual gross receipts that are normally greater than \$100,000, and did the organization see annual gross receipts that are normally greater than \$100,000, and did the organization see annual gross receipts that are normally greater than \$100,000, and did the organization see annual gross receipts that are normally greater than \$100,000, and did the organization see annual gross receipts are ontrolution of annual gross receipts are ontrolution or annual gross receipts			unt)?	4a		X
5a     Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?     5a     X       b     Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?     5b     X       c     Il "Yes" to line 5a or 5b, did the organization file Form 886617     5c     5c       c     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chartable contributions?     6a     X       c     Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     7a     X       7     Organizations that may receive deductible contributions and party to roods and serves provided to the party?     7a     X       d     II "Yes," idid the organization notify the door of the value of the goods or services provided?     7b     7c     X       d     II "Yes," indicate the number of Forms 8282 filed during the year     7d     7c     X       d     II the organization neceive any funds, directly or indirectly, on paresnal benefit contract?     7t     X       d     II the organization neceived a contribution of au-liked intellectual property, did the organization file Form 8889 are quired?     7a     X       d     II the organization neceived a contribution of advised funds. Did a doord advised fund maintained by the sponsoring organization maintainin	b					
b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c       If Yes' to line 5a or 5b, did the organization line Form 888617       5c       5c         d       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization societ any contributions that were not tax deductible as chantable contributions?       5c       5c         b       If Yes, 'i did the organization needed with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       7c         7 Organization neede apment in excess of S7. made party as contribution and party for goods and services provided to the payor?       7a       X         d       If Yes, 'idd the organization needers apment in excess of S7. made party as contribution and party for goods and services provided to the payor?       7a       X         d       If Yes, 'idd the organization needers apment in excess of S7. made party as contribution and party for goods and services provided to the payor?       7a       X         d       If Yes, 'idd the organization needers apment in excess of S7. made party as contribution and party for goods and services provided to the payor?       7a       X         d       If Yes, 'idd the organization needers apmond property for which it was required       7a       X         d       If Yes, 'idd the organization neave apmond payor apmization fave apmond payor a	-					v
c       If "Yes" to line 5a or 5b, did the organization file Form 8896 17       5c         60       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chartable contributions?       5c         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       7c         7       Organizations that may receive deductible contributions under section 170(c).       7d       X         10       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7d       X         10       If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required       7d       X         11       If I the organization receive any funds, directly or indirectly, on personal benefit contract?       7d       X         12       If the organization received a contribution of qualified intellectual property, di the organization file Form 8898 as required?       7d       X         14       If the organization neceived a contribution of axised funds. Did a donor davised fund maintained by the sponsoring organization material distribution to a donor davisor, or related person?       9d       9d         9       Sponsoring organization mate any taxable distributions under section 4968?       9a       9d       9d       9d       1	5a ⊾					
6a       Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       6a       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       6c         c       Organizations that may receive deductible contributions under section 170(c).       6b       6c         a       Did the organization neity the donor of the value of the goods or services provided?       7a       X         b       If "Yes," indicate the number of Forms 8282? field during the year       [7d]       7a       X         d       If "Yes," indicate the number of Forms 8282? field during the year       [7d]       7a       X         f       Did the organization neity the value, directly or indirectly, to pay premiums on a personal benefit contract?       7a       X         f       If the organization neeview any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7d       X         f       If the organization neeview any funds, directly or indirectly, and a non advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       7d       X         g       If the organization make any taxable distributions under section 4966?       9a       9a       9a	a					<u>_</u>
any contributions that were not tax deductible as charitable contributions?     6a     X       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6b       7     Organization statu may receive deductible contributions under section 170(c).     7c     X       a     Did the organization notify the donor of the value of the goods or services provided to the payor.     7c     X       b     If "Yes," indicate the number of Forms 8282 filed during the year     7d     7c     X       c     Did the organization neceive any funds, directly or indirectly, or a personia benefit contract?     7t     X       g     If the organization received a contribution of qualified intellectual property, oid the organization file a Form 1098 C?     7a     X       g     If the organization maintaining donor advised funds. Did a donor advised funds. Did a donor advised funds.     7d     X       g     Sponsoring organization maintaining donor advised funds.     Did the organization amintaining donor advised funds.     9a     9a       g     Soction 501(c)(2) organizations. Enter:     a     11a     10a     10a       g     Initiation fees and capital contributions included on Part VIII, line 12.     10a     10a     10a       g     Soction 501(c)(2) organization. Enter:     11a     10a     10a       g     So				50		
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         7       Organizations that may receive deductible contributions under section 170(c).       7a       X         8       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7c       X         7b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7c       X         7c       Ut the organization notify the donor of the value of the goods or services provided?       7c       X         7c       Ut the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         7d       If the organization received a contribution of qualified intelecular property (of the organization file Form 8989 as required?       7h       X         7d       If the organization received a contribution of cars, basts, airplanes, or other vehicles, did the organization file a Form 1098 cf?       8         9       Sponsoring organization nave exces business holdings at any time during the year?       9s         9       Sponsoring organization nave exces business holdings at any time during the year?       9s         9       Sponsoring organization nave exces business holdings at any time during the year?       9s         9       Sponsoring organizat	ua			6a		x
were not tax deductible?     6b       7 Organizations that may receive deductible contributions under section 170(c).     7a       8 Did the organization neetixe sof 357 made partly as a contribution and partly for goods and services provided to the payor?     7a       7 H**es,* did the organization neetixe, or otherwise dispose of tangible personal property for which it was required to file form 2822?     7c     X       7 H**es,* indicate the number of Forms 8282 filed during the year     7d     7e     X       7 H**es,* indicate the number of Forms 8282 filed during the year     7d     7f     X       9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7f     X       9 Did the organization receive a contribution of qualified intellectual property, did the organization form 8899 as required?     7f     X       9 Sponsoring organization maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?     9a     9a       9 Did the sponsoring organization make any taxable distributions under section 4966?     9a     9a     9a       9 Did the sponsoring organization nearbit down advised funds.     10a     10b     11a       10 Section 501(c/(2) organizations. Enter:     10a     10a     10b       11 Section 501(c/(2) qualitations. Enter:     11a     12a     12a       12 Section 501(c/(2) qualitations. Enter:	b	•				
7       Organizations that may receive deductible contributions under section 170(c).       a) bit the organization netely as payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       Tex	~			6b		
a       Did the organization network a payment in excess of \$75 made partly as a contribution and partly for goods and sarvices provided 7       7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided 7       7b       7c       X         c       Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       Td       Td       X         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         g       If the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?       7n       X         g       If the organization maintaining donor advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9         g       Dot the sponsoring organization make a distribution such a donor, donor advisor, or related person?       9b       00         g       Gross income from there sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	7					
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         d       Did the organization receive any tunds, directly or indirectly, on a personal benefit contract?       7f       X         f       Did the organization integet a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         f       If the organization neceived a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7n       X         g       Sponsoring organization make and thrush of a doorn advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9b         g       Sponsoring organization make a distribution to a donor, dovisor, or related person?       9b       9b         g       Socian 601(c)(7) organizations. Enter:       10a       10b       10b       10b         g       Socian 601(c)(2) organizations. Enter:       10a       10b       10b       10b       10b       10b       10b       10b       10b       10b       10b <th>а</th> <th></th> <th>provided to the payor?</th> <th>7a</th> <th></th> <th>Х</th>	а		provided to the payor?	7a		Х
to file Form 8282?       7c       X         d ff "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         Did the organization receive any funck, directly or indirectly, on a personal benefit contract?       7t       X         f the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7d       7d       X         f the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7n       2         Sponsoring organization smaintaining door advised funds.       8       9       9         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a         9 Did the sponsoring organization make a distribution to a donor advisor, or related person?       9b       9b       9b         10 dt the sponsoring organizations. Enter:       10a       10b       9a       9b         11 Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b       10b         12 Section 501(c)(2) organizations. Enter:       10b       10b       10b       10b       10b       10b         13 Section 501(c)(2) organizations. Enter:       10b       10b       10b       10b       10b       10b       10b       10b       10b <th>b</th> <th></th> <th></th> <th></th> <th></th> <th></th>	b					
