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

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.



For	alen	dar year 2017 or tax year beginning JUL	1, 2017	, and e	nding	JUN 30, 2018			
Nar	ne of	foundation	ì	•		A Employer identification	number		
	•	,					•		
		J. & MARY R. SCHIFF FO				31-1077222			
-		nd street (or P O box number if mail is not delivered to street a	Room/suite	B Telephone number					
		BOX`145496				(513) 870-2580			
City	or to	own, state or province, country, and ZIP or foreign p	ostal code			C If exemption application is pe	anding, check here		
		CINNATI, OH 45250-5496							
GC	heck	all that apply: Initial return	Initial return of a fo	ormer public (narity	D 1. Foreign organizations, check here			
		Final return	X Amended return			Foreign organizations me- check here and attach col	eting the 85% test,		
н с	book	type of organization: X Section 501(c)(3) ex	Name change				د		
, C	-		Other taxable private found	ation		E If private foundation state under section 507(b)(1)			
I Fa			ng method: X Cash	Accr	ual	F If the foundation is in a			
		· —	her (specify)			under section 507(b)(1)			
•		454,867,674. (Part I, colun		s.)			. , , , , , , , , , , , , , , , , , , ,		
Pa	rt]],	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net in	vestment	(c) Adjusted net	(d) Disbursements for charitable purposes		
		necessarily equal the amounts in column (a))	expenses per books	ince	ome	income	(cash basis only)		
	1	Contributions, gifts, grants, etc., received	13,731,036.			N/A			
	2	Check In the foundation is not required to attach Sch. B			eta califa				
	3	Interest on savings and temporary cash investments	49,429.		9,429.		STATEMENT 1		
	4	Dividends and interest from securities	16,692,075.	16,69	2,075.		STATEMENT 2		
		Gross rents				X-0436418857580463477455			
		Net rental income or (loss)	101			6-715-36-98-6-36-6-3-7-7-36-6-3-3-3-3-3-3-3-3-3-3-3			
en	бa	Net gain or (loss) from sale of assets not on line 10 RE	(965 TVO 10 TO 6 TO 10 TO 6		
evenue	7	assets on line 6e Capital gain net income (from Part IV, line 2)	052	1	0.				
Re	-	Net short-term capital gain		77 070 270	C SYLVEN	A TOTAL BALLES DA . PORCO PROPOSE			
	9	Income modifications					2-48 × 42 × 42 × 43 × 43 × 43 × 43 × 43 × 43		
	10a	Gross sales less returns and allowances	CITE	1682,25%					
		Less Cost of goods sold							
	C	Gross profit or (loss)							
4	11	Other income .	31,867.		<u>1,867.</u>		STATEMENT 3		
	12	Total. Add lines 1 through 11 .	30,504,407.	16,77	<u>3,371.</u>				
	13	Compensation of officers, directors, trustees, etc	0.		0.		0.		
	14	Other employee salaries and wages							
	15	Pension plans, employee benefits							
nses		Legal fees	4,000.		2,000.		2,000.		
Exper		Accounting fees STMT 4 Other professional fees STMT 5	53,043.		0.		53,043.		
ñ		Other professional fees STMT 5	33,043.			· · · · · ·	33,013.		
ministrative	18	Taxes STMT 6	229,614.		0.		200.		
stra	19	Depreciation and depletion	223/0210						
iri	20	Occupancy							
Adn	21	Travel conferences, and meetings				· .			
		Printing and publications			1				
<u> </u>	23	Otheraexpenses STMT 7	51,319.		0.		51,319.		
atin	24	Total operating and administrative							
Operating and		expenses. Add lines 13 through 23	337,976.	(aENDIGO (SVIII) - NO CONTRA	2,000.	ALC, CALLUS, OR, OR WASHINGTON CONTRACT.	106,562.		
0		Contributions, gifts, grants paid	15,075,700.		14 × 19 × 14		15,075,700.		
	26	Total expenses and disbursements.	15 412 686		2 000		15 100 000		
		Add lines 24 and 25	15,413,676.	(1925) (49) (7.49)	<u>2,000.</u>		15,182,262.		
		Subtract line 26 from line 12:	15 000 721			A A STATE OF THE			
1		Excessor revenue over expenses and disbursements	15,090,731.	16 77	1,371.				
		Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)		. Y24 F.F.F. Jr. 1999 . 19 1997		N/A			
	·	Autored liet littolile (il negative, enter -o-)	FLAGOR, 2000, July 1999 T. PARKER, VARIENCE, v. 2022	SAME STATE BUSINESS	#W. N. S.	-1/	Sec Supprise production research by a contract result of the factor of t		

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see Instructions.

Form **990-PF** (2017)

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	194,472,650.
2	Enter amount from Part I, line 27a	2	15,090,731.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	209,563,381.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	209,563,381.

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Part IV Capital Gains a	nd Losses f	or Tax on In	vestment	Income				<u></u>		
					P	low ac - Purc - Don	cquired hase ation		acquired lay, yr.)	(d) Date sold (mo., day, yr.)
1a			_		<u> </u>					
b NON	E							_		
<u>c</u>					1					
<u>d</u>					 					
(e) Gross sales price	(f) Depreciat (or allo			t or other basis xpense of sale	1	(h) Gain or (loss) ((e) plus (f) minus (g))				
a										
Ь										
С										· · · · · · · · · · · · · · · · · · ·
d					╌╌┼					
Complete only for assets showing	gain in column (h) and owned by t	he foundation	on 12/31/60	\dashv			II) Coine (C	ol (b) gain	minus
Complete only for assets snowing	(j) Adjust			cess of col. (I)	\dashv			ol. (k), but	Col. (h) gain not less tha	n -0-) or
(i) FMV as of 12/31/69	as of 12			col. (j), if any	- 1			Losses	(from col. (h))
a					一十					
b								-		
C					一		_			
d										
е						•				
2 Capital gain net income or (net capi	tal loss)	If gain, also enter If (loss), enter -0-			}	2				
Net short-term capital gain or (loss) as defined in se				<i>[</i> [
if gain, also enter in Part I, line 8, c	•	CHOIS IZZZ(S) ZIII	u (<i>0)</i> .] [:				
If (loss), enter -0- in Part I, line 8.					Д	3	L.,			
Part V Qualification Un	der Section	4940(e) for	Reduced	Tax on Net	Inve	stm	ent Inc	ome		
(For optional use by domestic private f	oundations subje	ct to the section 4	940(a) tax on	net investment in	come.	.)				
If section 4940(d)(2) applies, leave this	nart hlank									
.,,,,										
Was the foundation liable for the section					iod?		-			Yes X No
f "Yes," the foundation descrit qualify					abrine.					
Enter the appropriate amount in oa	ch column for ea	, 	Structions ber	ore making any or			·	1		(d)
(a) Base period years Calendar year (or tax year beginning	ın) Adjus	(b) sted qualifying dist		Net value of no					Dıstrıl (col. (b) dıy	(d) oution ratio rided by col. (c))
2016			6,044.				8,485			.064880
2015	-		2,869.				2,769			.032255
2014			0,643.				1,868			.083210
2013			4,269.				3,369			.027889
2012		10,63	0,047.		00	, 19	5,224	+-		.041492
> = 4 1 4 5 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4								١,		.249726
2 Total of line 1, column (d)		duuda tha tatal a	n line O hii E () or by the sumb	or of u	oore		2		.247720
3 Average distribution ratio for the 5- the foundation has been in existence			in ijne z by 5 t	o, or by the million	er ni y	Hars		3		.049945
		· ·	•				•			
Forter the net value of noncharitable	-use assets for 2	017 from Part X, I	ine 5		_			4	49	0,871,475.
		ŕ			-		•			
Multiply line 4 by line 3		_						. 5	2	4,516,576.
								1		
6 Enter 1% of net investment income	(1% of Part I, lin	e 27b)					-	. 6		167,714.
									_	
7 Add lines 5 and 6								. 7	2	4,684,290.
									_	r 100 000
B Enter qualifying distributions from l	Part XII, line 4							8	1	<u>5,182,262.</u>
If line 8 is equal to or greater than I See the Part VI instructions.	ine 7, check the t	oox in Part VI, line	1b, and comp	lete that part usin	g a 19	% tax r	atc.			
723521 01-03-18	~								1	orm 990-PF (201

