Form **990-PF**

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.

Int	ernal F	Revenue Service	► Go to t	www.irs	gov/Forn	1990PFfor instr				ո. Օբ	en to Public	Inspection
Fo	or cal	endar year 2019	or tax year begin	ning			, 2019	, and end				, 20
Na	me of	foundation							A	Employer identifi	cation numbe	er
			RAH S. MARCU							31-	1190243	
Νι	ımber	and street (or PO box	number if mail is not d	lelivered t	o street ad	dress)		Room/suit	te B	Telephone numbe	r (sēe instruct	tions)
								ļ				
		. BOX 80387				<u>-</u>				31	<u>2-630-6</u>	000
City or town, state or province, country, and ZIP or foreign postal code							_1/					
									C	If exemption applicat pending, check here	ion is	▶∐⊍
_	CHI	CAGO, IL 60	680									
G	Che	ck all that apply:	Initial retur			Initial return		oublic cha	rity D	1 Foreign organizati	ons, check here	▶∐
			Final return			Amended re				2 Foreign organizati 85% test, check hi		• —
_			Address ch			Name chang				computation .		▶∐
H	Che	ck type of organia	zation: X Section	on 501				1)4	E	If private foundation	status was term	ninated
\perp			onexempt charitable			her taxable pr				under section 507(b	(1)(A), check he	re . ▶
ı		market value o		I	-	nethod: X C	ash [] Acc	cruai	F	If the foundation is it		i i
		of year (from Pa		ı —	ther (sp					under section 507(b)	(1)(B), check he	re . ▶
			376,694.	<u> </u>		l), must be on c	ash basis.)		. 1 .		/dl Dichu	irsements
L	art I		renue and Expens in columns (b), (c), ar		(0) 11	evenue and	(b) Net invi	estment	(c) A	djusted net		aritable
_		may not necessar	ily equal the amount		ext	enses per books		income		ncome		ooses asis only)
_		column (a) (see ir			 	030 043	र म <i>्यू दे</i> रकार हुई र	الله الله الله الله الله الله الله الله	1 3 m . hugg	AUGUSTATION TO THE	Cash Di	() Taggrap () () tes
	1		its, etc., received (attach sc e foundation is not requ			,939,842.	1 F	***********	21 49 214000	range in the section of the section		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	2		ch Sch B		22.2		34	. 4 2	, ,	· /s a · 	表。 発表。 を を を を を を を を を を を を を	
	3	_	nd temporary cash inve			356,997.	3 5	8,642.				STMT 1
	4		rest from securities			330,331.	ļ . 	00,042.			-57 % - 57	Form I
		Gross rents			1967 Ace	包括相信 证据		र देशकार्ड के	12 T. T. 78 3 8 1		-q,~	
4		Net rental income or				,070,422	الريمان ويانتكاف ب		C 6 0 / () 1	TO REC	FIVE	<u> </u>
Revenue	b	Gross sales price for	n sale of assets not on all 5, 232		ارو معرد می باش		Car Jaile		1 W	35 23 3 4 4	F 25 975	70
Ve	7	Capital cap pet in	come (from Part IV, I			(雪竹), 空始	1 1 1 1 2 1		EX II	E CED	V 6- 3U3(1.0
윤	8	, ,	ital gain	-			12 d. 3. 2. 4		(1,44)	BET SEF	U O LUCI	- S 153
	9	Income modification	•		1.52	G-LOWIE	Gray Sa	1. 1. 1.				
		Gross sales less retur	ns		Jan J			\$ 765 July 15	(fgr	G OGL	DEN, U	17:10 30
	h	and allowances Less Cost of goods s					38 35 AV		10000 3	and the color	4	- 1 24 T. m
	l '	•	s) (attach schedule)				學為為主節	The Graph			3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5 (5.787 H. 1741
	11	•	ich schedule)								10.2	经验证金
	12	Total. Add lines 1	through 11 · · ·	· · · ·	6	,367,261	2,42	29,064.			がっていまって	TOTAL DE
	13	Compensation of offi	cers, directors, trustees	, etc		80,000						80,000.
ëes	14		laries and wages .					NONE		NONE		
ens	15	Pension plans, em	ployee benefits		<u> </u>		ļ <u>.</u>	NONE		NONE		
ğ	14 15 16a b c 17 18 19 20 21		schedule)									
E CO	ь	Accounting fees (a	attach schedule)STN	MT.2.		2,500		1,250.		NONE		<u>1,250</u> .
₹	С	Other professional	fees (attach schedu)	餌.3.		31,106	43	31,106.				
tra	17											
nis	18		dule) (see instru ctio)			15,019	!	8,502.				** ** * * * * * * * * * * * * * * * *
Ē	19	Depreciation (attack	ch schedule) and dep	pletion .					<u> </u>		المنطق المنطق المنطق	المراجعة والمراجعة المراجعة
Ą	20	Occupancy			ļ				<u> </u>			
ַקַ	21		s, and meetings				ļ	NONE		NONE		
a	22		cations		<u> </u>			NONE		NONE		
'n	23 24 25	· ·	ttach schedule) STN			250	 	50.	 			<u>200</u> .
rati	24	_	nd administrative ex									01 450
oe			ıgh 23		<u> </u>	128,875		<u> 10,908.</u>		NONE		81,450.
Ō		=	s, grants paid		<u> </u>	525,675	1 to 1 to 2 to 2 to 2 to 2 to 2 to 2 to		4 h .;*			<u>525,675</u> .
_	26		bursements Add lines 2	4 and 25	 	654,550	4	<u> 10,908.</u>		NONE	٠	<u>607,125</u> .
	27	Subtract line 26 fr			.		1.12 - 1.25 ·		The File			
	а		ver expenses and disbu			5,712,711	 	-	1 2 X	·251.5 = 7.*		**************************************
	b		come (if negative, e		2.3	ortigalisi stroutpina		38,156.	1	<u> </u>	. T.,	1.0 5.1
_	C	Adjusted net inco	me (if negative, ente	:r -U-)• •		*** Fine **	1 - 7	<u>. · · · · · · </u>	L			<u> </u>

