PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

| A | or the | 2018 calendar year, or tax year beginning 001 1, 2016 and | ending U | ON 30, 2013 | |
|-------------------------|--------------------|---|-------------|---|-------------------------------|
| В | Check if applicabl | C Name of organization | | D Employer identific | cation number |
| | Addre | MAGNIFIED GIVING | | | |
| | Name chang | e Doing business as | | 26-3 | 519081 |
| | Initial return | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone numbe | r |
| | Final return | | | | 733-9727 |
| | termir ated | City or town, state or province, country, and ZIP or foreign postal code | 3) | G Gross receipts \$ | 772,023. |
| | Amen return | CINCINNATI, OH 45241 | | H(a) Is this a group re | eturn |
| | Application | F Name and address of principal officer: ROGER F. GREIN | | for subordinates | |
| _ | pendi | SAME AS C ABOVE | | H(b) Are all subordinates in | ncluded? Yes No |
| | | empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) | or 527 | If "No," attach a | list. (see instructions) |
| | | te: ► HTTP: //WWW.MAGNIFIEDGIVING.ORG | | H(c) Group exemptio | n number 🕨 |
| | | organization: X Corporation | L Year | of formation: 2008 | M State of legal domicile: OH |
| P | art I | Summary | | | |
| d) | 1 | Briefly describe the organization's mission or most significant activities: TO P | | | |
| Activities & Governance | | AND HIGH SCHOOL STUDENTS AND TO LOCAL CHA | | | |
| rna | 2 | Check this box if the organization discontinued its operations or dispose | sed of more | than 25% of its net ass | sets. |
| ove | 3 | | | 3 | 17 |
| 9 | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 17 |
| es | 5 | Total number of individuals employed in calendar year 2018 (Part V, line 2a) | | | 11 |
| Ϋ́ | 6 | Total number of volunteers (estimate if necessary) | | 6 | 30 |
| cti | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 0. |
| _ | b | Net unrelated business taxable income from Form 990-T, line 38 | | 7b | 0. |
| ø | | | | Prior Year | Current Year |
| | 8 | Contributions and grants (Part VIII, line 1h) | | 452,396. | 732,420. |
| Š | 9 | Program service revenue (Part VIII, line 2g) | | 10,568. | 13,521. |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 6,564. | 18,785. |
| æ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0. | 7,297. |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 469,528. | 772,023. |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 171,350. | 178,766. |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| S | 45 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 200,285. | 217,833. |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| De | . ь | Total fundraising expenses (Part IX, column (D), line 25) 80,48 | 89. | | |
| ŭ | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 116,321. | 150,722. |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 487,956. | 547,321. |
| | | Revenue less expenses. Subtract line 18 from line 12 | | -18,428. | 224,702. |
| or | 4 | | Const No. | ginning of Current Year | End of Year |
| ets | 20 | Total assets (Part X, line 16) | | 731,357. | 981,854. |
| ASS | 21 | Total liabilities (Part X, line 26) | | 0. | 723. |
| Net Assets or | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 731,357. | 981,131. |
| Pa | art II | Signature Block | | *************************************** | |
| Und | er pena | Ities of perjury, I declare that I have examined this return, including accompanying schedules | and stateme | nts, and to the best of my | knowledge and belief, it is |
| | | t, and complete. Declaration of preparer (other than officer) is based on all information of wh | | | |
| | | Keggy F. Them | | 11/12/ | 19 |
| Sig | n | Signature of officer | | Date | |
| Her | | ROGER F. GREIN, PRESIDENT | | | |
| | | Type or print name and title | | | |
| | | Print/Type preparer's name Preparer's signature | [| Date Check | PTIN |
| Paid | i | JANE E. PFEIFER JANE E. PFEIFER | 1 | 1/12/19 if self-employ | |
| | parer | Firm's name CLARK, SCHAEFER, HACKETT & CO. | J- | Firm's EIN ▶ | 31-0800053 |
| | Only | Firm's address 1 EAST 4TH STREET | | 1 mill o circ | |
| | - 5 | CINCINNATI, OH 45202 | | Phone no 51 | 3-241-3111 |
| May | v the IF | RS discuss this return with the preparer shown above? (see instructions) | | Ji none no. 3 1 | X Yes No |

FORM HAS BEEN ELECTRONICALLY FILED - KEEP FOR YOUR RECORDS

Form **8868**

(Rev. January 2019)

Application for Automatic Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

▶ File a separate application for each return. ▶ Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or print 26-3519081 MAGNIFIED GIVING File by the Social security number (SSN) Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your return. See 9940 READING ROAD instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. CINCINNATI, OH Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Return Application Code Code Is For Is For 01 Form 990-T (corporation) Form 990 or Form 990-EZ 08 02 Form 1041-A Form 990-BL Form 4720 (other than individual) 09 03 Form 4720 (individual) 10 Form 5227 04 Form 990-PF 11 05 Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) 12 Form 8870 06 Form 990-T (trust other than above) ROGER F GREIN The books are in the care of ▶ 9940 READING ROAD - CINCINNATI, OH 45241 Telephone No. ▶ 513-733-9727 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 🔃 and attach a list with the names and EINs of all members the extension is for. I request an automatic 6-month extension of time until MAY 15, 2020 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year ► X tax year beginning 07/01/2018 , and ending 06/30/2019 Final return Initial return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 3a any nonrefundable credits. See instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions. LHA

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

estimated tax payments made. Include any prior year overpayment allowed as a credit.

Form 8868 (Rev. 1-2019)

3b

0.

Other program services (Describe in Schedule O.)

including grants of \$ 427,280.

Form 990 (2018)

Total program service expenses ▶

26-3519081

Form 990 (2018) MAGNIFIED GIVING
Part IV Checklist of Required Schedules

| | | | Yes | No |
|----------|---|------------|-----|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | <u>X</u> |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | X | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X | | | |
| | as applicable. | | | 3.51 |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | 0.00000000 | 77 | |
| 7407 | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | v |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | _X_ |
| C | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | Х |
| ٨ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | 11c | | |
| u | | 11d | | Х |
| е | Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 116 | | |
| • | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | 90.0 |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | _X_ |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | 188 |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | _X_ |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 1 | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | _X_ |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 5840 | | 37 |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | <u> </u> |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | v |
| 40 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | v |
| 00 | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | - |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | х | |
| ournery/ | garanteen are by coloniary y, interest the scripture of the parts I and II | | 000 | |

832003 12-31-18

Form **990** (2018)

| Form 990 (| | MAGNIFIED | | |
|------------|----------|----------------------|-----|-------------|
| Part IV | Checklis | t of Required Schedu | les | (continued) |

| | Continued) | | Yes | NIa |
|------|--|-------|-----|-------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | Yes | No |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | _ | | |
| 20 | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | X |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| 240 | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| - | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L. Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | | |
| | complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| _, | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | THE R | | |
| 20 | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| • | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| C | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| ~~ | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 29 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| 30 | | 30 | | X |
| 04 | contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| 31 | | 31 | | х |
| | If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | - | | |
| 32 | 그렇지 않는 선택했다면 그는 그 사람들은 보면 이 그리고 있다. | 32 | | X |
| | Schedule N, Part II | 02 | | |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 33 | | X |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 34 | | x |
| | Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| | | 000 | | - |
| ь | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 35b | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 555 | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 36 | | X |
| -22 | If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization | - 00 | | 1 |
| 37 | | 37 | | X |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 0, | | 1 |
| 38 | | 38 | x | |
| Da | Note. All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance | 1 00 | | |
| 1 0 | Check if Schedule O contains a response or note to any line in this Part V | | | |
| _ | Oncon il Contodulo O containo a recipendo di ficio to any ilito il titio i acci | | Yes | No |
| | | 9 | res | NO |
| | Enter the number reported in Box 6 of 1 cm. 100s. Enter 6 | 3 | 1 | |
| b | Enter the humber of Porms W-2d included in line 1a. Enter-5 in not applicable | 4 | EM | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | 10 | x | 1 |
| | (gambling) winnings to prize winners? | | 990 | (201) |

