# Form **990**

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2023

Open to Public Inspection

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

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.

Α	For the	2023 cal	endar year, or tax		ing	10/1/202	3,8	and endi	ng g	/30/202	4	
В	Check if a	applicable:	C Name of organizat	tion WILL	FAMILY TF	RUST			D Emplo	yer identi	fication number	
	Address	change	Doing business as				•					
	Name cha	ongo		t (or P.O. box if	mail is not de	livered to street ad	dress) Room/s	uite	31-62251			
	INAITIC CIT	ange	P.O. BOX 59						E Teleph	one numb	er	
	Initial retu	ırn	City or town			State	ZIP code		513-932-	1414		
	Final return	/terminated	LEBANON			OH	45036					
			Foreign country n	ıame	Foreign pro	vince/state/county	Foreign	postal cod				4 000 000
	Amended	l return							G Gross	receipts \$		1,020,293
	Application	on pending	F Name and address	s of principal off	ficer:			H(	a) Is this a group retu	rn for subordi	inates?	Yes X No
			JACQUELINE M	1ANLEY P.O	BOX 59.	LEBANON, OI	H 45036		b) Are all subordi			Yes No
	Tay ayar	mpt status:	X 501(c)(3)	501(c) (			47(a)(1) or	527	If "No," attach			
<u>.</u>				1301(c) (	(111)	3611110.)	+7 (a)(1) 01					
J	Website				7	<del></del> 1			c) Group exempti			
K	Form of o	organizatio	n: Corporation	X Trust	Association	Other		L Year of	formation: 198	31 M S	State of legal dom	nicile: OH
	Part I	Su	mmary									
	1	Briefly d	lescribe the orgar	nization's mis	ssion or m	ost significant a	activities:	<b>PROVII</b>	DE FINANCIA	L SUPF	ORT TO CH	ARITABLE
S		ORGAN	IIZATIONS LISTE	ED IN THE T	<b>RUST GO</b>	VERNING DO	CUMENT.					
naı												
Ver	2	Check t	his box if	the organiza	ation disco	ntinued its ope	rations or dis	posed o	f more than 2	5% of its	s net assets.	
9	3		of voting member									15
⋖	4		of independent v	•	_	•	_ / _	-				15
ies	5		ımber of individua							5		0
<u>₹</u>	6		imber of voluntee							6		
Activities & Governance	7a		related business							7a		0
•	b		elated business ta							7b		
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Form 9	90 (2023)	WILL FAMILY TRUST	31-6225163	Page <b>2</b>
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
1	-	escribe the organization's mission: E FINANCIAL SUPPORT TO CHARITABLE ORGANIZATIONS LISTED IN THE TRUST GOVE ENT.		
2	the prior	organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ?		X No
3	services	organization cease conducting, or make significant changes in how it conducts, any program?	. Yes	X No
4	Describe expense	e the organization's program service accomplishments for each of its three largest program services. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and expenses, and revenue, if any, for each program service reported.		
4a		) (Expenses \$ including grants of \$ 142,969 ) (Reven RT OF ORGS LISTED IN GOVERNING DOCUMENT		
4b	(Code:	) (Expenses \$ including grants of \$) (Reven		
4c	(Code:	) (Expenses \$ including grants of \$) (Reven	ue\$	)
4d		ogram services (Describe on Schedule O.)	-	
4e	(Expense Total pro	es \$ 0 including grants of \$ 0 ) (Revenue \$ gram service expenses 0	0)	

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)? <i>If "Yes,"</i> complete Schedule A	1	Х	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2		Χ
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		Χ
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		Χ
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Χ
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		Χ
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
•	complete Schedule D, Part III	8		Χ
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			v
10	negotiation services? If "Yes," complete Schedule D, Part IV	9		Χ
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
• •	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete</i>			
	Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Χ
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Χ
d	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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Χ
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		Х
122	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	111		
120	Schedule D. Parts XI and XII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i> "Yes,"	124		
-	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Χ
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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
4-	assistance to 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	4-7		V
10	on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		X
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		^
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	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	

