Form 990-PF

Return of Private Foundation

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

OMB No. 1545-0052 2017

Department of the Treasury

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.

Internal Revenue Service Open to Public Inspection For calendar year 2017 or tax year beginning and ending Name of foundation A Employer identification number LOCAL INITIATIVE FOR EXCELLENCE **FOUNDATION** **-***1852 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 4200 MALSBARY ROAD City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here BLUE ASH OH 45242 G Check all that apply: Initial return Initial return of a former public charity 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the Address change Name change 85% lest, check here and attach computation H Check type of organization: X Section 501(c)(3) exempt private foundation If private foundation status was terminated under Section 4947(a)(1) nonexempt charitable trust | Other taxable private foundation section 507(b)(1)(A), check here I Fair market value of all assets at X Cash J Accounting method: Accrual If the foundation is in a 60-month termination under section 507(b)(1)(B), check here end of year (from Part II, col. (c), Other (specify) 5,342,926 line 16) ▶ \$ (Part I, column (d) must be on cash basis.) (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (a) Revenue and Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal expenses p income purposes the amounts in column (a) (see instructions).) books (cash basis only) 1 Contributions, gifts, grants, etc., received (attach schedule) Check ▶ 🕱 if the foundation is **not** required to attach Sch. B 2 3 Interest on savings and temporary cash investments 3,596 3,596 3,596 108,718 4 Dividends and interest from securities 108,718 108,718 5а Gross rents Net rental income or (loss) Revenue STMT 106,184 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 2,199,585 98,713 7 Capital gain net income (from Part IV, line 2) R Net short-term capital gain 6,681 9 Income modifications 10a Gross sales less returns and allowances Less: Cost of goods sold Gross profit or (loss) (attach schedule) C STMT 2 -1,730-1,73011 Other income (attach schedule) Total. Add lines 1 through 11 216,768 211,027 117,265 12 13 Compensation of officers, directors, trustees, etc. O Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits 3 490 16a Legal fees (attach schedule) SEE STMT 490 Accounting fees (attach schedule) STMT 4 1,695 300 1,395 and Administrative STMT Other professional fees (attach schedule) 25,518 25,518 C 273 273 17 Interest 18 Taxes (attach schedule) (see instructions) STMT 6 668 468 200 Depreciation (attach schedule) and depletion 19 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications Operating 23 STMT 7 9,439 Other expenses (att. sch.) 9,439 Total operating and administrative expenses. Add lines 13 through 23 38,083 26,559 0 11,524 150,000 25 Contributions, gifts, grants paid 150,000 Total expenses and disbursements. Add lines 24 and 25 188,083 26 26,559 0 161,524 27 Subtract line 26 from line 12: Excess of revenue over expenses and disbursements 28,685 184,468 Net investment income (if negative, enter -0-)

Adjusted net income (if negative, enter -0-)

117,265

	Part I	Balance Sheets Attached schedules and amounts in the description column should be for end of year amounts only. (See instructions.)	Beginning of year	Er	nd of	year
_	ait i	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	_	(c) Fair Market Value
-	1	Cash – non-interest-bearing	304,244	241,2	52	241,252
-	2	Savings and temporary cash investments				
-	3	Accounts receivable ▶				
١		Less: allowance for doubtful accounts ▶				
-	4	Pledges receivable ▶	1.61			70.5
-		Less: allowance for doubtful accounts ▶				
-	5	Grants receivable				
-	6	Receivables due from officers, directors, trustees, and other			\neg	
-	-	disqualified persons (attach schedule) (see				
		instructions)				
	7	Other notes and loans receivable (att. schedule)			1	
-	1	Less: allowance for doubtful accounts 0				
		P-1			+	
Assets	8	Inventories for sale or use			\rightarrow	
SS	9	Prepaid expenses and deferred charges			-	
٩	10a	Investments – U.S. and state government obligations (attach schedule)			-	
-	b	Investments corporate stock (attach schedule)			-+	
-	С	Investments – corporate bonds (attach schedule)			-	
-	11	Investments - land, buildings, and equipment basis				
		Less: accumulated depreciation (attach sch.)	, ,		_	
-	12	Investments – mortgage loans)			
-	13	Investments – other (attach schedule) SEE STATEMENT 8	3,820,140	3,911,8	17	5,101,674
	14	Land, buildings, and equipment: basis				
-		Less: accumulated depreciation (attach sch.) ▶				
	15	Other assets (describe >				
١	16	Total assets (to be completed by all filers – see the				
┙		instructions. Also, see page 1, item I)	4,124,384	4,153,0	69	5,342,926
	17	Accounts payable and accrued expenses				
	18	Grants payable				
es	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
ap	21	Mortgages and other notes payable (attach schedule)				
긔	22	Other liabilities (describe ▶				
	23	Total liabilities (add lines 17 through 22)	0		0	
		Foundations that follow SFAS 117, check here				
ဖွ		and complete lines 24 through 26 and lines 30 and 31.				
일	24	Unrestricted	4,124,384	4,153,0	69	
Net Assets or Fund Balances	25	Temporarily restricted				
m	26	Permanently restricted				
밉		Foundations that do not follow SFAS 117, check here				
리		and complete lines 27 through 31.				
히	27	Capital stock, trust principal, or current funds				
ह्य	28	Paid-in or capital surplus, or land, bldg., and equipment fund			-	
SS		Retained earnings, accumulated income, endowment, or other funds				
۲	29		4,124,384	4,153,0	60	
鴚	30	Total net assets or fund balances (see instructions)	4,124,364	4,133,0	09	
7	31	Total liabilities and net assets/fund balances (see	4,124,384	4,153,0	اء	
4	Dort I	instructions)	4,124,364	4,155,0	09	
	Part I		int name with			_
1		net assets or fund balances at beginning of year - Part II, column (a), line 30 (mu	ust agree with			4-104-204
_		of-year figure reported on prior year's return)		vermente :	1	4,124,384
		amount from Part I, line 27a			2	28,685
		increases not included in line 2 (itemize)			3	4 4 5 0 0 0 0
		ines 1, 2, and 3		yenintentori: I	4	4,153,069
		eases not included in line 2 (itemize)		mainmaine 🗕	5	4.450.000
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, column	(b), line 30		6	4,153,069