| ~ | | | Yes | No |
|----------|--|---------|-----------------|----------------|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | alian Est |
| | filed for the calendar year ending with or within the year covered by this return 2a 11 | 6 70 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| • | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | v |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| 44 | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4- | | Х |
| h | If "Yes," enter the name of the foreign country: | 4a | | Λ |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | -00 | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | 20207 |
| | to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 112 | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| В | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 0 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | | |
| 9 | Sponsoring organization nave excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. | 8 | 1041 11 11 11 1 | 1 - 3 (H) H) - |
| а | Did the energying experimetion make any tayable distributions and a costing 10000 | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | JU | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | Eurilli | 1-11 | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| 160 | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| р | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| ^ | organization is licensed to issue qualified health plans Inter the amount of reserves on hand | | | |
| с 14а | Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14a | | 21 |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | ITO | | |
| | excess parachute payment(s) during the year? | 15 | | Х |
| | If "Yes," see instructions and file Form 4720, Schedule N. | .5 | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х |
| 190015 | If "Yes," complete Form 4720, Schedule O. | | TO THE | |
| | | | 200 | |

Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 17 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 17 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X 8a b Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c 13 Did the organization have a written whistleblower policy? X 13 14 Did the organization have a written document retention and destruction policy? X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a b Other officers or key employees of the organization X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website ____ Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ROGER F GREIN - 513-733-9727

45241

9940 READING ROAD, CINCINNATI,

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| (A) Name and Title | (B) Average hours per week | age Position (do not check more than one box, unless person is both an officer and person is both an | | | | | | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|--------------------------------|--|--|-----------------------|----------|--------------|---------------------------------|----------|--|--|--|
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) ROGER GREIN | 40.00 | | | 77538 | | | | | | 22 |
| PRESIDENT & CHAIR | | X | | X | | | | 0. | 0. | 0. |
| (2) JANE MEIER | 1.00 | | | 1105771 | | | | 120 | | 1020 |
| SECRETARY | | X | | Х | _ | _ | _ | 0. | 0. | 0. |
| (3) JOSH FENDLEY | 1.00 | | | | | | | | | 20 |
| BOARD MEMBER | | X | | | _ | _ | _ | 0. | 0. | 0. |
| (4) STEWART GREENLEE | 1.00 | | | | | | | | | |
| BOARD MEMBER | | X | | | | | _ | 0. | 0. | 0. |
| (5) DREW HICKS | 1.00 | | | | 1 3 | | | | | |
| BOARD MEMBER | | X | | | | | | 0. | 0. | 0. |
| (6) JENNA MCHUGH | 1.00 | | | | | | | | | |
| BOARD MEMBER | | X | | _ | | | _ | 0. | 0. | 0. |
| (7) MARY RONAN | 1.00 | | | | | | | | | |
| BOARD MEMBER | | X | <u> </u> | | _ | | <u> </u> | 0. | 0. | 0. |
| (8) BOB KELLY | 1.00 | | | | | | | | | _ |
| BOARD MEMBER | | Х | ┡ | _ | <u> </u> | | _ | 0. | 0. | 0. |
| (9) JOYCE KUPFER MULDERIG | 1.00 | ١ | | | | | | | | _ |
| BOARD MEMBER | 1 00 | X | - | | ⊢ | | - | 0. | 0. | 0. |
| (10) DREW MYERS | 1.00 | ١ | | | | | | | | _ |
| BOARD MEMBER | 1 00 | X | \vdash | | ⊢ | 4 | - | 0. | 0. | 0. |
| (11) DON NEYER | 1.00 | | | | | | | | | |
| BOARD MEMBER | 1 00 | X | - | \vdash | ⊢ | | - | 0. | 0. | 0. |
| (12) PAULA SILVA | 1.00 | ٠,, | | | l | | | | 0. | , |
| BOARD MEMBER | 1 00 | X | - | ⊢ | ⊢ | | + | 0. | 0. | 0. |
| (13) ANTHONY REED | 1.00 | x | 1 | | | | 1 | 0. | 0. | 0. |
| BOARD MEMBER | 1.00 | Α. | + | ⊢ | ⊢ | +- | ╁ | 0. | 0. | 0. |
| (14) JOHN RASP BOARD MEMBER | 1.00 | x | | | | | | 0. | 0. | 0. |
| (15) CASEY RUSCHMAN | 1.00 | ^ | + | \vdash | \vdash | \vdash | + | 1 | 0. | 0. |
| BOARD MEMBER | 1.00 | x | | | | | | 0. | 0. | 0. |
| (16) JON SANCHEZ | 1.00 | A | 1 | 1 | \vdash | | | 0. | 0. | ٠. |
| BOARD MEMBER | 1.00 | x | 1 | | | | | 0. | 0. | 0. |
| (17) KATELYN SUSSLI | 1.00 | | 1 | \vdash | 1 | | - | 0. | | ٠. |
| BOARD MEMBER | 1.00 | x | | | | | | 0. | 0. | 0. |
| 832007 12-31-18 | | 122 | - | _ | _ | - | 1 | | | Form 990 (2018 |

832007 12-31-18

Form **990** (2018)

| Part VII Section A. Officers, Directors, Trus | tees, Key Em | ploy | ees, | and | d Hi | ghe | st C | compensated Employee | s (continued) | |
|---|-------------------------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|------------------------------------|-------------------|-----------------------------|
| (A) Name and title | (B) Average | | | Pos | C) itior | ı | | (D) Reportable | (E) Reportable | (F) Estimated |
| The same same same | hours per | box | , unle | ss pe | rson i | than is both | n an | compensation | compensation | amount of |
| | week | | cer an | d a d | lirecto | or/trus | tee) | from | from related | other |
| | (list any hours for | Individual trustee or director | | | | | | the | organizations | compensation |
| | related | or di | ee | | | sated | | organization | (W-2/1099-MISC) | from the |
| | organizations | rustee | Itrus | | 98 | npen | | (W-2/1099-MISC) | | organization and related |
| | below | dual | institutional trustee | 100 | mploy | est co | is a | | | organizations |
| · | line) | Indiv | Instit | Officer | Key employee | Highest compensated employee | Former | | | James |
| (18) KELLY COLLISON | 40.00 | - | | | | | | | 325 | |
| EXECUTIVE DIRECTOR | | ⊢ | | X | ┝ | _ | | 73,000. | 0. | 0. |
| | | | | | | 1 | | | | |
| | | | | | | \vdash | | | | |
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| | | | - | | | | _ | | | |
| | | | | | | | | | | |
| 1b Sub-total | | | | | | | • | 73,000. | 0. | 0. |
| c Total from continuation sheets to Part VI | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | • | 73,000. | 0. | 0. |
| 2 Total number of individuals (including but n | ot limited to the | ose | liste | d ab | ove |) wh | o re | eceived more than \$100, | 000 of reportable | |
| compensation from the organization | | | | | | | _ | | | 0 |
| 3 Did the organization list any former officer, | director or tra | intor | . ko | | anla | | 0 - 1 | biabast sammanastad sa | | Yes No |
| line 1a? If "Yes," complete Schedule J for si | | | | 50 | (6) | 73 : 100 | | - 경쟁 - 이는 - 경우들은 마음이다는 이렇게 되었다. | | 3 X |
| 4 For any individual listed on line 1a, is the su | | | | | | | | | | 3 24 |
| and related organizations greater than \$150 | | | | | | | | | | 4 X |
| 5 Did any person listed on line 1a receive or a | ccrue compen | sati | on fr | om | any | unre | elate | ed organization or individ | lual for services | |
| rendered to the organization? If "Yes." com | plete Schedule | Jf | or su | ich r | pers | on . | | | | 5 X |
| Section B. Independent Contractors | | | | | | | | | | |
| Complete this table for your five highest contain for the organization. Beneat compensation for the organization. | | | | | | | | | | tion from |
| the organization. Report compensation for the organization (A) | ne calendar ye | ear e | nair | ig w | ith C | or wi | tnin | the organization's tax ye | ear. | (C) |
| Name and business | address | NO | ONE | 3 | | | | Description of s | ervices (| Compensation |
| | | | | | | | | | | |
| | | | | | | | _ | | | |
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| | | | | | | | T | | | |
| | week lines are not a second and the | SOSTORAL T | Carlo e me | KNI - | (gapene | | | On an experience on the Section of | | |
| 2 Total number of independent contractors (in | | ot lin | nited | to t | thos C | | ted | above) who received mo | ore than | |
| \$100,000 of compensation from the organiz | ation | | _ | | | , | | 3 | | Form 990 (2018) |