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23-87828

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with		
	end-of-year figure reported on prior year's return)	1	6,716,236.
2	Enter amount from Part I, line 27a		5,712,711.
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	12,428,947.
5	Decreases not included in line 2 (itemize) ► COST ADJUSTMENT	5	208,118.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	12,220,829.

1 a PUBLICLY TRADED SECURITI b c d e (e) Gross sales price (f) Depri	e; or common stock, 200		(b) Hor acquire P - Purch D - Dona	d (c) Date acquired	(d) Date sold (mo , day, yr
b c d e (e) Gross sales price (f) Deprice (c)	reciation allowed				
b c d e (f) Depr	reciation allowed				
d e (e) Gross sales price (f) Dep					
e (e) Gross sales price (f) Dep					
(e) Gross sales price (f) Deprice					
(e) Gross sales price					
a 5,232,320.		(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) minu	
		3,161,898.		2,	070,422.
b					
С					
d					
e					
Complete only for assets showing gain in	column (h) and owned	by the foundation on 12/31/69.		(I) Gains (Col. (h) ga	ın minus
(i) FAN (12 /21 /22	Adjusted basis	(k) Excess of col. (i)		ol. (k), but not less t	han -0-) or
	of 12/31/69	over col. (j), ıf any		Losses (from co	l. (h))
a				2,	070,422.
b					
c					
d					
e					
	C If c	gain, also enter in Part I, line 7	1		
Capital gain net income or (net capital	allocci I "		} 2	2.	070,422.
	u i i i i i i i i i i i i i i i i i i i	lossi, enter -u- in Pari I, line 7			0,0/_288.
3 Net short-term capital gain or (loss) a	(17 (loss), enter -0- in Part I, line 7) *		
) IT (as defined in sections	1222(5) and (6):			
If gain, also enter in Part I, line 8,	as defined in sections column (c). See in	1222(5) and (6): structions. If (loss), enter -0- i	in }		
If gain, also enter in Part I, line 8, Part I, line 8	as defined in sections, column (c). See in	1222(5) and (6): structions. If (loss), enter -0- i	in } 3		
If gain, also enter in Part I, line 8, Part I, line 8	as defined in sections, column (c). See in column (c). See in column (d) for Red additions subject to the column thank.	1222(5) and (6): structions. If (loss), enter -0- i duced Tax on Net Investment e section 4940(a) tax on net investment butable amount of any year in the	ant Income	come.)	Yes X N
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Part VI instructions.