-*1852 Form 990-PF (2017) LOCAL INITIATIVE FOR EXCELLENCE Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired (a) List and describe the kind(s) of property sold (for example, real estate (c) Date acquired (d) Date sold Purchase 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (mo, day, yr.) (mo, day, yr) D - Donation SEE WORKSHEET 1a b C d е (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale ((e) plus (f) minus (g)) а b C d е Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (I) Gains (Col. (h) gain minus col_(k), but not less than -0-) or (j) Adjusted basis (k) Excess of col. (i) (i) FMV as of 12/31/69 as of 12/31/69 over col. (j), if any Losses (from col. (h)) a b C d е If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) If (loss), enter -0 in Part I, line 7 98,713 2 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 6,681 3 Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part. 1 Enter the appropriate amount in each column for each year, see the instructions before making any entries. (d) Distribution_ratio (b) (c) Base period years Adjusted qualifying distributions Net value of noncharitable-use assets Calendar year (or tax year beginning in) (col (b) divided by col (c)) 251,694 4,486,752 0.056097 2016 103,381 4,739,728 2015 0.021812 2,560 334,481 0.007654 2014 2013 2012 2 Total of line 1, column (d) 2 0.085563 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years 0.028521 3 4 Enter the net value of noncharitable-use assets for 2017 from Part X. line 5 4,900,545 4 5 Multiply line 4 by line 3 5 139,768 6 Enter 1% of net investment income (1% of Part I, line 27b) 1,845 6 Add lines 5 and 6 141,613 7 8 Enter qualifying distributions from Part XII, line 4 161,524

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

Part VI instructions

Form	990-PF (2017) LOCAL INITIATIVE FOR EXCELLENCE **-**1852		P	age 4
Pa	ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)			
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary—see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check		1 : 2	845
b	here X and enter 1% of Part I, line 27b			313
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% 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-)			0
3	Add lines 1 and 2		1,:	845
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		1,	845
6	Credits/Payments:			
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 415			
b	Exempt foreign organizations – tax withheld at source 6b			
С	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld 6d 6d			
7	Total credits and payments. Add lines 6a through 6d			415
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached			6
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		1,	436
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.			
11_	Enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ Refunded ▶ 11			
_Pa	art VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	4.		x
	Instructions for the definition	1b		
	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. Did the foundation file Form 1120-POL for this year?	1c		x
C	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	10		
đ	(1) On the foundation. \$ (2) On foundation managers. \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		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	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		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		v	
_	conflict with the state law remain in the governing instrument?	6	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 XV	7	^	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ OH			
_	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	100		
b	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	x	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	- 00		
3	4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017? See instructions for Part XIV. If "Yes,"			
	complete Part XIV	9	ļ.	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		X.
	5/25 INT 2 FTP 7 TOT 1,445	Form 9	90-P	F (2017)

Pa	art VII-A Statements Regarding Activities (continued)			-3
			Yes	No
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	11		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	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► HTTP://WWW.LIFE-BRAINHEALTH.ORG/			
14	The books are in care of ▶ DR. CARTER F. RANDOLPH Telephone no. ▶ 513-8	91-	714	4
	4200 MALSBARY ROAD			
	Located at ▶ BLUE ASH OH ZIP+4 ▶ 45242	2		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			▶ [
	and enter the amount of tax-exempt interest received or accrued during the year			_
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of		i y	
	the foreign country ▶		n tr	
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		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? Yes X No		tin Se	17
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		15.5	. 0
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?			
	(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	77		
_	termination of government service, if terminating within 90 days.)			
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		
	Organizations relying on a current notice regarding disaster assistance, check here	12		
С	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 2017?	1c	_	
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)):			
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2017?			
h	If "Yes," list the years 20 , 20 , 20 , 20 Are there any years listed in 20 for which the foundation is not analyzed the applicant to action 40.40(x)(x)			
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.)	۵.	-	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	2b		
·	► 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
Ju	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2017 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 Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2017.)	3b		
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	-74		<u> </u>
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		x
_	perpendicular new sector control and people group before the mot day of the tax year beginning in 2017	40	00 DE	

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Pa	rt VII-B Statements Regarding Activities for Which Form 4	720 May Be R	Required (contin	nued)		
a	During the year did the foundation pay or incur any amount to:					
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4	1945(e))?	☐ Y€	es X No	_	
	(2) Influence the outcome of any specific public election (see section 4955); or t	o carry on,	_	_		
	directly or indirectly, any voter registration drive?		☐ Ye	s X No	_	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			s X No		
	(4) Provide a grant to an organization other than a charitable, etc., organization	described in	RILLINGUIST -			
	section 4945(d)(4)(A)? See instructions		☐ Ye	s X No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or	educational		~ =		
	purposes, or for the prevention of cruelty to children or animals?	Caucatorial	∏ Ye	es 🗓 No		
,	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under	or the exceptions d		, <u></u>		
,	Regulations section 53,4945 or in a current notice regarding disaster assistance		C3CIDCG III	N/A	5b	
					30	
	Organizations relying on a current notice regarding disaster assistance, check h					
;	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	m the tax	M / M 🖂 🗸			
	because it maintained expenditure responsibility for the grant?		N/A Y	es No		
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).					10-1
1	Did the foundation, during the year, receive any funds, directly or indirectly, to pa	ay premiums	Π		100	
	on a personal benefit contract?			es X No		
)	Did the foundation, during the year, pay premiums, directly or indirectly, on a pe	rsonal benefit conti	ract?	iiwameano (6b	X
	If "Yes" to 6b, file Form 8870.	2		[-	771	111
3	At any time during the tax year, was the foundation a party to a prohibited tax st	The state of the s		es X No	-	
_	If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
Pá	rt VIII Information About Officers, Directors, Trustees, Fo	undation Mana	agers, Highly	Paid Employ	ees,	
	and Contractors					
_ l	ist all officers, directors, trustees, and foundation managers and their com	pensation. See in	structions.			
		(b) Title, and average	(c) Compensation	(d) Contributions to	(a) Evn	0000 0000
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred		ense accoun allowances
		devoted to position	Gillor -0-7	compensation		
SE	E STATEMENT 9					
£	nnumentin emerikane manianeemania ke					
	Girles (* 1822) (* 1822) (* 1822) (* 1822) († 18					
-						
2	Compensation of five highest-paid employees (other than those included o	n line 1 – see ins	tructions). If none	e, enter	L	
_		(b) Title, and average		(d) Contributions to employee benefit	(e) Evn	ense accoun
	(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred compensation		allowances
1C	NE ale (KORISIP Alester) KI I IPPULISTERS (A I REPUBLIS SELERE REPUBLIS REPUBLIS REPUBLIS REPUBLIS REPUBLIS PER P TOTAL (KORISIP ALESTER) KI IPPULISTERS (A I REPUBLIS SELERE REPUBLIS					
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	STEPSTONERS OF STUDBISH STATES HOST HOST HOST HOST HOST HOST HOST HOS					
	domaining in the second of					
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ata.	number of other employees paid over \$50,000					

