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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶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.

Open to Public Inspection

For	calend	dar year 2019 or tax year beginning ,	and ending				
	ame of fou				A Emplo	oyer identification number	
		L INITIATIVE FOR EXCELLENCE					
		DATION			46	-4081852	
		d street (or P.O. box number if mail is not delivered to street address)	Ro	om/suite	B Teleph	none number (see instructions)
		MALSBARY ROAD					
	•	n, state or province, country, and ZIP or foreign postal code			C If exe	mption application is pending,	check here
		ASH OH 45242					, n
G	Check a		ırn of a former public ch	narity	D 1. Fo	oreign organizations, check her	e ▶ ∐
		Final return Amended				oreign organizations meeting th	
		Address change Name ch	ange		85	i% test, check here and attach	computation
Н	Check t	type of organization: $\overline{\mathbf{X}}$ Section 501(c)(3) exempt privat	e foundation			ate foundation status was term	
	Section	n 4947(a)(1) nonexempt charitable trust Other taxab	ole private foundation		section	n 507(b)(1)(A), check here	▶ ∐
I	air mar	rket value of all assets at J Accounting method:	X Cash Acci	rual	F If the	foundation is in a 60-month ter	mination
e	end of ye	rear (from Part II, col. (c), Other (specify)			under	section 507(b)(1)(B), check he	ere ▶ 🔲
I	ine 16) l	▶ \$ 5,361,324 (Part I, column (d), mus					
F	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(h) Nat inv		(a) Adjusted not	(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	expenses per books	(b) Net inv incon		(c) Adjusted net income	for charitable purposes
_	Т.		200.00	-			(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)					
	2	Check ► X if the foundation is not required to attach Sch. B	4 050		4 070	4 000	
	3	Interest on savings and temporary cash investments	4,070		4,070	4,070	
	4	Dividends and interest from securities	116,885	1.	L6,885	116,885	
	5a	Gross rents					
<u> </u>	b	Net rental income or (loss)					
Revenue	6a	Net gain or (loss) from sale of assets not on line 10	33,120				
	b	Gross sales price for all assets on line 6a 3,205,716					
	7	Capital gain net income (from Part IV, line 2)	. (/)		33,120	_	
	8	Net short-term capital gain				0	
	9	Income modifications					
	10a	Gross sales less returns and allowances	· ·				
	b	Less: Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	154,075	15	5 4 ,075	120,955	
Ø	13	Compensation of officers, directors, trustees, etc.	0				
kpenses	14	Other employee salaries and wages					
)er	15	Pension plans, employee benefits					
X		Legal fees (attach schedule)					
	ı n	Accounting fees (attach schedule) STMT 1	1,780		300		1,480
Operating and Administrative	С	Other professional fees (attach schedule) STMT 2	25,957	2	25,957		
tra	17	Interest					
Jis	18	Taxes (attach schedule) (see instructions) STMT 3	4,664		1,464		200
Ξ	19	Depreciation (attach schedule) and depletion					
Þ	20	Occupancy					
7	21	Travel, conferences, and meetings					
au	22	Printing and publications Other expenses (att. sch.) STMT 4					
<u> </u>	23	Other expenses (att. sch.) STMT 4	1,853				1,853
tin	24	Total operating and administrative expenses.					
∍ra		Add lines 13 through 23	34,254		27,721	0	3,533
ğ	25	Contributions, gifts, grants paid	375,000				375,000
_	26	Total expenses and disbursements. Add lines 24 and 25	409,254		27,721	0	378,533
	27	Subtract line 26 from line 12:					
	а	Excess of revenue over expenses and disbursements	-255,179				
	b	Net investment income (if negative, enter -0-)		12	26,354		
	l c	Adjusted net income (if negative, enter -0-)				120,955	