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the 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		Х
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		
Ч	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	244		
<b></b>	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	23a		
b	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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		^
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	200		
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			· ·
00	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 the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	20-		
<b>L</b>	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	200		_
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	28c 29		X
30	Did the organization receive more than \$25,000 in floricast contributions? In Test, complete scriedule in	25		^
30	conservation contributions? If "Yes," complete Schedule M	30		_
24	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .	31		X
31	Did the organization riquidate, terminate, or dissolve and cease operations? If "res, complete scriedure N, Part 1."  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		^
32	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		^
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	33		
0-7	III, or IV, and Part V, line 1	34		Х
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	oou		
-	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	Х	
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

Form 9	990 (2023) WILL FAMILY TRUST 31-622	5163	Р	age <b>5</b>
Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	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)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	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		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
С	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 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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-dis required?	7g 7h		
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	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:	35		
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			
11	Section 501(c)(12) organizations. Enter:	-		
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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
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		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes." complete Form 6069			

Form 990 (2023) WILL FAMILY TRUST Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. 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 . . . 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 on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . . . 15 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . 5 5 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Χ Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Χ Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a . . . . . . . . . . . . 8b Χ at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Χ 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 on 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 . . . . . . . . . 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?. 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c Χ 13 Х 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? 15a Χ Χ If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a Χ 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

Section	C	Disclosure
OCCHOIL	◡.	Disclosure

			ga o a to a o o a _ o	
18	Section 6104 requires an o	organization to make its For	ms 1023 (1024 or 1024-A	A, if applicable), 990, and 990-T (section 501(c)
	(3)s only) available for pub	lic inspection. Indicate how	you made these availabl	e. Check all that apply.
	Own website	X Another's website	X Upon request	Other (explain on Schedule O)

19	Describe on Schedule O whether (and if so, how) the organization n	nade its governing documents,	conflict of interest policy,
	and financial statements available to the public during the tax year.		

20 State the name, address, and telephone number of the person who possesses the organization's books and records

LCNB NATIONAL BANK (513) 932-1414

2 NORTH BROADWAY, LEBANON, OH 45036

List the states with which a copy of this Form 990 is required to be filed. OH

16b

Form 990 (2023)	WILL FAMILY TRUST	31-6225163	Page <b>7</b>

#### 

### 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 the instructions for definition of "key employees."
- 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 ar	•	izatio	n co	omp	ens	ated	any	current officer,	director, or trust	tee.
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	òοx,	unles er an	s pe	ition more rson irect	an both strain Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) LCNB NATIONAL BANK TRUSTEE	4.00		Х					19,897		
(2)	4.00		^					19,697		
(3)										
(4)										
(5)	<b>/</b>									
(6)										
(7)										
(8)										
(10)										
(11)										
(12)										
(13)										
(14)										

Pa	Section A. Officers, Directors, In	ustees, Key Er	npio	yee	s, a	na	нıgn	est	Compensated	<u>⊨mpioye</u>	es (co	ntinue	ea)	
	(A) Name and title	Name and title  Average box, unless person is both an Reportable Reportable compensation compens						(E) Reporta compens from rela	ation ated	con	(F) ated amo of other npensation			
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organization 1099-M 1099-N	ISĊ/	orga	rom the nization a organizat	
(15)							ed							
(16)										$\rightarrow$				
(17)														
(18)														
(19)							1							
(20)														
(21)				<b>•</b>										
(22)			*											
(23)														
				•										
(25)			•											
1b c d	Subtotal	Section A							19,897 0 19.897		0 0 0			(
2	Total number of individuals (including but not reportable compensation from the organization	imited to those I							red more than \$1	100,000 of				(
3	Did the organization list any <b>former</b> officer, diremployee on line 1a? <i>If "Yes," complete Sche</i>											3	Yes	No ~
4	For any individual listed on line 1a, is the sum the organization and related organizations gre	of reportable co	mpei	nsat	ion	and	dothe	er c	ompensation fro			3		X
5	individual									 dividual		4		X
	for services rendered to the organization? If "	Yes," complete S	Sche	dule	J f	or s	uch p	ers	son			5		Χ
1	tion B. Independent Contractors  Complete this table for your five highest comp compensation from the organization. Report of	•										'e tav	vear	
	(A)  Name and business add		uic (	caic	iiuc	ai ye	Jai Ci	IGII	(B) Description of ser			(C) Compen	)	
														(
											<del> </del>			
														_(
2	Total number of independent contractors (inclu	Iding but not lim	nited t	to th	1000	a lict	ed c	hov	(e) who received					
	more than \$100,000 of compensation from the		ini <del>c</del> u I	io ii	iust	اکاا د	eu a 0	υUV	wild received	1				

