

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20____

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **L & L NIPPERT CHARITABLE FOUNDATION INC**
ATTN: CARTER F. RANDOLPH, PH.D. EIN or SSN **31-1351011**

Name and title of officer or person subject to tax **CARTER F RANDOLPH**
PRESIDENT/TRUSTEE

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here ...	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ...	<input checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b <u>86,477.</u>
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **MELLOTT & MELLOTT, P.L.L.** to enter my PIN **12124**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____

Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

31345024131

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **MELLOTT & MELLOTT, P.L.L.** Date **05/05/23**

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

Form **990-W**
 (Worksheet)

**Estimated Tax on Unrelated Business Taxable
 Income for Tax-Exempt Organizations**

2023

(and on Investment Income for Private Foundations) FORM 990-PF

► Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1	2	
3	Alternative minimum tax for trusts	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits	5	
6	Subtract line 5 from line 4	6	
7	Other taxes	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization does not need to make estimated tax payments	10a	86,477.
b	Enter the tax shown on the 2022 return. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	86,477.
c	2023 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	86,477.

		(a)	(b)	(c)	(d)	
11	Installment due dates	11	05/15/23	06/15/23	09/15/23	12/15/23
12	Installments. Enter 25% of line 10c in columns (a) through (d)	12	21,619.	21,619.	21,619.	21,620.
13	2022 Overpayment	13				
14	Payment due (Subtract line 13 from line 12)	14	21,619.	21,619.	21,619.	21,620.

Form **990-W**

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.

For calendar year **2022** or tax year beginning _____, and ending _____

Name of foundation L & L NIPPERT CHARITABLE FOUNDATION INC ATTN: CARTER F. RANDOLPH, PH.D.		A Employer identification number 31-1351011
Number and street (or P.O. box number if mail is not delivered to street address) 4200 MALSARY ROAD	Room/suite	B Telephone number 513-891-7144
City or town, state or province, country, and ZIP or foreign postal code BLUE ASH, OH 45242-5510		C If exemption application is pending, check here ... <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 85,844,794.	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received			N/A	
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	6,486.	6,486.		STATEMENT 1
	4 Dividends and interest from securities	2,030,527.	2,030,527.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	4,571,244.			
	b Gross sales price for all assets on line 6a	13,461,212.			
	7 Capital gain net income (from Part IV, line 2)		4,571,244.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income					
12 Total. Add lines 1 through 11	6,608,257.	6,608,257.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	30,000.	0.		30,000.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees				
	b Accounting fees STMT 3	6,285.	3,142.		3,143.
	c Other professional fees STMT 4	380,709.	380,709.		0.
	17 Interest				
	18 Taxes STMT 5	87,093.	3,039.		0.
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses STMT 6	17,452.	0.		17,452.
	24 Total operating and administrative expenses. Add lines 13 through 23	521,539.	386,890.		50,595.
	25 Contributions, gifts, grants paid	4,722,879.			4,722,879.
26 Total expenses and disbursements. Add lines 24 and 25	5,244,418.	386,890.		4,773,474.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements ...	1,363,839.				
b Net investment income (if negative, enter -0-)		6,221,367.			
c Adjusted net income (if negative, enter -0-)			N/A		

L & L NIPPERT CHARITABLE FOUNDATION INC
ATTN: CARTER F. RANDOLPH, PH.D.

Form 990-PF (2022)

31-1351011

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Part II Balance Sheets <small>Attached schedules and amounts in the description column should be for end-of-year amounts only.</small>		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	1,307,597.	6,243,429.	6,243,429.
	2 Savings and temporary cash investments			
	3 Accounts receivable			
	Less: allowance for doubtful accounts	200,000.		
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 7	51,846,520.	47,865,669.	75,503,233.
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other STMT 8	3,156,057.	3,780,845.	4,084,909.	
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation				
15 Other assets (describe ACCRUED INCOME)	29,153.	13,223.	13,223.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	56,539,327.	57,903,166.	85,844,794.	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe)			
23 Total liabilities (add lines 17 through 22)	0.	0.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	10,403,661.	10,403,661.	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	28 Retained earnings, accumulated income, endowment, or other funds	46,135,666.	47,499,505.	
29 Total net assets or fund balances	56,539,327.	57,903,166.		
30 Total liabilities and net assets/fund balances	56,539,327.	57,903,166.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	56,539,327.
2 Enter amount from Part I, line 27a	2	1,363,839.
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	57,903,166.
5 Decreases not included in line 2 (itemize)	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	57,903,166.