Da	art II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	I	End of	f year	
Г	art II	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	1,712,844	67,	000	67,000	
	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 (attach schedule) (see					
		instructions)					
		Other notes and loans receivable (att. schedule)					
	-	Less: allowance for doubtful accounts ▶ 0					
,	8	Inventories for sale or use					
쓂		Drawid ayranga and deformed sharmes					
SV 1		Investments – U.S. and state government obligations (attach schedule)					
` `		Investments – corporate stock (attach schedule)					
	C	Investments – corporate stock (attach schedule)					
۱,	1	Investments – land, buildings, and equipment: basis ▶					
'	•						
۱,	2	Investments mertage leans					
		Investments – inorgage loans Investments – other (attach schedule) SEE STATEMENT 5	2,379,718	3,770,	383	5,294,324	
			2/3/3/120	3,770,	303	3,231,321	
'							
١,		Other coasts (describe)				
		Total assets (to be completed by all filers – see the					
'	0	instructions. Also, see page 1, item I)	4,092,562	3,837,	383	5,361,324	
+,	17	Accounts payable and accrued expenses	4,032,302	3,031,	505	3,301,324	
	20	Deferred revenue Loans from officers, directors, trustees, and other disqualified persons					
. <u>.</u>		Mortgages and other notes payable (attach schedule)					
<u>۽</u> اڌ							
		Other liabilities (describe ►) Total liabilities (add lines 17 through 22)	0		0		
+		Foundations that follow FASB ASC 958, check here			\dashv		
ဖွ		and complete lines 24, 25, 29, and 30.					
Ses		Net appete without donor restrictions	4,092,562	3,837,	383		
<u>a</u>			1,002,002	3,03.,			
Net Assets or Fund Balan	.0	Foundations that do not follow FASB ASC 958, check here					
미		and complete lines 26 through 30.					
리,	26	Conital stack twist principal or surrent funds					
<u>اة</u>		Daid in an accided symples, and and high and anythment found					
ets	28	Retained earnings, accumulated income, endowment, or other funds					
SS		Total and another an found belonger (and instructions)	4,092,562	3,837,	383		
<u>۽</u> اڳ		Total liabilities and net assets/fund balances (see	1,002,002	2,00.,0			
윈 `		instructions)	4,092,562	3,837,	383		
Part III Analysis of Changes in Net Assets or Fund Balances							
		net assets or fund balances at beginning of year – Part II, column (a), line 29 (mu	st agree with	I	I		
		f-year figure reported on prior year's return)	•		1	4,092,562	
		Dort Library Dort Library 07-			2	-255,179	
					3		
		4.04.0			4	3,837,383	
		and not included in line 2 (itemina)			5	= , == , , = = =	
		net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (l			6	3,837,383	

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(= =)	TATIVE FOR EXCELLE		40-4001032		Page C
	osses for Tax on Investment	Income	(b) How convinced		
	l(s) of property sold (for example, real estate, e; or common stock, 200 shs. MLC Co.)		(b) How acquired P – Purchase	(c) Date acc (mo., day,	
	MARY TOTALS		D – Donation	(,,,	(, ==3, 3)
b TD AMERITRADE	THE TOTALO		-		
c					
d					
е					
(e) Gross sales price	(f) Depreciation allowed	,	r other basis		(h) Gain or (loss)
`,	(or allowable)	plus expe	ense of sale	(((e) plus (f) minus (g))
a 3,204,883			3,172,596		32,287
b 833					833
d d					
e					
Complete only for assets showing gain	in column (h) and owned by the foun	dation on 12/31/	69.	(I) C	Gains (Col. (h) gain minus
	(j) Adjusted basis		ss of col. (i)		k), but not less than -0-) or
(i) FMV as of 12/31/69	as of 12/31/69	over col	I. (j), if any		Losses (from col. (h))
а					32,287
b					833
C					
d			.		
e	 ,	rt I lino 7			
2 Capital gain net income or (net capital	loss) If (loss), enter -0- in Par			2	33,120
3 Net short-term capital gain or (loss) as	— , ,			_	
If gain, also enter in Part I, line 8, colui	() ()	er -0- in			
Part I, line 8	` ,			3	
Part V Qualification Under	Section 4940(e) for Reduced	Tax on Net	Investment Inco	me	
(For optional use by domestic private found	dations subject to the section 4940(a)	tax on net inves	stment income.)		
If section 4940(d)(2) applies, leave this par	t blank.)			
Was the foundation liable for the section 49	942 tax on the distributable amount of	any vear in the	base period?		Yes X No
If "Yes," the foundation doesn't qualify unde			2400 po04.		
1 Enter the appropriate amount in each of	1.7		ing any entries.		
(a)	(b)		(c)		(d)
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net valu	e of noncharitable-use asset	s	Distribution ratio (col. (b) divided by col. (c))
2018	284,8		5,311,2	212	0.053623
2017	159,6		4,900,5		0.032584
2016	251,6		4,486,7	752	0.056097
2015	103,3		4,739,7		0.021812
2014	2,5	060	334,4	181	0.007654
2. Total of line 1. column (d)					0.171770
2 Total of line 1, column (d)3 Average distribution ratio for the 5-year	hase period — divide the total on line			2	0.17170
the number of years the foundation has	•			3	0.034354
the number of yours the roundation had	s seen in existence in less than 6 year	<u> </u>			0,7001001
4 Enter the net value of noncharitable-us	e assets for 2019 from Part X, line 5			4	5,157,565
					, ,
5 Multiply line 4 by line 3				5	177,183
6 Enter 1% of net investment income (1%				6	1,264
	% of Part I, line 27b)				
7 Add lines 5 and 6	6 of Part I, line 27b)			7	1,264 178,447
	% of Part I, line 27b) XII, line 4			7	178,447 378,533