| | | Check if Schedule O cont | ains a response | or note to any lin | e in this Part VIII | | | |
|--|-----|--|-----------------|--------------------|-------------------------|--|---|--|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| ts | 1 | a Federated campaigns | 1a | | | South and the state of | | 1900 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 | b Membership dues | | | | | | |
| e, e | | c Fundraising events | | | EST THE PERSON NAMED IN | | | |
| # i | | d Related organizations | | | 3000 311340 | | | |
| S,E | | e Government grants (contribut | | | | | | |
| Ö | | f All other contributions, gifts, gran | | | | | | |
| E E | | similar amounts not included abo | | 732,420. | | | | 75450 |
| 급 | 1 | g Noncash contributions included in lines | | 118,837. | | | | |
| ő | | h Total. Add lines 1a-1f | | | 732,420. | Herman | | |
| 0 " | | 11 Total: Add lines 1a-11 | | | | THE PARTY OF THE P | | |
| | ١ | a SUMMER CAMP FEE | C | Business Code | | 12 501 | | i i i i i i i i i i i i i i i i i i i |
| Program Service Revenue | 2 | ¥ | | 900099 | 13,521. | 13,521. | | |
| e P | ' | b | | | | | | |
| n S | ' | c | | | | | | |
| Jrar Sev | , | d | | | | | | |
| 5 | 1 | e | | | | | | |
| Δ | 1 | f All other program service reve | | | | | | |
| | | g Total. Add lines 2a-2f | | | 13,521. | | | |
| | 3 | | | | | | | |
| | | other similar amounts) | | | 18,785. | | | 18,785. |
| | 4 | | | | | | | |
| | 5 | Royalties | | > | | | | |
| | | | (i) Real | (ii) Personal | | | | estimate and the |
| | 6 : | a Gross rents | (7) | () - 0.00110. | | | | |
| | | b Less: rental expenses | | | mare and the | The Part of the Pa | | |
| | | c Rental income or (loss) | - | | HOME NO | | | |
| 9 | | | | | | A Marini Para Para Para Para Para Para Para Par | | |
| | l . | a Gross amount from sales of | [@ Oii- | | | | | |
| | / 3 | | (i) Securities | (ii) Other | | | | |
| | | assets other than inventory | | | | | | The state of the s |
| | 1 | b Less: cost or other basis | | | | | | |
| | | and sales expenses | | | | | | |
| | (| c Gain or (loss) | | | | | | |
| | (| d Net gain or (loss) | | | | | | |
| enue | | a Gross income from fundraising including \$ | g events (not | | | | | |
| eve | | contributions reported on line | 1c). See | | | | | The House State of the Land |
| Other Reven | | Part IV, line 18 | | a | | | | 3 - 1 × 1 × 1 × 1 |
| tp. | ł | b Less: direct expenses | 1 | 0 | | | | |
| 0 | | c Net income or (loss) from fund | | > | | | | |
| | | a Gross income from gaming ac | | | THE STEEL STEEL | | | |
| | 0.0 | Part IV, line 19 | | | | | | |
| | ŀ | b Less: direct expenses | | | | | | |
| | | c Net income or (loss) from gam | | • | | ICHELL LE CHILLIAN DE S | | a construction of |
| | | a Gross sales of inventory, less | | | | | | Sale Neille Ce |
| | | and allowances | | | | | | |
| | | b Less: cost of goods sold | | | | | | |
| | | | | ·—— | | | | |
| | | c Net income or (loss) from sales | | | | = 10 = | | CHIRCHES III |
| 1 | | Miscellaneous Revenue | | Business Code | 7 007 | | | |
| 1 | | a REAL ESTATE TAX | | 900099 | 7,297. | | | 7,297. |
| | | b | | | | | | |
| | | ° | | | | | | |
| | 1.5 | d All other revenue | | | | | | |
| | 6 | e Total. Add lines 11a-11d | | | 7,297. | | | |
| | 12 | Total revenue. See instructions | | ▶ | 772,023. | 13,521. | 0. | 26,082. |

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (A) Do not include amounts reported on lines 6b, Fundraising Total expenses Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 178,766. 178,766. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 3,644. 3,644. 72,876. 65,588. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 10,568. 55,981. 133,395. 66,846. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 11,562. 11,562. 10 Payroll taxes Fees for services (non-employees): a Management b Legal 1,230. 1,230. c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, 22,623. 20,198. 1,234. 1,191. column (A) amount, list line 11g expenses on Sch O.) 2,748. 2,748. 12 Advertising and promotion 3,016. 21,990. 15,053. 3,921. 13 Office expenses 769. 2,352. 2,826. 5,947. Information technology 14 15 Royalties 1,505. 18,238. 15,099. 1,634. 16 Occupancy 1,685. 1,680. 5. 17 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 1.173. 3,312. 4,863. 9.348. Conferences, conventions, and meetings 19 20 21 Payments to affiliates 5,570. 1,393. 13,926. 6,963. Depreciation, depletion, and amortization 22 23 Insurance Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 20,550. TEACHER STIPENDS 20,550. SUMMER CAMP 14,688. 14,688. c ANNUAL DINNER 10,032. 5,046. 4,986. 2,687. 172. 2,859. d GIFTS 4,153. 190. 515. 4,858. e All other expenses 80.489. 547,321. 427,280. 39,552. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