Form **990-PF** (2022)

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	TD AMERITRADE - A/C 0650	P		
b	TD AMERITRADE - A/C 0650	P		
c	LITIGATION & BUYOUT PROCEEDS	P		
d	CAPITAL GAINS DIVIDENDS			
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a	1,678,629.		1,669,130.	9,499.
b	11,719,730.		7,220,838.	4,498,892.
c	32,525.			32,525.
d	30,328.			30,328.
e				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			9,499.
b			4,498,892.
c			32,525.
d			30,328.
e			

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	4,571,244.
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8	3	N/A

Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)	1	86,477.
b	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	0.
3	Add lines 1 and 2	3	86,477.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	86,477.
6	Credits/Payments:		
a	2022 estimated tax payments and 2021 overpayment credited to 2022	6a	60,000.
b	Exempt foreign organizations - tax withheld at source	6b	0.
c	Tax paid with application for extension of time to file (Form 8868)	6c	0.
d	Backup withholding erroneously withheld	6d	0.
7	Total credits and payments. Add lines 6a through 6d	7	60,000.
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	827.
9	Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed	9	27,304.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be: Credited to 2023 estimated tax Refunded	11	

Part VI-A Statements Regarding Activities

		Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
1c	Did the foundation file Form 1120-POL for this year?		X
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ <u>0.</u> (2) On foundation managers. \$ <u>0.</u>		
	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ <u>0.</u>		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		X
	If "Yes," attach a detailed description of the activities.		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
4b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		X
	If "Yes," attach the statement required by General Instruction T.		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. _____ <u>OH</u>		
8b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	X	
	Website address <u>WWW.LNLCHARITABLE.ORG</u>		
14	The books are in care of <u>CARTER F. RANDOLPH</u> Telephone no. <u>513-891-7144</u> Located at <u>4200 MALSARY ROAD, CINCINNATI, OH</u> ZIP+4 <u>45242</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15 <u>N/A</u>		
16	At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		

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

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

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	X
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	1a(5)	X
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	1a(6)	X
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	X
c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2022?	1d	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2022?	2a	X
If "Yes," list the years _____, _____, _____, _____		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	2b	N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. _____, _____, _____, _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3a	X
b If "Yes," did it have excess business holdings in 2022 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2022.)	3b	N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2022?	4b	X

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

	Yes	No
5a During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	
c Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	N/A	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
8 Is the foundation 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?		X

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
DR. CARTER F. RANDOLPH 4200 MALSARY ROAD CINCINNATI, OH 45242	PRESIDENT & TRUSTEE 5.00	30,000.	0.	0.
LAWRENCE H. KYTE, JR. 4200 MALSARY ROAD CINCINNATI, OH 45242	VICE PRESIDENT & TRUSTEE 1.00	0.	0.	0.
MARTIN COOPER 4200 MALSARY ROAD CINCINNATI, OH 45242	SECRETARY & TRUSTEE 1.00	0.	0.	0.
BRAD LINDNER 4200 MALSARY ROAD CINCINNATI, OH 45242	TREASURER & TRUSTEE 1.00	0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 0

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

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
RANDOLPH COMPANY INC 4200 MALSARY ROAD, CINCINNATI, OH 45242	INVESTMENT ADVISORS	389,040.

Total number of others receiving over \$50,000 for professional services **0**

Part VIII-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

Part VIII-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
3 All other program-related investments. See instructions.	

Total. Add lines 1 through 3 **0.**

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	86,899,058.
b	Average of monthly cash balances	1b	5,730,297.
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	92,629,355.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	92,629,355.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	1,389,440.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	91,239,915.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	4,561,996.

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

1	Minimum investment return from Part IX, line 6	1	4,561,996.
2a	Tax on investment income for 2022 from Part V, line 5	2a	86,477.
b	Income tax for 2022. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	86,477.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	4,475,519.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	4,475,519.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	4,475,519.

Part XI Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	4,773,474.
b	Program-related investments - total from Part VIII-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	4,773,474.