d If "Yes," indicate the number of Forms 8282 filed during the year       Td       Td         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Te       X         f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       Tf       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       Th       Z         g If the organization received a contribution of dualified intellectual property, did the organization file a Form 1098-C?       Th       Z         g Sponsoring organization make any taxable distributions under section 4966?       B       B         g Did the sponsoring organization make any taxable distributions on davised fund maintained by the sponsoring organization make a distribution to a donor advisor, or related person?       9b         10 Section 501(c)(7) organizations. Enter:       ID0a       ID0b       ID0b         11 Section 501(c)(12) organizations. Enter:       ID0b       ID0b       ID0b       ID0b         12 Section 501(c)(12) organizations. Enter:       ID0b	с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re	quired			
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C?       7g       X         8       Sponsoring organizations maintaining donor advised funds.       Did a donor advised fund maintained by the sponsoring organization nake any taxable distributions under section 4966?       9a       8         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b       9b <td< th=""><th></th><th>to file Form 8282?</th><th></th><th>7c</th><th></th><th>Х</th></td<>		to file Form 8282?		7c		Х
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       71       X         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 8899 as required?       76         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       76         Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         0       Section 501(c)(12) organizations. Enter:       10a       10b         a       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       11b       12a         12       Gross income from mether sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12       Section 501(c)(12) organization is use exempt interest received or accured during the year       12b       12a         13	d	If "Yes," indicate the number of Forms 8282 filed during the year70	1			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8 Sponsoring organizations maintaining donor advised funds.       Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       9         9 Sponsoring organizations maintaining donor advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9 Did the sponsoring organizations. Enter:       a linitiation fees and capital contributions included on Part VIII, line 12.       10a       9b         1 Section 501(c)(7) organizations. Enter:       a forse sneceipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       9b         1 Section 501(c)(12) organizations. Enter:       a Gross income from members or shareholders       11a       12a         1 Section 501(c)(22) qualified nonprofit health trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         1 Section 501(c)(29) qualified nonprofit health insurance issuers.       a Is the organization licensed to issue qualified health plans in more than one state?       13a         13 Section 501(c)(29) qualified nonprofit health plans       13b       13c       13a         14 Did the organization is l	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra	act?	7e		
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year?       8         9       Sponsoring organization maintaining donor advised funds.       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organizations. Enter:       10a       10a         10       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b         12       Section 501(c)(12) organizations. Enter:       10a       10b       10b         13       Section 501(c)(21) organizations. Enter:       11b       11b       12a       12a         14       Yes, "enter the amount of ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a	f			7f		X
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         a       initiation fees and capital contributions included on Part VIII, line 12       10a       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b         a       Gross income from members or shareholders       11a       10b       10b         12       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(129) qualified nonprofit health insurance issuers.       11a       11a         13       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         14       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       15	g					
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9a         a Did the sponsoring organizations make any taxable distributions under section 4966?       9a       9a         b Did the sponsoring organizations. Enter:       10a       10a       9b         a Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(7) organizations. Enter:       10a       10b       10b         a Gross income from members or shareholders       11a       10b       10b       10b         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a       13a         14a       X       13a       13a       13a       13a       13a         15       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13a       13a       13a	-			7h		
9 Sponsoring organizations maintaining donor advised funds.   a Did the sponsoring organization make any taxable distributions under section 4966?   b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   10 Section 501(c)(7) organizations. Enter:   a Initiation fees and capital contributions included on Part VIII, line 12   b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   11 Section 501(c)(12) organizations. Enter:   a Gross income from members or shareholders   b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   13 Section 501(c)(29) qualified nonprofit health insurance issuers.   a Is the organization licensed to issue qualified health plans in more than one state?   Note: See the instructions for additional information the organization must report on Schedule O.   b Enter the amount of reserves on hand   114a Jac   113c Idd   114a Jac   115 Is the organization subject to the section 4968 excise tax on net investment income?   16 X	8		the			
a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         0 Section 501(c)(7) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11 Section 501(c)(12) organizations. Enter:       11a         a Gross income from members or shareholders       11a         b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a Section 501(c)(29) qualified nonprofit health insurance issuers.       12a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13a         c Enter the amount of reserves on hand       13c       14a         14a       X       14b       14a         15       It he organization subject to the section 4968 excise tax on net investment income?       15         15<	~			8		
b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12.       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       10b         a       Gross income from members or shareholders       11a       11b       12a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a       13a         3       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13a       13a         c       Enter the amount of reserves on hand				0.0		
10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       10b         a       Gross income from members or shareholders       11a       11b       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a       13a         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13c       13a         c       Enter the amount of reserves on hand       13c       13a						
a       Initiation fees and capital contributions included on Part VIII, line 12       10a         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b         a       Gross income from members or shareholders       11a       11a       11b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13c       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       X <th></th> <th></th> <th></th> <th>50</th> <th></th> <th></th>				50		
b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       11a       11a         a       Gross income from members or shareholders       11a       11b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       12a         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13a         b       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b <th></th> <th></th> <th>a</th> <th></th> <th></th> <th></th>			a			
11 Section 501(c)(12) organizations. Enter:   a Gross income from members or shareholders   b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   12b Ith   13 Section 501(c)(29) qualified nonprofit health insurance issuers.   a Is the organization licensed to issue qualified health plans in more than one state?   Note: See the instructions for additional information the organization must report on Schedule O.   b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans   c Enter the amount of reserves on hand   14a Did the organization receive any payments for indoor tanning services during the tax year?   14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O   15 X   If "Yes," see instructions and file Form 4720, Schedule N.   16 X				-		
a Gross income from members or shareholders       11a       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13c         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c         c Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       X       15       X         16       X       16       X						
amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X	а	Gross income from members or shareholders 11	a			
12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c         c       Enter the amount of reserves on hand       13b       13c       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         if "Yes," see instructions and file Form 4720, Schedule N.       16       X	b	Gross income from other sources (Do not net amounts due or paid to other sources against				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b   13 Section 501(c)(29) qualified nonprofit health insurance issuers.   a Is the organization licensed to issue qualified health plans in more than one state?   Note: See the instructions for additional information the organization must report on Schedule O.   b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans   c Enter the amount of reserves on hand   14a XX   b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O   15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?   If "Yes," see instructions and file Form 4720, Schedule N.   16 X		/				
13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       15       15       X         16       X       16       X	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104	1?	12a		
a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       Image: See the instructions for additional information the organization must report on Schedule O.         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand       13c         14a       13c         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14a         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15         16       X	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b	_		
Note: See the instructions for additional information the organization must report on Schedule O.       Image: Constraint of the serves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       Image: Constraint of the serves on hand         c       Enter the amount of reserves on hand       Image: Constraint of the serves on hand						
b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X	а	•		13a		
organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X						
c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X	b		<b>.</b>			
14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X	-			-		
b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X			•	140		x
15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         16       X						- 22
excess parachute payment(s) during the year?						
If "Yes," see instructions and file Form 4720, Schedule N.         16       X         16       X				15		x
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?						
	16		ome?	16		х