			<u> 10772</u>			Page 4
Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	<u> 48 - :</u>	see ins	truct	ions	<u>s)</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here and onter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				18.60	4
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1		335	, 4	27.
_	of Part I, line 27b	¥ 35			, P. S.	ક અંતર્
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).				ٵڒ؆ۣؖۿٮڶ ۼٵڒڗؖۿڡڶ	unioc de la
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2		I - Xarataux	L. 11 -34	0.
2	Add lines 1 and 2	3		335	. 4	$\frac{1}{27}$.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4				0.
-	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		335	. 4	
٥	The state of the s	SARON	3.50 (3.50)		2.1	
0	Credits/Payments: 2017 estimated tax payments and 2016 overpayment credited to 2017 6a 200,000.				. H	
		× 5				7.2
	The state of the s					
	Bushap manusaring orrendedally manusar	<u> </u>	<u> </u>	30 <u>~</u>	A .	<u> </u>
7	Total credits and payments. Add lines 6a through 6d TAX PAID W/ O.R. 135,427.	7		335	, 4.	
8	Enter any penalty for underpayment of estimated tax. Check hero X if Form 2220 is attached	-8				<u>0.</u>
9	Tax due. If the total of lines 5 and 8 is more than line 7, onter amount owed	9				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Entor the amount of line 10 to be: Credited to 2018 ectimated tax	11				
Pa	TIVILA Statements Regarding Activities		150	omorphis T. S.	- 1	
1a	During the tax year, did the foundation attempt to influence any national, ctate, or local legislation or did it participate or intervene	n		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	es/	
	any political campaign?		L	1a		_ <u>X</u> _
b	Did it spend more than \$100 during the year (either directly) for political purposes? See the instructions for the definit	ion	L	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or		3			186
	distributed by the foundation in connection with the activities.		Š		, 'V'	
C	Did the foundation file Form 1120-POL for this year?		L	1c		<u> </u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		22 qu	giðjanlað má (* 323.) Þ	ina mara	
	(1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0.		36		(U.)	3.77°
c	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		27.23		ໃຫ້ໝາຍຕໍ່ກັດ	MAGNA COM
_	managers. ► \$ 0.		2		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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.		8 00	130 3	4	
а	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		186 J			
٠	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		- 1	3		X
Δa	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b	一	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		'	5	一	·X
Ū	If "Yes," attach the statement required by General Instruction T.	-	32	1 e. 1888	7	3831
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		Ž			
u	By language in the governing instrument, or					
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state I 	2014				
	,	aw	122		X	MALE
-	remain in the governing instrument?		· ·		$\frac{\Lambda}{X}$	
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		£i	30848 C	X'832;	£37.71
			i i	# 2 P		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.		—— P	ingul big	aktigram;	25 CHING
	ОН		—— 🕌		8.1	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		2	<u> </u>	<u>```</u>	السُّمَّةِ الْمُ
	of each state as required by General Instruction G2 If "No," attach explanation		Ļ	8b	X	7,14
9	is the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(5)$ for calendarian claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(5)$ for calendarian claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(5)$ for calendarian claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(5)$ for calendarian claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(5)$ for calendarian claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(5)$ for calendarian claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(5)$ for calendarian claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(3)$ for calendarian claiming status as a private operation of the section $4942(j)(3)$ for calendarian claiming status as a private operation of the section $4942(j)(3)$ for calendarian claiming status as a private operation of the section $4942(j)(3)$ for calendarian claiming status as a private operation of the section $4942(j)(3)$ for calendarian claiming status as a private operation of the section $4942(j)(3)$ for $4942(j)(3)$	ar	E E	X. X	<u>}</u>	i Juni man
	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV		L	9	ļ	<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses .			10		<u> </u>
			Earm	. 990-	PF.	(2017)

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Pa	rt VII Statements Regarding Activities (continued)	•
	Λ.	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 ► N/A	
14	The books are in care of ► THOMAS R. SCHIFF, TRUSTEE Telephone no. ► 513-87	0-2580
	Located at ▶P.O. BOX 145496, CINCINNATI, OH ZIP+4 ▶45	<u> 250-5496</u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	ightharpoons
	and enter the amount of tax-exempt interest received or accrued during the year	N/A
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,	Yes No
	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	44 25 AZ
<u>'</u> Ka	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	Waste Vest No.
	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	
	1,7 = 10 1,7 1 1,7 1,7 1,7 1,7 1,7 1,7 1,7 1,7 1	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? X Yes No	
	(b) Falling goods, do need, or lateral to (or desegn from the process.	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	
	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	
	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 X
	Organizations relying on a current notice regarding disaster assistance, check here	
C	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 X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	
	defined in section 4942(j)(3) or 4942(j)(5)):	
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?	
	If "Yes," list the years - ,,	
Þ	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.) N/A	2b
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	
٥.	Did the foundation held many those 20% divised by individual interest in any business enterprise at any time.	
	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	
	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after	
U	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 X
42	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b X
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Total number of other employees paid over \$50,000