Part VIII Information About Officers, Directors, Trustees, Foundation Man and Contractors (continued)	***1852 agers, Highly Paid En	nployees,
3 Five highest-paid independent contractors for professional services. See instructions. If no	ne, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
nia nina na matika m		
nnamenmannamen mitter med seeme med seeme met seeme		
tal number of others receiving over \$50,000 for professional services	a regarda de la composição de la composi	>
Part IX-A Summary of Direct Charitable Activities		
ist the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number rganizations and other beneficiaries served, conferences convened, research papers produced, etc.	er of	Expenses
N/A		
	imemianamian Miamaman	
Part IX-B Summary of Program-Related Investments (see instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
N/A	010/2008/2008/00/20	
	0.000.000.000.000.000.000.000.000	
All other program-related investments. See instructions.		
TENNEY DEFINE DE LE CONTROL DE L'EXPERTATION DE LE CONTROL DE LE CONTROL DE LE CONTROL DE L'EXPENSAGE DE L'EXPE	record Composition (contraction to the con-	

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Total. Add lines 1 through 3

qualifies for the section 4940(e) reduction of tax in those years.

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, Part X see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., 1 purposes: 4,693,522 Average monthly fair market value of securities 1a 281,651 Average of monthly cash balances 1b Fair market value of all other assets (see instructions) 1c 4,975,173 Total (add lines 1a, b, and c) 1d Reduction claimed for blockage or other factors reported on lines 1a and 0 1c (attach detailed explanation) 1e 2 Acquisition indebtedness applicable to line 1 assets 4,975,173 3 Subtract line 2 from line 1d 3 Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see 4 74,628 4,900,545 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 5 Minimum investment return. Enter 5% of line 5 245,027 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations Part XI and certain foreign organizations check here ▶ and do not complete this part.) 245,027 1 Minimum investment return from Part X, line 6 1,845 2a Tax on investment income for 2017 from Part VI, line 5 Income tax for 2017. (This does not include the tax from Part VI.) b 1,845 Add lines 2a and 2b 2c 243,182 Distributable amount before adjustments. Subtract line 2c from line 1 3 3 Recoveries of amounts treated as qualifying distributions 4 4 243,182 5 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, 243,182 line 1 Part XII Qualifying Distributions (see instructions) 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 161,524 Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 2 Amounts set aside for specific charitable projects that satisfy the: 3 Suitability test (prior IRS approval required) За Cash distribution test (attach the required schedule) 3b 161,524 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. 5 1,845 Enter 1% of Part I, line 27b. See instructions 5 159,679 Adjusted qualifying distributions. Subtract line 5 from line 4 6 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

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Pa	art XIII Undistributed Income (see instructions)	V			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from Part XI,	Corpus	Years prior to 2016	2016	2017
	line 7				243,182
2	Undistributed income, if any, as of the end of 2017:				
а				117,088	
b	Total for prior years: 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2017:				
а	From 2012				
b	From 2013				
С	From 2014				
d	From 2015				
6	From 2016			Animal and	
f	Total of lines 3a through e			Annual Control of the	
4	Qualifying distributions for 2017 from Part XII,				
7	line 4: ▶ \$ 161,524				
2	Applied to 2016, but not more than line 2a			117,088	
	Applied to undistributed income of prior years			117,000	
U	(Election required – see instructions)				
_			4		
C	Treated as distributions out of corpus (Election		13		
	required – see instructions)		(·		44.406
	Applied to 2017 distributable amount				44,436
	Remaining amount distributed out of corpus	-			
5	Excess distributions carryover applied to 2017	X			
	(If an amount appears in column (d), the same	7			
	amount must be shown in column (a).)	1,			
6	Enter the net total of each column as)	12 1		
	indicated below:				
	Corpus, Add lines 3f, 4c, and 4e. Subtract line 5		2		
b	Prior years' undistributed income. Subtract			Co. Review of the Co.	
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed			TO NOVE HE DO	
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)			THE PARTY OF THE PARTY OF	
	tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable				
	amount – see instructions	he billant			A 18 18
е	Undistributed income for 2016. Subtract line		The state of the s	74	
	4a from line 2a. Taxable amount – see		100000		
	instructions		ATT IN COLUMN TO SERVICE		THE PERSON NAMED IN
f	Undistributed income for 2017. Subtract lines		CALL A COLUMN TANKS		
	4d and 5 from line 1. This amount must be				
	distributed in 2018				198,746
7	Amounts treated as distributions out of corpus			A SECTION OF THE RESIDENCE	
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be		the last book	ALCOHOL: NAME OF THE PARTY	
	required—see instructions)				
8	Excess distributions carryover from 2012 not				
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2018.				The No. of
	Subtract lines 7 and 8 from line 6a		33-1,T-1080-E	rs right carry	
10	Analysis of line 9:	100,000			DOM:
а	Excess from 2013		A PARTIE OF	ing according to	
b	Excess from 2014			trooping in	
С	Excess from 2015				
d	Excess from 2016		CROSS WE WA	Description (St	
e	Excess from 2017				
	A STATE OF THE STA				