Form **990** (2019)

932005 01-20-20

Form 990 (	2019)
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# ROTARY FOUNDATION OF CINCINNATI

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

						Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a		31			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		30			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision				
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was	filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?			5		X
6	Did the organization have members or stockholders?						X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	ne or				
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto						
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	The governing body?		•		8a	Х	
	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
-	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-						
			<u>, , , , , , , , , , , , , , , , , , , </u>			Yes	N
0a	Did the organization have local chapters, branches, or affiliates?				10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha				104		
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	•			10b		
19	Has the organization provided a complete copy of this Form 990 to all members of its governing body				11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	belore	, ming the lo		110		
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "\gamma$				120		
C		,			12c	х	
3	in Schedule O how this was done Did the organization have a written whistleblower policy?				13	X	
					14	X	
4 5	Did the organization have a written document retention and destruction policy?				14	- 23	
5	Did the process for determining compensation of the following persons include a review and approval	by ind	ependent				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				45-	Х	
	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization				15b	~	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem						
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	•	•				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi						
	exempt status with respect to such arrangements?				16b		
	tion C. Disclosure						
7	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>						
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	id 990-	I (Section 50	J1(c)(3)s	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain						
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict of	interest pol	icy, and	finano	cial	
	statements available to the public during the tax year.						
0	State the name, address, and telephone number of the person who possesses the organization's books and records						
	LINDA MUTH - 513-421-1080						
	441 VINE STREET, SUITE 2112, CINCINNATI, OH 45202						
	§ 01-20-20				Form	990	$(20)^{-1}$

Form 990 (	2019) ROTARY FOUNDATION OF CINCINNATI	31-05540/2	Page 1				
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Cor	npensated					
	Employees, and Independent Contractors						
	Check if Schedule O contains a response or note to any line in this Part VII						
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees						
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending w	ith or within the organization'	s tax year.				
● List a	Il of the organization's current officers, directors, trustees (whether individuals or organizations), rega	ardless of amount of compens	ation.				

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not cl	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	is both	n an	compensation	compensation	amount of
	week		cer an	aau	recic	n/trus	lee)	from	from related	other
	(list any hours for	irecto						the	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	stee			sated		organization (W-2/1099-MISC)	(00-2/1099-00130)	organization
	organizations	truste	al trus		yee	mper				and related
	below	Individual trustee or director	nstitutional trustee	5	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highe	Former			-
(1) JOHN FAHRMEIER	3.00									
PRESIDENT		X		Х				0.	Ο.	0.
(2) CARL KAPPES	3.00									
PRESIDENT-ELECT		х		х				0.	0.	0.
(3) SUSAN WILKINSON	3.00									
PAST-PRESIDENT		х						0.	0.	0.
(4) TRISH SMITSON	3.00									
TREASURER		x		х				0.	0.	0.
(5) LINDA MUTH	3.00									
SECRETARY & EXECUTIVE DIRE	16.00	x		х		ĺ		0.	69,789.	8,783.
(6) AL KONCIUS	3.00									· · ·
TRUSTEE		х						0.	0.	0.
(7) ALI HUSSAIN	3.00									
TRUSTEE		x						0.	0.	0.
(8) BRETT LEBHAR	3.00									
TRUSTEE		x						0.	0.	0.
(9) BRYAN VIELHAUER	3.00									
TRUSTEE		х						0.	0.	0.
(10) CLAUDIA CAGLE	3.00									
TRUSTEE		x						0.	0.	0.
(11) DAVE CARLIN	3.00									
TRUSTEE		х						0.	0.	0.
(12) DON KELLER	3.00									
TRUSTEE		х						0.	0.	0.
(13) DREW EMMERT	3.00									
TRUSTEE		х						0.	0.	0.
(14) FRED FISCHER	3.00									
TRUSTEE		x						0.	0.	0.
(15) JANE BIRCKHEAD	3.00									
TRUSTEE		x						0.	0.	0.
(16) JANET BURNS	3.00									
TRUSTEE		х						0.	Ο.	0.
(17) JIM BROOKS	3.00									
TRUSTEE		х						0.	0.	0.
932007 01-20-20					•		•		-	Form <b>990</b> (2019)

932007 01-20-20

Form 990 (2019)

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ROTARY FOUNDATION OF CINCINNATI

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Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(	(F)
Name and title	Name and title         Average         Position (do not check more than one)         Reportable         Reportable							Reportable			mated	
	hours per	box,	unles	s per	rson i	is both	n an	compensation	compensation			unt of
	week	offic	cer an	d a di	irecto	or/trus	tee)	from	from related		ot	ther
	(list any	ector						the	organizations		compe	ensation
	hours for	or dire	æ			ted		organization	(W-2/1099-MISC	)	fror	n the
	related	stee (	ruste			pensa		(W-2/1099-MISC)			0	nization
	organizations below	al tru	o nal t		loyee	e com						related
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				organ	izations
(18) JIM EICHMANN	3.00	'n	-	Of	Ke	글 문 -	오			$\rightarrow$		
TRUSTEE	5.00	х						0.		0.		0
(19) KEN SAUNDERS	3.00	~				-		0.		<u>·</u> +		0.
TRUSTEE	5.00	х						0.		0.		0.
(20) MARY RONAN	3.00	Δ				-		0.		<u>,                                     </u>		0.
TRUSTEE	5.00	х						0.		0.		0.
(21) MELINDA KELLY	3.00	~				-		0.		<u>·</u> +		0.
TRUSTEE	5.00	х						0.		0.		0.
(22) NANCY RIESZ	3.00	~				-		0.		<u>·</u> +		0.
TRUSTEE	5.00	х						0.		0.		0
(23) RICK FLYNN	3.00	~				-		0.		<u>·</u> +		0.
TRUSTEE	5.00	х						0.		0.		0
	3.00	Δ								<u>·</u> +		0.
(24) SAM SCOGGINS TRUSTEE	3.00	х						0.		0.		0
(25) SCOTT HOBERG	3.00	Δ						0.		<u>·</u> +		0.
TRUSTEE	3.00	v										0
(26) STEVE DREFAHL	3.00	Х						0.		0.		0.
	3.00	х						0				0
TRUSTEE								0.	69,789	0.		0. ,783.
1b Subtotal											<u> </u>	-
c Total from continuation sheets to Part VI								0.	69,789	0.		<u>0.</u> ,783.
d Total (add lines 1b and 1c)										9.	<u> </u>	,/03.
2 Total number of individuals (including but n	ot limited to the	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			0
compensation from the organization		_										0
										Г		'es No
<b>3</b> Did the organization list any <b>former</b> officer,	-		•	•	•		•	• •				v
line 1a? If "Yes," complete Schedule J for s										··  -	3	X
4 For any individual listed on line 1a, is the su												v
and related organizations greater than \$150										···  -	4	X
5 Did any person listed on line 1a receive or a					,		elate	ed organization or individ	lual for services		_	v
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ch r	oers	ion .				L	5	X
Section B. Independent Contractors												
1 Complete this table for your five highest con	•	•							•	nsati	on from	1
the organization. Report compensation for t	he calendar ye	ear e	ndın	g w	ith c	or wi	thin I		ear.			
(A) Name and business	address	NTC	NTE	,				<b>(B)</b> Description of s	ervices	Cr	(C) ompens	ation
	2001635	INC	ONE					Description of s				ation
							_					
							_					
• Tabal annah an a Gir I								- la				
2 Total number of independent contractors (in	•	ot lin	niteo	1 to 1	thos (	-	ted	above) who received mo	bre than			
\$100,000 of compensation from the organiz		TNT	יעדד	пт	_	-	סט	השמ			- 0	
SEE PART VII, SECTION	A CONT	ти	UA.	тТ	ON	່ວ.	пĽ	C12		F	orm 3	<b>90</b> (2019)