| | Check if Schedule O contains a response or note to any line in this Part X | | | |
|----------------------------------|---|--------------------------|-------|--------------------|
| | | (A) Beginning of year | | (B) End of year |
| 1 | Cash - non-interest-bearing | 47,525. | 1 | 62,974. |
| 2 | Savings and temporary cash investments | | 2 | |
| 3 | Pledges and grants receivable, net | | 3 | |
| 4 | Accounts receivable, net | | 4 | |
| 5 | Loans and other receivables from current and former officers, directors, | | | |
| | trustees, key employees, and highest compensated employees. Complete | | | |
| | Part II of Schedule L | | 5 | |
| 6 | Loans and other receivables from other disqualified persons (as defined under | | | |
| | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing | | | |
| | employers and sponsoring organizations of section 501(c)(9) voluntary | | | |
| | employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| 7 | Notes and loans receivable, net | | 7 | |
| 8 | Inventories for sale or use | | 8 | |
| 9 | Prepaid expenses and deferred charges | | 9 | |
| 10a | Land, buildings, and equipment: cost or other | | | |
| | basis. Complete Part VI of Schedule D 10a 370,701. | | | |
| b | Less: accumulated depreciation 10b 47,038. | 337,277. | 10c | 323,663. |
| 11 | Investments - publicly traded securities | 342,649. | 11 | 591,623 |
| 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| 14 | Intangible assets | 3,906. | 14 | 3,594 |
| 15 | Other assets. See Part IV, line 11 | | 15 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 731,357. | 16 | 981,854 |
| 17 | Accounts payable and accrued expenses | | 17 | 723. |
| 18 | Grants payable | | 18 | |
| 19 | Deferred revenue | | 19 | |
| 20 | Tax-exempt bond liabilities | 11.0/21 | 20 | |
| 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| 22 | Loans and other payables to current and former officers, directors, trustees, | | | |
| | key employees, highest compensated employees, and disqualified persons. | | | |
| 22 | Complete Part II of Schedule L | | 22 | |
| 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | parties, and other liabilities not included on lines 17-24). Complete Part X of | | | |
| | Schedule D | | 25 | |
| 26 | Total liabilities. Add lines 17 through 25 | 0. | 26 | 723. |
| | Organizations that follow SFAS 117 (ASC 958), check here and | | | |
| | complete lines 27 through 29, and lines 33 and 34. | | | |
| 27 | Unrestricted net assets | | 27 | |
| 28 | Temporarily restricted net assets | | 28 | |
| 29 | Permanently restricted net assets | | 29 | |
| i | Organizations that do not follow SFAS 117 (ASC 958), check here X | | Treat | |
| 5 | and complete lines 30 through 34. | | | |
| 30 | Capital stock or trust principal, or current funds | 0. | 30 | 0. |
| 27 28 29 30 31 32 | Paid-in or capital surplus, or land, building, or equipment fund | 0. | 31 | 0. |
| 32 | Retained earnings, endowment, accumulated income, or other funds | 731,357. | 32 | 981,131. |
| 33 | Total net assets or fund balances | 731,357. | 33 | 981,131. |
| 34 | Total liabilities and net assets/fund balances | 731,357. | 34 | 981,854. |

| | 1990 (2016) FIAGNIFIED GIVING | Z0-3313 | 108T | Page 12 | | | | | |
|----|--|---------------------|--------------------|-----------|--|--|--|--|--|
| Pa | rt XI Reconciliation of Net Assets | | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | 🔲 | | | | | |
| | | | | 022 | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | ,023. | | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | ,321. | | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | | | | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 731 | ,357. | | | | | |
| 5 | | | | | | | | | |
| 6 | Donated services and use of facilities | 6 | | ,537. | | | | | |
| 7 | Investment expenses | 7 | | | | | | | |
| 8 | Prior period adjustments | 8 | 1 | ,535. | | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | 0. | | | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | | | | | |
| | column (B)) | 10 | 981 | ,131. | | | | | |
| Pa | rt XII Financial Statements and Reporting | | | , | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | ****************** | | 🔲 | | | | | |
| | | | 1 | Yes No | | | | | |
| 1 | Accounting method used to prepare the Form 990: X Cash Accrual Other | | | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (| D. | | | | | | | |
| 2a | More the evening time to the state of the st | ******************* | 2a | X | | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis. | | | | | | | |
| | consolidated basis, or both: | That better has the | | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | - 11 | 1000 | | | | | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit. | | | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sched | lule O. | | 811 === | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing | le Audit | 100-1-11000-0-0-10 | | | | | | |
| | Act and OMB Circular A-133? | | За | x | | | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require | ed audit | | | | | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | | | | | |
| | | | | 90 (2018) | | | | | |
| | | | | | | | | | |

832012 12-31-18

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization Employer identification number MAGNIFIED GIVING 26-3519081 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iii) Type of organization (vi) Amount of other (i) Name of supported (ii) EIN (v) Amount of monetary (described on lines 1-10 support (see instructions) organization support (see instructions) Yes No above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| _ | ction A. Public Support | | | | | | |
|-----|---|---------------------------|----------------------|---|------------------------|----------------------|-----------------------|
| | endar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | ``` | (4) 2011 | (6) 2010 | (I) Iolai |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 277,214. | 651,194. | 618,082. | 452,396. | 732,420. | 2731306. |
| 2 | Tax revenues levied for the organ- | | | , | 102/000 | 752,420. | 2/31300. |
| | ization's benefit and either paid to | 1 | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | 1 | |
| | the organization without charge | | | | | 1 | |
| 4 | Total. Add lines 1 through 3 | 277,214. | 651,194. | 618,082. | 452,396. | 732,420. | 2731306. |
| 5 | The portion of total contributions | Washington . | | | | | 2732300. |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | 100 | | | |
| | column (f) | | | | | | 1233229. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 1498077. |
| | ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| | Amounts from line 4 | 277,214. | 651,194. | 618,082. | 452,396. | 732,420. | 2731306. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | 1.10 | | 120 420203 | SANSA NIIINAAN | |
| • | and income from similar sources | | 142. | 358. | 3,708. | 18,785. | 22,993. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| 40 | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | 1 | | | |
| | or loss from the sale of capital | | | 150 | 1 | _ | |
| | assets (Explain in Part VI.) Total support. Add lines 7 through 10 | | | 153. | | 7,297. | 7,450. |
| | Gross receipts from related activities, | ete (ees is strout | | | | | 2761749. |
| 13 | First five years If the Form 990 is for | the ergenization's | 1S) | | ····· | 12 | 31,709. |
| | First five years. If the Form 990 is for organization, check this box and stop | | | | | | |
| Sec | tion C. Computation of Public | Support Perc | entage | *************************************** | | | > |
| | Public support percentage for 2018 (lin | | | lump (f)) | | 44 | 54.24 % |
| 15 | Public support percentage from 2017 | Schedule A. Part II. | line 14 | iditiit (i)) | | 15 | - 1 - 2 |
| 16a | 33 1/3% support test - 2018. If the o | rganization did not | check the box on | line 13, and line 14 | 4 is 33 1/3% or mo | re check this how | 54.06 % |
| | stop here. The organization qualifies a | as a publicly suppor | rted organization | | | | and the second second |
| b | 33 1/3% support test - 2017. If the or | rganization did not | check a box on lin | e 13 or 16a, and li | ine 15 is 33 1/3% c | or more check this | hov |
| | and stop here. The organization qualif | ies as a publicly su | pported organizati | ion | | a more, encon une | ▶□ |
| 17a | 10% -facts-and-circumstances test | - 2018. If the organ | nization did not ch | eck a box on line | 13. 16a. or 16b. an | nd line 14 is 10% o | more |
| | and if the organization meets the "fact | s-and-circumstance | s" test, check this | box and stop he | re. Explain in Part | VI how the organiz | zation |
| | meets the "facts-and-circumstances" to | est. The organization | on qualifies as a pu | blicly supported o | organization | | |
| b | 10% -facts-and-circumstances test - | 2017. If the organ | nization did not ch | eck a box on line ' | 13, 16a, 16b, or 17 | a, and line 15 is 10 | 0% or |
| 2 | more, and if the organization meets the | e "facts-and-circum | stances" test, che | ck this box and s | top here. Explain i | n Part VI how the | |
| 9 | organization meets the "facts-and-circu | ımstances" test. Th | ne organization qua | alifies as a publicly | supported organization | zation | ightharpoonup |
| 18 | Private foundation. If the organization | did not check a bo | ox on line 13, 16a, | 16b, 17a, or 17b, | check this box and | d see instructions | |
| | | | | | | lule A (Form 990 d | or 990-EZ) 2018 |