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Р	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	dations	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	487,467,240.
b	Average of monthly cash balances	1b	487,467,240. 10,879,435.
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d_	498,346,675.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	498,346,675.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	7,475,200.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	490,871,475.
6_	Minimum investment return. Enter 5% of line 5	6	24,543,574.
<u>P</u>	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations, check here ▶ ☐ and do not complete this part.)	d certain	1
1	Minimum investment return from Part X, line 6	1	24,543,574.
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	335,427.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	24,208,147.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	24,208,147.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	24,208,147.
P	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	<u> 15,182,262.</u>
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	15,182,262.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	15,182,262.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q	ualifies f	for the section

Form **990-PF** (2017)

Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2016	2016	2017
Distributable amount for 2017 from Part XI, line 7	,			24,208,147.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			0.	
b Total for prior years:				
g rotal to prior years.		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012				
b From 2013				
c From 2014				
d From 2015				
e From 2016 4,961,264.				
f Total of lines 3a through e	4,961,264.			
4 Qualifying distributions for 2017 from	2/502/2020			
Part XII, line 4: > \$ 15,182,262.				
a Applied to 2016, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				15,182,262.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2017	4,961,264.			4,961,264.
(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				į
indicated below:				
a Corpus Add Innes 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract		0.		
line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of				
deficiency has been issued, or on which				
the section 4942(a) tax has been previously		0.		
assessed				
d Subtract line 6c from line 6b. Taxable		0.		
amount - see instructions				et i jajdijaj i reserad i rasaska kidi kask
c Undistributed income for 2016. Subtract line		1 1,111111	0.	
4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must	ĺ			4,064,621.
be distributed in 2018			<u></u>	4,004,021.
7 Amounts treated as distributions out of	l			er van kommententente
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			
may be required - see instructions)	0.		<u></u>	
8 Excess distributions carryover from 2012	0.			
not applied on line 5 or line 7				
9 Excess distributions carryover to 2018 Subtract lines 7 and 8 from line 6a	0.			
· • •			··· ·	
10 Analysis of line 9:				
a Excess from 2013				
b Excess from 2014	İ			
c Excess from 2015 d Excess from 2016				1
e Excess from 2017				•
6 EXCESS ITOIII 20 17 723581 01-03-18				Form 990-PF (2017)
7 2 3 3 0 1 0 1 TUST 10				

723581 01-03-18

Form 990-PF (2017) JOHN J.	& MARY R.	SCHIFF FOUN	DATION		77222 Page 10
Part·XIV Private Operating F	· · · · · · · · · · · · · · · · · · ·		l-A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo	•		▶ ∟_	1	
b Check box to indicate whether the found		ng toundation described i		4942(j)(3) or1	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(h) 2016	Prior 3 years (c) 2015	(d) 2014	(e) Total
income from Part I or the minimum	(a) 2017	(b) 2016	(6) 20 13	(0) 20 14	(e) Iolai
investment return from Part X for					
each year listed					<u> </u>
b 85% of line 2a				 	<u> </u>
c 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		 			
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2d Complete 3a, b, or c for the		-			
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets		-		-	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross				1	
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public				1	
and 5 or more exempt organizations as provided in				1	
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income	<u> </u>				<u>L,</u>
Part XV Supplementary Info			f the foundation	had \$5,000 or mo	re in assets
at any time during t	ne year-see instr	uctions.)			
1 Information Regarding Foundation	-				
a List any managers of the foundation wh			ributions received by the	foundation before the clos	se of any tax
year (but only if they have contributed in	nore man 45,000) (See s	ection 507(u)(2).)		_	
NONE					
b I ist any managers of the foundation wh other entity) of which the foundation ha			or an equally large porti	on ot the ownership of a p	arinersnib or
NONE		<u> </u>			
2 Information Regarding Contribute	on, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
Check here 🕨 🗶 if the foundation of					ests for funds. If
the foundation makes gifts, grants, etc.,					
a The name, address, and telephone num	ber or email address of th	ne person to whom applic	ations should be addres	sed:	
b The form in which applications should t	e submitted and informa	lion and materials they s	nould include		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographic	al arcas, charitable fields,	kinds of institutions, or	other factors:	

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3 Grants and Contributions Paid During the \		Payment T	·- 	
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
<u> </u>	or substantial contributor	recipient	 	
a Paid during the year				
~				
ART ACADEMY OF CINCINNATI	NONE	PC	GENERAL SUPPORT	
212 JACKSON STREET	, total		DEMENTED SOLLOWS	
CINCINNATI, OH 45202				15,00
BOY SCOUTS OF AMERICA - COUNCIL 48	NONE	PC	GENERAL SUPPORT	,
DAN BEARD COUNCIL				
10078 READING ROAD			,	
CINCINNATI, OH 45241				25,00
~				
CAHOON MUSEUM OF AMERICAN ART 4676 FALMOUTH ROAD	NONE	₽C	GENERAL SUPPORT	,
COTUIT, MA 02635				75,00
CANCER SUPPORT COMMUNITY - GREATER	NONE	₽C	GENERAL SUPPORT	
CINCINNATI/NORTHERN KENTUKY	TOTAL STATE OF THE			
4918 COOPER ROAD				
CINCINNATI, OH 45242			<u> </u>	25,000
		1		
CAPE COD WRITERS' CENTER INC	NONE	PC	GENERAL SUPPORT	
919 MAIN STREET PO BOX 408 OSTERVILLE, MA 02655				50,000
	NTINUATION SHEE	T(S)	> 3a	15,075,700
b Approved for future payment				-
h				
NONE		1	1	ļ
			,	
,				<u> </u>
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			`	
		1		<u> </u>
		,	1	
~		1		
	_ 	I	<u>▶ 3b</u>	