932008 01-20-20

(27) STEVE KING TRUSTEE (28) TANIA MOUSSA	tetees, Key En (B) Average hours per week (list any hours for related organizations below line) 3.00 3.00	stee or director		s, ar (C Posi all t	<b>C)</b> ition			Compensated Employe (D) Reportable compensation from the organization (W-2/1099-MISC)	es (continued) (E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
Name and title o (27) STEVE KING TRUSTEE (28) TANIA MOUSSA	Average hours per week (list any hours for related organizations below line) <b>3.00</b>	Individual trustee or director	neck	Posi all t	ition that	appl	y)	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the organization
(27) STEVE KING TRUSTEE (28) TANIA MOUSSA	hours per week (list any hours for related organizations below line) <b>3.00</b>	Individual trustee or director	neck	all t	that	appl	y)	compensation from the organization	compensation from related organizations	amount of other compensation from the organization
(27) STEVE KING TRUSTEE (28) TANIA MOUSSA	hours per week (list any hours for related organizations below line) <b>3.00</b>	Individual trustee or director	neck	all t	that	appl	y)	compensation from the organization	compensation from related organizations	amount of other compensation from the organization
(27) STEVE KING TRUSTEE (28) TANIA MOUSSA	week (list any hours for related organizations below line) <b>3.00</b> <b>3.00</b>	Individual trustee or director						from the organization	from related organizations	other compensation from the organization
(27) STEVE KING TRUSTEE (28) TANIA MOUSSA	(list any hours for related organizations below line) <b>3.00</b> <b>3.00</b>		Institutional trustee	Officer	sy em ployee	compensated employee		organization		from the organization
(27) STEVE KING TRUSTEE (28) TANIA MOUSSA	hours for related organizations below line) 3.00 3.00		Institutional trustee	Officer	sy employee	compensated emplo			(W-2/1099-MISC)	organization
(27) STEVE KING TRUSTEE (28) TANIA MOUSSA	related organizations below line) 3.00 3.00		Institutional trustee	Officer	sy employee	compensated e		(W-2/1099-MISC)		
(27) STEVE KING TRUSTEE (28) TANIA MOUSSA	organizations below line) 3.00 3.00		Institutional truste	Officer	y employee	. com pen sa				and rolated
(27) STEVE KING TRUSTEE (28) TANIA MOUSSA	below line) 3.00 3.00		Institutional t	Officer	sy employee	comp				
TRUSTEE (28) TANIA MOUSSA	line) 3.00 3.00		Institutio	Officer	y emp					organizations
TRUSTEE (28) TANIA MOUSSA	3.00		Inst	Offi	2	hest	Former			
TRUSTEE (28) TANIA MOUSSA	3.00	x			ž	Hig	For			
(28) TANIA MOUSSA		Δ						0.	0.	0
								0.	0.	0.
	3 00	v						0	0	0
TRUSTEE (29) TED SAULNIER		X						0.	0.	0.
TRUSTEE	5.00	х						0.	0.	Δ
(30) TIM BAYER	2 00	Δ						U•	U •	0.
(30) TIM BAYER TRUSTEE	3.00	х						0.	0.	0.
(31) TIM HERSHNER	3.00	Δ						0.	0.	0.
TRUSTEE	5.00	х						0.	0.	0.
-										
							_			
-										
+										
Total to Part VII, Section A, line 1c			<u></u>	<u></u>						

932201 04-01-19

Par	t VI	III Statement of Revenue					
		Check if Schedule O contains a response or r	note to any line	e in this Part VIII			
				(A)	(B)	(C)	(D) Davanua avaludad
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					Infiction revenue		sections 512 - 514
s co	1 -	a Federated campaigns 1a					
int;							
je G							
Contributions, Gifts, Grants and Other Similar Amounts		c Fundraising events 1c					
ja la	0	d Related organizations 1d					
s, ini		e Government grants (contributions) 1e					
ric	1	f All other contributions, gifts, grants, and					
the		similar amounts not included above 1f	129,768.				
<u>ē</u> ģ	ļ	g Noncash contributions included in lines 1a-1f					
2 N N N	I	h Total. Add lines 1a-1f		129,768.			
<u> </u>			usiness Code	,			
	•						
Program Service Revenue	2 8						
le v		b					
en	0	c					
lev Tan	(	d					
<u>в</u> с	(	e					
2	1	f All other program service revenue					
	ļ	g Total. Add lines 2a-2f	►				
	3	Investment income (including dividends, interest,					
		other similar amounts)		198,753.			198,753.
	4	Income from investment of tax-exempt bond proc		,			,
			r				
	5	Royalties					
			(ii) Personal				
	6 8						
	I	b Less: rental expenses 6b					
	(	c Rental income or (loss) 6c					
	(	d Net rental income or (loss)					
	7 ;	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b> 2,183,512.					
		<b>b</b> Less: cost or other basis					
Ð		and sales expenses					
evenue							
eve				198,585.			100 505
Ř		d Net gain or (loss)	····· <b>&gt;</b>	190,000.			198,585.
Other R	8 ;	a Gross income from fundraising events (not					
δ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	I	b Less: direct expenses 8b					
		c Net income or (loss) from fundraising events	<b>&gt;</b>				
		a Gross income from gaming activities. See	F				
	- •	Part IV, line 19 9a					
		b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities					
	10 8	a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less: cost of goods sold 10b					
$\square$	(	c Net income or (loss) from sales of inventory	🕨				
<u>,</u>		В	usiness Code				
ŝno	11 ;	a					
ne		b					
ella		c					
Miscellaneous Revenue		d All other revenue					
Σ							
	12	e Total. Add lines 11a-11d Total revenue. See instructions		527,106.	0.	٥.	397,338.

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2019.05090 ROTARY FOUNDATION OF CINC 40000071

Form	990	(2019)

ROTARY FOUNDATION OF CINCINNATI Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons	e or note to any line in ( <b>A</b> )	this Part IX (B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(P) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	210,647.	210,647.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management	98,251.		98,251.	
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	16,874.		16,874.	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,371.	1,371.		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	OTHER PROJECTS	173,667.	173,667.		
a b	OTHER ADMINISTRATIVE EX	21,951.	1,5,007.	4,059.	17,892
		<u> </u>			±,,072
с Ь	-				
d	All other expenses				
e Se	All other expenses	522,761.	385,685.	119,184.	17,892
25 26	Joint costs. Complete this line only if the organization	522,101.		,	11,092
26					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

11

932010 01-20-20

#### $11420408 \ 758050 \ 4000007-906$

Form 990 (2019)

11420408 758050 4000007-906

ROTARY FOUNDATION OF CINCINNATI
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31-0554072 Page 11