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section A. Public Support | | | | -0 | | |
|--|--------------------|------------------------|------------------------|----------------------|----------------------|---------------|
| Calendar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 Gifts, grants, contributions, and | | | | 1,5,5 | 15,55 | in ioiai |
| membership fees received. (Do not | | | | 1 | | |
| include any "unusual grants.") | | | 4 | 1 | | |
| Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that | | | | | | |
| are not an unrelated trade or bus- iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- | | X | | | | |
| ization's benefit and either paid to | | | | | | |
| or expended on its behalf | | l. | | | | |
| 5 The value of services or facilities | | | | | | |
| furnished by a governmental unit to | | | | | | |
| the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received | | | | | | |
| from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | |
| amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | 即是一步 | |
| ection B. Total Support | | | | | 1 | |
| llendar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 9 Amounts from line 6 | | | | | | |
| Oa Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses | | | | | | |
| acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 3 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 4 First five years. If the Form 990 is for | the organization' | s first, second, third | d, fourth, or fifth ta | ax year as a section | n 501(c)(3) organiza | tion, |
| check this box and stop here | | | | | | |
| ection C. Computation of Public | Support Per | rcentage | | | | |
| 5 Public support percentage for 2018 (lin | | | column (f)) | | 15 | |
| Public support percentage from 2017 S | Schedule A, Part | III, line 15 | | | 16 | |
| ection D. Computation of Invest | | | | | 9 | |
| 7 Investment income percentage for 201 | | | | | 17 | |
| 3 Investment income percentage from 2 | 017 Schedule A, | Part III, line 17 | **** | | 18 | |
| 9a 33 1/3% support tests - 2018. If the o | organization did r | not check the box o | on line 14, and line | 15 is more than 3 | 3 1/3%, and line 17 | is not |
| more than 33 1/3%, check this box and | stop here. The | organization qualif | ies as a publicly s | upported organiza | tion | |
| b 33 1/3% support tests - 2017. If the c | | | | | | |
| line 18 is not more than 33 1/3%, chec | k this box and st | top here. The orga | nization qualifies a | s a publicly suppo | rted organization | ▶□ |
| Private foundation. If the organization | did not check a | box on line 14, 19a | , or 19b, check th | is box and see ins | tructions | > F |
| 2023 10-11-18 | | | 30- | | edule A (Form 990 | |

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
|-------------|----------------|------------|
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| Pa | rt IV Supporting Organizations (continued) | | | |
|-----|--|-----------|------|-----------------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | Karanii. | | mine t |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| c | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | fallers. | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | 0 | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | 200 | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| _ | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| 200 | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| 500 | the supported organization(s). | - 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | | VA-02-2 |
| | Did the association and idea a | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | 11 | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| 2 | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | anantes, nix, s |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | North - |
| 3 | the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a | 2 | | |
| 3 | significant voice in the organization's investment policies and in directing the use of the organization's | | V.E | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions | 1. | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | ,. | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins | tructions | | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | 2 1 |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | Evanne. | шшш | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | 2011 | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | ening | | |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | HE | | |
| | trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| _ | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. | 3b | | |

| Pai | t V Type III Non-Functionally Integrated 509(a)(3) Supporting | g Organi | zations | |
|------|---|---------------|-----------------------------|---------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | g trust on N | lov. 20, 1970 (explain in F | Part VI.) See instructions. All |
| | other Type III non-functionally integrated supporting organizations must co | mplete Sec | tions A through E. | |
| Sect | on A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| | see instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by .035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| _ | emergency temporary reduction (see instructions) | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | lly integrate | d Type III supporting orga | anization (see |
| | inetructions) | | | |

Schedule A (Form 990 or 990-EZ) 2018

| 200 | Type in North directionally integrated sos | (a)(b) bapporting orga | (continued) | |
|------|---|-------------------------------|--------------------------------|--|
| Sect | ion D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | mpt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organization | s | |
| 4 | Amounts paid to acquire exempt-use assets | | - | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | |
| | (provide details in Part VI). See instructions. | 9 | | |
| 9 | Distributable amount for 2018 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| | | (i) | (ii) | (iii) |
| Sect | ion E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2018 | Distributable Amount for 2018 |
| 1 | Distributable amount for 2018 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2018 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2018 | | | |
| а | From 2013 | | | E-14 |
| b | From 2014 | | | SATISTICS OF THE STREET |
| С | From 2015 | | | |
| d | From 2016 | | | The state of the s |
| е | From 2017 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | - marmar | |
| | Applied to 2018 distributable amount | | | |
| i | Carryover from 2013 not applied (see instructions) | | | |
| i | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2018 from Section D, | | | |
| 69 | line 7: | | | |
| а | Applied to underdistributions of prior years | | | |
| | Applied to 2018 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | Edkerson and the |
| 5 | Remaining underdistributions for years prior to 2018, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2018. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | Sew hare weaveness in the number of the |
| 7 | Excess distributions carryover to 2019. Add lines 3j | | 植脂脂 基 | |
| 5707 | and 4c. | | | |
| 8 | Breakdown of line 7: | | 一直 | |
| а | Excess from 2014 | | Fig. To project Edition (C) | |
| b | Excess from 2015 | | 500 (Sec.) 12/51. | |
| С | Excess from 2016 | | | |
| d | Excess from 2017 | | Tariffering | Section 1 |
| е | Excess from 2018 | | | |

Schedule A (Form 990 or 990-EZ) 2018

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/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

2018

| | AGNIFIED GIVING | 26-3519081 |
|---|--|---|
| Organization type (check | one): | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private for | undation |
| | 527 political organization | |
| Form 990-PF | 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundar | tion |
| | 501(c)(3) taxable private foundation | |
| Q1 1 1 1 1 | v 20 701 50 | |
| | is covered by the General Rule or a Special Rule . | d a Spanial Dula Cas instructions |
| | A THE CONTROL OF STREET AND A S | d a Special Rule. See Instructions. |
| General Rule | | |
| For an organization property) from any | on filing Form 990, 990-EZ, or 990-PF that received, during the year, contrib y one contributor. Complete Parts I and II. See instructions for determining | outions totaling \$5,000 or more (in money or a contributor's total contributions. |
| Special Rules | | |
| sections 509(a)(1) any one contribute | on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II or, during the year, total contributions of the greater of (1) \$5,000; or (2) 20, line 1. Complete Parts I and II. | , line 13, 16a, or 16b, and that received from |
| year, total contribu | on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rutions of more than \$1,000 exclusively for religious, charitable, scientific, likely to children or animals. Complete Parts I (entering "N/A" in column (b) in | terary, or educational purposes, or for the |
| year, contributions is checked, enter I purpose. Don't co | on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that respectively for religious, charitable, etc., purposes, but no such contribution there the total contributions that were received during the year for an exclumplete any of the parts unless the General Rule applies to this organization, etc., contributions totaling \$5,000 or more during the year | ons totaled more than \$1,000. If this box isively religious, charitable, etc., on because it received nonexclusively |
| Caution: An organization th | nat isn't covered by the General Rule and/or the Special Rules doesn't file s | Schedule B (Form 990, 990-EZ, or 990-PF). |
| but it must answer "No" on | n Part IV, line 2, of its Form 990; or check the box on line H of its Form 990- the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). | EZ or on its Form 990-PF, Part I, line 2, to |
| LHA For Paperwork Reducti | ion Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. | Schedule B (Form 990, 990-EZ, or 990-PF) (2018) |

Name of organization

Employer identification number

MAGNIFIED GIVING

26-3519081

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | I space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$34,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$ <u>16,821.</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 | | \$ | Person X Payroll |

Name of organization

Employer identification number

MAGNIFIED GIVING

26-3519081

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | I space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 | | \$50,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 10_ | | \$\$ | Person X Payroll |
| (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 Occash Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