(or designate) of each state as required by General Instruction G? If "No," attach explanation

complete Part XIV

names and addresses

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 2019 or the tax year beginning in 2019? See instructions for Part XIV. If "Yes,"

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

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X

X

8b

	art VII-A Statements Regarding Activities (continued)					'	age c
1 (otatements Regarding Activities (continued)					Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the					1.00	
	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 applications.	4:			13	Х	
	Website address ► HTTP://WWW.LIFE-BRAINHEALTH.ORG/						
14		hone no.	▶ 51	L3-8	91-	714	4
	4200 MALSBARY ROAD						
	Located at ▶ BLUE ASH OH	ZIP+4	▶ 4!	5242			
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		15				_
16	At any time during calendar year 2019, 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						
	the foreign country ▶						
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			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	_	_				
	disqualified person?	Yes		No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X	No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X	No			
	(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)?	Yes	X	No			
	(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.)	Yes	X	No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in			_ ,_			
			1	ĭ/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here		▶	Ш			
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 2019?		2	I/A	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 2019, did the foundation have any undistributed income (Part XIII, lines	П.,	120				
	6d and 6e) for tax year(s) beginning before 2019?	Yes	X	No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20						
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			I/A	26		
_	all years listed, answer "No" and attach statement – see instructions.)		<u></u>	17.5	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.						
20	▶ 20, 20, 20 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise						
3a	at any time during the year?	Yes	X	No			
h	at any time during the year? If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or	res	<u> </u>	No			
b	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 2010.)		N	I/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpose	 s?		:1.::	4a		Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its						
	shortfalls surross that had not been removed from incorporally before the first day of the tay year beginning in 2				4b		v

Pa	art VII-B	Statements Regarding Activities for Which For	m 4720	May Be F	Required	(con	tinued	d)				<u> </u>
5a	During the y	rear did the foundation pay or incur any amount to:			•	•					Yes	No
		n propaganda, or otherwise attempt to influence legislation (sect	ion 4945(e)))?		\Box	Yes	X	No			
		e the outcome of any specific public election (see section 4955);				_		_				
		directly or indirectly, any voter registration drive?						X ı	No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes?							X ı	No			
		(4) Provide a grant to an organization other than a charitable, etc., organization described in										
		4945(d)(4)(A)? See instructions				\square	Yes	X	No			
		(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational										
	purpose	s, or for the prevention of cruelty to children or animals?	•			\square	Yes	X	No			
b		er is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify										
		ns section 53.4945 or in a current notice regarding disaster assi						N	/A [5b		
		ns relying on a current notice regarding disaster assistance, che						▶				
С	-	er is "Yes" to question 5a(4), does the foundation claim exemptio										
					N/A	\square	Yes	\Box	No			
		ach the statement required by Regulations section 53.4945-5(d)										
6a		dation, during the year, receive any funds, directly or indirectly,		niums								
	on a person	al benefit contract?				\Box	Yes	X ı	No			
b	Did the foun	ndation, during the year, pay premiums, directly or indirectly, on	a personal	benefit cont	ract?					6b		X
	If "Yes" to 6	b, file Form 8870.										
7a	At any time	during the tax year, was the foundation a party to a prohibited ta	ax shelter tr	ansaction?		Ш,	Yes	X ı	No			
b	If "Yes," did	the foundation receive any proceeds or have any net income at	tributable to	the transac	ction?			N ,	/.A	7b		
8	Is the founda	ation subject to the section 4960 tax on payment(s) of more than	n \$1,000,00	00 in								
		n or excess parachute payment(s) during the year?					Yes	Χı				
Pa		Information About Officers, Directors, Trustees,	Foundat	tion Man	agers, Hi	ghly	Paid	Em	ploye	es,		
4 1		and Contractors		lan Occide	-4							
1 1	LIST All OTTICE	rs, directors, trustees, and foundation managers and their of	compensat	ion. See in	structions.		(4) (ontribution	one to			
		(a) Name and address		le, and average irs per week	(c) Comper (If not pa		em	oloyee b	enefit		pense ac	
		(a) Name and address		oted to position	enter -			s and de mpensat		othe	r allowar	nces
SE	E STATEMEN	IT 6										
2	-	ion of five highest-paid employees (other than those include	ed on line	1 - see ins	tructions).	If nor	ne, ent	er				
	"NONE."				1		T (1) C	`andribti	4-			
	(5) 1	Name and address of each ample on maid many than \$50,000		le, and average urs per week	(c) Comper	ootion		contribution of the contri		(e) Ex	pense ac	count,
	(a) 1	Name and address of each employee paid more than \$50,000		oted to position	(c) Comper	Sauon		s and de mpensat		othe	r allowar	nces
27.0	NATE:						- w	препза	1011			
NC	ONE											
• • •												
	_											_
Tota	I number of o	other employees paid over \$50,000										C

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All other program-related investments. See instructions.