Pa	πΧ	Balance Sneet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			93,625.	1	65,794.
	2	Savings and temporary cash investments			2,129,838.	2	2,709,060.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			70,388.	4	5,908.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disqual	ified per	rsons (as defined			
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ÿ	9	Prepaid expenses and deferred charges				9	2,641.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	9,078.			
	b	Less: accumulated depreciation	10b		9,078.	10c	9,078.
	11	Investments - publicly traded securities			4,798,341.	11	3,972,868.
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			7,101,270.	16	6,765,349
	17	Accounts payable and accrued expenses			169,568.	17	24,031.
	18	Grants payable			100,000.	18	100,000.
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or forr					
Liabilities		trustee, key employee, creator or founder, subs					
.iat		controlled entity or family member of any of the				22	
-	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	s 17-24)	). Complete Part X		05	
	00	of Schedule D			269,568.	25	124,031.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, cho		· · V	209,500.	26	124,031.
ŝ			eck ner				
nce	27	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions			1,862,583.	27	1,683,958.
ala	28	Net assets with donor restrictions			4,969,119.	28	4,957,360.
Б	20	Organizations that do not follow FASB ASC 9			1,505,1150	20	1,557,5000
μL		and complete lines 29 through 33.	500, CH				
p	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or e				30	
Ass	31	Retained earnings, endowment, accumulated ir				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			6,831,702.	32	6,641,318.
Z	33	Total liabilities and net assets/fund balances			7,101,270.	33	6,765,349.
	33	TOTAL HADHILLES AND HEL ASSELS/TUND DAIANCES			,,101,270•	აა	- 000

Form 990 (2019)

Form 990 (2019)
Part X Balance Sheet

	1 990 (2019) ROTARY FOUNDATION OF CINCINNATI	31-	0554072	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2	522	2,7	<u>61.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	4	1,3·	45.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,831	1,70	02.
5	Net unrealized gains (losses) on investments	5	-194	<b>1,7</b> :	29.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6,641	1,3:	18.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	L
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	t		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	t		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	<b>990</b> (	(2019)

Form **990** (2019)

SCHED	ULI	ΕA
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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the	organization
-------------	--------------

Name	Name of the organization Employer identification number								
ROTARY FOUNDATION OF CINCINNATI 31						1-0554072			
Par	tl	Reason for Public C	Charity Status (/	All organizations must co	omplete th	is part.) Se	e instructions	ö.	
The o	rgani	zation is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1 [		A church, convention of chu	urches, or associatio	n of churches described	l in <b>sectio</b>	n <b>170(b)</b> (1	I)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).		
4 [		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,
		city, and state:							
5 [		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
_		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that normal	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ie general p	public described in
_		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8 [		A community trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
-		university:							
10		An organization that normal							
		activities related to its exem							-
		income and unrelated busin		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	Ifter June 30, 1975.
г		See section 509(a)(2). (Cor	• •						
11 L		An organization organized a	-						
<b>12</b> [		An organization organized a	-					-	
		more publicly supported org							Sheck the box in
-		lines 12a through 12d that o	• •					-	a in size a
а		<b>Type I.</b> A supporting orga							
		the supported organization			majority c	of the aired	tors or trustee	es of the su	ipporting
Ь		organization. You must c	-		ion with it	oupporte	d organizatio	a(a) by bay	ina
b		<b>Type II.</b> A supporting organization	-				•		•
		control or management or organization(s). <b>You mus</b>			ame perso	ns that co	ntroi or manaç	je ine supp	Joned
с		<b>Type III functionally inte</b>			in connect	tion with	and functional	lv integrate	od with
C		its supported organization						iy integrate	a with,
d		Type III non-functionally		-				ted organiz	zation(s)
ŭ	L	that is not functionally into						-	
		requirement (see instructi			•		-	anatonin	
е		Check this box if the orga		-				I Type III	
Ū		functionally integrated, or					1900, 1900	., . , po iii	
f	Ente	r the number of supported of			0 0				
		ride the following information	•						
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 14

#### Schedule A (Form 990 or 990-EZ) 2019 ROTARY FOUNDATION OF CINCINNATI Part II Support Schedule for Organizations Described in Sections 170(b)(1)(

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	140,650.	130,108.	169,996.	231,813.	129,768.	802,335.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	140 650	120 100	1 6 0 0 6	001 010	100 800	000 005
4	Total. Add lines 1 through 3	140,650.	130,108.	169,996.	231,813.	129,768.	802,335.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						25 100
•	column (f)						<u>35,100.</u> 767,235.
	Public support. Subtract line 5 from line 4. ction B. Total Support						101,235.
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(a) 2010	
	Amounts from line 4	(a) 2015 140,650.	130,108.	169,996.	231,813.	(e) 2019 129,768.	(f) Total 802,335.
8	Gross income from interest,	140,000.	100,100.	105,550.	231,013.	125,700.	002,555.
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	229,535.	170,516.	204,803.	266,153.	198,753.	1069760.
9	Net income from unrelated business	,					
Ŭ	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	419.					419.
11	Total support. Add lines 7 through 10						1872514.
12	Gross receipts from related activities,	etc. (see instructio	ins)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	501(c)(3)	
	organization, check this box and stop	bhere					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (I	ine 6, column (f) di <sup>,</sup>	vided by line 11, c	olumn (f))		14	<u>40.97 %</u>
	Public support percentage from 2018					15	40.07 %
16a	33 1/3% support test - 2019. If the c	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		•				
b	<b>33 1/3% support test - 2018.</b> If the c						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac			-	-	rt VI how the organ	nization
	meets the "facts-and-circumstances"	-		• • • •			
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets th				• •		,
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2019

#### Schedule A (Form 990 or 990-EZ) 2019 ROTARY FOUNDATION OF CINCINNATI Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support				<b>-</b>		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
•	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						-
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	• Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	L					
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	zation,
_	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2019 (li	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2018 ction D. Computation of Inves					16	%
	Investment income percentage for 20			ne 13. column (f))		17	%
18	Investment income percentage from 2		B			18	%
	a 33 1/3% support tests - 2019. If the					3 1/3%, and line	
	more than 33 1/3%, check this box ar	-					$\blacktriangleright \square$
b	33 1/3% support tests - 2018. If the	-	•				and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						
	23 09-25-19						90 or 990-EZ) 2019
			16			•	

## $11420408 \ 758050 \ 4000007-906$

## Schedule A (Form 990 or 990-EZ) 2019 ROTARY FOUNDATION OF CINCINNATI

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2019

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

# Schedule A (Form 990 or 990-EZ) 2019 ROTARY FOUNDATION OF CINCINNATI Part IV Supporting Organizations (continued)

	continued/			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
-	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	uctions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
932025	5 09-25-19 Schedule A (Form 9		0-EZ)	2019

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	dule A (Form 990 or 990-EZ) 2019 ROTARY FOUNDATION OF CIN			31-0554072 Page 6
Pa		-		
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must corr	nplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting or	janization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2019

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# Schedule A (Form 990 or 990-EZ) 2019 ROTARY FOUNDATION OF CINCINNATI

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	1
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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OUNDATION OF CINCINNATI	31-0554072 Page 8
e the explanations required by Part II, line 10; Part II, , 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sectior t IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, lin ction E, lines 2, 5, and 6. Also complete this part for a	n B, lines 1 and 2; Part IV, Section C, ne 1; Part V, Section B, line 1e; Part V,
	Schedule A (Form 990 or 990-EZ) 201
•	e the explanations required by Part II, line 10; Part II, , 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sectior t IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, lir

Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

31-0554072

# 2019

	** Do Not File **	
***	Not Open to Public Inspection	***

Contributor's Name	Total Contributions	Excess Contributions
IRA ABRAHAMSON TRUST	50,000.	12,550
CHEMED FOUNDATION	60,000.	22,550
otal Excess Contributions to Schedule A, Part II, Line 5		35,100

# Schedule B

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

#### Name of the organization

# Schedule of Contributors

Attach to Form 990. Form 990-EZ. or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Employer identification number

	ROTARY FOUNDATION OF CINCINNATI	31-0554072
Organization type (che	eck one):	•
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 organizat	ion 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 property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