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1 Distributable amount for 2022 from Part X, line 7				4,475,519.
2 Undistributed income, if any, as of the end of 2022:				
a Enter amount for 2021 only			4,719,753.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2022:				
a From 2017				
b From 2018				
c From 2019				
d From 2020				
e From 2021				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2022 from Part XI, line 4: \$ 4,773,474.				
a Applied to 2021, but not more than line 2a			4,719,753.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2022 distributable amount				53,721.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2022 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2021. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023				4,421,798.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2017 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2018				
b Excess from 2019				
c Excess from 2020				
d Excess from 2021				
e Excess from 2022				

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2022, enter the date of the ruling _____

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

	Tax year				(e) Total
	(a) 2022	(b) 2021	(c) 2020	(d) 2019	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed _____					
b 85% (0.85) of line 2a _____					
c Qualifying distributions from Part XI, line 4, for each year listed _____					
d Amounts included in line 2c not used directly for active conduct of exempt activities _____					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c _____					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets _____					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i) _____					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed _____					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) _____					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) _____					
(3) Largest amount of support from an exempt organization _____					
(4) Gross investment income _____					

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

1 Information Regarding Foundation Managers:

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

NONE

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

NONE

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

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

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

SEE STATEMENT 9

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XIV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
4C FOR CHILDREN 2100 SHERMAN AVE., SUITE 300 CINCINNATI, OH 45212	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	100,000.
ADVENTURE CREW 2692 MADISON ROAD, SUITE N1-414 CINCINNATI, OH 45208	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	25,000.
AMERICAN RED CROSS 2111 DANA AVENUE CINCINNATI, OH 45207	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	25,000.
BEECH ACRES PARENTING CENTER 615 ELSINORE PLACE, SUITE 500 CINCINNATI, OH 45202	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	60,000.
BEECHWOOD HOME 2140 POGUE AVENUE CINCINNATI, OH 45208	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	30,000.
Total			SEE CONTINUATION SHEET(S)	3a 4,722,879.
b Approved for future payment				
NONE				
Total			3b	0.

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include 1 Program service revenue, 2 Membership dues and assessments, 3 Interest on savings and temporary cash investments, 4 Dividends and interest from securities, 5 Net rental income or (loss) from real estate, 6 Net rental income or (loss) from personal property, 7 Other investment income, 8 Gain or (loss) from sales of assets other than inventory, 9 Net income or (loss) from special events, 10 Gross profit or (loss) from sales of inventory, 11 Other revenue, 12 Subtotal, and 13 Total.

(See worksheet in line 13 instructions to verify calculations.)

Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No. and Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

Part XVI

Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

	Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a Transfers from the reporting foundation to a noncharitable exempt organization of:		
(1) Cash	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(2) Other assets	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Other transactions:		
(1) Sales of assets to a noncharitable exempt organization	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(2) Purchases of assets from a noncharitable exempt organization	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(3) Rental of facilities, equipment, or other assets	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(4) Reimbursement arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(5) Loans or loan guarantees	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(6) Performance of services or membership or fundraising solicitations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				May the IRS discuss this return with the preparer shown below? See instr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer or trustee	Date	Title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	GREGORY A. DEYHLE		05/05/23		P00341594
	Firm's name	MELLOTT & MELLOTT, P.L.L.			Firm's EIN
	312 WALNUT STREET - SUITE 2500 CINCINNATI, OH 45202-4025				31-6063298
	Firm's address			Phone no.	
	312 WALNUT STREET - SUITE 2500 CINCINNATI, OH 45202-4025			513-241-2940	