Total. Add lines 1 through 3

Pa	Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign	fou	ndations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:	4-	A 772 645
a	Average monthly fair market value of securities	1a	4,772,645 463,462
b	Average of monthly cash balances	1b	463,462
C	Fair market value of all other assets (see instructions)	1c	5,236,107
d	Total (add lines 1a, b, and c)	1d	5,236,107
е	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e 0		
•	\		0
2	Acquisition indebtedness applicable to line 1 assets	2	5,236,107
3	Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see	3	5,230,107
4	inchu stiene)	4	78,542
_	instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	5,157,565
5	••••••••	6	257,878
6 Da	Minimum investment return. Enter 5% of line 5	_	
ГС	and certain foreign organizations, check here ▶ ☐ and do not complete this part.)	ounc	ialions
1	Minimum investment return from Part X, line 6	1	257,878
і 2а	Tax on investment income for 2019 from Part VI, line 5 2a 1,264	•	231,010
2a b	Income tax for 2019. (This does not include the tax from Part VI.)		
C		2c	1,264
3	Add lines 2a and 2b Distributable amount before adjustments. Subtract line 2c from line 1	3	256,614
4	Recoveries of amounts treated as qualifying distributions	4	230/011
5	Add lines 3 and 4	5	256,614
6	Deduction from distributable amount (see instructions)	6	230,011
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	Ť	
•	line 1	7	256,614
Pa	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	378,533
b	Program-related investments – total from Part IX-B	1b	,
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:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	378,533
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		•
	Enter 1% of Part I, line 27b. See instructions	5	1,264
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	377,269
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	ition	•
	qualifies for the section 4940(e) reduction of tax in those years.		

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Pa	rt XIII Undistributed Income (see instructions)			<u> </u>
		(a)	(b)	(c)	(d)
1	Distributable amount for 2019 from Part XI,	Corpus	Years prior to 2018	2018	2019
	line 7				256,614
2	Undistributed income, if any, as of the end of 2019:				
а	Enter amount for 2018 only			174,904	
	Total for prior years: 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2019:				
а	From 2014				
b	From 2015				
С	From 2016				
d	From 2017				
е	From 2018				
f	Total of lines 3a through e				
4	Qualifying distributions for 2019 from Part XII,				
	line 4: ▶ \$ 378,533				
а	Applied to 2018, but not more than line 2a			174,904	
	Applied to undistributed income of prior years				
	(Election required – see instructions)				
С	Treated as distributions out of corpus (Election				
	required – see instructions)				
d	Applied to 2019 distributable amount				203,629
	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2019				
	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)				
6	Enter the net total of each column as				
	indicated below:	X			
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
	Prior years' undistributed income. Subtract				
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable				
-	amount – see instructions				
е	Undistributed income for 2018. Subtract line				
•	4a from line 2a. Taxable amount – see				
	instructions				
f	Undistributed income for 2019. Subtract lines				
•	4d and 5 from line 1. This amount must be				
	distributed in 2020				52,985
7	Amounts treated as distributions out of corpus				•
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)				
8	Excess distributions carryover from 2014 not				
-	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2020.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9:				
a	Excess from 2015				
b	Excess from 2016				
c	Excess from 2017				
d	Excess from 2018				
e	Excess from 2019				

Pa	Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)								
1a	a If the foundation has received a ruling or determination letter that it is a private operating								
	foundation, and the ruling is effective for	2019, enter the date o	of the ruling	>					
b	Check box to indicate whether the found				942(j)(3) or 4942	2(j)(5)			
2a	Enter the lesser of the adjusted net	Tax year	_	Prior 3 years					
	income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total			
	investment return from Part X for								
	each year listed								
b	85% of line 2a								
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.								
	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								
	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		X.						
	securities loans (section 512(a)(5)), or royalties)								
	(2) Support from general public								
	and 5 or more exempt		. (71)						
	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			the foundation ha	id \$5,000 or more	in assets at			
	any time during the y		tions.)						
1	Information Regarding Foundation M								
а	List any managers of the foundation who				•				
	before the close of any tax year (but only GEORGE WILE	y ii iney nave coninbui	ed more than \$5,000).	(See section 507(d)(2))-)				
h	List any managers of the foundation who	our 100/ or more of t	the steel of a semerati	ion (or on oqually lorge	nortion of the				
b	ownership of a partnership or other entity		·	, , , ,	portion of the				
	N/A	/) or writer the louridat	ion has a 10 % or grea	iter interest.					
2	Information Regarding Contribution, 0	Grant Gift Loan Sch	nolarshin etc Progra	ams:					
-		y makes contributions			loes not accept				
	unsolicited requests for funds. If the four			-					
	complete items 2a, b, c, and d. See inst		arrio, oto., to marriadar	o or organizations and	or carer correlatione,				
а	The name, address, and telephone number		f the person to whom	applications should be	addressed.				
~	CARTER RANDOLPH 513		person to whom						
	4200 MALSBARY RD. C		H 45242						
b	The form in which applications should be			ey should include:					
-	DETAILED INFORMATION		ON WEBSITE.	,					
С			- •						
-	DETAILED INFORMATION	I INCLUDED	ON WEBSITE.						
d	Any restrictions or limitations on awards,			elds, kinds of institution	ns, or other				
	factors:	, , ,							
		TMOTIDED (ON DEPOSITE						

