

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 **2023** 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) \$ 93,005,955. | 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 | 885. | | 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 | 20,010. | 20,010. | | STATEMENT 1 |
| | 4 Dividends and interest from securities | 2,097,438. | 2,097,438. | | STATEMENT 2 |
| | 5a Gross rents | | | | |
| | b Net rental income or (loss) | | | | |
| | 6a Net gain or (loss) from sale of assets not on line 10 | 2,182,246. | | | |
| | b Gross sales price for all assets on line 6a 42,995,929. | | | | |
| | 7 Capital gain net income (from Part IV, line 2) | | 2,182,246. | | |
| | 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 | 4,300,579. | 4,299,694. | | | |
| 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 | 6,760. | 3,380. | | 3,380. |
| | c Other professional fees STMT 4 | 353,592. | 353,592. | | 0. |
| | 17 Interest | | | | |
| | 18 Taxes STMT 5 | 137,150. | 23,369. | | 0. |
| | 19 Depreciation and depletion | | | | |
| | 20 Occupancy | | | | |
| | 21 Travel, conferences, and meetings | | | | |
| | 22 Printing and publications | | | | |
| | 23 Other expenses STMT 6 | 23,162. | 0. | | 23,162. |
| | 24 Total operating and administrative expenses. Add lines 13 through 23 | 550,664. | 380,341. | | 56,542. |
| | 25 Contributions, gifts, grants paid | 4,753,813. | | | 4,753,813. |
| 26 Total expenses and disbursements. Add lines 24 and 25 | 5,304,477. | 380,341. | | 4,810,355. | |
| 27 Subtract line 26 from line 12: | | | | | |
| a Excess of revenue over expenses and disbursements ... | -1,003,898. | | | | |
| b Net investment income (if negative, enter -0-) | | 3,919,353. | | | |
| 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 (2023)

31-1351011

Page 2

| 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 | 6,243,429. | 3,140,197. | 3,140,197. |
| | 2 Savings and temporary cash investments | | | |
| | 3 Accounts receivable | | | |
| | Less: allowance for doubtful accounts | | | |
| | 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 | 47,865,669. | 43,415,566. | 77,725,074. |
| | c Investments - corporate bonds | | | |
| | 11 Investments - land, buildings, and equipment: basis | | | |
| Less: accumulated depreciation | | | | |
| 12 Investments - mortgage loans | | | | |
| 13 Investments - other STMT 8 | 3,780,845. | 10,343,505. | 12,140,684. | |
| 14 Land, buildings, and equipment: basis | | | | |
| Less: accumulated depreciation | | | | |
| 15 Other assets (describe ACCRUED INCOME) | 13,223. | 0. | 0. | |
| 16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I) | 57,903,166. | 56,899,268. | 93,005,955. | |
| 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 | 47,499,505. | 46,495,607. | |
| 29 Total net assets or fund balances | 57,903,166. | 56,899,268. | | |
| 30 Total liabilities and net assets/fund balances | 57,903,166. | 56,899,268. | | |

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 | 57,903,166. |
| 2 Enter amount from Part I, line 27a | 2 | -1,003,898. |
| 3 Other increases not included in line 2 (itemize) | 3 | 0. |
| 4 Add lines 1, 2, and 3 | 4 | 56,899,268. |
| 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 | 56,899,268. |

Form 990-PF (2023)

L & L NIPPERT CHARITABLE FOUNDATION INC

Form 990-PF (2023)

ATTN: CARTER F. RANDOLPH, PH.D.