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
BIG BROTHERS BIG SISTERS OF BUTLER COUNTY 1755 S. ERIE BLVD., SUITE D HAMILTON, OH 45011	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	64,908.
BIG BROTHERS BIG SISTERS OF GREATER CINCINNATI 2400 READING ROAD CINCINNATI, OH 45202	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	25,000.
BRIGHTON CENTER INC. 741 CENTRAL AVE. NEWPORT, KY 41071	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	20,000.
CAMP JOY FOUNDATION 10117 OLD 3-C HIGHWAY CLARKSVILLE, OH 45113	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	75,000.
CANINE COMPANIONS 7480 NEW ALBANY CONDIT RD NEW ALBANY, OH 43054	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	10,000.
CATHOLIC INNERCITY SCHOOLS EDUCATION FUND (CISE) 100 EAST EIGHTH STREET, 7TH FL CINCINNATI, OH 45202	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	100,000.
CENTER FOR RESPITE CARE, INC. 1615 REPUBLIC STREET CINCINNATI, OH 45202	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	60,000.
CET GREATER CINCINNATI TELEVISION EDUCATIONAL FOUNDATION 1223 CENTRAL PARKWAY CINCINNATI, OH 45214	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	125,000.
CHILDHOOD FOOD SOLUTIONS 2573 ST. LEO PLACE CINCINNATI, OH 45225	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	50,000.
CHILDREN'S HUNGER ALLIANCE 1105 SCHROCK RD., SUITE 505 COLUMBUS, OH 43229	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	50,000.
Total from continuation sheets				4,482,879.