Pa	rt XIV Private Operating For	indations (see ins	structions and Pa	rt VII-A, question 9)	
1a	If the foundation has received a ruling or	determination letter th	at it is a private opera	ating		
	foundation, and the ruling is effective for 2	2017, enter the date o	f the ruling	>		
b	Check box to indicate whether the foundation	ation is a private opera	ating foundation descr	ibed in section 49	942(j)(3) or 4942	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		- C - C - C - C - C - C - C - C - C - C
	income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
	investment return from Part X for					
	each year listed					
b	85% of line 2a					
	THE HITE HITCHING					
С	Qualifying distributions from Part XII,					
_	line 4 for each year listed					
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities.				1	
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon:					
а	"Assets" alternative test – enter:					
	(1) Value of all assets			\		
	(2) Value of assets qualifying under			N		
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test – enter 2/3			\		
_	of minimum investment return shown in					
	Part X, line 6 for each year listed					
_			×			
С	"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					
Pa	rt XV Supplementary Inform	ation (Complete	this part only if	the foundation h	ad \$5,000 or more	e in assets at
	any time during the ye	ear – see instruc	tions.)			
1	Information Regarding Foundation Ma	nagers:				
а	List any managers of the foundation who	have contributed mor	e than 2% of the tota	I contributions received	by the foundation	
	before the close of any tax year (but only	if they have contribut	ed more than \$5,000	(See section 507(d)(2	2).)	
	GEORGE WILE	•				
b	List any managers of the foundation who	own 10% or more of	the stock of a corpora	tion (or an equally larg	e portion of the	
-	ownership of a partnership or other entity		•	, , , ,		
	N/A	,	g			
2	Information Regarding Contribution, G	irant, Gift, Loan, Sch	nolarship etc. Prog	rams:		
-			• • • •	ble organizations and	does not accent	
	unsolicited requests for funds. If the foun		•	_		
	'	•	ants, etc., to more de	als of organizations uni	dei otilei conditions,	
	complete items 2a, b, c, and d. See instr		£ 4b = 4=4			
а	The name, address, and telephone numb		the person to whom	applications should be	e addressed:	
	CARTER RANDOLPH 513-		. 45040			
	4200 MALSBARY RD. CI					
b	The form in which applications should be					
	DETAILED INFORMATION	INCLUDED	ON WEBSITE			
С	Any submission deadlines:					
	DETAILED INFORMATION	INCLUDED	ON WEBSITE			
d	Any restrictions or limitations on awards,	such as by geograph	ical areas, charitable	fields, kinds of institution	ons, or other	
	factors:					
	DETAILED INFORMATION	INCLUDED	ON WEBSITE			

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year CINCINNATI CHILDREN'S HOSP MED CTR 3333 BURNET AVE CINCINNATI OH 45229 MEDICAL RESEARCH 100,000 UNIVERSITY OF CINCINNATI 2600 CLIFTON AVE CINCINNATI OH 45220 MEDICAL RESEARCH 50,000 Client COR Total 150,000 ▶ 3a **b** Approved for future payment N/A Total ▶ 3b

Enter gross am	ounts unless otherwise indicated.	(a)	d business income (b)	(c)	(d)	(e) Related or exempt
1 Program se	ervice revenue:	Business code	Amount	Exclusion code	Amount	function income (See instructions)
		,				
С		9				
d				_		
f						
	nd contracts from government agencies					
	dues and assessments	1				
	savings and temporary cash investments			4		3,596
	and interest from securities					108,718
	ncome or (loss) from real estate:					
	anced property			_		
	ot-financed property					
	ncome or (loss) from personal property					
7 Other inves			N			
•	s) from sales of assets other than inventory		2			106,184
	or (loss) from special events	-	0,			
	or (loss) from sales of inventory)			
1 Other rever						
	L MIDSTREAM PTRS			_		-1,730
				-		
d	11	Ø			-	
е		`				
	dd columns (b), (d), and (e)			0	0	216,768
	line 12, columns (b), (d), and (e)				13	216,768
					THE STATE OF THE S	
	in line 13 instructions to verify calculations.)				International In	
Part XVI-B	in line 13 instructions to verify calculations.) Relationship of Activities to the A	ccomplishm	ent of Exempt	Purpose	es	
Part XVI-B Line No.	in line 13 instructions to verify calculations.) Relationship of Activities to the A Explain below how each activity for which income	ccomplishm	ent of Exempt	Purpose	es buted importantly to the	
Part XVI-B Line No. ▼	in line 13 instructions to verify calculations.) Relationship of Activities to the A	ccomplishm	ent of Exempt	Purpose	es buted importantly to the	
Part XVI-B Line No.	in line 13 instructions to verify calculations.) Relationship of Activities to the A Explain below how each activity for which income	ccomplishm	ent of Exempt	Purpose	es buted importantly to the	
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Part XVI-B Line No. ▼	in line 13 instructions to verify calculations.) Relationship of Activities to the A Explain below how each activity for which income	ccomplishm	ent of Exempt	Purpose	es buted importantly to the	
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Part XVI-B Line No. ▼	in line 13 instructions to verify calculations.) Relationship of Activities to the A Explain below how each activity for which income	ccomplishm	ent of Exempt	Purpose	es buted importantly to the	
Part XVI-B Line No. ▼	in line 13 instructions to verify calculations.) Relationship of Activities to the A Explain below how each activity for which income	ccomplishm	ent of Exempt	Purpose	es buted importantly to the	
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Form 990-PF (2017)	LOCAL	INITIATIVE	FOR	EXCELLENCE
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**-*	++1	ロスコ

Form 99	0-PF (20	17) LOCA	T INI	TIATI'	VE FOR	₹ EZ	KCELLENC	c	**-***1852			Pac	e 13
Part	XVII	Information Exempt			ansfers	To aı	nd Transacti		Relationships W	ith Noncharitat	ole		
1 Die	d the orga	anization dire	ectly or ind	irectly enga	ge in any o	f the fo	ollowing with an	y other organ	nization described			Yes	No
in		01(c) (other					r in section 527						
	-		rtina found	lation to a r	noncharitable	a even	npt organization	of:					
	Cash	om are repor	rung lourid	allon to a n	ionanantabi	C CACII	ipt organization	OI.			40(4)		x
	Other a	iee ote		A							1a(1)		X
	her trans	/			67011233111						1a(2)		
		f assets to a	nonoborit	able evemn	t organizati	20					45.44		7
		ses of assets			-						1b(1)		X
		of facilities, e				ganiza	uon				1b(2)	-	X
		rsement arr			55612						1b(3)		X
			•								1b(4)		X
		or loan guara		ombornhin .	or fundacials	orazari Maria dali					1b(5)		X
		ance of serv				_				ememem.	1b(6)	-	X
			-	-			aid employees	765			_1c		_X_
							-		ould always show the f				
									ation received less tha				
								-	s, other assets, or serv				
	ne no	(b) Amount	Involved	(c) Nan	ne of nonchanta	able exe	mpt organization	M	(d) Description of transfers, t	ransactions, and sharing a	ırrangeme	ents	
N/A								V.					
								J .					
							2						
						_	1,						
_					-	LV.	ر						
					-	11							
)							
							o, one or more t	ax-exempt o	organizations				
de	scribed in	section 501	(c) (other	than section	1 501(c)(3))	or in s	section 527?				Y	es 🛚 🗶	No
b If "	Yes," cor	nplete the fo	llowing sc	hedule.				- Harris					
		a) Name of orga	nization		(b)	Type of	organization		(c) Descri	ption of relationship			
N/2	A												
	Under per	nalties of perjury	I declare the	at I have exami	ined this return	, includi	ng accompanying so	hedules and sta	atements, and to the best of	my knowledge and belief	i, it is true),	
	contect, at	id Willpiele, De	caration of p	reparer (orner t	пап шжраует)	is baset	on an intormation of	or which prepare	er has any knowledge	May the IRS disc	cuss this r	etum	\neg
Sign										with the prepare			70
lere										See instructions	X	Yes	No
							1		PRES	IDENT			
	Signa	ature of officer or	r trustee				Da	te	Title				
	Print/Tvi	pe preparer's na	ime				Preparer's signa	ture		Date		Ī	
		F - F - 31 0 110					opcior a signa			Date		Check	if
Paid	JACKS	SON S. H	HARTY				JACKSON	S. HART	Y	05/2	Δ/1Ω	self-emp	ясуес
reparer	Firm's n		JACKS	ON S.	HARTY	CO		o. IIII	•	- Academ	***	***	
Jse Only	v .	address >	119 E			TRE		E 200		FUIN	-***		_
	Fillis a			NNATI,			02-1203	200			3-42		
_	1		22101		<u> </u>		<u> </u>			Phone no. 513	, 24.	- 02	.02