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year UNIVERSITY OF CINCINNATI 2600 CLIFTON AVE RESEARCH CINCINNATI OH 45220 MEDICAL 100,000 SALK INST FOR BIOLOGICAL STUDIES 10010 N TORREY PINES RD LA JOLLA CA 92037 MEDICAL RESEARCH 150,000 NKU FOUNDATION, INC LUCAS ADMIN CENTR STE 822 HIGHLAND HEIGHTS KY 41099 UNDERGRADUATE FELLOWSHIP **PROGRAM** 125,000 Total ▶ 3a 375,000 **b** Approved for future payment N/A ▶ 3b Total

		019) LOCAL INITIATIVE FOR E		CE 40-4	0010	<u> </u>	Page 12
	art XVI-A		ivities		1		
Ente	er gross amo	ounts unless otherwise indicated.	Unrelate	ed business income	Exclude	d by section 512, 513, or 514	(e)
4	D	- 4	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
	_	rvice revenue:					· · · · · · · · · · · · · · · · · · ·
	_						
(d						
	e						
1	f						
!	g Fees an	d contracts from government agencies					
		dues and assessments					
3	Interest on s	savings and temporary cash investments					4,070
		nd interest from securities					116,885
5		come or (loss) from real estate:					
	a Debt-fina	anced property					
	b Not deb	t-financed property					
6	Net rental in	come or (loss) from personal property					
		ment income		_			
8	Gain or (loss	s) from sales of assets other than inventory					33,120
		or (loss) from special events			7		
10	Gross profit	or (loss) from sales of inventory					
	Other reven						
	b						
	e						
		d columns (b), (d), and (e)		0		0	154,075
13	Total. Add li	ine 12, columns (b), (d), and (e)				13	154,075
(See	worksheet	in line 13 instructions to verify calculations.)				·····	•
	art XVI-B	Relationship of Activities to the Ac	complishm	ent of Exempt P	urpose	2S	
	ine No.	Explain below how each activity for which income					
_	V	accomplishment of the foundation's exempt purpose					
	N/A	assemplies and a site real real real real real real real rea	000 (01110) 111111	. Ly promaing famure to	. одон р	м. россо). (ССС птошиси	
	,						

Form 990-PF (20	,	TIATIVE FOR EXCELLENCE				ge 13		
Part XVII	Information Rega Organizations	arding Transfers To and Transaction	ns and Relationships With Noncharital	ole Ex	emp	t		
1 Did the org		irectly engage in any of the following with any of	other organization described		Yes	No		
in section sorganization	. , .	on 501(c)(3) organizations) or in section 527, re	elating to political					
a Transfers f	rom the reporting found	ation to a noncharitable exempt organization of	f:					
(1) Cash				1a(1)		X		
(2) Other a	assets			1a(2)		X		
b Other trans	sactions:							
(1) Sales	of assets to a noncharita	able exempt organization		1b(1) 1b(2)		X		
(2) Purcha	(2) Purchases of assets from a noncharitable exempt organization							
(3) Rental	(3) Rental of facilities, equipment, or other assets							
(4) Reimbu	(4) Reimbursement arrangements							
(5) Loans	(5) Loans or loan guarantees(6) Performance of services or membership or fundraising solicitations							
(b) Periorn	facilities agrices or me	embership or lundraising solicitations		1b(6) 1c		X		
		is "Yes," complete the following schedule. Colur	mp (b) should always show the fair market	IC		22		
	•	or services given by the reporting foundation. If	• •					
	-	arrangement, show in column (d) the value of						
(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing	arrangeme	ents			
N/A								
-								
		X						
		+ (71 ^x						

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes											
described in section 501(c) (other than section 501(c)(3)) or in section 527?											
b If "Yes," complete the following sched	dule.										
(a) Name of organization	(b) Type of organization	(c) Description of relationship									
N/A											