31-1351011

Page 3

Part IV Capital Gains and Losses for Tax on Investment Income SEE ATTACHED STATEMENT

| (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 | | | |
| b | | | |
| c | | | |
| d | | | |
| 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 | | | |
| b | | | |
| c | | | |
| d | | | |
| e | 42,995,929. | 40,813,683. | 2,182,246. |

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.

| (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 | (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) |
|------------------------|--------------------------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------------|
| a | | | |
| b | | | |
| c | | | |
| d | | | |
| e | | | 2,182,246. |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------|
| 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 | 2,182,246. |
| 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 | 54,479. |
| 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 | 54,479. |
| 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 | 54,479. |
| 6 Credits/Payments: | | |
| a 2023 estimated tax payments and 2022 overpayment credited to 2023 | 6a | 86,477. |
| 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 | 86,477. |
| 8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached | 8 | 0. |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | 31,998. |
| 11 Enter the amount of line 10 to be: Credited to 2024 estimated tax 31,998. Refunded | 11 | 0. |

Form 990-PF (2023)

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 2023 or the tax year beginning in 2023? 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 | N/A |
| 16 | At any time during calendar year 2023, 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 2023? | 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 2023, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2023? | 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 2023 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 2023.) | 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 2023? | 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 | 366,042. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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 | |
| | |
| All other program-related investments. See instructions. | |
| 3 | |
| | |
| | |
| | |

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 | 84,053,050. |
| b | Average of monthly cash balances | 1b | 4,836,747. |
| c | Fair market value of all other assets (see instructions) | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 88,889,797. |
| 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 | 88,889,797. |
| 4 | Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) | 4 | 1,333,347. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 | 5 | 87,556,450. |
| 6 | Minimum investment return. Enter 5% (0.05) of line 5 | 6 | 4,377,823. |

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 | 4,377,823. |
| 2a | Tax on investment income for 2023 from Part V, line 5 | 2a | 54,479. |
| b | Income tax for 2023. (This does not include the tax from Part V.) | 2b | |
| c | Add lines 2a and 2b | 2c | 54,479. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 4,323,344. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 4,323,344. |
| 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 | 4,323,344. |

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 | 4,810,355. |
| 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 | 4,810,355. |

Part XII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2022 | (c) 2022 | (d) 2023 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2023 from Part X, line 7 | | | | 4,323,344. |
| 2 Undistributed income, if any, as of the end of 2023: | | | | |
| a Enter amount for 2022 only | | | 4,421,798. | |
| b Total for prior years: | | 0. | | |
| 3 Excess distributions carryover, if any, to 2023: | | | | |
| a From 2018 | | | | |
| b From 2019 | | | | |
| c From 2020 | | | | |
| d From 2021 | | | | |
| e From 2022 | | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2023 from Part XI, line 4: \$ 4,810,355. | | | | |
| a Applied to 2022, but not more than line 2a | | | 4,421,798. | |
| 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 2023 distributable amount | | | | 388,557. |
| e Remaining amount distributed out of corpus | 0. | | | |
| 5 Excess distributions carryover applied to 2023 (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 2022. Subtract line 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2023. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2024 | | | | 3,934,787. |
| 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 2018 not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2024. Subtract lines 7 and 8 from line 6a | 0. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2019 | | | | |
| b Excess from 2020 | | | | |
| c Excess from 2021 | | | | |
| d Excess from 2022 | | | | |
| e Excess from 2023 | | | | |

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 2023, 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) 2023 | (b) 2022 | (c) 2021 | (d) 2020 | |
| 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 | | | | |
| ADVENTURE CREW 2692 MADISON ROAD, SUITE N1-414 CINCINNATI, OH 45208 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 30,000. |
| AMERICAN RED CROSS 2111 DANA AVENUE CINCINNATI, OH 45207 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 30,000. |
| BAYLEY SENIOR CARE 990 BAYLEY DRIVE CINCINNATI, OH 45233 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 90,920. |
| BEECH ACRES PARENTING CENTER 615 ELSINORE PLACE, SUITE 500 CINCINNATI, OH 45202 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 70,000. |
| BETHANY HOUSE SERVICES INC. 4769 READING ROAD CINCINNATI, OH 45237 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 75,000. |
| Total | | | SEE CONTINUATION SHEET(S) | 3a 4,753,813. |
| b Approved for future payment | | | | |
| NONE | | | | |
| Total | | | 3b | 0. |