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CHILDREN'S THEATRE OF CINCINNATI 4015 RED BANK ROAD CINCINNATI, OH 45227	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	175,000.
CINCINNATI ART MUSEUM 953 EDEN PARK DRIVE CINCINNATI, OH 45202	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	40,000.
CINCINNATI ASSOCIATION FOR THE BLIND AND VISUALLY IMPAIRED (CABVI) 2045 GILBERT AVENUE CINCINNATI, OH 45202	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	105,000.
CINCINNATI EYE INSTITUTE FOUNDATION 1945 CEI DRIVE CINCINNATI, OH 45242	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	112,500.
CINCINNATI MUSEUM CENTER 1301 WESTERN AVENUE CINCINNATI, OH 45203	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	250,000.
CINCINNATI PLAYHOUSE IN THE PARK 962 MT. ADAMS CIRCLE CINCINNATI, OH 45202	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	50,000.
CINCINNATI PUBLIC RADIO (DBA 90.9 WGUC, 91.7 WVXU, 88.5 WMUB) 1223 CENTRAL PARKWAY CINCINNATI, OH 45214	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	50,000.
CINCINNATI RECYLCING AND REUSE HUB 911 EVANS STREET CINCINNATI, OH 45204	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	25,000.
CINCINNATI THERAPEUTIC RIDING AND HORSEMANSHIP 1342 US HWY 50 MILFORD, OH 45150	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	75,000.
CINCINNATI WORKS, INC. 708 WALNUT STREET CINCINNATI, OH 45202	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	130,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CINCINNATI YOUTH COLLABORATIVE 301 OAK STREET CINCINNATI, OH 45219	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	25,000.
CINCINNATI ZOO & BOTANICAL GARDEN 3400 VINE ST CINCINNATI, OH 45220	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	250,000.
CLOVERNOOK CENTER FOR THE BLIND & VISUALLY IMPAIRED 7000 HAMILTON AVENUE CINCINNATI, OH 45231	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	50,000.
CRAYONS TO COMPUTERS 1350 TENNESSEE AVENUE CINCINNATI, OH 45229	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	25,000.
DEPAUL CRISTO REY HIGH SCHOOL 3440 CENTRAL PARKWAY CINCINNATI, OH 45225	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	100,000.
DOWN SYNDROME ASSOCIATION OF GREATER CINCINNATI 4623 WESLEY AVENUE, SUITE A CINCINNATI, OH 45212	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	13,000.
EAST END ADULT EDUCATION CENTER 5721 DRAGON WAY, #401 CINCINNATI, OH 45227	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	25,000.
EPISCOPAL RETIREMENT SERVICES FOUNDATION 3870 VIRGINIA AVE. CINCINNATI, OH 45227	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	86,104.
FERNSIDE: A CENTER FOR GRIEVING CHILDREN 4360 COOPER RD CINCINNATI, OH 45242	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	25,000.
FREESTORE FOODBANK INC. 1141 CENTRAL PARKWAY CINCINNATI, OH 45202	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	60,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
HOLISTIC MANAGEMENT INTERNATIONAL 2425 SAN PEDRO DR NE, STE A ALBUQUERQUE, NM 87110	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	16,028.
HOSPICE OF CINCINNATI, INC. 4360 COOPER ROAD CINCINNATI, OH 45242	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	20,000.
INNER CITY YOUTH OPPORTUNITIES 1821 SUMMIT ROAD, SUITE 210 CINCINNATI, OH 45237	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	10,000.
KEEP CINCINNATI BEAUTIFUL, INC. 1115 BATES AVE CINCINNATI, OH 45225	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	35,000.
KEN ANDERSON ALLIANCE 6940 PLAINFIELD ROAD CINCINNATI, OH 45236	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	51,200.
LA SOUPE, INC. 915 E MCMILLAN ST CINCINNATI, OH 45206	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	300,000.
LAST MILE FOOD RESCUE 1775 MENTOR AVE., SUITE 405 CINCINNATI, OH 45212	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	15,000.
LIGHTHOUSE YOUTH SERVICES, INC. D/B/A LIGHTHOUSE YOUTH & FAMILY SERVICES 401 E. MCMILLAN STREET CINCINNATI, OH 45206	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	25,000.
LITTLE MIAMI CONSERVANCY 209 RAILROAD AVENUE LOVELAND, OH 45140	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	25,000.
LIVING ARRANGEMENTS FOR THE DEVELOPMENTALLY DISABLED (LADD), INC. 3603 VICTORY PKWY CINCINNATI, OH 45229	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	75,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MATTHEW 25 MINISTRIES 11060 KENWOOD RD BLUE ASH, OH 45242	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	250,000.
MILL CREEK ALLIANCE 1223 JEFFERSON AVENUE CINCINNATI, OH 45215	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	50,039.
NATURE CONSERVANCY IN OHIO 6375 RIVERSIDE DRIVE, SUITE 100 DUBLIN, OH 43017	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	100,000.
NEW LIFE FURNITURE, INC. DBA NEW LIFE FURNITURE BANK 11335 REED HARTMAN HWY., UNIT 134 CINCINNATI, OH 45241	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	30,000.
OHIO FOUNDATION OF INDEPENDENT COLLEGES, INC. (OFIC) 250 EAST BROAD STREET, SUITE 1700 COLUMBUS, OH 43215	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	6,600.
OHIO RIVER FOUNDATION 4480 CLASSIC DRIVE CINCINNATI, OH 45241	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	25,000.
OHIO VALLEY VOICES 6642 BRANCH HILL-GUINEA PIKE LOVELAND, OH 45140	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	30,000.
OPTIMALL SERVICES 809 BRADFORD COURT CINCINNATI, OH 45233	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	20,000.
OUR DAILY BREAD 1730 RACE STREET CINCINNATI, OH 45202	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	25,000.
PLANNED PARENTHOOD SOUTHWEST OHIO REGION 2314 AUBURN AVE. CINCINNATI, OH 45219	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	30,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
PRO BONO PARTNERSHIP OF OHIO 255 EAST FIFTH ST., SUITE 1900 CINCINNATI, OH 45202	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	30,000.
PROKIDS 2605 BURNET AVE CINCINNATI, OH 45219	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	75,000.
SALK INSTITUTE FOR BIOLOGICAL STUDIES 10010 NORTH TORREY PINES ROAD - DEV LA JOLLA, CA 92037	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	25,000.
SALVATION ARMY 114 EAST CENTRAL PARKWAY CINCINNATI, OH 45202	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	75,000.
SHELTERHOUSE VOLUNTEER GROUP: DBA: SHELTERHOUSE 411 GEST STREET CINCINNATI, OH 45203	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	50,000.
ST. RITA SCHOOL FOR THE DEAF 1720 GLENDALE MILFORD ROAD CINCINNATI, OH 45215	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	50,000.
ST. VINCENT DE PAUL CHARITABLE PHARMACY 1125 BANK ST. CINCINNATI, OH 45214	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	300,000.
STEPPING STONES INC. 5650 GIVEN ROAD CINCINNATI, OH 45243	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	30,000.
TAFT MUSEUM OF ART 316 PIKE ST CINCINNATI, OH 45202	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	50,000.
TALBERT HOUSE 2600 VICTORY PARKWAY CINCINNATI, OH 45206	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	125,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
TEACH FOR AMERICA SOUTHWEST OHIO 1311 VINE STREET CINCINNATI, OH 45202	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	65,000.
THE HEALING CENTER 11345 CENTURY CIRCLE WEST CINCINNATI, OH 45246	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	25,000.
UNIVERSITY OF THE CUMBERLANDS 816 WALNUT STREET WILLIAMSBURG, KY 40769	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	12,500.
WAVE FOUNDATION, INC. ONE AQUARIUM WAY NEWPORT, KY 41071	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	50,000.
WOMEN HELPING WOMEN 215 EAST NINTH ST., 7TH FLOOR CINCINNATI, OH 45202	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	50,000.
YWCA GREATER CINCINNATI 898 WALNUT STREET CINCINNATI, OH 45202	NONE	NOT FOR PROFIT	ORGANIZATION'S CHARITABLE PURPOSE	80,000.
Total from continuation sheets				