	Capital Gains and Losses f	or Tax on Investmen	t Income	
Form 990-PF	ndar year 2017, or tax year beginning	, and end		2017
Name	Tour seguing	, und one		ntification Number
LOCAL INITIATIVE FOUNDATION	FOR EXCELLENCE		**-***1	
(a) List and desc	ribe the kind(s) of property sold, e.g., real estate, warehouse; or common stock, 200 shs. MLC Co.	(b) How acqu P-Purchat D-Donatio	se (mo, day, yr)	(d) Date sold (mo , day, yr.)
1) TD AMERITRADE	SUMMARY TOTALS	P		
(2) SHELL MIDSTM B				
	M PTRS BASIS ADJ	P		
	ET CAP GAIN/LOSS	P		
	LLC NET CAP GAIN/LOSS			
V/	ZOTO WIND	P		
(8) TD AMERITRADE				
(9)				
(10)				
(11)				
(12)				
(13)		12		
(14)		N' 1		
(15)		CO		
	T	\cup	The state of the s	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gai (e) plus (n or (loss) f) minus (g)
2,182,469	-()	2,092,283		90,186
2) 375				375
3) 7,745				7,745
1,262	() *			1,262
(5)		48		-48
(6) (7) 257	-	1,064		-1,064
\-/				257
(8)	+			
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				The state of
Complete only for assets show	ing gain in column (h) and owned by the fou	undation 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	(I) Gains (C col. (k), but not le Losses (fror	ol. (h) gain mìnus ss than -0-) Or n col. (h))
1)				90,186
2)	+			375
(3)				7,745
(4)	+			1,262 -48
(5) (6)				-1,064
7)				257
(8)				
9)				
(10)				
11)				
(12)				
(13)				
(14)				

5/24/2018 9:59 AM

WIL10 Local Initiative For Excellence

-1852 FYE: 12/31/2017

Federal Statements

Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets

	Net Gain / Loss	•	9	7,477	5 7,471		
	Depreciation				8		
	Expense		O.F.		\$ 0		
91	Cost		1 7	2	\$ 9		
How Received	Sale Price	PURCHASE	\$ PURCHASE	7,477	\$ 7,477 \$	>	200
	Date Sold	1/LOSS					
Description	Date Acquired	NET CAP GAIN	GAIN/LOSS				
10	Whom Sold	BRKFLD INF PTRS LP NET CAP GAIN/LOSS	BLACKSTONE NET CAP GAIN/LOSS		TOTAL		

Statement 2 - Form 990-PF, Part I, Line 11 - Other Income

Adjusted Net Income	\$ -1,730	\$ -1,730
Net Investment Income	or-	0
Revenue per Books	\$ -1,730	\$ -1,730
10)	
Description	SHELL MIDSTREAM PTRS	TOTAL

Statement 3 - Form 990-PF, Part I, Line 16a - Legal Fees

Sharitable Purpose	490	490				
	ഹ	w.				
djusted Net		0				
A	ഹ	\$				
Net ivestment		0				
Inve	∙¢.	₩.				
otal	490	490				
To	ഹ	ഗ				
Description	LEGAL FEES	TOTAL				

WIL10 Local Initiative For Excellence **_***1852 FYE: 12/31/2017	Federal S	Federal Statements		5/24/2018 9:59 AM
Statement 4 - Form		990-PF, Part I, Line 16b - Accounting Fees	ting Fees	
Description INDIRECT ACCOUNTING FEES TOTAL	Total 1,695 1,695	Net Investment \$300	Adjusted Net	Charitable Purpose \$ 1,395
Statement 5 - F	Form 990-PF, Part I,	Line 16c. Other Profe	Other Professional Fees	3
Description ADVISOR FEE BLACKSTONE GROUP LP	Ĕ	Net Investment \$ 24,482 329	Adjusted Net	Charitable Purpose
KKR & CO LP KKR FINANCIAL HOLDINGS LLC BROOKFIELD INFRASTR PTRS LP TOTAL	41 51 615 25,518	41 51 615 \$ 25,518		
State	Statement 6 - Form 990-F	Form 990-PF, Part I, Line 18 - Taxes	Sey	
Description FOREIGN TAXES STATE TAXES TOTAL	Total 468 200 668	Net Investment \$ 468	Adjusted Net	Charitable Purpose \$ 200
				4-6

5/24/2018 9:59 AM		Charitable Purpose	9, 337 8 9, 439		Fair Market Value	\$ 5,101,674 \$ 5,101,674			7-8
	enses	Adjusted Net		stments	Basis of Valuation				
tements	- Form 990-PF, Part I, Line 23 - Other Expenses	Net Investment	0	Line 13 - Other Investments	End of Year	\$ 3,911,817 \$ 3,911,817			
Federal Statements		Total	102 9,337 9,439	8 - Form 990-PF, Part II,	Beginning of Year	\$ 3,820,140 \$ 3,820,140			
WIL10 Local Initiative For Excellence **_***1852 FYE: 12/31/2017	Statement 7	Description	EXPENSES POSTAGE WEBSITE DESIGN AND MAINTENANC TOTAL	Statement 8	Description	SECURITIES TOTAL			