31-0554072

#### ROTARY FOUNDATION OF CINCINNATI

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

(a) <u>No.</u> <u>1</u>	(b) Name, address, and ZIP + 4 <u>CHEMED FOUNDATION</u>	(c) Total contributions	(d) Type of contribution
1			
	201 E. 5 ST, SUITE 1800 CINCINNATI, OH 45202	\$20,000.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	HUXLEY & ARIEL MILLER 2940 WOLD AVE CINCINNATI, OH 45206	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CINCINNATI MAGAZINE PO BOX 14487 CINCINNATI, OH 45250	\$6,500.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	FLYNN & CO. 7800 E. KEMPER RD. #150 CINCINNATI, OH 45249	\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4         ANONYMOUS C/O ROTARY FOUNDATION OF         CINCINNATI         441 VINE STREET, STE 2112         CINCINNATI, OH 45202	Total contributions         \$       20,000.	Type of contribution         Person       X         Payroll
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>No.</u> 923452 11-0		Total contributions     Schodule B // Form	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Employer identification number

31-0554072

## ROTARY FOUNDATION OF CINCINNATI

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I			1

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Page **4** 

Name of or	rganization			Employer identification number					
ROTARY	Y FOUNDATION OF CINCINNA	ATI		31-0554072					
Part III		ions to organizations described in ) through (e) and the following line charitable, etc., contributions of <b>\$1,000</b>	entry. For organizations	hat total more than \$1,000 for the year					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held					
		(e) Transfer of g	jift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held					
Ē		(e) Transfer of g	jift						
	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) Desc	cription of how gift is held					
-	(e) Transfer of gift								
	Transferee's name, address, a		Deletionekin of the						
-	Transferee's name, address, a		Relationship of tra	nsferor to transferee					
(a) No.		[							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held					
-	(e) Transfer of gift								
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee					

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923454 11-06-19

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

SCHEDULE [	)
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Department of the Treasury Internal Revenue Service

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the	organization
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#### ROTARY FOUNDATION OF CINCINNATI

Employer identification number 31-0554072

Par	t I Organizations Maintaining Donor Advised	d Funds or Othe	r Similar Funds	or Acco	ounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.			
		(a) Donor adv	vised funds	(b)	Funds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	writing that the assets	held in donor advis	sed funds	
	are the organization's property, subject to the organization's	exclusive legal contro	?		Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor o				
	impermissible private benefit?				
Par	t II Conservation Easements. Complete if the org	ganization answered '	Yes" on Form 990,	Part IV, lin	e 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that app	y).		
	Preservation of land for public use (for example, recrea	tion or education)	Preservation o	f a historic	ally important land area
	Protection of natural habitat		Preservation o	f a certifie	d historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cont	ribution in the form	of a conse	ervation easement on the last
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			1	2a
b					2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)		1	2c
d	Number of conservation easements included in (c) acquired a				
	listed in the National Register				2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or terminated by the	e organizat	ion during the tax
	year ▶				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per		ection, handling of		
	violations, and enforcement of the conservation easements it				
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations	, and enforcing con	servation e	easements during the year
_					
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enforcing conserva	ition easer	nents during the year
•			ants of easting 170	(L)(4)(D)(;)	
8	Does each conservation easement reported on line 2(d) above				Yes No
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation				
9	balance sheet, and include, if applicable, the text of the footn				
	organization's accounting for conservation easements.	lote to the organizatio		chis that c	
Par		Art, Historical T	reasures, or O	ther Sim	nilar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its	revenue statement a	and balanc	e sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, educat	ion, or research in fu	urtherance	of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that o	describes these iten	ıs.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its reve	nue statement and	balance sł	neet works of
	art, historical treasures, or other similar assets held for public	exhibition, education	, or research in furt	herance of	public service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical trea	asures, or other simila	r assets for financia	al gain, pro	vide
	the following amounts required to be reported under FASB A				
а	Revenue included on Form 990, Part VIII, line 1			I	\$
b	Assets included in Form 990, Part X				\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.			Schedule D (Form 990) 2019
932051	10-02-19				

27					
2019.05090	ROTARY	FOUNDATION	OF	CINC	40000071

Sche		FOUNDATION						54072		age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or C	Other S	imilar	Assets	(continu	ued)	
3	Using the organization's acquisition, accessi	on, and other records	, check any of the f	ollowing that m	ake signi	ficant u	se of its		,	
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange program						
b	Scholarly research	е		0.0						
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's	s exempt	purpos	e in Part	XIII.		
5	During the year, did the organization solicit o									
-	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran						Part IV I			
	reported an amount on Form 990, Pai		to in the organizatio				r arcrv, i			
19	Is the organization an agent, trustee, custodi		any for contributions	s or other assets	s not incl	uded				
14	on Form 990, Part X?		•					Yes		No
h	If "Yes," explain the arrangement in Part XII						∟	] 163	L	
D		and complete the long	owing table.					Amount		
	De sinsis a la dese							Amount		
	Beginning balance					1c				
	Additions during the year					1d				
e	Distributions during the year					1e				
t	Ending balance					1f		1		<del></del>
	Did the organization include an amount on F				-			Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i									
		(a) Current year	(b) Prior year	(c) Two years b			ears back	(e) Four		
1a	Beginning of year balance	104,261.	99,719.	98,6		9	98,019.			686.
b	Contributions	32,638.	4,542.	1,1	100.		600.		1,	333.
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	136,899.	104,261.	99,7	/19.	9	98,619.		98,	019.
2	Provide the estimated percentage of the curr	rent year end balance	(line 1g, column (a)	) held as:						
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
с		%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organizat	ion that are held ar	nd administered	for the o	rganizat	tion			
	by:	Ũ				0		<u>٦</u>	Yes	No
	(i) Unrelated organizations							3a(i)		Х
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the								I	
	t VI Land, Buildings, and Equipm									
	Complete if the organization answere		Part IV line 11a S	ee Form 990 P	art X line	10				
	Description of property	(a) Cost or ot		or other	(c) Accu		a	(d) Book	volu	
	Description of property	basis (investm	• • •	(other)	. ,	ciation		( <b>u</b> ) BOOK	value	5
4-	Land		,	9,078.	John			٥	0.01	78.
	Land			<u>,,,,,</u> ,,,,				9	, 0	/0.
	Buildings									
	Leasehold improvements									
	Equipment									
	Other									70
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	(, column (B), line 10	0c.)					-	78.
						5	Schedule	D (Form	990)	2019

Investments - Other Securities.			
Complete if the organization answered "Yes" of			
	(b) BOOK Value	(c) Method of Valuation. Cost of end-of-year man	ket value
neid equity interests			
o) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value		ket value
o) must equal Form 990, Part X, col. (B) line 13.)			
			akvalua
(a)	Description	(6) 80	ok value
mp (b) must equal Form 900. Part X, col. (B) line	15)		
mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	15.)	•	
Other Liabilities.			
		11e or 11f. See Form 990, Part X, line 25.	ok value
Other Liabilities. Complete if the organization answered "Yes" of		11e or 11f. See Form 990, Part X, line 25.	ok value
Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability		11e or 11f. See Form 990, Part X, line 25.	ok value
Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability		11e or 11f. See Form 990, Part X, line 25.	ok value
Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability		11e or 11f. See Form 990, Part X, line 25.	ok value
Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability		11e or 11f. See Form 990, Part X, line 25.	ok value
Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability		11e or 11f. See Form 990, Part X, line 25.	ok value
Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability		11e or 11f. See Form 990, Part X, line 25.	ok value
Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability		11e or 11f. See Form 990, Part X, line 25.	ok value
Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability		11e or 11f. See Form 990, Part X, line 25.	ok value
	Complete if the organization answered "Yes" (         (a) Description of investment         (a) Description of investment         (b) must equal Form 990, Part X, col. (B) line 13.)         Other Assets.         Complete if the organization answered "Yes" (	al derivatives held equity interests b) must equal Form 990, Part X, col. (B) line 12.) ► Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line (a) Description of investment (b) Book value b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets.	al derivatives