MAGNIFIED GIVING

26-3519081

| Part II | Noncash Property (see instructions). Use duplicate copies of Pa | | -3313081 |
|------------------------------|---|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| _1 | SHARES OF AMERICAN ELECTRIC POWER CO. STOCK | | |
| | | \$\$. | 12/06/18 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 5 | STOCK | | |
| | | \$16,821. | 10/30/18 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| _ | | | |
| | | \$ | a, |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | _ | |
| 1 | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | _ | |
| | | <u> </u> | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | 3 | \$ | |

| ivame of of | rganization | | | Employer identification number |
|---------------------------|--|---------------------------------------|--|--------------------------------|
| MAGNII Part III | FIED GIVING Exclusively religious, charitable, etc., contribution any one contributor. Complete columns completing Part III, enter the total of exclusively religious | (a) through (e) and the following lin | e entry. For organizations | |
| | Use duplicate copies of Part III if additional | al space is needed. | O or less for the year. (Enter this into, or | ce.) • • |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Des | cription of how gift is held |
| | | | | |
| | | (e) Transfer o | f gift | |
| İ | Transferee's name, address, | and ZIP + 4 | Relationship of tra | nnsferor to transferee |
| (a) No. | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Desc | cription of how gift is held |
| | | | | |
| - | | (e) Transfer of | gift | |
| | Transferee's name, address, a | and ZIP + 4 | Relationship of tra | nsferor to transferee |
| | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Desc | ription of how gift is held |
| $-\lfloor$ | | | | |
| | - 101 100 100 | (e) Transfer of | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of trai | nsferor to transferee |
| (a) No | | _ | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Desc | ription of how gift is held |
| | | | | |
| <u> </u> | | (e) Transfer of | gift | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of tran | nsferor to transferee |
| | | | | |
| | | | | |

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047 18 Open to Public Inspection

Name of the organization

MAGNIFIED GIVING

Employer identification number 26-3519081

| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Preservation of land for public use (e.g., recreation or education) | Pa | rt I Organizations Maintaining Donor Advised | Funds or Other Similar Funds or A | Accounts. Complete if the |
|---|-----|--|--|--|
| 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value of and of year 5 Did the organization property, subject to the organization's exclusive legal control? 5 Did the organization property, subject to the organization's exclusive legal control? 6 Did the organization property, subject to the organization's exclusive legal control? 7 Did the organization property, subject to the organization's exclusive legal control? 8 Did the organization property, subject to the organization's exclusive legal control? 9 Did the organization property, subject to the organization's exclusive legal control? 9 Did the organization property and property and the organization of a property subject property and property of content and property of conservation essements held by the organization (check all that apply). 9 Preservation of land for public use (e.g., cereation or education) Preservation of a certified historic structure Preservation of an attractive property of a property of a property of a certified historic structure Preservation of an attractive property of a certified historic structure Preservation of an organization essement on the last day of the tax year. 1 Total number of conservation essements and certified historic structure included in (a) 2c did number of conservation essements on a certified historic structure included in (a) 2c did number of conservation essements on a certified historic structure included in (a) 2c did number of conservation essements and included in (c) acquired after 7725.06, and not on a historic structure isolated in the National Register 1 Number of states where property subject to conservation essement is located Paperty subject to conservation essements in located Paperty established in the National Register 2 Number of conservation essements modified, transferred, released, extinguished, or terminated by the organization during the year Paperty of the organization have a written policy regar | 45 | organization answered "Yes" on Form 990, Part IV, line | 6. | 20.00 |
| 2 Aggregate value of contributions to (during year) 4 Aggregate value at and of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of donor advisors of nary other purpose conferring mapmissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 980, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an abritable private benefit? Preservation of an abritable private benefit? Preservation of an abritable private benefit? Preservation of a part public use (e.g., recreation or education) Preservation of a certified historic structure Preservation of an abritable private benefit? Preservation of open space 2 Complete lines 2s through 2s if the organization held a qualified conservation contribution in the form of a conservation easement and yet the advisor of the tax year. 2 I the did at the End of the Tax Ye 2s and the preservation of a certified historic structure included in (a) 2g and the trax year benefits of the notion assements and a certified historic structure included in (a) 2g and the structure of conservation easements in clusted in the National Register and Preservation ea | | | (a) Donor advised funds | (b) Funds and other accounts |
| 2 Aggregate value of contributions to (during year) 4 Aggregate value at and of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of donor advisors of nary other purpose conferring mapmissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 980, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an abritable private benefit? Preservation of an abritable private benefit? Preservation of an abritable private benefit? Preservation of a part public use (e.g., recreation or education) Preservation of a certified historic structure Preservation of an abritable private benefit? Preservation of open space 2 Complete lines 2s through 2s if the organization held a qualified conservation contribution in the form of a conservation easement and yet the advisor of the tax year. 2 I the did at the End of the Tax Ye 2s and the preservation of a certified historic structure included in (a) 2g and the trax year benefits of the notion assements and a certified historic structure included in (a) 2g and the structure of conservation easements in clusted in the National Register and Preservation ea | 1 | Total number at end of year | | |
| A Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(g) drocesservation assements held by the organization (check all that apply). □ Preservation of land for public use (e.g., recreation or education) □ Preservation of a historically important land area □ Preservation of a certified historic structure □ Preservation of fautural habitat □ Preservation of preservation of preservation of preservation of preservation of a certified historic structure □ Preservation of preservation of preservation of preservation of preservation of a certified historic structure □ Preservation of a certified historic structure □ Preservation of conservation easements on the last day of the tax year. a Total number of conservation easements included in (e) acquired after 7725/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ≥ □ Preservation extraction and the preservation extraction of conservation easements and the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year ≥ □ Preservation extraction assements in the requirements of section 170(h)(4)(9)(9) 9 In Part XIII, describe how the organization reports conservation easements in its revenue attement and balance sheet, and include, if applicable, the text of | 2 | Aggregate value of contributions to (during year) | | |
| 4 Aggregate value at end of year 5 Did the organization in form all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring integrating the presentation assements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation eassements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Preservation of open space 2 Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 1 Total number of conservation easements 2 Total number of conservation easements in a certified historic structure included in (a) 2 Total acreage restricted by conservation easements (b) 6 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 1 listed in the National Register 8 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2 listed in the National Register 8 Number of conservation easements included in (a) acquired after 7/25/06, and not on a historic structure 2 listed in the National Register 8 Number of other property subject to conservation easement is located to conservation easements during the year 9 Number of other property subject to conservation easements in conservation easements during the year 9 Number of other property subject to conservation easements in its revenue and expenses statement, and balance sheet, and include, if applicable, the text of the footnote to the organization in spectring, handling o | 3 | Aggregate value of grants from (during year) | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's property, subject to the organization seements for the benefit of the donor or donor advisor, or for any other purpose conferring impormissible private benefit? Part III | 4 | Aggregate value at end of year | | |
| are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing har grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring imporransiable private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of natural habitat Preservation of natural habitat Preservation of poen space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. I teld at the End of the Tax Ye a total number of conservation easements and a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. I teld at the End of the Tax Ye a total acreage restricted by conservation easements and certified historic structure included in (a) 2c 2d 2d 2d 2d 2d 2d 2d | 5 | Did the organization inform all donors and donor advisors in wr | iting that the assets held in donor advised fu | inds |
| b Ut the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the henefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total areage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2 Number of conservation easements included in (b) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 2 Does the organization have a writter policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements thoids? 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(6)(ii) and section 170(h)(4)(6)(iii) and section 170(h)(4)(6 | | are the organization's property, subject to the organization's ex | clusive legal control? | Yes No |
| for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable private benefit? Part II | 6 | Did the organization inform all grantees, donors, and donor adv | risors in writing that grant funds can be used | Lonly |
| Imparmissible private benefit? Pert II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of oland for public use (e.g., recreation or education) Preservation of a certified historic structure Preservation of open space Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Ye 2a Total number of conservation easements 2b Total areage restricted by conservation easements 2b Total areage restricted by conservation easements 2b Total areage restricted by conservation easements 2b Total number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Year Ye | | for charitable purposes and not for the benefit of the donor or o | donor advisor, or for any other purpose confe | erring |
| Proservation easements held by the organization (check all that apply). | _ | impermissible private benefit? | | Ves No. |
| Purpose(s) of conservation easements held by the organization (check all that apply). | Pa | rt II Conservation Easements. Complete if the orga | nization answered "Yes" on Form 990, Part I | V, line 7. |
| Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements Total acreage restricted by conservation easements included in (c) acquired after 7/25/06, and not on a historic structure Isted in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Number of states where property subject to conservation easements in tholds? Yes | 1 | Purpose(s) of conservation easements held by the organization | (check all that apply). | - Approximate to the second se |
| Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 1 Total number of conservation easements 5 Total acreage restricted by conservation easements 6 Number of conservation easements on a certified historic structure included in (a) 1 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcement of the conservation easements in holds? 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnot | | | | Illy important land area |
| Preservation of open space | | . I. Primari di Alegania, di la constanti di Caranti, di La constanti di Caranti, di Caran | | |
| 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 1 Total number of conservation easements 2 a | | Preservation of open space | | The corne directors |
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| treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ \$ | b | | | palance sheet works of art, historical |
| relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ \$ | | treasures, or other similar assets held for public exhibition, educ | cation, or research in furtherance of public se | ervice, provide the following amounts |
| (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ \$ | | | 10 - 10 0 0 10 0 10 10 10 10 10 10 10 10 10 | 3 |
| (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ \$ | | (i) Revenue included on Form 990, Part VIII, line 1 | | ▶ \$ |
| 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ \$ | | (ii) Assets included in Form 990, Part X | | |
| the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ | 2 | If the organization received or held works of art, historical treasu | ires, or other similar assets for financial gain | provide |
| a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ \$ | | | | |
| b Assets included in Form 990, Part X | а | Revenue included on Form 990, Part VIII, line 1 | , | ▶ \$ |
| IIIA F. D. J. D. J | | | | |
| | LHA | | | Schedule D (Form 990) 2018 |