	Under penalties of perjury, I declare that I have examined this return, including correct, and complete. Declaration of preparer (other than taxpayer) is based	my knowledge and belief, it is true,					
	contect, and complete. Declaration of preparer (other trial taxpayer) is based	on all illionnation of w	non proparer rias any Kri	owicage.	,	e IRS discuss this r	
Sign Here							Yes No
11010	\			PRES	IDENT		
	Signature of officer or trustee	Date		Title			
	Print/Type preparer's name	Preparer's signature				Date	Check if
Paid							self-employed
	JACKSON S. HARTY	JACKSON S.	HARTY			09/03/20	
Preparer	Firm's name ▶ JACKSON S. HARTY CO	., CPA			PTIN P00018013		
Use Only	Firm's address ▶ 119 EAST COURT STREE	ET SUITE	200		Firm's EIN ▶	31-129	5025
	CINCINNATI, OH 4520	02-1203			Phone no.	513-42	1-8282

Sign Here

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Federal Statements

WIL10 Local Initiative For Excellence 46-4081852 FYE: 12/31/2019

	Charitable Purpose	\$ 1,480		Charitable Purpose	\ \ \ \	O		Charitable Purpose	\$ 200	\$
unting Fees	Adjusted Net	\cdot	<u>fessional Fees</u>	Adjusted Net	₩-	O	<u>axes</u>	Adjusted Net	w.	\$
Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees	Net Investment	\$ 300	990-PF, Part I, Line 16c - Other Professional Fees	Net Investment	\$ 25,957	\$ 25,957	3 - Form 990-PF, Part I, Line 18 - Taxes	Net	\$ 1,464	\$ 1,464
nt 1 - Form 990-PF, P	Total	\$ 1,780	- Form 990-PF, Part	Total	\$ 25,957	\$ 25,957	Statement 3 - Form 990	TetoT	\$ 1,464	\$ 4,664
Statemer	Description	INDIRECT ACCOUNTING FEES TOTAL	Statement 2 - Form 9	Description	ADVISOR FEE	TOTAL	17S	Description	FOREIGN TAXES STATE TAXES FEDERAL, TAXES	TOTAL

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Federal Statements

WIL10 Local Initiative For Excellence 46-4081852 FYE: 12/31/2019

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	Charitable Purpose	₩	152	1,400 301	\$ 1,853			Fair Market	\$ 5,294,324	\$ 5,294,324
enses	Adjusted Net				0	,	tments	Basis of	COST	
e 23 - Other Expo	Net Investment	w		,	ς, O		13 - Other Inves	End of Year		3,770,383
orm 990-PF, Part I, Line 23 - Other Expenses	Total Inve	₩	152	1,400 301	1,853		Statement 5 - Form 990-PF, Part II, Line 13 - Other Investments	Beginning of Year	2,379,718	2,379,718
Statement 4 - For	Ĕ	₩.		ANC	₩.	,	<u>tatement 5 - Forn</u>		\ \ \ \	\ \ \ \
	Description	O GOMBONE	EAFENSES POSTAGE	WEBSITE DESIGN AND MAINTENANC BOARD MEETING EXPENSES	TOTAL		∞ I	Description	SECURITIES	TOTAL

Statement 6 - Form 990-PF,	m 990-PF, Part VIII, Line	1 - List of Officers	s, Director	s, Trustees, Etc.	
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
GEORGE WILE	PRESIDENT	5.00	0	0	0

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	5.00	0	0	0
PATTY BROCKMAN 4200 MALSBARY ROAD BLUE ASH OH 45242	SECRETARY	5.00	0	0	0
PAUL KECK 4200 MALSBARY ROAD	TRUSTEE	1.00	0	0	0

4-6

0 9/3/2020 12:27 PM Expenses 9 0 **Benefits** Statement 6 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc. (continued) 0 Compensation Federal Statements Average Hours 1.00 Title TRUSTEE WIL10 Local Initiative For Excellence Name and Address CINCINNATI OH 45242 JERRY LINGREL 4200 MALSBARY ROAD CINCINNATI OH 45242 FYE: 12/31/2019

46-4081852

WIL10 Local Initiative For Excellence
Federal Statements

9/3/2020 12:27 PM

FYE: 12/31/2019

	Nam	ne of Manager	Am	ount
GEORGE W			\$	
TOTA	АL		\$	<u> </u>
	Form 990-PF,	Part XV, Line 2b - Applicat	ion Format and Requ	ired Contents
		Description		
ETAILED	INFORMATION	INCLUDED ON WEBSITE.		
	<u>Fori</u>	m 990-PF, Part XV, Line 2c	- Submission Deadli	<u>nes</u>
		Description		
ETAILED	INFORMATION	INCLUDED ON WEBSITE.		
	<u>Form 990</u>	-PF, Part XV, Line 2d - Awa	ard Restrictions or Li	<u>mitations</u>
		Description		
DETAILED	INFORMATION	INCLUDED ON WEBSITE.	·	