	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ections	s)
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
·u	Date of ruling or determination letter			
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check	-	47,7	63.
	here and enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of	Ţ		ſ
·	Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		N	IONE
3	Add lines 1 and 2	-	47,7	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	_		ONE
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		47,7	
6	Credits/Payments:			•
a	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 7,000 .			į
ь	Exempt foreign organizations - tax withheld at source			•
c	Tax paid with application for extension of time to file (Form 8868)			
d		•	•	ì
7	Total credits and payments. Add lines 6a through 6d	• • • •		00.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		40,7	63.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax ► NONE Refunded ► 11			
Par	t VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
c	Did the foundation file Form 1120-POL for this year?	10		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation ▶ \$(2) On foundation managers ▶ \$	1		:
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	-	, ,	
	on foundation managers. \$			
2	the contract of the contract o	2		X
	If "Yes," attach a detailed description of the activities.			1
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			- ;
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or		'	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		ļ.,,,	:
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. FL OH		-	
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		•	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	x	,
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			-
3	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes,"			- · /
	complete Part XIV	9		Х
	vointprote - Git / M V		 	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		, ,	

Par	t VII-A Statements Regarding Activities (continued)			
			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	ļ	X
12	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	<u> </u>
	Website address ► N/A			
14	The books are in care of ► THE NORTHERN TRUST COMPANY Telephone no. ► (312) 630	-600	0	•
• •	Located at ▶ PO BOX 803878, CHICAGO, IL ZIP+4 ▶ 60680		-	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		•	T
13	and enter the amount of tax-exempt interest received or accrued during the year			
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		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of		1	
	the foreign country	-	•	, - ;
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	ــــــــــــــــــــــــــــــــــــــ		<u> </u>
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Г	Yes	No
19	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
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	., ,		1
	disqualified person?		[[,
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	ļ		;
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	i		1 :
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	ļ	- 5	. 1
	the benefit or use of a disqualified person)?		1	١.
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	*	, <u> </u>] `
	foundation agreed to make a grant to or to employ the official for a period after	1		!
	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	,		٠ ١
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		١,	ا يا- سياف
	were not corrected before the first day of the tax year beginning in 2019?	1c	1	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			1
	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			
	6d and 6e) for tax year(s) beginning before 2019?		, s	, '
	If "Yes," list the years			- 4
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		,	, 1
	>	1	-	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	4		
	at any time during the year?	١		
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or		٠.	;
	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	^ :	١,٠	
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			A
	foundation had excess business holdings in 2019.)	3b		<u> </u>
4a	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		1	ا متسيد ،
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		X
		rm 99	O.PF	(2010)