	•	
Part:XVI-A	Analysis of Income-Producing Activities	

Enter gross amounts unless otherwise indicated.		ad hijeingee incoma	Evolu	ded by section 512, 513, or 514	· · · · · · · · · · · · · · · · · · ·
/	(a) Business	ed business income (b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code	Amount	code	Amount	Tunction income
a	;				
ь	-		-		
c	-		├		
d			├		
e	-		 		
g Fees and contracts from government agencies •	-		 		
g Fees and contracts from government agencies 2 Membership dues and assessments			 		
3 Interest on savings and temporary cash	-		 		
investments			14	49,429.	
4 Dividends and interest from securities			14		
5 Net rental income or (loss) from real estate:		**************************************	2).		
D-14 (** \$80000 VAA 5 V	The of the section with the section in the section	163.55	THE HERE THE THE ST OF THE SE	yan an war war ar ar ar
b Not debt-financed property			 		
6 Net rental income or (loss) from personal		-			
<u>.</u>					
property			14	31,867.	
8 Gain or (loss) from sales of assets other	· .		1	32,007.	,
than inventory			\vdash	<u> </u>	-
9 Net income or (loss) from special events			\vdash		
10 Gross profit or (loss) from sales of inventory	_ ·	<u>. </u>	\vdash		
11 Other revenue:				ſ	
a	-		 		<u> </u>
b	•		\vdash		
<u> </u>	-		\vdash		. <u> </u>
d			 		
e	2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Mar 1	16,773,371.	0.
12 Subtotal. Add columns (b), (d), and (e)	FARME STATE	<u> </u>	200		16,773,371.
13 Total. Add line 12, columns (b), (d), and (e)	•				10,773,371.
(See worksheet in line 13 instructions to verify calculations.)					
	to the Acco	omplishment of Exc	empt	Purposes	
Relationship of Activities Line No Explain below how each activity for which inc	ome is reported	ın column (e) of Part XVI-A			nplishment of
Part XVI-B	ome is reported	ın column (e) of Part XVI-A			nplishment of
Relationship of Activities Line No Explain below how each activity for which inc	ome is reported	ın column (e) of Part XVI-A			nplishment of
Part XVI-B: Relationship of Activities	ome is reported	ın column (e) of Part XVI-A			nplishment of
Part XVI-B: Relationship of Activities	ome is reported	ın column (e) of Part XVI-A			nplishment of
Relationship of Activities Line No Explain below how each activity for which inc	ome is reported	ın column (e) of Part XVI-A			nplishment of
Part XVI-B: Relationship of Activities	ome is reported	ın column (e) of Part XVI-A			nplishment of
Relationship of Activities Line No Explain below how each activity for which inc	ome is reported	ın column (e) of Part XVI-A			nplishment of
Relationship of Activities Line No Explain below how each activity for which inc	ome is reported	ın column (e) of Part XVI-A			nplishment of
Relationship of Activities Line No Explain below how each activity for which inc	ome is reported	ın column (e) of Part XVI-A			nplishment of
Relationship of Activities Line No Explain below how each activity for which inc	ome is reported	ın column (e) of Part XVI-A			nplishment of
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Relationship of Activities Line No Explain below how each activity for which inc	ome is reported	ın column (e) of Part XVI-A			nplishment of
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Explain below how each activity for which inc	ome is reported	ın column (e) of Part XVI-A			nplishment of
Explain below how each activity for which inc	ome is reported	ın column (e) of Part XVI-A			nplishment of
Line No Explain below how each activity for which inc	ome is reported	ın column (e) of Part XVI-A			nplishment of
Explain below how each activity for which inc	ome is reported	ın column (e) of Part XVI-A			nplishment of

Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations	Form 990					HIFF FOUNDAT			1077222	Pa	ige 13
Did the organization directly or indirectly sengate in any of the following with any other organization described in section 501(c) (other than section 501(c)) organizations) or in section 527; relating to political organizations? Interest that the service of the section 501(c) organization organizatio	Part)	XVII			sfers to a	nd Transactions ar	nd Relationsh	nips With Nonc	haritable		
(a) Name of organization (c) (c) Other than section 501(c) (other than sect	1 Did	the ord			of the followin	ng with any other organization	n described in sec	tion 501(c)		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash 2) Other assests b Other transactions: (2) Purchase of assests from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assests (3) Rental of facilities, equipment, or other assests (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundrasing solicitations (7) In the activities of assests to an application of the facilities, equipment, making the following schedule. Column (8) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (8) the value of the goods, other assets, or services received. (3) I was no (6) Amount involved (2) Name of noncharitable exempt organization (4) Coscription of sharing arrangement, show in section 501(c) (other than section 501(c) (other than section 501(c) (other than section 501(c) (other than section 501(c)(3)) or in section 527? (4) I "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A (b) Amount involved (c) Name of noncharitable exempt organization (c) Description of relationship N/A (a) Under permitting of perpire, lectice Part I have exemined this relative, reclaining accompanying policidation and abturners, and to the best of my knowledge in the state of the property of the permitting of perpire, lectice Part I have exemined this relative to the permitting of the perpire of the permitting of perpire, lectice Part I have exemined this relative to the permitting of the perpire of the perpir							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
(2) Other assets b Differ transactions: (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Rembusement arrangements (5) Leans or loan guarantees (6) Performance of services or membership or fundrationg solicitations (6) Performance of services or membership or fundration guarantees (7) Sharing of facilities, equipment, mailing lists, other assets, or paid employees (8) Performance of services or membership or fundration guarantees (9) Performance of services or membership or fundration guarantees (1) Leans or loan guarantees (1) Leans or loan guarantees (2) Purchase of the above is "Fig." complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received. (a) Liver no (b) Amount involved (b) Amount involved (c) Name of noncharitable exempt organization (d) Coscreption of transfers, transactions, and sharing arrangement, who in section 501(c) (other than section 501(c)(31) or in section 52?? (a) In the prevalues of persy. Leader in this exempt of the because of transfers, transactions, and sharing arrangement, and the product of transfers, transactions, and sharing arrangement, and the prevalues of persy. Leader in this exempt of the because of transfers, transactions, and sharing arrangement, and the prevalues of persy. Leader in this exempt of the because of the because of transfers, transactions, and sharing arrangement, and to the best of my transingly. (a) Name of organization (b) Type of organization (c) Description of relationship (d) Coscreption of transfers, transactions, and sharing arrangement, and to the best of my transingly. (e) Description of relationship (file) (b) Type of organization (c) Description of relationship (c) Description of relationship (d) Description of relationship (e) Description of relationship (e) Description of relationship (e) Description of relationshi	-									1	
1 12			tom the reperting re-			3			1a(1)		X
b Other transactions: (1) Sales of assets to a noncharitable exempt organization (2) Purchase of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guisanties (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (7) Loans or loan guisanties (8) Performance of services or membership or fundrasing solicitations (8) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (10) Leans or loan guisanties (11) Leans or of the above is Yes, complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services reserved. (12) Line no (13) Line no (14) Amount minority or indirectly affiliated with, or related to, one or more tax-exempt organization or sharing arrangement, show in column (c) the value of the goods, other assets, or services reserved. (14) Line no (15) Amount minority or indirectly affiliated with, or related to, one or more tax-exempt organization of the above of transfers, transactions, and sharing arrangements. 12 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 52(?? 15) If Yes, complete the following schedule. 16) Amount minority or indirectly or indirectly affiliated with, or related to, one or more tax-exempt organizations described In Section 10 (c) Description of relationship 16) Description of relationship 17) Amount minority or indirectly organization of organization (e) Description of relationship 18) Amount minority or indirectly organization of program (e) organization (e) Description of indirectly organization organization (e) Description of indirectly organization organization of program organization organization (e) Description of indirec	٠.		assets		•	•	•	• •		$\overline{}$	
(1) Sales of assets from a nonchartable exempt organization (2) Purchases of assets from a nonchartable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursament arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundrasing soliotations (7) Performance of services or membership or fundrasing soliotations (8) Performance of services or membership or fundrasing soliotations (8) Performance of services or membership or fundrasing soliotations (8) Performance of services or services (9) Performance of services or services or services services or services or services given by the reporting foundation. If the foundation reserved less than fair market value in any transaction or sharing arrangement, show in column (8) the value of the goods, other assets, or services services. (a) Line in (b) Amount involved (b) Amount involved (c) Name of noncharitable exempt organization (d) Owserption of transfero, and sharing arrangements. N/A (a) Line in (b) Amount involved (b) Amount involved (c) Name of noncharitable exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? (a) Line in (b) Amount involved (b) Amount involved (c) Name of noncharitable exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? (b) If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship (c) Description of relationship (e) Description of relationship (f) Name of instance of prepare (other than begingly in based on all information, and to the board of my local-distance in the following schedule. (a) Name of organization of prepare (other than begingly in based on all information, and to the board of my local-distance in the following schedule. (b) Name of organization of prepare (other than begingly in based on all information of which prepare the singly travelling the section with his preparer. (c) Cler						• •	•	• •			
22 Purchases of assets from a nonchartable exempt organization				ble exempt organiza	tion				1b(1)		X
(3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans of loan guarantees (6) Performance of services or membership or fundrasing solicitations (7) Experiment (1) Sharing of facilities, equipment, mailting lists, other assets, or paid employees (8) Exharing of facilities, equipment, mailting lists, other assets, or paid employees (9) If the answer to any of the above is Yes," complete the following schedule. Column (6) should always show the fair market value of the goods, other assets, or services equive to the value of the goods, other assets, or services equivers than fair market value in any transaction or sharing arrangement, show in column (6) the value of the goods, other assets, or services received. (3) Line no (9) Amount involved (9) Name of noncharitable exempt organization (d) Discorption of transfers, transactions, and sharing arrangements N / A 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c) (other section) schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N / A Discription of relationship Policy Polic						•		••••	1b(2)		х
(4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundrasing solicitations (7) Performance of services or membership or fundrasing solicitations (8) Performance of services or membership or fundrasing solicitations (8) Performance of services or membership or fundrasing solicitations (8) Performance of services or membership or fundrasing solicitations (8) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (10) It the answer to any of the above is "Yes", complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received. (12) Lines no (13) Lines no (14) Amount involved (15) Amount involved (15) Amount involved (16) Amount involved (16) Amount involved (17) Amount involved (18) Amount involved (19) Amount involved (19	(3)							-	. ——	_	
(6) Leans or loan guarantees (8) Performance of services or membership or fundrasing solicitations (8) Performance of services or membership or fundrasing solicitations (9) It the answer to any of the above is Yes, complete the following schedule, Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Limit of the value of the goods, other assets, or services received. (a) Limit of the value of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements. N / A 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c) (other	(4)				•	•			1b(4)		Х
(6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is Yes', complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line iro (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? b If Yes', complete the following schedule: (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under genetiles of payray, Liectics that I have examined that return, including accompanying schedulate and statements, and to the best of my knowledge and belief, it as two, correct, and complete, Declaration of prepare (other than taxpayye) is based on all information of which prepare has any knowledge which will be seen to the best of my knowledge and belief, it as two, correct, and complete, Declaration of prepare (other than taxpayye) is based on all information of which prepare has any knowledge which will be seen to the power of			=	• •	• •	•		• • •			Х
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d if the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services greeney by the reporting foundation. If the foundation on ceceived less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements 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 52?? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (e) Description of relationship N / A Under penalties of parper, I declare that I have examined that reham, including accompanying schedules and statements, and to the boar of my knowledge and solele, if a true, correct, and correlate, Destruction of prepare (other than supplye) is board on all information of which prepare has any knowledge and solele, if a true, correct, and correlate, Date Very North Histograph Print P	٠,			mbership or fundrai	sına solicitatio	ns					х
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services grew by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements. N/A 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of parary, I declare that I have examined the return, including accompanying schedules and abtenents, and to the best of my knowledge and better, in the, correct, and complete, Declaration of preparer (other than taxpayer) is based on all information of which prepare has any knowledge and better, in the, correct, and complete, Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and better, in the, correct, and complete, Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge in the preparer in the prepar				•	=				1c		Х
or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Osserption of transfers, transactions, and sharing arrangements N/A 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? b If Yes, "complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of peryary, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it a tips, corroct, and complety, Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and self-ments, and to the best of my knowledge and self-ments, and to the		_				• •	wavs show the fair	market value of the g	oods, other as:	sets,	
(a) Description of transfers, transactions, and sharing arrangements N/A										,	
N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(31) or in section 52?? b If "yes," complete the following schedules (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of persury, I declare that I have examined the return, including accompanying schedules and statements, and to the best of my knowledge and obtained to the prepared of the section of prepare (other than bupping is based or all information of which prepare has any knowledge and section and of the best of my knowledge and section of persury. If the section of prepare (other than bupping is based or all information of which prepare has any knowledge soften the prepared soften than bupping is based or all information of which prepare has any knowledge soften the prepared soften than bupping is based or all information of which prepared has any knowledge soften than bupping is based or all information of which prepared has any knowledge soften than bupping is based or all information of which prepared has any knowledge soften than bupping is based or all information of which prepared has any knowledge soften than bupping is based or all information of which prepared has any knowledge soften than bupping is based or all information of which prepared has any knowledge soften than bupping is based or all information of which prepared has any knowledge soften than bupping is based or all information of which prepared has any knowledge soften than bupping is based or all information of which prepared has any knowledge and statements. And to the best of my knowledge and statements and to the best of my knowledge and statements. Way the HS discuss than any knowledge and statements and to the best of my knowledge and statements. And to the best of my knowledge and statements and to the best of my knowledge and statements.		T .					T (n = -				
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (c) their than section 501(c)(3)) or in section 527? Yes	(a) Line no	•	(b) Amount involved	(c) Name o		e exempt organization	(d) Description	n of transfers, transaction	ns, and sharing an	rangemer	nts
In section 501(c) (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship		+-			N/A						
In section 501(c) (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship		+									
In section 501(c) (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship											
In section 501(c) (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship		+-						.	 		
In section 501(c) (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship		+-					- 				
In section 501(c) (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship		+-					 				
In section 501(c) (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship		+					 				
In section 501(c) (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship		+									
In section 501(c) (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship											
In section 501(c) (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship		+									
In section 501(c) (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship		+				1.00					
In section 501(c) (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship		+	_ ·	 							_
In section 501(c) (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship		+-					 				
In section 501(c) (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship		+					+				
In section 501(c) (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship		+	 			•					
In section 501(c) (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship	0- 1-1	ha faun	dation directly or indicas	the affiliated with or	rainted to one	or more thy everent ergani	zatione deceribed			-	
Sign Print/Type preparer's name Preparer's signature Date Check If PTIN Pol 1314196						roi more tax-exempt organi.	Zations described		□ voc	X	٦ No
(c) Description of relationship N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the preparer shown below? See instruction of officer or trusteel. Print/Type preparer's name Preparer's signature Date Check If Self- employed PO1314196			` ' '	. , , , ,	CHOH 3277					[_41	
N/A Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the preparer shown below? See instruction of officer or trusteel. Print/Type preparer's name Preparer's signature Date Check If PTIN Self- employed TITLISTEE Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Date Title PO1314196	<u> </u>	162, 60				(h) Type of organization	Γ	(c) Description of re	lationship		
Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer or trusteel. Print/Type preparer's name Preparer's signature Date Check If PTIN Self- employed PO1314196				Janization		(b) Type of organization		(0) 2000	минентентр		
And belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Nov. 1 20 9 TRUSTEE Title			14/14								_
And belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Nov. 1 20 9 TRUSTEE Title											
And belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Nov. 1 20 9 TRUSTEE Title						-					
And belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Nov. 1 20 9 TRUSTEE Title	-										
Here Sign and belief, it is true, correct, and complete, Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below? See instruction with the preparer shown below? See instruction in the preparer shown below in the preparer shown b		Under	penalties of perjury, I declare	that I have examined this	return, including	accompanying schedules and st	atements, and to the b	est of my knowledge	D.V. COTT (TOTAL IN)	J	
Paid CHRIS MESKIMEN No 17, 2017 TRUSTEE X Yes No	Sign	and be	lef, it is true, correct, and con	nplete Declaration of pre	parer (other than			has any knowledge	return with th	e prepar	er
Signature of officer or trusteel. Print/Type preparer's name Preparer's signature Date Check if PTIN self- employed Paid CHRIS MESKIMEN Preparer's signature 11/11/19 PO1314196			Jahry Solli	W.R		NOV 14, 201	TRUST	EE		_	7 .
Print/Type preparer's name Preparer's signature Date Check if PTIN self- employed Paid CHRIS MESKIMEN Pol 314196		Sian	ature of officer or trustee	(('U		Date	. 		- [_, .40
Paid CHRIS MESKIMEN Self- employed P01314196					Preparer's s		·	Check If	PTIN		
Paid CHRIS MESKIMEN Chris Meskimen 11/11/19 P01314196 Preparer Firm's name ▶ DELOITE TAX LLP Firm's EIN ▶ 86-1065772			> & - &		ا ما	_]	self- employed			
Preparer Firm's name ▶ DELOITTE TAX LLP Firm's EIN ▶ 86-1065772	Paid		CHRIS MESK	IMEN	(Pris	Marking] 11/11/19		P01314	196	
	Prepa	arer						Firm's EIN ▶ 8			