Part IV Capital Gains and Losses for Tax on Investment Income

| (a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co. | (b) How acquired P - Purchase D - Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------|----------------------------------|
| 1a TD AMERITRADE 0650 | P | | |
| b TD AMERITRADE 0650 | P | | |
| c SCHWAB 3611 | P | | |
| d SCHWAB 3611 | P | | |
| e LITIGATION & BUYOUT PROCEEDS | P | | |
| f CAPITAL GAINS DIVIDENDS | | | |
| g | | | |
| h | | | |
| i | | | |
| j | | | |
| k | | | |
| l | | | |
| m | | | |
| n | | | |
| o | | | |

| (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 7,400,230. | | 7,863,561. | -463,331. |
| b 12,367,366. | | 10,432,726. | 1,934,640. |
| c 18,823,381. | | 19,363,958. | -540,577. |
| d 4,353,429. | | 3,153,438. | 1,199,991. |
| e 46,703. | | | 46,703. |
| f 4,820. | | | 4,820. |
| g | | | |
| h | | | |
| i | | | |
| j | | | |
| k | | | |
| l | | | |
| m | | | |
| n | | | |
| o | | | |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 | | | (l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-") |
|---------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | |
| a | | | -463,331. |
| b | | | 1,934,640. |
| c | | | -540,577. |
| d | | | 1,199,991. |
| e | | | 46,703. |
| f | | | 4,820. |
| g | | | |
| h | | | |
| i | | | |
| j | | | |
| k | | | |
| l | | | |
| m | | | |
| n | | | |
| o | | | |

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------|
| 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 | 2,182,246. |
| 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). If (loss), enter "-0-" in Part I, line 8 | 3 | N/A |

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 | 75,336. |
| BIG BROTHERS BIG SISTERS OF GREATER CINCINNATI 2400 READING ROAD CINCINNATI, OH 45202 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 25,000. |
| BLOC MINISTRIES, INC. 911 W 8TH ST CINCINNATI, OH 45203 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 15,000. |
| BON SEOURS MERCY HEALTH FOUNDATION 1701 MERCY HEALTH PL CINCINNATI, OH 45237 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 25,000. |
| BOYS AND GIRLS CLUBS OF GREATER CINCINNATI 600 DALTON AVENUE CINCINNATI, OH 45203 | 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 | 30,000. |
| CAMPING & EDUCATION FOUNDATION 3515 MICHIGAN AVENUE CINCINNATI, OH 45208 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 15,000. |
| CANINE COMPANIONS FOR INDEPENDENCE 7480 NEW ALBANY CONDIT RD NEW ALBANY, OH 43054 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 50,000. |
| CATHOLIC INNERCITY SCHOOLS EDUCATION FUND (CISE) 100 EAST EIGHTH STREET, 7TH FL CINCINNATI, OH 45202 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 125,000. |
| CENTER FOR RESPITE CARE, INC. 1615 REPUBLIC STREET CINCINNATI, OH 45202 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 60,000. |
| Total from continuation sheets | | | | 4,457,893. |