:Part	VII-B Statem	ents Regarding Activities f	or Which Form 4	720 May Be Requ	<u>uired (continued)</u>			
5a	During the year, did th	ne foundation pay or incur any amo	ount to:				Yes	No
	(1) Carry on propagar	nda, or otherwise attempt to influe	nce legislation (section	4945(e))?	Yes X No	,		
	(2) Influence the ou	tcome of any specific public ele	ection (see section 4	955); or to carry on	,		'	
	directly or indirect	tly, any voter registration drive?			Yes X No	,		
	(3) Provide a grant to	an individual for travel, study, or o	ther similar purposes?		Yes X No	,		ı
		to an organization other than a						
	• •	I)(A)? See instructions	_			,		
		purpose other than religious, c						•
		ne prevention of cruelty to children				,		
b		es" to 5a(1)-(5), did any of the				, .,		
_		3.4945 or in a current notice regains				. 5b		
		on a current notice regarding disas						
С		es" to question 5a(4), does the						,
·		I expenditure responsibility for the				,		
		stement required by Regulations se						i
6a	·	during the year, receive any ful		ectly to pay premium	าร	,		, '
Фa		contract?	•		Yes X No	,		
ь		uring the year, pay premiums, direc				6b	"	X
U	If "Yes" to 6b, file Form	_	on a p	icraonal benefit contra		'	- 1	
7a	•	e tax year, was the foundation a pa	erby to a prohibited tax	shelter transaction?	Yes X No	,		
/a b		lation receive any proceeds or have				. 7b	d to best	r- ;
8	• •	ject to the section 4960 tax on pay	•			` <u>'</u>		
0	•	ss parachute payment(s) during the	• •		. Yes X No	, _.		•
Par		ion About Officers, Directo					1 - 1	
. 41	and Cont	tractors	·	•				
	1			-i	Can instructions			
1	List all officers, dire	ectors, trustees, and foundation			See instructions. (d) Contributions to	(a) Evpens	20001	unt .
1		ectors, trustees, and foundation ne and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expens		
	(a) Nan		(b) Title, and average	(c) Compensation	(d) Contributions to			
			(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans			
	(a) Nan		(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans			
	(a) Nan		(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans			
	(a) Nan		(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans			
	(a) Nan		(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans			
	(a) Nan		(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans			
	(a) Nan		(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans			
SEE	(a) Nan	ne and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other all	owance	s
SEE	(a) Nan		(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other all	owance	s
SEE	(a) Nan STATEMENT 10 Compensation of "NONE."	five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those (b) Title, and average	(c) Compensation (If not paid, enter -0-) 80,000.	(d) Contributions to employee benefit plans and deferred compensation 1 - see instruction (d) Contributions to employee benefit	ons). If no	one, (enter
SEE	(a) Nan STATEMENT 10 Compensation of "NONE."	ne and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation • 1 - see instruction	other all	one, (enter
SEE	(a) Nan STATEMENT 10 Compensation of "NONE."	five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week	(c) Compensation (If not paid, enter -0-) 80,000.	(d) Contributions to employee benefit plans and deferred compensation 1 - see instruction (d) Contributions to employee benefit plans and deferred	ons). If no	one, (enter
SEE 2	Compensation of "NONE."	five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week	(c) Compensation (If not paid, enter -0-) 80,000.	(d) Contributions to employee benefit plans and deferred compensation 1 - see instruction (d) Contributions to employee benefit plans and deferred	ons). If no (e) Expens other all	one, (enter
SEE 2	Compensation of "NONE."	five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week	(c) Compensation (If not paid, enter -0-) 80,000.	(d) Contributions to employee benefit plans and deferred compensation 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other all	one, o	enter
SEE 2	Compensation of "NONE."	five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week	(c) Compensation (If not paid, enter -0-) 80,000.	(d) Contributions to employee benefit plans and deferred compensation 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other all	one, o	enter
SEE 2	Compensation of "NONE."	five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week	(c) Compensation (If not paid, enter -0-) 80,000.	(d) Contributions to employee benefit plans and deferred compensation 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other all	one, o	enter
SEE 2	Compensation of "NONE."	five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week	(c) Compensation (If not paid, enter -0-) 80,000.	(d) Contributions to employee benefit plans and deferred compensation 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other all	one, o	enter
SEE 2	Compensation of "NONE."	five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week	(c) Compensation (If not paid, enter -0-) 80,000.	(d) Contributions to employee benefit plans and deferred compensation 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other all	one, o	enter
SEE 2	Compensation of "NONE."	five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week	(c) Compensation (If not paid, enter -0-) 80,000.	(d) Contributions to employee benefit plans and deferred compensation 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other all	one, o	enter
SEE 2	Compensation of "NONE."	five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week	(c) Compensation (If not paid, enter -0-) 80,000.	(d) Contributions to employee benefit plans and deferred compensation 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other all	one, o	enter
SEE 2	Compensation of "NONE."	five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week	(c) Compensation (If not paid, enter -0-) 80,000.	(d) Contributions to employee benefit plans and deferred compensation 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other all	one, o	enter
SEE (a)	Compensation of "NONE." Name and address of each	five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those hours per week devoted to position	(c) Compensation (If not paid, enter -0-) 80,000.	(d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation NONE	ons). If no (e) Expensorher all	one, o	enter

3 Five hi	hest-paid independent contractors for professional services. See instructions. If none, enter "NONE	11
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
IONE		NONE
	······································	
		
		·
	of others receiving over \$50,000 for professional services	NON
Part IX-A	Summary of Direct Charitable Activities	
	ation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1NONE		
2		
3		
T		
art IX-B	Summary of Program-Related Investments (see instructions)	
	wo largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 NONE		
2		
		