Form 990-PF (2017)

Phone no. 612-397-4236

Firm's address ▶ 50 SOUTH SIXTH STREET, SUITE 2800

MINNEAPOLIS, MN 55402

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
CHILDREN'S HOSPITAL MEDICAL CENTER	NONE	₽C	GENERAL SUPPORT	
3333 BURNET AVENUE CINCINNATI, OH 45229				1,000,000
,				
INCINNATI INSTITUTES OF FINE ARTS	NONE	₽C	GENERAL SUPPORT	
OBA ARTSWAVE 20 EAST CENTRAL PARKWAY, SUITE 200				
CINCINNATI, OH 45202				92,700
	YOUT	ng.	CENTED AT CUID DODA	
INCINNATI SCHOLARSHIP FOUNDATION 02 MAIN STREET NO 1000	NONE	PC	GENERAL SUPPORT	
CINCINNATI, OH 45202				700,000
\	NOVE	DC.	GENERAL SUPPORT	
CINCINNATI SYMPHONY ORCHESTRA	NONE	PC	GENERALI SUFFORT	
INCINNATI, OH 45202				1,000,000
			,	
ATVICTABRIANT ORGERUAMORY CENTER	TOVE	PC	GENERAL SUPPORT	`
CINCINNNATI OBSERVATORY CENTER 3489 OBSERVATORY PLACE	NONE	PC	GENERAL SUPPORT	
CINCINNATI, OH 45208				1,000,000
				:
CHI MUDAL CENIMED OF CARE COR	NONE	PC	GENERAL SUPPORT	
CULTURAL CENTER OF CAPE COD 307 OLD MAIN ST., P.O. BOX 118	HOME	FC	GENERAL SUFFORT	
SOUTH YARMOUTH, MA 02664				100,000
DEACONESS HOSPITAL OF CINCINNATI OH	NONE	SO II	GENERAL SUPPORT	
311 STRAIGHT STREET	HONE		SEMERAE SOLIORI	
INCINNATI, OH 45219				1,900,000
OTOFOCUS CINCINNATI	NONE	POF	GENERAL SUPPORT	
953 EDEN PARK DRIVE				
CINCINNATI, OH 45202				1,000,000
	_			
PREESTORE FOODBANK INC.	NONE	₽C	GENERAL SUPPORT	
141 CENTRAL PARKWAY				
CINCINNATI, OH 45202			<u> </u>	200,000
MARIEMONT PRESERVATION FOUNDATION	NONE	PC	GENERAL SUPPORT	
919 PLAINVILLE ROAD			,	
CINCINNATI, OH 45227				10,000
Total from continuation sheets				14,885,700