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return. **FORM 990-PF**

2022

Go to www.irs.gov/Form2220 for instructions and the latest information.

Name L & L NIPPERT CHARITABLE FOUNDATION INC ATTN: CARTER F. RANDOLPH, PH.D.	Employer identification number 31-1351011
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Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1 Total tax (see instructions)		1	86,477.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c Credit for federal tax paid on fuels (see instructions)	2c		
d Total. Add lines 2a through 2c		2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty		3	86,477.
4 Enter the tax shown on the corporation's 2021 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	57,932.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	57,932.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 The corporation is using the adjusted seasonal installment method.
- 7 The corporation is using the annualized income installment method.
- 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)	
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	05/15/22	06/15/22	09/15/22	12/15/22
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	14,483.	28,756.	21,619.	21,619.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11	14,483.	45,517.		
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12		16,761.		
13 Add lines 11 and 12	13		45,517.	16,761.	
14 Add amounts on lines 16 and 17 of the preceding column	14			4,858.	
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	14,483.	45,517.	16,761.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0.	0.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17			4,858.	21,619.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18		16,761.		

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions 19				
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2022 and before 7/1/2022	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 4\% (0.04)}{365}$...	22 \$	\$	\$	\$
23 Number of days on line 20 after 6/30/2022 and before 10/1/2022	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\% (0.05)}{365}$...	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2022 and before 1/1/2023	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 6\% (0.06)}{365}$...	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2022 and before 4/1/2023	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 7\% (0.07)}{365}$...	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2023 and before 7/1/2023	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2023 and before 10/1/2023	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2023 and before 1/1/2024	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2023 and before 3/16/2024	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{366}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38 \$			827.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

FORM 990-PF
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s) L & L NIPPERT CHARITABLE FOUNDATION INC ATTN: CARTER F. RANDOLPH, PH.D.	Identifying Number 31-1351011
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(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
05/15/22	14,483.	14,483.			
05/15/22	-14,483.	0.			
06/13/22	-45,517.	-45,517.			
06/15/22	28,756.	-16,761.			
06/30/22	0.	-16,761.	77	.000136986	
09/15/22	21,619.	4,858.	15	.000136986	10.
09/30/22	0.	4,858.	76	.000164384	61.
12/15/22	21,619.	26,477.	16	.000164384	70.
12/31/22	0.	26,477.	135	.000191781	686.

Penalty Due (Sum of Column F). **827.**

* Date of estimated tax payment, withholding credit date or installment due date.

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
TD AMERITRADE	6,486.	6,486.	
TOTAL TO PART I, LINE 3	6,486.	6,486.	

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
TD AMERITRADE	2,060,855.	30,328.	2,030,527.	2,030,527.	
TO PART I, LINE 4	2,060,855.	30,328.	2,030,527.	2,030,527.	

FORM 990-PF ACCOUNTING FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	6,285.	3,142.		3,143.
TO FORM 990-PF, PG 1, LN 16B	6,285.	3,142.		3,143.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT FEES	380,709.	380,709.		0.
TO FORM 990-PF, PG 1, LN 16C	380,709.	380,709.		0.

FORM 990-PF

TAXES

STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAX	3,039.	3,039.		0.
FEDERAL EXCISE TAX PAYMENTS	84,054.	0.		0.
TO FORM 990-PF, PG 1, LN 18	87,093.	3,039.		0.