All other prog	am-related investments. See instructions	
3NONE		

31-1190243

Par	rt X Minimum Investment Return (All domestic foundations must complete this part. Fo see instructions.)	reign found	ations,
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	13,540,721.
b			NONE
С			NONE
d			13,540,721.
е			
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	. 2	NONE
3	Subtract line 2 from line 1d	. 3	13,540,721.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, se		
	instructions)	. 4	203,111.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line	4 5	13,337,610.
6	Minimum investment return. Enter 5% of line 5		666,881.
Par	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for and certain foreign organizations, check here ▶ and do not complete this part.)	oundations	
1	Minimum investment return from Part X, line 6	. 1	666,881.
2a	Tax on investment income for 2019 from Part VI, line 5 2a 47,76		
ь		7	
c		2c	47,763.
3	Distributable amount before adjustments. Subtract line 2c from line 1		619,118.
4	Recoveries of amounts treated as qualifying distributions		NONE
5	Add lines 3 and 4		619,118.
6	Deduction from distributable amount (see instructions)		NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII		
	line 1		619,118.
	Qualifying Distributions (see instructions)	*	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		605 105
a	, , , , , , , , , , , , , , , , , , ,		607,125.
b	The second control of		
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.		270277
_	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		27027
a			NONE
b	and the state of t		NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line		607,125.
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		N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4		607,125.
U	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when		
	qualifies for the section 4940(e) reduction of tax in those years.	oalouiding (whother the loundation

Page 9

Part XIII Undistribute	ed Income (see instru	uctions)			Page
		(a)	(b)	(c)	(d)
1 Distributable amount fo	r 2019 from Part XI,	Corpus	Years prior to 2018	2018	2019
line 7					619,118
2 Undistributed income, if any	, as of the end of 2019.				
a Enter amount for 2018 or	· ' -			NONE	
b Total for prior years 20	,20,20		NONE		
3 Excess distributions carr					
a From 2014	NONE				
b Гrom 2015	108,697.	, ,			
c From 2016	58,936.		,	. 4	
d From 2017	46,585.		, **		4.7
e From 2018		247,079.			
f Total of lines 3a through	r -	247,079.			
4 Qualifying distributions f					
line 4: ▶ \$				NONE	
a Applied to 2018, but not	Г			NONE	······
b Applied to undistributed (Election required - see instance)		J	NONE		
•	·				
c Treated as distributions required - see instructions		NONE	, ,		,
d Applied to 2019 distribute	· · · · · · · · · · · · · · · · · · ·	RONE	<u>'</u>		607,125
e Remaining amount distrib	Г	NONE	, ,		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5 Excess distributions carr	yover applied to 2019				
(If an amount appears in amount must be shown in		11,993			11,993
6 Enter the net total			-		
indicated below:	or each column as		·	, , , , , , , , , , , , , , , , , , ,	
a Corpus. Add lines 3f, 4c,	and 4e. Subtract line 5	235,086	٠,	,	_
b Prior years' undistribut	ſ			_ ,	<u> </u>
line 4b from line 2b	i		NONE		
c Enter the amount of pri		,			
income for which a no been issued, or on which					
tax has been previously as			NONE		
d Subtract line 6c from	m line 6b. Taxable				
amount - see instructions	P		NONE NONE		
e Undistributed income for 4a from line 2a. Ta					
instructions				NONE	
f Undistributed income fo	r 2019. Subtract lines	ł	. ,		
4d and 5 from line 1.					
distributed in 2020		ru-			NON
7 Amounts troated as disti	ributions out of corpus		, , ,	,	ı
to satisfy requirements	imposed by section		, , , , , , , , , , , , , , , , , , ,		
170(b)(1)(F) or 4942(g)		21021		1	
required - see instructions	·	NONE	<u> </u>		
8 Excess distributions carr	•	NONTE			
applied on line 5 or line 7		NONE		, i	1 1
9 Excess distributions	1	225 000			•
Subtract lines 7 and 8 from	m iine 6a	235,086.			
10 Analysis of line 9:	96,704.	• .			
a Excess from 2015	58,936.	1	,		
b Excess from 2016	46,585.			İ	
c Excess from 2017	32,861.	n 98			* *
d Excess from 2018	36,001.		'		
e Excess from 2019	<u>l</u>				Form 990-PF (2019