VVIL10 Local Initiative For Excellence **-**1852 FYE: 12/31/2017	Federal	Federal Statements	S	2/	5/24/2018 9:59 AM
Statement 9 - Form 990-PF	Pa	1 - List of O	rt VIII, Line 1 - List of Officers, Directors, Trustees,	rustees, Etc.	
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
GEORGE WILE 5545 DRAKE ROAD CINCINNATI OH 45243	PRESIDENT	5.00	0	0	0
CARTER RANDOLPH 4200 MALSBARY ROAD BLUE ASH OH 45242	TREASURER	2.8	0	0	0
PATTY BROCKWAN 4200 MALSBARY ROAD BLUE ASH OH 45242	SECRETARY	5	0	0	0
PAUL KECK 4200 MALSBARY ROAD CINCINNATI OH 45242	TRUSTEE	1.00	0	0	0
JERRY LINGREL 4200 MALSBARY ROAD CINCINNATI OH 45242	TRUSTEE	1.00	0	0	o

FYE: 12/31/2017

E	orm 990-PF, F	art XV, Lir	ne 1a - Manager	rs Who Cor	ntributed Ov	ver 2% or \$5,0	<u>00</u>
	Na	me of Mana	ager		А	mount	
GEORGE W	ILE				\$		
TOTA	AL				\$	0	
	Form 990-PF,	Part XV, L	ine 2b - Applic	ation Form	at and Requ	uired Contents	<u>5</u>
		Descr	iption				
DETAILED	INFORMATION	INCLUDED	ON WEBSITE.				
-	<u>For</u>	m 990-PF,	Part XV, Line 2	2c - Submis	ssion Deadl	ines	
		Descr	iption	4			
DETAILED	INFORMATION	INCLUDED	ON WEBSITE.	-04,			
	Form 990)-PF, Part	XV. Line 2d - A	ward Restr	ictions or L	imitations.	
		Descr	iption (
DETAILED	INFORMATION	INCLUDED	ON WEBSITE.				

FORM 990-PF

Form **2220**

Underpayment of Estimated Tax by Corporations

OMB No. 1545-0123

2017

Department of the Treasury Internal Revenue Service Attach to the corporation's tax return.

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

LOCAL INITIATIVE FOR EXCELLENCE FOUNDATION

Employer identification number **-**1852

Note: Generally, the corporation isn't 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.

Pa	rt I Required Annual Payment					
1	Total tax (see instructions)				1	1,845
	Personal holding company tax (Schedule PH (Form 1120)). line	26) included on line 1	2a	721220	
	Look-back interest included on line 1 under section 460(b)(2) for the					
_	contracts or section 167(g) for depreciation under the income fore		•	2b		
_	Credit for federal tax paid on fuels (see instructions)	000011110	15311115011163111X	2c		
d	Total. Add lines 2a through 2c		0.0000000000000000000000000000000000000		2d	
3	Subtract line 2d from line 1. If the result is less than \$500	n oh f	ot complete or file this	form. The comporation	2211 1141	
•	doesn't owe the penalty	J, 40 11	or complete or me the	tomic tric corporation	3	1,845
4	Enter the tax shown on the corporation's 2016 income tax return	n See	instructions Caution: If th	e tay is zero or	011111111	
•	the tax year was for less than 12 months, skip this line and ent			1	4	685
5	Required annual payment. Enter the smaller of line 3			THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRE	90 - C - C - C - C - C - C - C - C - C -	
•	the amount from line 3	or into	4. If the corporation of	equired to skip line 4, t	5 5	685
Ps	art II Reasons for Filing—Check the boxe	s hel	ow that apply If an	v boxes are check	ed the corporation	
•	Form 2220 even if it doesn't owe a pe			y boxes are sines.	(Ou) 1110 001 portu	
6	The corporation is using the adjusted seasonal insta		7.			
7	The corporation is using the annualized income inst		1 4			
8	The corporation is a "large corporation" figuring its fu	-		on the prior year's tax		
	art III Figuring the Underpayment	211036	The modelline bacoa	on the property		
		10	(a)	(b)	(c)	(d)
9	Installment due dates. Enter in columns (a) through (d) the 15th day		***	1.7		
	of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th					
	months of the corporation's tax year	9	05/15/17	06/15/17	09/15/17	12/15/17
10	Required installments. If the box on line 6 and/or line 7 above is	Ť	00/10/1	00,10,1	00, 20, 2.	
	checked, enter the amounts from Schedule 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	10	171	171	171	172
44	above in each column	10				1/2
11	Estimated tax paid or credited for each period, For column (a) only,	,,	415			
	enter the amount from line 11 on line 15. See instructions	11	410			
	Complete lines 12 through 18 of one column before going to the next column.					
40		ا ۵۰ ا		244	73	
12	Enter amount, if any, from line 18 of the preceding column	12		244	73	
13	Add lines 11 and 12	13		244		98
14	Add amounts on lines 16 and 17 of the preceding column	14	415	244	73	
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	415	244	/3	0
16	If the amount on line 15 is zero, subtract line 13 from line 14.				•	
	Otherwise, enler -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	0	0	98	172
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	244	73		

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.

For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2017)

Part IV Figuring the Penalty		(a	1)	(b)	(0	2)	(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	SEE	WORKSHI		,,	·1	(u)
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 4/15/2017 and before 7/1/2017	21						
22 Underpayment on line 17 x Number of days on line 21	04) 22	\$		\$	\$		\$
23 Number of days on line 20 after 6/30/2017 and before 10/1/2017	23						
24 Underpayment on line 17 x Number of days on line 23 X 4% (0.0)4) 24	\$		\$	\$		\$
25 Number of days on line 20 after 9/30/2017 and before 1/1/2018	25			4			
26 Underpayment on line 17 x Number of days on line 25 x 4% (0.0 365	4) 26	\$	-0	\$	\$		\$
27 Number of days on line 20 after 12/31/2017 and before 4/1/2018	27		<u> </u>				
28 Underpayment on line 17 x Number of days on line 27 x 4% (0.0	4) 28	\$		\$	\$		\$
29 Number of days on line 20 after 3/31/2018 and before 7/1/2018	29	(0)					
30 Underpayment on line 17 x Number of days on line 29 x *% 365	30	1 \$		\$	\$		\$
31 Number of days on line 20 after 6/30/2018 and before 10/1/2018	31						
32 Underpayment on line 17 x Number of days on line 31 X *% 365	32	\$		\$	\$		\$
33 Number of days on line 20 after 9/30/2018 and before 1/1/2019	33						
34 Underpayment on line 17 x Number of days on line 33 x *% 365	34	\$		\$	\$		\$
35 Number of days on line 20 after 12/31/2018 and before 3/16/2019	35						
36 Underpayment on line 17 x Number of days on line 35 x *% 365	36	\$		\$	\$		\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$		\$	\$	r T	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and line for other income tax returns	d on Form 11	20, line 33; or	the comparable			38 \$	