832051 10-29-18

Schedule D (Form 990) 2018

323,663.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11b. See Form 990. Part X. line 12 | |
|---|-----------------------------|---|--------------------------------|
| (a) Description of Security or Category (including name of security) | (b) Book value | (c) Method of valuation: Cost or | end-of-vear market value |
| (1) Financial derivatives | | | one or your market value |
| (2) Closely-held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | on Form 990 Port IV line | 11a Cas Farm 000 B V | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or e | and of war are all at the land |
| (1) | (b) Book value | (c) Method of Valuation. Cost of e | nd-of-year market value |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" of | on Form 000 Dort IV line | 1110-5-000 5 | |
| (a) [| Description | 11d. See Form 990, Part X, line 15. | T |
| (1) | rescription | | (b) Book value |
| (2) | | | |
| (3) | | | |
| | | | , |
| (4) | | | |
| (5) | | | |
| | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| otal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. | | | |
| Complete if the organization answered "Yes" o | n Form 990, Part IV, line 1 | 11e or 11f. See Form 990, Part X, line 2 | 5. |
| . (a) Description of liability | | (b) Book value | |
| (1) Federal income taxes | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| otal. (Column (b) must equal Form 990. Part X. col. (B) line 2 | 25.) | | |
| Liability for uncertain tax positions. In Part XIII, provide the | ne text of the footnote to | the organization's financial statements | that reports the |
| organization's liability for uncertain tax positions under F | IN 48 (ASC 740) Check h | here if the text of the footnote has been | provided in Deat VIII |

Schedule D (Form 990) 2018

832054 10-29-18

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

► Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

| The Control of the Co | | GO TO WWW.IF | rs.gov/rorm990 to | to www.irs.gov/rorm990 for the latest information. | nation. | | Inspection | |
|--|---------------------|---|--------------------------|--|--|--|---|------|
| Name of the organization MAGNIFIED GIVING | GIVING | | | | | | Employer identification number | Je L |
| Part I General Information on Grants and Assistance | and Assistance | | | | | | 000000000000000000000000000000000000000 | 4 |
| 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection | to substantiate the | amount of the grants | or assistance, the | grantees' eligibility | for the grants or assis | stance, and the selection | uo | |
| criteria used to award the grants or assistance? | stance? | | | |) | | X Yes | 9 |
| Ö_ | ocedures for monit | toring the use of grant | funds in the United | States. | | | | |
| Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Correctional recipient that received more than \$5,000. Part II can be dunlicated if additional enace is needed. | Domestic Organi, | zations and Domestic be duplicated if addition | | Somplete if the orga | anization answered "Y | Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any | IV, line 21, for any | |
| 1 (a) Name and address of organization or government | (p) EIN | (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance | |
| 4 PAWS FOR ABILITY 253 DAYTON AVENUE XENIA, OH 45385 | 31-1625484 | 50103 | 5,676. | °° | | | GENERAL PROGRAM | |
| SUGAR TREE MINISTRIES 180 E. MAIN ST. WILMINGTON, OH 45177 | 31-1765725 501C3 | 501C3 | 5,812. | .0 | | | GENERAL PROGRAM | I |
| SMILES FOR SENIORS 10191 LEACREST RD. CINCINNATI, OH 45215 | 81-4727007 50103 | 50103 | 7,808. | .0 | | | GENERAL PROGRAM | Ĭ |
| | | | | | | | | 1 |
| | | | | | | | | 1 |
| | | | | | | | | 1 |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table | nd government org | ganizations listed in the | line 1 table | - | | | \(\begin{align*} | 3. |
| 1 - | see the Instruction | ons for Form 990. | | | | | Schedule I (Form 990) (2018) | 18 |
| | | | | | | | | |

Schedule I (Form 990) (2018) MAGNIFIED GIVING

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|--------------------------|--------------------------|---------------------------------------|---|---------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | uired in Part I, line | e 2; Part III, column (| (b); and any other add | ditional information. | |
| PART I, LINE 2: | | | | | |
| VE REQUEST GRANT APPLICATIONS FROM ALL | | CHARITIES CHOSEN BY THE | | STUDENTS | |
| PARTICIPATING IN MAGNIFIED GIVING. | THE WINN | WINNING CHARITIES | IES THEN SEND A | IND A FORMAL | |
| BRANT OUTCOME REPORT WITH THE USE O | OF GRANT DOLLARS. | | WE HAVE A LIST OF | IST OF | |
| 501(C)3S THAT ARE APPROVED AS LEGAL | NONPROF | IT ORGANIZ | ATIONS BEFC | AS LEGAL NONPROFIT ORGANIZATIONS BEFORE THEY CAN | |
| VIN A GRANT FROM OUR PARTICIPATING | SCHOOLS. | | | | |
| | | | | | |
| | | | | | |