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 HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI, OH 45229 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 100,000. |
| CHILDREN'S HUNGER ALLIANCE 1105 SCHROCK RD., SUITE 505 COLUMBUS, OH 43229 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 60,000. |
| CINCINNATI ASSOCIATION FOR THE BLIND AND VISUALLY IMPAIRED (CABVI) 2045 GILBERT AVENUE CINCINNATI, OH 45202 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 200,000. |
| CINCINNATI BLUE LINE FOUNDATION P.O. BOX 14268 CINCINNATI, OH 45250 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 50,000. |
| CINCINNATI CANCER FOUNDATION, INC. 4805 MONTGOMERY ROAD, SUITE 130 CINCINNATI, OH 45212 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 350,000. |
| CINCINNATI MUSEUM ASSOCIATION 953 EDEN PARK DRIVE CINCINNATI, OH 45202 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 45,000. |
| CINCINNATI PARKS FOUNDATION 421 OAK STREET CINCINNATI, OH 45219 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 20,000. |
| 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 RECYCLING AND REUSE HUB 911 EVANS STREET CINCINNATI, OH 45204 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 20,000. |
| 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 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. |
| CINCINNATI YOUTH COLLABORATIVE 301 OAK STREET CINCINNATI, OH 45219 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 50,000. |
| COMMUNITY MATTERS CINCINNATI, INC. 2104 SAINT MICHAEL STREET CINCINNATI, OH 45204 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 10,000. |
| COMPREHENSIVE COMMUNITY CHILD CARE INC. 2100 SHERMAN AVE., SUITE 300 CINCINNATI, OH 45212 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 100,000. |
| CRAYONS TO COMPUTERS 1350 TENNESSEE AVENUE CINCINNATI, OH 45229 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 50,000. |
| DDC CLINIC - CENTER FOR SPECIAL NEEDS CHILDREN 14567 MADISON ROAD MIDDLEFIELD, OH 44062 | 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. |
| DIOCESAN CATHOLIC CHILDREN'S HOME 75 ORPHANAGE ROAD FT. MITCHELL, KY 41017 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 10,000. |
| DOWN SYNDROME ASSOCIATION OF GREATER CINCINNATI 4623 WESLEY AVENUE, SUITE A CINCINNATI, OH 45212 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 25,000. |
| 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 |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------|----------|
| EPISCOPAL RETIREMENT SERVICES 3870 VIRGINIA AVE. CINCINNATI, OH 45227 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 40,000. |
| 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. 3401 ROSENTHAL WAY CINCINNATI, OH 45204 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 70,000. |
| GREATER CINCINNATI TELEVISION EDUCATIONAL FOUNDATION 1223 CENTRAL PARKWAY CINCINNATI, OH 45214 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 125,000. |
| HOLISTIC MANAGEMENT INTERNATIONAL 2425 SAN PEDRO DR NE, STE A ALBUQUERQUE, NM 87110 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 33,760. |
| 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. |
| JOY OUTDOOR EDUCATION CENTER LLC 10117 OLD 3-C HIGHWAY CLARKSVILLE, OH 45113 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 75,000. |
| KEEP CINCINNATI BEAUTIFUL, INC. 1115 BATES AVE CINCINNATI, OH 45225 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 35,000. |
| LA SOUPE, INC. 915 E MCMILLAN ST CINCINNATI, OH 45206 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 350,000. |
| 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 |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------|----------|
| LAST MILE FOOD RESCUE 1775 MENTOR AVE., SUITE 405 CINCINNATI, OH 45212 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 25,000. |
| 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. |
| MATTHEW 25 MINISTRIES 11060 KENWOOD RD BLUE ASH, OH 45242 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 30,000. |
| MILL CREEK ALLIANCE 1223 JEFFERSON AVENUE CINCINNATI, OH 45215 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 58,297. |
| 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 | 7,500. |
| OHIO RIVER FOUNDATION 4480 CLASSIC DRIVE CINCINNATI, OH 45241 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 28,000. |
| OHIO VALLEY VOICES 6642 BRANCH HILL-GUINEA PIKE LOVELAND, OH 45140 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 30,000. |
| OUR DAILY BREAD 1730 RACE STREET CINCINNATI, OH 45202 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 25,000. |
| PEOPLE WORKING COOPERATIVELY 4612 PADDOCK RD CINCINNATI, OH 45229 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 135,000. |
| 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 |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------|----------|
| PLANNED PARENTHOOD SOUTHWEST OHIO REGION 2314 AUBURN AVE. CINCINNATI, OH 45219 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 40,000. |
| PRO BONO PARTNERSHIP OF OHIO 255 EAST FIFTH ST., SUITE 1900 CINCINNATI, OH 45202 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 50,000. |
| SANTA MARIA COMMUNITY SERVICES, INC. 617 STEINER AVENUE CINCINNATI, OH 45204 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 30,000. |
| SHELTERHOUSE VOLUNTEER GROUP: DBA: SHELTERHOUSE 411 GEST STREET CINCINNATI, OH 45203 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 50,000. |
| SOCIETY OF ST. VINCENT DE PAUL DISTRICT COUNCIL OF CINCINNATI 1125 BANK STREET CINCINNATI, OH 45214 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 100,000. |
| 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 1146 BANK ST. CINCINNATI, OH 45214 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 100,000. |
| 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 | 60,000. |
| 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 CHILDREN'S HOME OF CINCINNATI 5050 MADISON ROAD CINCINNATI, OH 45227 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 50,000. |
| THE CHILDREN'S THEATRE OF CINCINNATI 4015 RED BANK ROAD CINCINNATI, OH 45227 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 25,000. |
| THE CINCINNATI EYE INSTITUTE FOUNDATION 1945 CEI DRIVE CINCINNATI, OH 45242 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 112,500. |
| THE DRAGONFLY FOUNDATION 506 OAK STREET CINCINNATI, OH 45219 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 30,000. |
| THE EAST END ADULT EDUCATION CENTER 5721 DRAGON WAY, #401 CINCINNATI, OH 45227 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 25,000. |
| THE FIRST STEP HOME, INC. 2211 FULTON AVENUE CINCINNATI, OH 45206 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 25,000. |
| THE NATURE CONSERVANCY 6375 RIVERSIDE DRIVE, SUITE 100 DUBLIN, OH 43017 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 100,000. |
| THE SALVATION ARMY 114 EAST CENTRAL PARKWAY, #400 CINCINNATI, OH 45202 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 75,000. |
| THE UNIVERSITY OF CINCINNATI FOUNDATION 51 GOODMAN DRIVE CINCINNATI, OH 45219 | NONE | NOT FOR PROFIT | ORGANIZATION'S CHARITABLE PURPOSE | 25,000. |
| Total from continuation sheets | | | | |