FORM 990-PF

OTHER EXPENSES

STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
GRANT PROCESSING AND APPROVAL	8,331.	0.		8,331.
WEBSITE	8,737.	0.		8,737.
FILING FEES	200.	0.		200.
BANK FEES	114.	0.		114.
PRINTING AND COPYING	70.	0.		70.
TO FORM 990-PF, PG 1, LN 23	17,452.	0.		17,452.

FORM 990-PF

CORPORATE STOCK

STATEMENT 7

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
AMERITRADE INSTITUTIONAL- CORPORATE STOCKS	47,865,669.	75,503,233.
TOTAL TO FORM 990-PF, PART II, LINE 10B	47,865,669.	75,503,233.

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 8

<u>DESCRIPTION</u>	<u>VALUATION METHOD</u>	<u>BOOK VALUE</u>	<u>FAIR MARKET VALUE</u>
AMERITRADE INSTITUTIONAL- EXCHANGE TRADED FUNDS	COST	3,780,845.	4,084,909.
TOTAL TO FORM 990-PF, PART II, LINE 13		3,780,845.	4,084,909.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XIV, LINES 2A THROUGH 2D

STATEMENT 9

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

CARTER F RANDOLPH PH.D
4200 MALSARY ROAD
CINCINNATI, OH 45242

TELEPHONE NUMBER

513-891-7144

FORM AND CONTENT OF APPLICATIONS

APPLICATIONS SHOULD BE SUBMITTED THROUGH THE ONLINE GRANT APPLICATION SUBMISSION PORTALS. FULL DIRECTIONS FOR APPLICATIONS ARE AVAILABLE ON WWW.LNLCHARITABLE.ORG.

ANY SUBMISSION DEADLINES

APPLICATIONS MUST BE RECEIVED BY AUGUST 1ST.

RESTRICTIONS AND LIMITATIONS ON AWARDS

GRANTS ARE ONLY GRANTED TO LOCAL 501(C)(3) ORGANIZATIONS.

GENERAL EXPLANATION

STATEMENT 10

FORM/LINE IDENTIFIER AND DESCRIPTION/RETURN REFERENCE

FORM 990-PF, PART VII-B, LINE 1A QUESTION 3 - PROFESSIONAL FEES PAID TO D

EXPLANATION:

PROFESSIONAL FEES OF \$389,040 WERE PAID TO THE RANDOLPH COMPANY, A COMPANY, WHICH THROUGH ATTRIBUTION, IS WHOLLY OWNED BY CARTER F RANDOLPH PH.D, THE PRESIDENT/TRUSTEE OF THE FOUNDATION.

GENERAL EXPLANATION

STATEMENT 11

FORM/LINE IDENTIFIER AND DESCRIPTION/RETURN REFERENCE

FORM 990-PF, PART VIII, LINE 1 AND PART VII-B, LINE 1A QUESTION 4 - COMPE

EXPLANATION:

THE \$30,000 IN COMPENSATION REPORTED BY CARTER RANDOLPH IS FOR ADMINISTRATION SERVICES. IT WAS PAID TO CFRPHD, LLC - A SINGLE-MEMBER LLC OWNED BY CARTER F RANDOLPH PH.D, THE PRESIDENT/TRUSTEE OF THE FOUNDATION.

Type and Entity: PRE-2018 NOL FED **DETAIL CARRYOVER SCHEDULE**

Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/18	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____
2017	39,592.	10,196.	10,196.									
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	E S B C	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
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M												
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O												
P												
Q												
R												
S												
T												
U												
V												
W												

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20____

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **L & L NIPPERT CHARITABLE FOUNDATION INC**
ATTN: CARTER F. RANDOLPH, PH.D. EIN or SSN **31-1351011**

Name and title of officer or person subject to tax **CARTER F RANDOLPH**
PRESIDENT/TRUSTEE

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b <u>0.</u>
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **MELLOTT & MELLOTT, P.L.L.** to enter my PIN **12124**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____

Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

31345024131

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **MELLOTT & MELLOTT, P.L.L.** Date **05/05/23**

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each 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 print	Name of exempt organization or other filer, see instructions. L & L NIPPERT CHARITABLE FOUNDATION INC ATTN: CARTER F. RANDOLPH, PH.D.	Taxpayer identification number (TIN) 31-1351011
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 4200 MALSARY ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BLUE ASH, OH 45242-5510	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

CARTER F. RANDOLPH

- The books are in the care of ▶ **4200 MALSARY ROAD - CINCINNATI, OH 45242**

Telephone No. ▶ **513-891-7144**

Fax No. ▶ **513-792-9199**

- 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 **NOVEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year **2022** or

▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2022

For calendar year 2022 or other tax year beginning , and ending

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

A Check box if address changed.