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2018

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Open to Public Inspection

Employer identification number

| - | MAGNIFIED GI | VING | | | 26-351 | 9081 | MATERIA |
|-----|--|--|---|---|--|------|---------|
| Pa | rt I Types of Property | | 17.552 | | | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determ noncash contribution | | ts |
| 1 | Art - Works of art | | | | | | |
| 2 | Art - Historical treasures | | | | | | |
| 3 | Art - Fractional interests | | -910 | | | | |
| 4 | Books and publications | | | | | | |
| 5 | Clothing and household goods | | | | | | |
| 6 | Cars and other vehicles | | | | | | |
| 7 | Boats and planes | | | | | | |
| 8 | Intellectual property | | | | | | |
| 9 | Securities - Publicly traded | X | 2 | 118,837. | EXCHANGE VALU | 3 | |
| 10 | Securities - Closely held stock | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | |
| | trust interests | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | |
| 14 | Historic structures Qualified conservation contribution - Other | | | | | | _ |
| 15 | Real estate - Residential | | | | | | |
| 16 | Real estate - Commercial | | | | | | |
| 17 | | | | | | | |
| 18 | Real estate - Other | - | | | | | |
| 19 | Collectibles | | | | | | |
| 20 | Food inventory | | | | | | |
| 21 | Drugs and medical supplies | | | | | _ | |
| 22 | Taxidermy | | | | | | |
| 23 | Historical artifacts | | | | | | |
| 24 | Scientific specimens | | | | | | |
| 25 | Archeological artifacts Other | | | | | | |
| 26 | Other () | | | | | | |
| 27 | Other () | | - | | | | |
| 28 | Other (| | | | | | |
| 29 | Number of Forms 8283 received by the organic | zation during | the tax year for co | ontributions | | | |
| | for which the organization completed Form 82 | | | | | | |
| | on the organization completed to the co | 00, 1 41111, 1 | onee / totalewicag | <u> 29 </u> | | Vac | No |
| 30a | During the year, did the organization receive b | v contributio | n any property rep | orted in Part I lines 1 through | h 28 that it | 163 | 140 |
| | must hold for at least three years from the date | The control of the co | Tour conservation and the conservation and the | | 000.50.0000,400.000000 | | |
| | exempt purposes for the entire holding period | | | | The state of the s | | х |
| b | If "Yes," describe the arrangement in Part II. | * ************************************* | | | | | |
| 31 | Does the organization have a gift acceptance | policy that re | auires the review o | of any nonstandard contribut | ions?31 | | х |
| | Does the organization hire or use third parties | | | | | | |
| | contributions? | | 8 | 26.27 | 322 | | х |
| b | If "Yes," describe in Part II. | | | | | | |
| 33 | If the organization didn't report an amount in o | column (c) for | a type of property | for which column (a) is chec | ked. | | |
| - | describe in Part II. | (-) .0 | 7F FFF. | (4) 10 01100 | | - | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2018

832142 10-18-18

Schedule M (Form 990) 2018

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

2018 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

MAGNIFIED GIVING

Employer identification number 26-3519081

| 20-3313001 |
|---|
| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
| PHILANTHROPY EDUCATION. |
| |
| FORM 990, PART VI, SECTION B, LINE 11B: |
| THE GOVERNING BODY REVIEWS THE 990 BEFORE FILING. |
| |
| FORM 990, PART VI, SECTION B, LINE 12C: |
| EACH BOARD MEMBER IS REQUIRED TO REVIEW AND CONFIRM COMPLIANCE WITH THE |
| POLICY ANNUALLY. |
| |
| FORM 990, PART VI, SECTION B, LINE 15A: |
| BOARD APPROVAL IS REQUIRED AND COMPARABILITY DATA IS UTILIZED. |
| |
| FORM 990, PART VI, SECTION C, LINE 19: |
| ALL DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON |
| REQUEST. |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

Business or activity to which this form relates

990

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Identifying number

| MAGNIFIED GIVING Part Election To Expense Certain Prop | ante Unidea Continu d | FOI | RM 990 P. | AGE 10 | | 26-3519081 |
|--|--|--|---------------------|---|-------------|----------------------------|
| | | | | | | |
| 1 Maximum amount (see instructions) | | | | | 1 | 1,000,000 |
| 2 Total cost of section 179 property pla | aced in service (see | instructions) | | | 2 | 0 500 000 |
| 3 Threshold cost of section 179 proper | ty before reduction | in limitation | *************** | | 3 | 2,500,000 |
| 4 Reduction in limitation. Subtract line 5 Dollar limitation for tax year. Subtract line 4 from li | o 1 Harro er less enter | O or less, enter -U- | | | 4 | |
| 6 (a) Description of | | A Constitution of the Cons | ness use only) | (c) Elected | | |
| | | (5) 5551 (545) | noos ass only) | (c) Lieoted | COST | |
| | | | | | | |
| | - | | | | | |
| | | | | | | |
| 7 Listed property. Enter the amount fro | m line 29 | | 7 | | | |
| 8 Total elected cost of section 179 prop | | in column (c) lines 6 and | | | 8 | |
| 9 Tentative deduction. Enter the small | er of line 5 or line 8 | in column (c), in cs o and | | | 9 | |
| 10 Carryover of disallowed deduction fro | om line 13 of your 20 | 017 Form 4562 | | *************************************** | 10 | |
| 11 Business income limitation. Enter the | smaller of business | s income (not less than ze | ro) or line 5 | ************** | 11 | |
| 12 Section 179 expense deduction. Add | lines 9 and 10, but | don't enter more than line | 11 | | 12 | |
| 13 Carryover of disallowed deduction to | | | | | 12 | |
| Note: Don't use Part II or Part III below for | | | | | | |
| Part II Special Depreciation Allow | | | le listed propert | v.) | | |
| 14 Special depreciation allowance for qu | | | | | | |
| | | | | | 14 | |
| 15 Property subject to section 168(f)(1) e | lection | | | | 15 | |
| 16 Other depreciation (including ACRS) | | | | | 16 | |
| Part III MACRS Depreciation (Don | 't include listed pro | perty. See instructions.) | | | . 1 10 1 | |
| | | Section A | | | | |
| 17 MACRS deductions for assets placed | in service in tax ye | ars beginning before 2018 | 3 | ************ | 17 | 13,613. |
| 18 If you are electing to group any assets placed in se | | | | ▶ □ | | |
| Section B - Asset | s Placed in Servic | e During 2018 Tax Year | Using the Gene | ral Deprecia | tion Syster | n |
| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs. | | S/L | |
| Barrier Barrier Barrier Barrier Barrier Barrier | / | | 27.5 yrs. | MM | S/L | |
| h Residential rental property | / | | 27.5 yrs. | MM | S/L | |
| | / | | 39 yrs. | ММ | S/L | |
| i Nonresidential real property | / | | | MM | S/L | |
| Section C - Assets | Placed in Service | During 2018 Tax Year Us | sing the Alterna | | | em |
| 20a Class life | F-1 | | | | S/L | |
| b 12-year | | | 12 yrs. | | S/L | |
| c 30-year | 1 | | 30 yrs. | ММ | S/L | |
| d 40-year | / | | 40 yrs. | MM | S/L | |
| Part IV Summary (See instructions.) | | | | | | |
| 21 Listed property. Enter amount from lin | ne 28 | | | | 21 | |
| 22 Total. Add amounts from line 12, lines | A CONTRACTOR OF THE PROPERTY OF THE PARTY OF | es 19 and 20 in column (o | and line 21 | | · | |
| Enter here and on the appropriate line | | | | | 22 | 13,613. |
| 3 For assets shown above and placed in | | | | *************************************** | 22 | |
| portion of the basis attributable to sec | | | 23 | | | |

MAGNIFIED GIVING Form 4562 (2018) 26-3519081 Page 2 Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? Yes No Yes No (b) (c) (e) (f) (g) (a) Date Business/ Basis for depreciation Elected Type of property Recovery Method/ Depreciation Cost or (business/investment placed in investment section 179 (list vehicles first) deduction period Convention other basis service use percentage use only) cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use: % % % 27 Property used 50% or less in a qualified business use: % S/L-% S/L · 0% S/L -28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (f) (c) (d) (e) 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes Yes No Yes No No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles Part VI | Amortization

816252 12-26-18

Form 4562 (2018)