Pai	rt XIV Private Ope	erating Foundations	s (see instructions a	and Part VII-A, quest	ion 9)	NOT APPLICABL
	If the foundation has					
	foundation, and the ruling	j is effective for 2019, en	ter the date of the ruling		▶	
Ь	Check box to indicate v	whether the foundation	is a private operating	foundation described in	n section	4942(j)(3) or 4942(j)(5)
2a	Enter the lesser of the ad-	Tax year		Prior 3 years		(é) Total
	justed net income from Part	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
	for the minimum investment return from Part X for each					
	year listed				<u> </u>	
b	85% of line 2a		<u> </u>		<u> </u>	_//
С	Qualifying distributions from Part				1	
	XII, line 4, for each year listed .			ļ 		
d	Amounts included in line 2c not used directly for active conduct	ļ		j		
	of exempt activities	<u> </u>		 		
e	Qualifying distributions made					
	directly for active conduct of exempt activities Subtract line				P	
_	2d from line 2c				 	
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test - enter				Ì	
	(1) Value of all assets · · ·				 	
	(2) Value of assets qualifying under section					{
	4942(j)(3)(B)(i)		 			
D	"Endowment" alternative test- enter 2/3 of minimum invest-]			
	ment return shown in Part X,					1
	line 6 for each year listed			 	<u> </u>	
С	"Support" alternative test - enter	ļ]	ļ
	(1) Total support other than gross investment income					
	(interest, dividends, rents,					
	payments on securities loans (section 512(a)(5)),				1	1
	or royalties)		<i>f</i>	 	 	
	public and 5 or more					j
	exempt organizations as provided in section 4942					
	(j)(3)(8)(iii)				 	-
	(3) Largest amount of sup- port from an exempt				1	
	organization				 	-
Par		tary Information (Complete this par	t only if the found	ation had \$5	000 or more in assets at
		uring the year - see				
1	Information Regarding	Foundation Manager	rs:			
а						received by the foundation
	before the close of any	tax year (but only if th	ney have contributed	more than \$5,000). (S	ee section 507	(d)(2).)
	N/A					
b						equally large portion of the
	ownership of a partner	ship or other entity) of	which the foundation	n has a 10% or greater	r interest.	
_	N/A Information Regarding		011	 		
2						
	Check here ► X if t	he foundation only	makes contributions	to preselected char	itable organiza	tions and does not accept
	complete items 2a, b,			ants, etc., to individu	als or organizat	tions under other conditions,
					المراجعة عامية	l ba addessad
а	The name, address, and	a telephone number o	r email address of the	e person to whom app	lications should	De addressed:
b	The form in which app	lications should be sul	omitted and informati	on and materials they	should include:	
С	Any submission deadling	nes:				· · · · · · · · · · · · · · · · · · ·
d	Any restrictions or li factors:	mitations on awards	, such as by geogr	aphical areas, charit	able fields, kin	nds of institutions, or other

Recipient show any relationship to any foundation manager or substantial contributor a Paid during the year If recipient is an individual, show any relationship to any foundation manager or substantial contributor or substantial contri	3 Grants and Contributions Paid Duri	ng the Year or Ann	roved for	Future Payment	
A PRODUCT OF SER ATTACHED See attached IL 60680 NA PUBLIC GENERAL 525,675. Total	Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Total Department of future payment Approved for future payment	Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
Total Approved for future payment Total Approved for future payment Total	a Paid during the year	0. 3050(0.11,15)			
Total Approved for future payment Total Approved for future payment Total					
Total	VARIOUS- SEE ATTACHED				
b Approved for future payment	SEE ATTACHED see attached IL 60680	NA	PUBLIC	GENERAL	525,675.
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Part XVI-				15		(a)
Enter gross	amounts unless otherwise indicated	(a)	(b)	(c)	(d)	(e) Related or exempt function income
1 Program	service revenue	Business code	Amount	Exclusion code	Amount	(See instructions.)
а						
ь				ļ		-
c				ļ		
d						
· ·						
f			<u> </u>	 	<u> </u>	
g Fees	and contracts from government agencies	<u> </u>		 		
	ship dues and assessments			 		
	n savings and temporary cash investments.			14	356,997.	
	ds and interest from securities		 		330,331.	
	al income or (loss) from real estate:				·	
	-financed property			 		
	debt-financed property			 		
	il income or (loss) from personal property					
	vestment income			18	2,070,422.	
•	oss; from sales of assets other than inventory me or (loss) from special events ••••					-
	ofit or (loss) from sales of inventory					
-	venue. a					
е				<u></u>		
12 Subtotal	. Add columns (b), (d), and (e)				2,427,419.	
13 Total. A	dd line 12, columns (b), (d), and (e)				13	2,427,419.
	eet in line 13 instructions to verify calci					
Part XVI-	B Relationship of Activities	s to the A	ccomplishment of Ex	xempt Pur	poses	
Line No.	Explain below how each activit	y for which	h income is reported i	n column (e) of Part XVI-A contribu	ated importantly to the
▼	accomplishment of the foundation	on's exemp	t purposes (other than	by providing	funds for such purpose	s). (See instructions.)
						