*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 **2220** (2017)

Form 222		r year 2017, or tax yea	Form 2220 Works		ending		2017
me LOCAL IN FOUNDATI	VITIATIVE FO	OR EXCELLEN		, dila	Ortemig	Employer Id	dentification Numbe
Due date of ex Amount of uno	stimated payment derpayment	1st Quarter 05/15/17	2nd Quarte 06/15/1		3rd Quarter 09/15/1	7 98 _	4th Quarter 12/15/17 17
Prior year ove	erpayment applied	-	.15				
Date of payme	ent	ayment 2	nd Payment 3rd	I Payment	4th Payr	ment 	5th Payment
QTR	FROM	TO	UNDERPAYMENT	#DAYS	RATE	PEN	IALTY
3	9/15/17	3/31/18	98	3 \ 197	4.00	PEN	2
3 3	9/15/17 3/31/18	3/31/18 5/15/18		197	4.00	PEN	2
 3	9/15/17	3/31/18	98	3 \ 197	4.00	PEN	2

LOCAL INITIATIVE FOR EXCELLENCE FOUNDATION

-*1852 FORM 990-PF ESTIMATES

(Worksheet)

Department of the Treasury

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations (and on Investment Income for Private Foundations)

▶ Go to www.irs.gov/F990W for instructions and the latest information.

OMB No. 1545-0976 2018

Interr	nal Revenue Service	Keep	for your records. Do not s	end to the internal Reven	ue Service.	
1	Unrelated business taxable income ex	spected in	n the tax year		1	
2	Tax on the amount on line 1. See instruc	tions for ta	ax computation		2	
3	Alternative minimum tax for trusts. Se	e instruc	tions		3	
4	Total. Add lines 2 and 3				4	
5	Estimated tax credits. See instruction	S			_ 5	
6	Outstand Prog. 5 Co. of F.					
7	Other taxes. See instructions			1	7	
8	Total. Add lines 6 and 7			07	8	
9	Credit for federal tax paid on fuels. Se			.01	9	
10a	Subtract line 9 from line 8. Note: If lenot required to make estimated tax prinstructions	ss than \$	500, the organization is	10a	1,845	
b	Enter the tax shown on the 2017 retu zero or the tax year was for less than enter the amount from line 10a on line	12 month 10c	hs, skip this line and	10b	1,845	
С	2018 Estimated Tax. Enter the small skip line 10b, enter the amount from li		-	zation is required to	10c	1,845
			(a)	(b)	(c)	(d)
11	Installment due dates. See instructions	11	05/15/18	06/15/18	09/17/18	12/17/18
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large"					
13	organization." 2017 Overpayment. See	12	1,900			
13	instructions	13				
14	Payment due (Subtract line 13 from line 12)	14	1,900			

For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2018)

Form	990-PF	Underdistribution and Excess Dist	tributions for Part XIII	2017
	AL INITI	ATIVE FOR EXCELLENCE	Employ	/er Identification Number

Undistributed Income Carryovers Form 990-PF, Part XIII

	Prior Undistributed Income				Next Year Carryover		
Tax Year	Nontaxable or Previously Taxed	Taxable in 2017	Total per Year	Current Year Decreases	Nontaxable or Previously Taxed	Taxable in 2018	
Years prior							
20 13							
20 14							
20 15							
2016		117,088	117,088	117,088			
2017			243,182	44,436		198,746	
tal Carryove	r to Next Year					198,746	

^{*} Carryover amount includes 4942(a) amounts

Excess Distribution Carryovers Form 990-PF, Part XIII

	Current Year	Next Year
Preceding Tax Year Excess Distributions	Decreases	Carryover
2012		
2013		
2014		
2015		
2016		
Current Year Excess Distribution Generated	(2017)	0
Total Carryover to Next Year		0

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⁶ O	TIATIVE FOR EXCEL	For calendar year 2017,	r 2017, or tax year beginning		ocipao			
	FOR			eginning	י מומות			
t なる 4 ららて 8 6 0 1 1 1 1 1 1 1			FOUNDATION	ION			Taxt	Taxpayer Identification Number
- 1 c 4 t 6 t 8 t 5 t 5 t			2016	9	2017		Differences	ces
- 2 6 4 5 6 7 8 6 7 7 7 5		Rev	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income
2446678901747	Contributions, gifts, grants, and similar amounts received	-						
ы 4 ч ю г ю щ б 1 1 2 2	Interest on savings and temporary cash investments	2.	1,650	1,650	3,596	3,596	1,946	1,946
44667896774	Dividends and interest from securities	3.	92,538	92,538	108,718	108,718	16,180	16,180
v v v v v v v v v v v v v v v v v v v	Gross rents	4.			*			
6 7 8 6 7 7 7 5	Net gain or (loss) from sale of assets	5.	-367,632		106,184		473,816	
7 8 6 7 7 2	Capital gain net income	6.			((98,713		98,713
8 6 7 7 2	Gross profit or (loss)	7.						
9 5 4 5 5	Other income	89	-793	00	-1,730		-937	09-
5 1 5 5	Total. Add lines 1 through 8	6	-274,237	94.48	216,768	211,027	491,005	116,779
7 2 5	Compensation of officers, directors, trustees, etc.	10.		×				92
2 5	Other employee salaries and wages	11.						
ç	Pension plans, employee benefits	12.	<u> </u>					
2	Professional fees	13.	24 JVI	23,591	27,703	25,818	2,932	2,227
a 14. Interest	js:	14.	, d	4	273	273	269	269
D 15. Taxes		15.	4,347	2,177	899	468	-3,709	-1,709
6	Depreciation and depletion	16.						
17.	Occupancy	17.						
<u>∞</u>	Other expenses	18.	666		9,439		8,440	
<u>6</u>	Contributions, gifts, grants paid	19.	250,000		150,000		-100,000	
× 20. Total	Total expenses and disbursements. Add lines 10 through 19	20.	280,151	25,772	188,083	26,559	-92,068	787
2	Net income (if negative investment activity, enter -0-)	21.	-554,388	68,476	28,685	184,468	583,073	115,992
22. Excise Tax	Tax	22.		685		1,845		1,160
23. Section	Section 511 Tax	23.						
42	Subtitle A income tax	24.						
25. Total	Total Taxes	25.		685		1,845		1,160
26. Estim	Estimates and overpayments credited	26.		1,100		415		-685
27.	Foreign tax withheld	27.						
78	Other Payments	28.						
59	Total payments and credits	29.		1,100		415		-685
30. Balar	Balance due / (Overpayment)	30.		-415		1,430		1,845
ટ	Overpayment credited to next year	31.		415				-415
32. Penalty	Ąı	32.				15		15
33. Net o	Net due / (Refund)	33.		0		1,445		1,445
ğ	Total assets	34	4,124,384		4,153,069		0	
± 35. Total	Total liabilities	35.	0	and and an arrangement of	0		0	
မ္တ	Net assets	36.	4,124,384		4,153,069		0	