ROTARY FOUNDATION OF CINCINNATI

Schedule D (Form 990) 2019

31-0554072 Page 3

932053 10-02-19

Schedule D (Form 990) 2019

	dule D (Form 990) 2019 ROTARY FOUNDATION OF CINCIN				554072	Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Statemen	nts With	Revenue per Re	eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	332,	377.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-194,729.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e	<u>194,</u> 527,	729.
3	Subtract line 2e from line 1			3	527,	106.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines <b>4a</b> and <b>4b</b>			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	527,	106.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per l	Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			<u> </u>		
1	Total expenses and losses per audited financial statements		<b>.</b>	1	522,	761.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	522,	761.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
		1.0				
с	Add lines 4a and 4b			4c		0.
с 5				4c 5	522,	0. 761.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENT FUNDS ARE TO BE HELD IN PERPETUITY AND THE

INCOME FROM THEM TO BE USED IN THE FURTHERANCE OF THE ORGANIZATION'S

MISSION.

932054 10-02-19

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States								No. 1545-0047
		Comple	ete if the organization			rt IV, line 21 or 22.			.019
Department of the Treasury Internal Revenue Service				Attach to For					en to Public
			Go to www.ir	s.gov/Form990 fo	r the latest inforn	nation.			spection
Name of the organization RO	FARY FOU	UNDATION (	OF CINCINNA	ΓI				Employer identifier 31-	cation number
Part I General Information	on Grants an	nd Assistance							
<b>1</b> Does the organization main	ntain records to	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	tance, and the selection		
criteria used to award the g	•							X Ye	es 🔄 No
2 Describe in Part IV the orga	anization's proc	cedures for monito	oring the use of grant	funds in the United	States.				
		-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any	
			be duplicated if addition			(f) Method of		1	
1 (a) Name and address of or or government	rganization	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose or assis	
CAMP ALLYN/STEPPING STONE	CENTER								
1414 LAKE ALLYN RD									
BATAVIA, OH 45103		31-0671799	501(C)(3)	138,004.	0.			SUPPORT FOR OF	GANIZATION
CINCINNATI CHILDREN'S HOS	PITAL								
ABRAHAMSON PEDIATRIC EYE	INSTITUTE								
- 3333 BURNET AVENUE, ML	7030 -								
CINCINNATI, OH 45229		31-0833936	501(C)(3)	5,600.	0.			SUPPORT FOR OR	GANIZATION
GIRL SCOUTS OF WESTERN OH 4930 CORNELL RD	IO								
BLUE ASH, OH 45242		31-0679091	501(C)(3)	23,543.	0.			SUPPORT FOR OF	GANIZATION
FC CINCINNATI FOUNDATION 14 EAST FOURTH ST., STE 4	00								
CINCINNATI, OH 45202		82-2861019	501(C)(3)	14,000.	0.			SUPPORT FOR OF	GANIZATION
O Entor total sumbar of a set			onizationa listad in the					L	4.
2 Enter total number of section		0		e line 1 table				······ 🟲	4.
3 Enter total number of other	organizations	listed in the line 1	table					····· P	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

#### Schedule I (Form 990) (2019) ROTARY FOUNDATION OF CINCINNATI

 Part III can be duplicated if additional space is needed.

 (a) Type of grant or assistance
 (b) Number of recipients
 (c) Amount of cash assistance
 (d) Amount of non-cash assistance
 (e) Method of valuation (book, FMV, appraisal, other)
 (f) Description of noncash assistance

 Image: Comparison of the second o

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

PART I, LINE 2:

Part III

THE ORGANIZATION SENDS A GRANT EVALUATION REPORT FORM TO ALL RECIPIENTS OF

GRANTS FOR THE YEAR. GRANT RECIPIENTS MUST PROVIDE AN EVALUATION OF THE

PROJECT FUNDED. INFORMATION PROVIDED INCLUDES NAME OF GRANT RECIPIENT,

AMOUNT OF GRANT AND DATE OF AWARD, WHAT PURPOSE THE GRANT WAS USED, WHAT

EXTENT THE OBJECTIVES OF THE ORIGINAL PROPOSAL HAVE BEEN REALIZED, WHAT THE

MAJOR OUTCOMES, UNANTICIPATED BENEFITS, AND STATISTICS WERE, WHAT FACTORS

CONTRIBUTED TO THE SUCCESS OR IMPEDED PROGRESS, WHAT WAYS THE GRANT HAS

#### AFFECTED THE QUALITY OF LIFE IN THE COMMUNITY, HOW THE FUNDS WERE EXPENDED,

Page 2

Schedule I (Form 990)         ROTARY FOUNDATION OF CINCINNATI         31-0554072         Page           Part IV         Supplemental Information         31-0554072         Page	e <b>2</b>
IF THE PROJECT WILL HAVE CONTINUING OPERATING EXPENSES AND HOW THE	
ORGANIZATION WILL SUSTAIN IT, IF THE GRANT HELPED IN LEVERAGING FUNDS OR	
IN-KIND CONTRIBUTIONS FROM OTHER SOURCES, WHAT MANNER HAS THE ORGANIZATION	
SHARED THE EXPERIENCE AND PUBLICIZED THE GRANT, AND WHAT ASPECTS OF THE	
GRANT SOLICITATION EXPERIENCE WITH THE FOUNDATION WERE POSITIVE OR COULD BI	2
IMPROVED. THESE EVALUATIONS MUST BE SUBMITTED WITHIN ONE YEAR OF THE	
RECEIPT OF THE GRANT.	
932291 Schedule I (Form S	<del>)</del> 90)
04-01-19 <b>33</b>	

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



ROTARY FOUNDATION OF CINCINNATI

Employer identification number 31 - 0554072

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FURTHERANCE OF THE FOUNDATION'S EXEMPT PURPOSES. THIS INCLUDES THE

PROMOTION, CARRYING OUT, OR AIDING OF RELIGIOUS, CHARITABLE,

SCIENTIFIC, LITERARY AND EDUCATIONAL ACTIVITIES OR INSTITUTIONS, AND

PARTICULARLY THE CARE, EDUCATION, HEALTH, AND TRAINING OF CRIPPLED

CHILDREN OR OTHERWISE DISABLED CHILDREN AND, PURSUANT TO THESE

PURPOSES, MAINTAINING AND OPERATING CAMP ALLYN FOR THE BENEFIT

PRIMARILY OF CRIPPLED OR OTHERWISE DISABLED CHILDREN.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IMPAIRED BY PHYSICAL, CULTURAL, EMOTIONAL, FINANCIAL AND SOCIAL

OBSTACLES. ALSO TO SUPPORT THE CIVIC AND HUMANITARIAN NEEDS OF LOCAL

AND WORLD COMMUNITIES WHERE CLUB MEMBERS ARE ACTIVELY INVOLVED.

FORM 990, PART VI, SECTION B, LINE 11B:

PRIOR TO THE FILING OF THE FORM 990, THE FINANCE COMMITTEE OF THE

ORGANIZATION REVIEWS IT FOR COMPLETENESS AND ACCURACY AND APPROVES IT.