B Exempt under section 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a) 529A

Print or Type

Name of organization L & L NIPPERT CHARITABLE FOUNDATION INC ATTN: CARTER F. RANDOLPH, PH.D. Number, street, and room or suite no. 4200 MALSARY ROAD City or town, state or province, country, and ZIP or foreign postal code BLUE ASH, OH 45242-5510

D Employer identification number 31-1351011

E Group exemption number (see instructions)

F Check box if an amended return.

C Book value of all assets at end of year 57,903,166.

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust State college/university

H Check if filing only to Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

J Enter the number of attached Schedules A (Form 990-T) 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

L The books are in care of CARTER F. RANDOLPH Telephone number 513-891-7144

Part I Total Unrelated Business Taxable Income

Table with 11 rows for Part I: Total Unrelated Business Taxable Income. Columns include line number, description, and amount. Total amount is 0.

Part II Tax Computation

Table with 7 rows for Part II: Tax Computation. Columns include line number, description, and amount. Total amount is 0.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d		1e	
2 Subtract line 1e from Part II, line 7		2	0.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)		3	
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here		4	0.
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)		5	0.
6a Payments: A 2021 overpayment credited to 2022	6a		
b 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	6g		
7 Total payments. Add lines 6a through 6g		7	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		8	
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9	
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		10	
11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded		11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____		Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____			
4 Enter available pre-2018 NOL carryovers here \$ <u>29,396.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.			
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
	\$		
	\$		
6a Did the organization change its method of accounting? (see instructions)			X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Date	PRESIDENT/TRUSTEE		Title
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	GREGORY A. DEYHLE			05/05/23	
	Firm's name MELLOTT & MELLOTT, P.L.L.			Firm's EIN 31-6063298	
	Firm's address 312 WALNUT STREET - SUITE 2500 CINCINNATI, OH 45202-4025			Phone no. 513-241-2940	

May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	---	-----------------------------

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 12

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/17	39,592.	10,196.	29,396.	29,396.
NOL CARRYOVER AVAILABLE THIS YEAR			29,396.	29,396.

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

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

1
OMB No. 1545-0047

2022

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization L & L NIPPERT CHARITABLE FOUNDATION INC ATTN: CARTER F. RANDOLPH, PH.D.	B Employer identification number 31-1351011
C Unrelated business activity code (see instructions) 525990	D Sequence: 1 of 1

E Describe the unrelated trade or business **INVESTMENT IN PUBLICLY TRADED PARTNERSHIP**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____				
b Less returns and allowances _____ c Balance	1c			
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	0.		

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)				
2 Salaries and wages				
3 Repairs and maintenance				
4 Bad debts				
5 Interest (attach statement). See instructions				
6 Taxes and licenses				
7 Depreciation (attach Form 4562). See instructions	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a			8b
9 Depletion				9
10 Contributions to deferred compensation plans				10
11 Employee benefit programs				11
12 Excess exempt expenses (Part VIII)				12
13 Excess readership costs (Part IX)				13
14 Other deductions (attach statement)				14
15 Total deductions. Add lines 1 through 14	15			0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16			0.
17 Deduction for net operating loss. See instructions	17			0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18			

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold Enter method of inventory valuation

1 Inventory at beginning of year	1	
2 Purchases	2	
3 Cost of labor	3	
4 Additional section 263A costs (attach statement)	4	
5 Other costs (attach statement)	5	
6 Total. Add lines 1 through 5	6	
7 Inventory at end of year	7	
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 Total dividends-received deductions included in line 10	0.			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals			0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A	<input type="checkbox"/>	_____
B	<input type="checkbox"/>	_____
C	<input type="checkbox"/>	_____
D	<input type="checkbox"/>	_____

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

a	
3 Direct advertising costs by periodical	_____
a Add columns A through D. Enter here and on Part I, line 11, column (B)	0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8

5 Readership costs

6 Circulation income

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

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

Part XI Supplemental Information (see instructions)