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient MOTHER OF MERCY HIGH SCHOOL NONE ₽C GENERAL SUPPORT 3036 WERK ROAD 75,000. CINCINNATI, OH 45211 NATIONAL UNDERGROUND RAILROAD FREEDOM NONE ÞС GENERAL SUPPORT CENTER INC 50 EAST FREEDOM WAY 200,000. CINCINNATI, OH 45202 NAVAL AVIATION MUSEUM FOUNDATION INC. NONE SO III FI GENERAL SUPPORT P.O. BOX 33104 100,000. PENSACOLA, FL 32508 NAVY LEAGUE OF THE U.S. - GREATER NONE PC GENERAL SUPPORT CINCINNATI COUNCIL PO BOX 62822 3,000. CINCINNATI, OH 45262 GENERAL SUPPORT NONE NAVY LEAGUE OF THE UNITED STATES PC 2300 WILSON BOULVEVARD, STE 200 355,000. ARLINGTON, VA 22202 NONE PC GENERAL SUPPORT NORTHERN KENTUCKY UNIVERSITY NUNN DRIVE 25,000. HIGHLAND HEIGHTS, KY 41099 ORAL HEALTH FOUNDATION NONE PC GENERAL SUPPORT 9200 MONTGOMERY ROAD 200,000. CINCINNATI, OH 45242 GENERAL SUPPORT PROKIDS, INC. NONE 2605 BURNET AVE 1,000,000. CINCINNATI, OH 45219 SAMARITANS OF NEW YORK NONE РC GENERAL SUPPORT 327 W 43RD ST. 150,000. NEW YORK, NY 10036 SHILOH UNITED METHODIST CHURCH NONE ÞС GENERAL SUPPORT 5261 FOLEY ROAD 200,000. CINCINNATI, OH 45238 **Total from continuation sheets**

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y				<u> </u>
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
SPRINGER SCHOOL & CENTER	NONE	GOV	GENERAL SUPPORT	
2121 MADISON ROAD				300,000
CINCINNATI, OH 45208				300,000
ST. MARY'S SUBMARINE MUSEUM, INC	NONE	PC	GENERAL SUPPORT	
102 ST. MARYS STREET WEST				
ST MARYS, GA 31558				75,000
THE CINCINNATI MUSEUM ASSOCIATION	NONE	PC	GENERAL SUPPORT	
953 EDEN PARK DRIVE				
CINCINNATI, OH 45202	 			1,200,000
•				
THE CONTEMPORARY ARTS CENTER	NONE	PC	GENERAL SUPPORT	
44 E. SIXTH STREET CINCINNATI, OH 45202		1		150,000
CINCINNAII, ON 45202				130,000
THE HAMILTON COUNTY SPCA INC BDA SPCA	NONE	PC	GENERAL SUPPORT	
CINCINNATI				
3949 COLERAIN AVENUE				
CINCINNATI, OH 45223	 			300,000
U. C. NAVAL ACADEMY EQUINDAMION	NONE	DC.	CENTED AT CHIDDODA	
U.S. NAVAL ACADEMY FOUNDATION 21402, 247 KING GEORGE ST.	NONE	PC	GENERAL SUPPORT	
ANNAPOLIS, MD 21401				350,000
	Ç			
U.S.S. CONSTITUTION MUSEUM, INC.	NONE	₽C	GENERAL SUPPORT	
PO BOX 291812				350,000
BOSTON, MA 02129				330,000.
WESLEY SERVICES ORGANIZATION FKA	none	SO III FI	GENERAL SUPPORT	
WESLEY HALL INC.				
2091 RADCLIFF DRIVE CINCINNATI, OH 45204				150,000
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				200,000
WESTERN HILLS HIGH SCHOOL	NONE	₽C	GENERAL SUPPORT	
2144 FERGUSON ROAD				
CINCINNATI, OH 45238				300,000
WESTERN WILDLIFE CORRIDOR ,	NONE	PC	GENERAL SUPPORT	
P.O. BOX 389077				100 000
CINCINNATI, OH 45238 Total from continuation sheets	1			100,000

Grants and Contributions Paid During the Ye	ar (Continuation)			
Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
	or substantial contributor	recipion		
AVIER UNIVERSITY 300 VICTORY PARKWAY	NONE	₽C	GENERAL SUPPORT	
INCINNATI, OH 45207				2,300,00
incinnaii, on 4320.		-	· · · · · · · · · · · · · · · · · · ·	
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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

2017

Name of the organization

Employer identification number

Organization type (check of Filers of:		
Filers of:		
	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	`
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e See instructions
General Rule	·	
	n filing Form 990, 990·EZ, or 990·PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	
Special Rules	,	
sections 509(a)(1) any one contribute	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount, line 1 Complete Parts I and II	or 16b, and that received from
year, total contribi	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educ cruelty to children or animals Complete Parts I, II, and III	
year, contributions is checked, enter purpose Don't co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a section section section section from a section religious, charitable, etc., purposes, but no such contributions totaled manere the total contributions that were received during the year for an exclusively religious implete any of the parts unless the General Rule applies to this organization because it is e, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000 If this box s, chantable, etc ,
but it must answer "No" or certify that it doesn't meet	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its For the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	

Name of organization

Employer identification number

JOHN J. & MARY R. SCHIFF FOUNDATION

31-1077222

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOHN J. SCHIFF CHARITABLE LEAD ANNUITY TRUST PO BOX 145496 CINCINNATI, OH 45250-5496	\$ 903,300.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JOHN J. SCHIFF, CHARITABLE LEAD ANNUITY TRUST PO BOX 145496 CINCINNATI, OH 45250-5496	\$ 3,107,477.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JOHN J. SCHIFF CHARITABLE LEAD ANNUITY TRUST PO BOX 145496 CINCINNATI, OH 45250-5496	\$3,171,109.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	JOHN J. SCHIFF CHARITABLE LEAD ANNUITY TRUST PO BOX 145496 CINCINNATI, OH 45250-5496	\$ 31,832.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	JOHN J. SCHIFF CHARITABLE LEAD ANNUITY TRUST PO BOX 145496 CINCINNATI, OH 45250-5496	\$ <u>3,145,128.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	JOHN J. SCHIFF CHARITABLE LEAD ANNUITY TRUST PO BOX 145496 CINCINNATI, OH 45250-5496	\$ <u>3,154,814.</u>	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

JOHN J. & MARY R. SCHIFF FOUNDATION

31-1077222

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	43019 SHARES OF CINCINNATI FINANCIAL CORPORATION	_	-
<u> </u>			07/13/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	ૂ(d) Date received
3	41542 SHARES OF CINCINNATI FINANCIAL CORPORATION	_ ₁	
.		\$\$ \$3,171,109.	10/20/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	417 SHARES OF CINCINNATI FINANCIAL CORPORATION	_	
<u> </u>			10/20/17
(a) No. rom	(b) ´ Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5 .	42855 SHARES OF CINCINNATI FINANCIAL CORPORATION	_	
 :			01/12/18
(a) No. rom	` (b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	42725 SHARES OF CINCINNATI FINANCIAL CORPORATION		
_ .		\$ 3,154,814.	04/13/18
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		_	
-		\$	90 990-F7 or 990-PF) (2