SUBSEQUENTLY, THE BOARD OF TRUSTEES REVIEWS IT FOR COMPLETENESS AND

ACCURACY AND APPROVES IT. THE BOARD OF TRUSTEES WILL THEN AUTHORIZE THE

EXECUTIVE DIRECTOR TO SIGN THE FORM 990 AND SUBMIT IT.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY, EACH TRUSTEE MUST COMPLETE AND SIGN A "POTENTIAL CONFLICT OF

INTEREST STATEMENT" DISCLOSING ALL POTENTIAL CONFLICTS OF INTEREST AS IT

RELATES TO THEIR PARTICIPATION ON THE BOARD. THESE REPORTS ARE REVIEWED BY

THE FINANCE COMMITTEE, WHICH WILL ATTEMPT TO RESOLVE ANY ACTUAL OR

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

 932211 09-06-19
 930-19

11420408 758050 4000007-906

34

Schedule O (Form 990 or 990-EZ) (2019)			Page <b>2</b>
Name of the organization	FOUNDATION OF	СТИСТИНАТТ	Employer identification number 31-0554072
	FOUNDATION OF	CINCINNAII	51 0554072
POTENTIAL CONFLICTS.			
FOIENTIAL CONFLICTS.			

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE DIRECTOR IS COMPENSATED BY THE ROTARY CLUB OF CINCINNATI.

ANNUALLY, THE CLUB'S BOARD OF DIRECTORS REVIEWS AND APPROVES THE EXECUTIVE

DIRECTOR'S SALARY. TRUSTEES OF THE ROTARY FOUNDATION OF CINCINNATI PROVIDE

INPUT ON PERFORMANCE. COMPENSATION IS BASED ON PERFORMANCE, THE PRIOR

YEAR'S SALARY AND KNOWLEDGE OF MARKET RATES OF COMPENSATION FOR COMPARABLE

POSITIONS AND IS DOCUMENTED AS APPROVED IN THE MINUTES OF THE BOARD OF

DIRECTORS OF THE ROTARY CLUB OF CINCINNATI. THE MOST RECENT REVIEW AND

APPROVAL OCCURRED DURING THE 2016 FISCAL YEAR.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

NO CHANGE IN RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

932212 09-06-19

SCH	<b>IEDULE</b> R
<b>/</b>	

#### (Form 990)

# Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2019 Open to Public Inspection

Employer identification number

31-0554072

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

#### ROTARY FOUNDATION OF CINCINNATI

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
ROTARY CLUB OF CINCINNATI - 31-0427183	TO ENCOURAGE AND FOSTER						
441 VINE STREET	IDEALS OF SERVICE OF ITS						
CINCINNATI, OH 45202	MEMBERS FOR THE COMMUNITY.	оніо	501(C)(4)		N/A		Х
	-						
	-						
	-						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

## Schedule R (Form 990) 2019 ROTARY FOUNDATION OF CINCINNATI

31-0554072 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)		h)	(i)	(j	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	(9) Share of end-of-year assets	Disprop	ortionate itions?			al or Percentag <sup>jing</sup> er?
		country)		sections 512-514)		455015	Yes	No	K-1 (Form 1065)	Yes	
	1										
	1										
	1										
	1										
						-					
	1										
	1										
	1										
	1	1					I	I	1		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

			r			1	1	<u> </u>	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	(i Sect 512(b contro enti	b)(13)
or related organization		foreign	entity	or trust)	lincome	assets			
		country)		,				Yes	No
	-								
	•								
	-								
	1								
	]								

## Schedule R (Form 990) 2019 ROTARY FOUNDATION OF CINCINNATI

Part V	Transactions With Related Organizations	Complete if the organization answered	"Yes" on Form 990, Part IV, line 34, 35b, or 36.
raitv	Transactions with Related Organizations.	Complete il the organization answered	1es 011 0111 990, 1 at 17, inte 04, 000, 0100.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed i	in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a		X
b	Gift, grant, or capital contribution to related organization(s)				1b	X	
с	Gift, grant, or capital contribution from related organization(s)				1c		X
d	Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i					1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				<b>1</b> j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
I.	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11		X
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n	X	
o	Sharing of paid employees with related organization(s)				10	X	
р	Reimbursement paid to related organization(s) for expenses				1p	X	
q	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r	X	
S	Other transfer of cash or property from related organization(s)				1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on whether the instruction of the above is "Yes," see the instructions for information on whether the instruction of the above is "Yes," see the instructions for information on whether the instruction of the above is "Yes," see the instructions for information on whether the instruction of the above is "Yes," see the instructions for information on whether the instruction of the above is "Yes," see the instruction of the above is "Yes," see the instructions for information on whether the instruction of the above is "Yes," see the instructions for information on whether the instruction of the above is "Yes," see the instruction of the above is "Yes," see the instruction of the instruction of the above is "Yes," see the above is "Yes," see the instruction of the above is "Yes," see the above is "Yes," see the instruction of the above is "Yes," see the above is "Yes," see the instruction of the above is "Yes," see the abo	ho must complete th	nis line, including covered r	elationships and transaction thresholds.			
	<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved		
<u>(1)</u>	ROTARY CLUB OF CINCINNATI	Р	98,251.	ACTUAL REIMBURSEMENT			
<u>(2)</u>							
(3)							
<u>(4)</u>							
		1	1				

(5)

## Schedule R (Form 990) 2019 ROTARY FOUNDATION OF CINCINNATI

#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(6	e)	(f)	(g)	(۲	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	(e Are	all rs sec.				opor-	Code V-UBI	Genera	or Percentage
of entity	, , , , , , , , , , , , , , , , , , ,	(state or foreign	(related, unrelated,	partnei 501(i org	c)(3) s.?	total	end-of-year	Dispr tior allocat	nate tions?	amount in box 20	managi partne	ownership
		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes			assets	Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes N	0
				Þ								

## ROTARY FOUNDATION OF CINCINNATI 31-0554072 Page 5

Part VII	Supplemental	Information
	(Form 990) 2019	ROTAI

Provide additional information for responses to questions on Schedule R. See instructions.

32165 09-10-19	Schedule R (Form 990) 2019 4 ()

(Rev. January 2020)

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

Filo a	sonarato	application	for each	roturn
rile a	separate	application	for eaci	i return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.* 

## Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru		Taxpayer identification number (TIN)						
print	ROTARY FOUNDATION OF CINCINNATI				31-0554072				
File by the due date for filing your return. See	e for Number, street, and room or suite no. If a P.O. box, see instructions.								
instructions.									
Enter the Return Code for the return that this application is for (file a separate application for each return)									
Application			Application			Return			
Is For			Is For			Code			
Form 990 or Form 990-EZ			Form 990-T (corporation)			07			
Form 990-BL			Form 1041-A			08			
Form 4720 (individual)			Form 4720 (other than individual)	09					
Form 990-PF			Form 5227			10			
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069			11			
Form 990-T (trust other than above)			Form 8870			12			
Telephone No. ► <u>513-421-1080</u> Fax No. ► <u>513-421-2070</u> • If the organization does not have an office or place of business in the United States, check this box       ► □         • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box       ► □         • If it is for part of the group, check this box       ► □       and attach a list with the names and TINs of all members the extension is for.         1       I request an automatic 6-month extension of time until       MAY 17, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:         ► □       calendar year or         ► X tax year beginning JUL 1, 2019, and ending JUN 30, 2020         2       If the tax year entered in line 1 is for less than 12 months, check reason:       □         □       Change in accounting period									
	3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.				\$	0.			
	<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.					0.			
	ance due. Subtract line 3b from line 3a. Include your pa								
using EFTPS (Electronic Federal Tax Payment System). See instru				3c	\$	0.			
	If you are going to make an electronic funds withdrawal			453-EO an	d Form 887	79-EO for payment			