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 |
|-------------------------|-----------------------------|---------------------------------|-------------------------------|
| CHARLES SCHWAB | 8,309. | 8,309. | |
| TD AMERITRADE | 11,701. | 11,701. | |
| TOTAL TO PART I, LINE 3 | 20,010. | 20,010. | |

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 |
|-------------------|-----------------|-------------------------------|-----------------------------|-----------------------------------|-------------------------------|
| CHARLES SCHWAB | 626,798. | 4,102. | 622,696. | 622,696. | |
| TD AMERITRADE | 1,475,460. | 718. | 1,474,742. | 1,474,742. | |
| TO PART I, LINE 4 | 2,102,258. | 4,820. | 2,097,438. | 2,097,438. | |

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 | 6,760. | 3,380. | | 3,380. |
| TO FORM 990-PF, PG 1, LN 16B | 6,760. | 3,380. | | 3,380. |

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 | 353,592. | 353,592. | | 0. |
| TO FORM 990-PF, PG 1, LN 16C | 353,592. | 353,592. | | 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 | 23,369. | 23,369. | | 0. |
| FEDERAL EXCISE TAX PAYMENTS | 113,781. | 0. | | 0. |
| TO FORM 990-PF, PG 1, LN 18 | 137,150. | 23,369. | | 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 | 12,450. | 0. | | 12,450. |
| WEBSITE | 9,021. | 0. | | 9,021. |
| FILING FEES | 200. | 0. | | 200. |
| BANK FEES | 1,491. | 0. | | 1,491. |
| TO FORM 990-PF, PG 1, LN 23 | 23,162. | 0. | | 23,162. |

FORM 990-PF

CORPORATE STOCK

STATEMENT 7

| DESCRIPTION | BOOK VALUE | FAIR MARKET VALUE |
|--------------------------------------------|-------------|----------------------|
| AMERITRADE INSTITUTIONAL- CORPORATE STOCKS | 43,415,566. | 77,725,074. |
| TOTAL TO FORM 990-PF, PART II, LINE 10B | 43,415,566. | 77,725,074. |

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 | 10,343,505. | 12,140,684. |
| TOTAL TO FORM 990-PF, PART II, LINE 13 | | 10,343,505. | 12,140,684. |

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 \$366,042 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.