						
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Form 89	30-PF [2	2019)					<u> 31-1190243</u>	<u> </u>		Pa	ge 13
Part	XVII	Information Re Organizations	garding Tra	nsfers to and	Transaction	s and	Relationships	With Monch	aritable	Exc	mpt
1 [Did th	e organization direct	y or indirectly	engage in any of	the following	with a	iny other organi	zation described		Yes	No
		ction 501(c) (other									,
		zations?`			•			•		•	Į
	-	ers from the reporting	foundation to	a noncharitable e	xemot organi	zation a	of:		1 1		
		sh			•				18(1)		<u> </u>
		her assets								•	X
	•	transactions:							. 1915		
			ahaditahla aya	ant accomination					المياما	•	v
		les of assets to a non									X
		rchases of assets from									- <u>A</u> -
		ntal of facilities, equi									X
		imbursement arrange									X
		ans or loan guarantes									X
(6) Pe	rformance of services	or membershi	p or fundraising s	oticitations .				• 1Ь(8)		X
c 8	Sharin	ng of facilities, equipm	ent, mailing lis	ts, other assets, or	r paid employ	885			_ 1_] ،		X_
d l	f the	answer to any of th	e above is "Y	s," complete the	following sc	hedule.	Column (b) sh	ould always sho	w the	fair m	arket
١	alue	of the goods, other	Assets, or serv	ices given by the	reporting for	undation	a. If the foundat	tion received les	s than t	fair m	ıarket
١	/alua	In any transaction of	sharing arran	gement, show in	column (d) th	ne value	e of the goods,	other assets, or	service:	s rece	ived.
(a) Lin	e no.	(b) Amount involved	(c) Name of	oncharitable exempt	nganization	(d) Do	scription of transfer	s, transactions, and sh	ering arra	ngeme	nts
											
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		foundation directly								_	_
(descri	bed in section 501(c)	(other than se	ction 501(c)(3)) o	r in section 5	277			۰∠ لا .	es 🔃	∐ No
bl	f "Yes	complete the follow	ving schedule.								
		(e) Name of organization	ภ	(b) Type o	of organization		(c	Description of relation	qldane		
	**										
		er ponalities of parjury, I dook						the best of my knowle	dge end t	ballef, li	ia true,
oi	DOTTO	ex, and complete Deflaration of	T prepator (other than	roxbaket) iz pazoq ov ajį įu	holder to noissmore	brobatet pa	s sny knowiedge.				
Sign		-MANUS		04/28/	2020	TRU.	STEE		IRS discus		
Here	Siff	nature of object or trustee		Date		Title		See fetruci	preparer i	Yee	No
	1 7	RUSTEE		~				<u> </u>		<u> </u>	
	<u>=</u> :	Print/Type prepared and	me .	Preparer scions	lura		Dato	Check if	PTIN		
Paid		Dhn A	Zalms	1 7 7				020 self-employed		236	657
Prep	arer		 	TRUST COME	VILLE				-1561		<u> </u>
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		T CF	ICAGO, I	<u> </u>	60	<u>680</u>	1		<u>630-6</u>		
				\ /				1	Form 99	U-PF	(2019)

Schedule B

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990for the latest information. OMB No 1545-0047

2019

Employer identification number

JOSEPH L. & SARAH S. MARCUM FOUNDATION 31-1190243 Organization type (check one): 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 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization JOSEPH L. & SARAH S. MARCUM FOUNDATION Employer identification number 31-1190243

Part I	Contributors (see instructions). Use duplicate copies	eeded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	JOSEPH L AND SARAH MARCUM TRUSTS PO BOX 803878 CHICAGO, IL 60680	\$3,792,575.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JOSEPH L AND SARAH MARCUM TRUSTS PO BOX 803878 CHICAGO, IL 60680	\$147,267.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