Name of org	anization	Employer identification number						
JOHN J	J. & MARY R. SCHIFF FOU	Νημπτον	31-1077222					
Part III	Exclusively religious, charitable, etc., contributor. Complete	ributions to organizations described in s	ection 501(c)(7), (8), or (10) that total more than \$1,000 for					
	completing Part III, enter the total of exclusively religiou	s, charitable, etc., contributions of \$1,000 or less	for the year (Enter this info once) \$					
(a) No. I	Use duplicate copies of Part III if addition	al space is needed						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
-		(a) Transfer of gift						
		(e) Transfer of gift						
L	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
								
	-							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	(b) i dipose oi giit	(0) 030 01 girk	(d) Doddingson or non-gardeness					
								
<u> </u>			1					
	(e) Transfer of gift							
	Transferee's name, address, a	Relationship of transferor to transferee						
(a) No. from	(h) Dumana of sift	(c) Use of gift	(d) Description of how gift is held					
Part I	(b) Purpose of gift	(c) Ose of gift	(u) Description of now gift is held					
			_					
		,						
<u> </u>								
		(e) Transfer of gift						
	Transferee's name, address, a	nd 7 IP + 4	Relationship of transferor to transferee					
Ī								
(a) No.	-							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
			_					
								
		(e) Transfer of gift						
	was a few at the control of the cont		Delationship of the reference to the reference					
-	Transferee's name, address, a	na ZIP + 4	Relationship of transferor to transferee					

FORM 990-PF INTER	EST ON SAVII	NGS AND TEM	IPORARY	CASH IN	NVESTMENTS	STATEMENT 1
SOURCE		(A REVE PER E	NUE		(B) IVESTMENT ICOME	(C) ADJUSTED NET INCOME
FIFTH THIRD BANK			49,429.		49,429.	
TOTAL TO PART I, L	INE 3	4	19,429.		49,429.	
FORM 990-PF	DIVIDEND	S AND INTER	EST FRO	M SECUE	RITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENI	RE	(A) VENUE BOOKS	(B) NET INVES' MENT INCO	
CINCINNATI FINANCIAL CORPORATION	16,692,075	•	0. 16,6	92,075	. 16,692,07	5.
TO PART I, LINE 4	16,692,075	•	0. 16,6	92,075	16,692,07	5.
, .						
FORM 990-PF	1	OTHER I	NCOME			STATEMENT 3
DESCRIPTION			(A) REVENU PER BOO		(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
OTHER INCOME			31	,867.	31,867	•
TOTAL TO FORM 990-	PF, PART I,	LINE 11	31	,867.	31,867	•
						` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `
FORM 990-PF		ACCOUNTI	NG FEES			STATEMENT 4
DESCRIPTION	•	(A) EXPENSES PER BOOKS	(B NET IN MENT I	VEST-	(C) ADJUSTED NET INCOM	(D) CHARITABLE E PURPOSES
TAX PREPARATION FE	r — Es	4,000.		2,000.		2,000.
TO FORM 990-PF, PG	1, LN 16B	4,000.		2,000.		2,000.
	-		- 			

FORM 990-PF C	THER PROFES	SSIONAL FEES STA		TATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CONSULTING SERVICES	53,043.	0.		53,043.
TO FORM 990-PF, PG 1, LN 16C	53,043.	0.		53,043.
FORM 990-PF	TAX	ES	S	TATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
STATE OF OHIO	200.	0.		200.
FEDERAL EXCISE TAX PAYMENTS	229,414.	0.		0.
TO FORM 990-PF, PG 1, LN 18 =	229,614.	0.		200.
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CINCINNATI INSURANCE COMPANY	31,839.	0.		31,839.
EFT SERVICE CHARGES MISCELLANEOUS	335. 19,145.	0. 0.		335. 19,145.
TO FORM 990-PF, PG 1, LN 23	51,319.	0.		51,319.

FORM 990-PF	CORPORATE STOCK		STATEMENT 8
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
CINCINNATI FINANCIAL CORPORATIO	NC	202,614,047.	447,918,340.
TOTAL TO FORM 990-PF, PART II,	LINE 10B	202,614,047.	447,918,340.

FORM 990-PF EXPENDITURE RESPONSIBILITY STATEMENT PART VII-B, LINE 5C

STATEMENT 9

GRANTEE'S NAME

FOTOFOCUS CINCINNATI

GRANTEE'S ADDRESS

212 E. 14TH STREET CINCINNATI, OH 45202

GRANT AMOUNT DATE OF GRANT AMOUNT EXPENDED

VERIFICATION DATE

1,000,000. 04/16/18

1,000,000.

06/30/19 🗸

PURPOSE OF GRANT

SUPPORT THE PROGRAMS AND OPERATION OF FOTOFOCUS, AS IT FULFILLS ITS MISSION TO PRESENT AND FUND THE FINEST IN PHOTOGRAPHY AND LENS-BASED PROJECTS THAT ARE ACCESSIBLE, ENRICHING, AND ENGAGING TO A DIVERSE AUDIENCE.

ANY DIVERSION BY GRANTEE

NONE

RESULTS OF VERIFICATION

THE SCHIFF FOUNDATION WAS PROVIDED WITH A REPORT ON JUNE 27, 2019 ON THE USE OF THE TAX YEAR 2017 GRANT. THE REPORT VERIFIED THAT FOTOFOCUS CINCINNATI USED THE GRANT AMOUNT PURSUANT TO AGREEMENTS OUTLINED BY THE SCHIFF FOUNDATION.

GENERAL EXPLANATION

STATEMENT 10

FORM/LINE IDENTIFIER AND DESCRIPTION/RETURN REFERENCE

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990-PF AMENDED - REASON FOR AMENDED RETURN

EXPLANATION:

THE JOHN J. & MARY R. SCHIFF FOUNDATION RETURN, FORM 990-PF, IS BEING AMENDED BECAUSE THE FOUNDATION MADE A GRANT TO FOTOFOCUS, A PRIVATE OPERATING FOUNDATION, AND FAILED TO REPORT THE APPLICABLE EXPENDITURE RESPONSIBILITY. THE TAXPAYER HAS ANSWERED PART VII-B, LINE 5A(4), 5B AND 5C AS YES AND PROVIDED THE REQUIRED INFORMATION FROM REGULATION SECTION 53.4945-5(D) AS A STATEMENT TO THE TAX RETURN.