LOCAL INITIATIVE FOR EXCELLENCE

46-4081852 FORM 990-PF ESTIMATES **FOUNDATION Estimated Tax on Unrelated Business Taxable** 990-W OMB No. 1545-0047 **Income for Tax-Exempt Organizations** (and on Investment Income for Private Foundations) (Worksheet) **2020** ▶ Go to www.irs.gov/Form990W for instructions and the latest information. Department of the Treasury Internal Revenue Service ▶ Keep for your records. Do not send to the Internal Revenue Service. Unrelated business taxable income expected in the tax year 1 Tax on the amount on line 1. See instructions for tax computation Alternative minimum tax for trusts. See instructions 3 3 Total. Add lines 2 and 3 5 Estimated tax credits. See instructions 5 6 Subtract line 5 from line 4 6 7 Other taxes. See instructions 7 Total. Add lines 6 and 7 8 Credit for federal tax paid on fuels. See instructions Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see 1,264 10a instructions b Enter the tax shown on the 2019 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and 1,264 enter the amount from line 10a on line 10c 10b 2020 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to 1,264 skip line 10b, enter the amount from line 10a on line 10c 10c (b) (d) (c) Installment due dates. See 07/15/20 07/15/20 09/15/20 12/15/20 11 instructions 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 organization." 12 1,300 2019 Overpayment. See

1,300

For Paperwork Reduction Act Notice, see instructions.

13

instructions

Payment due (Subtract line 13

from line 12)

Form **990-W** (2020)

Form	990-PF	Underdistribution and Excess Dis	stributions for Part XI	i ll	2019
		For calendar year 2019, or tax year beginning	, ending		
	AL INITI	ATIVE FOR EXCELLENCE		Employer Id	entification Number

Undistributed Income Carryovers Form 990-PF, Part XIII

	Prior Undistributed Income				Next Year Carryover		
Tax Year	Nontaxable or Previously Taxed	Taxable in 2019	Total per Year	Current Year Decreases	Nontaxable or Previously Taxed	Taxable in 2020	
Years prior							
20 15		_					
20 16							
20 17							
2018		174,904	174,904	174,904			
2019			256,614	203,629		52,985	
Total Carryove	er to Next Year			·		52,985	

^{*} 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
2014	,		
2015	X		
2016		\	
2017		,	
2018	. (7)		
Current Year Excess Distribution Generated (2	019)		0
Total Carryover to Next Year			0

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Form 990PF

Two Year Comparison Report

For calendar year 2019, or tax year beginning

2018 & 2019

Taxpayer Identification Number 264 290 -1,750 -104,866-2,290 1,200 -1,278 -103,588 -1,035-1,035-2,000 -1,299 -264 -1,235 -102,17146-4081852 Net investment income Differences 855 290 -188 0 0 0 -1,235-1,750 -104,866-2,2051,344 90,000 908,68 -194,672-102,171Revenue and expenses per books 3,601 0 4,070 116,885 154,075 33,120 1,264 1,264 1,000 -2,337 26,257 126,354 1,464 2,601 2,337 27,721 Net investment income 2019 4,070 116,885 154,075 375,000 4,664 1,853 409,254 -255,1793,837,383 33,120 27,737 3,837,383 Revenue and expenses 4,900 5,305 188 264 3,000 116,595 1,750 28,547 28,999 229,942 2,299 2,299 1,900 2,601 135,291 258,941 -2,601 Net investment FOUNDATION 2018 188 509 5,305 3,809 319,448 116,595 1,750 29,942 285,000 4,092,562 135,291 258,941 -60,507 4,092,562 Revenue and expenses 19. 9. 15. 16. 18. 20. 23. 24. 25. 26. 10. 12. 13. 17. 21. Net income (if negative investment activity, enter -0-) |21. 22. 28. 29. 30. FOR EXCELLENCE 1. Contributions, gifts, grants, and similar amounts received 10. Depreciation and depreciation
2 17. Occupancy
2 18. Other expenses
3 19. Contributions, gifts, grants paid
3 20. Total expenses and disbursements. Add lines 10 through 19 2. Interest on savings and temporary cash investments 10. Compensation of officers, directors, trustees, etc. 34. Total assets 11. Other employee salaries and wages 6. Capital gain net income 7. Gross profit or (loss) 26. Estimates and overpayments credited27. Foreign tax withheld28. Other Payments29. Total payments and credits Dividends and interest from securities 5. Net gain or (loss) from sale of assets 10. Compensation of officers, directors, tr 31. Overpayment credited to next year 30. Balance due / (Overpayment) 9. Total. Add lines 1 through 8 LOCAL INITIATIVE ∞ 16. Depreciation and depletion 24. Subtitle A income tax 33. Net due / (Refund) 23. Section 511 Tax 8. Other income 35. Total liabilities 25. Total Taxes 4. Gross rents 36. Net assets 22. Excise Tax 32. Penalty က Веvenue Due / Refund