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Po	Form WGCTT	Use the 2Yr	iax Return History the 2Yr Report for more recent historical information	StOry t historical information			207
Name	LOCAL INITIATIVE FOR FOUNDATION	EXCELLENCE				Taxp	Taxpayer Identification Number
		2	2013	2014		2015	
		Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income
-	Contributions, gifts, grants, and similar amounts received 1.			5,000,975			
	Interest on savings and temporary cash investments			29	29	863	863
	Dividends and interest from securities			2,333	2,333	116,919	116,919
9 V 4.	Gross rents			*			
iyi a yi				-2,212		-310,572	
	Capital gain net income						149
7.				<i>y</i>			
œ			21			LL 11	77
oi Oi	Total. Add lines 1 through 8	0)	5,001,125	2,362	-192,713	118,008
5			×				
n o	Other employee salaries and wages						
12	Pension plans, employee benefits 12.		2.7				
13	Professional fees 13.	()	68	68	21,272	20,412
4.	Interest					104	- 1
15.	Taxes)		975		2,339	2,039
16.	Depreciation and depletion						
6 17.	Occupancy 17.			- 1			
18	Other expenses 18.			1,585		3,276	
19	Contributions, gifts, grants paid			- 1		100,000	
20	Total expenses and disbursements. Add lines 10 through 19 20.			2,649	- 1	126,991	~
21.	Net income (if negative investment activity, enter -0-) 21.	0	0	4,998,476	2,273	-319,704	95,453
22.	Excise Tax				45		955
23	Section 511 Tax 23.						
хвТ 24	Subtitle A income tax						Î
25.	Total Taxes 25.				45		955
26.	Estimates and overpayments credited						55
27.	Foreign tax withheld						
28	Other Payments 28.				100		2,000
53	Total payments and credits 29.				100		2,055
8	Balance due / (Overpayment) 30.		0	0	0		0
સ					55		1,100
DUG SS							
33.	Net due / (Refund) 33.		0		0		٥
ğ	Total assets 34.	0	The second second	4,998,476		4,678,772	
ξί έμe	Total liabilities 35.			0			
-				7000		000	

WIL10 Local Initiative For Excellence

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Federal Statements

5/24/2018 9:59 AM

FYE: 12/31/2017

Taxable Interest on Investments

Description	<u></u>	Amount	Unrelated Business Code	Exclusion Code	Postal Code	US Obs (\$ or %)
TD AMERITRADE 3559	\$	1,605				
BLACKSTONE GROUP LP		1,441				
KKR & CO LP		455				
KKR FINANCIAL HOLDINGS LLC		20				
SHELL MIDSTREAM PARTNERS LP		21				
BROOKFIELD INFRASTR PTRS LP		54				
TOTAL	\$ _	3,596				

Taxable Dividends from Securities

Description	Amount	Unrelated Business Code	Exclusion Code	US Obs (\$ or %)
TD AMERITRADE 3559 BLACKSTONE GROUP LP KKR & CO LP	\$ 105,499 350 288)		
KKR FINANCIAL HOLDINGS LLC SHELL MIDSTREAM PTRS BROOKFIELD INFRASTR PTRS LP	106 303 2,172			
TOTAL	\$ 108,718			

Other Investment Income

Description	/	Amount	Unrelated Business Code	Exclusion Code	Postal Code
BLACKSTONE GROUP LP	\$	1,563			0:
KKR & CO LP		26			
KKR FINANCIAL HOLDINGS LLC		11			
BROOKFIELD INFRASTR PTRS LP		7			
SHELL MIDSTREAM PARTNERS LP	-	-1,607			
TOTAL	\$	0			

Filing Instructions

Local Initiative For Excellence Foundation

Estimated Tax Payments

Taxable Year Ending December 31, 2018

Instructions: Your required 2018 Form 990-PF estimated tax payments are as follows:

Due Date	Remittance
5/15/18	\$1,900
6/15/18	\$0
9/17/18	\$0
12/17/18	\$0

Each payment should be made by a method of Electronic Funds Transfer (EFT). If using the ACH Debit Remittance Method, contact the EFTPS Financial Agent of the U.S.Treasury and direct the Agent to initiate a withdrawal from your account. If using the ACH Credit Remittance Method, contact your financial institution to initiate each tax payment.

Other:

Reminders for estimated federal tax installments will not be sent to you. Therefore, you should establish your own reminder system for making timely deposits.

Form 8879-EC

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1	878
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Department of the Treasury

For calendar year 2017, or fiscal year beginning Do not send to the IRS. Keep for your records.

2017 and ending

Internal Revenue Service Name of exempt organization

► Go to www.irs.gov/Form8879EO for the latest information. LOCAL INITIATIVE FOR EXCELLENCE

Employer identification number

FOUNDATION

GEORGE WILE

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Name and title of officer

PRESIDENT

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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 c omplete more than one line in Part I.		
1a	Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	Form 990-EZ check here Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here L b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here X b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	1,845
5a	Form 8868 check here b L b Balance Due (Form 8868, line 3c)	5b	
		-	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X	I authorize	J
---	-------------	---

ACKSON S. HARTY CO.,

ERO firm name

to enter my PIN

as my signature

Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2017 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.

Officer's signature

Date > 05/24/18

Certification and Authentication

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

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization 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

JACKSON S. HARTY CO.,

05/24/18

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

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2017)