JOSEPH L. & SARAH S. MARCUM FOUNDATION

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	PUBLICLY TRADED SECURITIES		
			06/28/2019
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See Instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

SECURITIES	
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INTEREST	
AND	ii H H
DIVIDENDS	
- 1	;;
PART]	
990PF,	H H H H H
FORM	

NET INVESTMENT INCOME	358,623.	358,
REVENUE AND EXPENSES PER BOOKS	360,129. 464. -3,615. 19.	356,997.
		TOTAL
DESCRIPTION	DIVIDENDS AND INTEREST MUNICIPAL INTEREST DEFERRED INCOME CHECKING ACCOUNT INTEREST	

STATEMENT

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	1,250.
ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	1,250. 1,250. 1,250.
REVENUE AND EXPENSES PER BOOKS	2,500.
	TOTALS
DESCRIPTION	TAX PREP FEE

23-87828

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STATEMENT

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FORM 990PF, PART I - OTHER PROFESSIONAL FEES

NET INVESTMENT INCOME	31,106. 31,106. ====================================
REVENUE AND EXPENSES PER BOOKS	31,106. 31,106. 31,106.
DESCRIPTION	NORTHERN TRUST MGMT FEE TOTALS

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STATEMENT

- TAXES	
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NET INVESTMENT INCOME	8,502.
REVENUE AND EXPENSES PER BOOKS	6,517. 8,502. 15,019.
	TOTALS
DESCRIPTION	ESTIMATED TAX FOREIGN TAXES

- OTHER EXPENSES

FORM 990PF, PART

23-87828

27

INCOME EXPENSES PER BOOKS REVENUE AND DESCRIPTION

INVESTMENT

CHARITABLE PURPOSES

200.

TOTALS

250.

50.

200.

OHIIO REGISTRATION FEE CLASS ACTION SERVICE CHARGE

50.

200.

STATEMENT

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JOSEPH L. & SARAH S. MARCUM FOUNDATION,

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION

SEE ATTACHMENTS

ENDING FMV ENDING BOOK VALUE 13,803,692. 9,782,748.

9,782,748.

TOTALS

II II II II II II II II

13,803,692.

9

STATEMENT

23-87828

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STATEMENT 7

FORM 990PF, PART II - CORPORATE BONDS

JOSEPH L. & SARAH S. MARCUM FOUNDATION,

DESCRIPTION

SEE ATTACHMENTS

ENDING FMV ENDING BOOK VALUE

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1,683,072.

1,683,072.

TOTALS

1,693,662. 1,693,662. 23-87828

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31-1190243		ENDING	BOOK VALUE	1 ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	264,452.	264,452.
FOUNDATION,	OTHER INVESTMENTS	 	CORF		U	TOTALS
JOSEPH L. & SARAH S. MARCUM FOUNDATION,	ORM 990PF, PART II -	 	DESCRIPTION		SEE ATTACHMENTS	

ENDING FMV	388,783.
ENDING	264,452.
BOOK VALUE	

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STATEMENT

FORM 990PF, PART VII-A - NEW SUBSTANTIAL CONTRIBUTORS

NAME AND ADDRESS

JOSEPH L AND SARAH MARCUM TRUSTS PO BOX 803878 CHICAGO, IL 60680

JOSEPH L AND SARAH MARCUM TRUSTS PO BOX 803878 CHICAGO, IL 60680

31-1190243 FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES ______ OFFICER NAME: JOSEPH L. MARCUM ADDRESS: 11 INDENPENDENCE CRES HAMILTON, OH 32963 TITLE: CHAIRMAN OFFICER NAME: CATHERINE M. LOWE ADDRESS: P O BOX 490 WALLOON LAKE, MI 49796 TITLE: TRUSTEE AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1 20,000. COMPENSATION OFFICER NAME: M. CHRISTINA MANCHESTER ADDRESS: 539 EAGLE CIRCLE DR. KETTERING, OH 45429 TITLE: TRUSTEE AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1 COMPENSATION 20,000.

OFFICER NAME:

SARAH M. SHUFFIELD

ADDRESS:

6265 WILCHESTER LN.

BEAUMONT, TX 77706

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

COMPENSATION 20,000. FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

STEPHEN S. MARCUM

ADDRESS:

P.O. BOX 747

HAMILTON, OH 45012

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

COMPENSATION

20,000.

TOTAL COMPENSATION:

80,000.