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Form 990PF

Tax Return History

2019

Use the 2Yr Report for more recent historical information

Taxpayer Identification Number 273 468 415 415 1,845 1,845 3,596 108,718 98,713 25,818 26,559 184,468 1,430 211,027 46-4081852 Net investment income 2017 273 899 3,596 108,718 -1,730 216,768 27,703 9,439 150,000 188,083 28,685 106,184 Revenue and expenses 685 685 9 1,650 92,538 94,248 68,476 1,100 2,177 25,772 23,591 1,100 Net investment income 2016 -793 1,650 666 92,538 250,000 -554,388 -367,632 24,771 4,377 280,151 -274,237Revenue and expenses 863 149 104 955 955 55 2,000 116,919 77 118,008 20,412 2,039 22,555 95,453 2,055 Net investment income 2015 863 116,919 104 21,272 2,339 100,000 -310,572-192,713126,991 -319,704Revenue and expenses LOCAL INITIATIVE FOR EXCELLENCE 19. 8 9. 10. 13. 15. 16. 18. 20. 22. 23. 24. 25. 26. 12. 17. 21. Net income (if negative investment activity, enter -0-) 21. 27. 28. 29. 30. 1. Contributions, gifts, grants, and similar amounts received a 17. Occupancy
a 18. Other expenses
a 19. Contributions, gifts, grants paid
x 20. Total expenses and disbursements. Add lines 10 through 19 2. Interest on savings and temporary cash investments 11. Other employee salaries and wages 10. Compensation of officers, directors, trustees, etc. 7. Gross profit or (loss) Dividends and interest from securities 26. Estimates and overpayments credited 5. Net gain or (loss) from sale of assets 10. Compensation of officers, directors, tr
11. Other employee salaries and wages
12. Pension plans, employee benefits
13. Professional fees
14. Interest
15. Taxes FOUNDATION 30. Balance due / (Overpayment) 29. Total payments and credits 9. Total. Add lines 1 through 8 6. Capital gain net income ∞ 16. Depreciation and depletion 24. Subtitle A income tax Foreign tax withheld Other Payments 23. Section 511 Tax 8. Other income 25. Total Taxes 4. Gross rents 22. Excise Tax 27. I 28. (က Name Revenue Due / Refund

15

415

1,100

31. Overpayment credited to next year

33. Net due / (Refund)

32. Penalty

Total liabilities 34. Total assets

36. Net assets

1,415

4,153,069

4,124,384

4,124,384

4,678,772

4,678,772

4,153,069

WIL10 Local Initiative For Excellence 9/3/2020 12:27 PM **Federal Statements** 46-4081852 FYE: 12/31/2019 **Taxable Interest on Investments** US Unrelated Exclusion Postal Description Amount Code Code Obs (\$ or %) Business TD AMERITRADE 3559 4,070 4,070 TOTAL **Taxable Dividends from Securities** Unrelated Exclusion US Postal Obs (\$ or %) Description Code Amount Business Code TD AMERITRADE 3559 116,885 116,885 TOTAL

8879-F

IRS e-file Signature Authorization for an Exempt Organization

OME	NIa	1545-1878	

Department of the Treasury

Name and title of officer

For calendar year 2019, or fiscal year beginning, 2019, and ending, 20 ▶ Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service LOCAL INITIATIVE FOR EXCELLENCE Name of exempt organization

Employer identification number

46-4081852

FOUNDATION

GEORGE WILE PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

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 De not complete more than and line in Dert I

the applicable line below. Do not complete more than one line in Part 1.		
1a Form 990 check here ▶	1b _	
2a Form 990-EZ check here D Total revenue, if any (Form 990-EZ, line 9)	_ 2b _	
3a Form 1120-POL check here 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 _	1,264
5a Form 8868 check here ▶ ☐ 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 2019 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
-----------	------	-------	-----	-----	------

JACKSON S. HARTY CO CPA I authorize _ to enter my PIN as my signature ERO firm name Enter five numbers, but

on the organization's tax year 2019 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 2019 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

Certification and Authentication Part III

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

31417131417

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 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.

09/03/20 JACKSON S. HARTY CO., CPA ERO's signature Date

> 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** (2019)