Name: L & L NIPPERT CHARITABLE FOUNDATION

FEIN: 31-1351011

| 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 | ESBC | 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 | | | | | | | | | | | | |
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| U | | | | | | | | | | | | |
| V | | | | | | | | | | | | |
| W | | | | | | | | | | | | |

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning _____, 2023, and ending _____, 20____

2023

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** EIN or SSN **31-1351011**
ATTN: CARTER F. RANDOLPH, PH.D.

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 _____ 0. |
| 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 2023 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 2023 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 2023 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. **31255624131**
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 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 _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8879-TE** (2023)

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

2023

For calendar year 2023 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).

Department of the Treasury Internal Revenue Service

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

Form header section containing organization name (L & L NIPPERT CHARITABLE FOUNDATION INC), address (4200 MALSARY ROAD, BLUE ASH, OH 45242-5510), EIN (31-1351011), and book value of assets (56,899,268).

Form section containing organization type (501(c) corporation), filing status (credit from Form 8941), and contact information (CARTER F. RANDOLPH, 513-891-7144).

Table for Part I: Total Unrelated Business Taxable Income. Rows include total income, charitable contributions, and total deductions, resulting in a taxable income of 0.

Table for Part II: Tax Computation. Rows include tax on corporations, proxy tax, and other tax amounts, resulting in a total tax of 0.

Table for Part III: Tax and Payments. Rows include foreign tax credit, other credits, and total tax payments, resulting in a net liability of 0.

| Part III Tax and Payments (continued) | | | |
|----------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------|--|
| 6 a | Payments: Preceding year's overpayment credited to the current year | 6a | |
| b | Current year's 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 | Elective payment election amount from Form 3800 | 6g | |
| h | Payment from Form 2439 | 6h | |
| i | Credit from Form 4136 | 6i | |
| j | Other (see instructions) | 6j | |
| 7 | Total payments. Add lines 6a through 6j | 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 2024 estimated tax Refunded | 11 | |

| Part IV Statements Regarding Certain Activities and Other Information (see instructions) | | Yes | No |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----|
| 1 | At any time during the 2023 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 _____ | | X |
| 2 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. | | 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 | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| 6 a | Reserved for future use | | |
| b | Reserved for future use | | |

Part V Supplemental Information

Provide any 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 | Title PRESIDENT/TRUSTEE | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Check <input type="checkbox"/> if self-employed | PTIN |
| | GREGORY A. DEYHLE | | | P00341594 |
| | Firm's name | Firm's EIN | | |
| | MELLOTT & MELLOTT, P.L.L. | 31-6063298 | | |
| | Firm's address | Phone no. | | |
| | 312 WALNUT STREET - SUITE 2500 CINCINNATI, OH 45202-4025 | 513-241-2940 | | |

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 12

| <u>TAX YEAR</u> | <u>LOSS SUSTAINED</u> | <u>LOSS PREVIOUSLY APPLIED</u> | <u>LOSS REMAINING</u> | <u>AVAILABLE THIS YEAR</u> |
|-----------------------------------|-----------------------|--------------------------------|-----------------------|----------------------------|
| 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)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

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

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

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 5 Income (loss) from a partnership, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, and rents, 9 Investment income, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total.

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

Table with 3 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include 1 Compensation of officers, directors, and trustees, 2 Salaries and wages, 3 Repairs and maintenance, 4 Bad debts, 5 Interest, 6 Taxes and licenses, 7 Depreciation, 8 Less depreciation claimed, 9 Depletion, 10 Contributions to deferred compensation plans, 11 Employee benefit programs, 12 Excess exempt expenses, 13 Excess readership costs, 14 Other deductions, 15 Total deductions, 16 Unrelated business income before net operating loss deduction, 17 Deduction for net operating loss, 18 Unrelated business taxable income.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

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 2a and 2b (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 | |