31-6225163

		Check if Schedule O contains a response or note to any l	ine	in this Part VIII.			🔲
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
o "	1a	Federated campaigns 1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	0				
Gr	С	Fundraising events	0				
fts, An	d	Related organizations 1d	0				
Gif ilar	е	Government grants (contributions) 1e	0				
ns, Sim	f	All other contributions, gifts, grants, and					
tio er S	-	similar amounts not included above 1f	0				
ibu the	q	Noncash contributions included in					
ntr d O	9	lines 1a–1f	0				
Co an	h	<b>Total.</b> Add lines 1a–1f	U	0			
	- 11	Business Coc		U			
Ф	20		ie	0			
Program Service Revenue	2a				·		
ıram Ser Revenue	b			0			
n S 'en	C .			0			
ran ?ev	d			0			
ogi F	е			0			
Pr	f	All other program service revenue		0			
	g	<b>Total.</b> Add lines 2a–2f		0			
	3	Investment income (including dividends, interest, and					
		other similar amounts)		118,905			118,905
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
		(i) Real (ii) Personal					
	6a	Gross rents 6a					
	b	Less: rental expenses . 6b					
	С	Rental income or (loss) 6c 0	0				
	d	Net rental income or (loss)		0			
	7a	Gross amount from (i) Securities (ii) Other					
		sales of assets					
		other than inventory 7a 901,388	0				
ne	b	Less: cost or other basis					
Revenue		and sales expenses 7b 816,046	0				
ev	С	Gain or (loss) <b>7c</b> 85,342	0				
_	d	Net gain or (loss)		85,342			85,342
Othe	8a	Gross income from fundraising		,			,
ō		events (not including \$ 0					
		of contributions reported on line 1c).					
			0				
	b	See Part IV, line 18	0				
		Net income or (loss) from fundraising events		0			
		Gross income from gaming activities.					
		See Part IV, line 19 9a	0				
	b	Less: direct expenses 9b	0				
		Net income or (loss) from gaming activities		0			
		Gross sales of inventory, less					
		returns and allowances 10a	0				
	h	Less: cost of goods sold 10b	0				
		Net income or (loss) from sales of inventory	·	0			
	U	Business Coc		0			
ous	11a		. •	0			
nec	b			0			
Miscellaneous Revenue				0			
Re	۲ 0	All other revenue		0			
Mis				0			
		Total. Add lines 11a–11d			^	^	004.047
	12	<b>Total revenue.</b> See instructions		204,247	0	0	204.247

Form 990 (2023) WILL FAMILY TRUST 31-6225163 Page **10** 

Part IX Statement of Functional Expenses								
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								
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses				
1 Grants and other assistance to domestic organizations								

	not include amounts reported on lines 6b, 7b,	Total expenses	Program service	Management and	Fundraising
	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	142,969	142,969		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	19,897		19,897	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and			,	
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include		•		
	section 401(k) and 403(b) employer contributions).	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (nonemployees):	4			
а	Management	0			
b	Legal	0	~		
С	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	19,897		19,897	
g	Other. (If line 11g amount exceeds 10% of line 25, column			,	
Ū	(A), amount, list line 11g expenses on Schedule O.)	0		0	
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	0			
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	AMORTIZATION	7,542		7,542	
b	OHIO ANNUAL REGISTRATION FEE	200	200		
С		0			
d		0			
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e.	190,505	143,169	47,336	0
26	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)				

Form 990 (2023) WILL FAMI
Part X Balance Sheet WILL FAMILY TRUST 31-6225163 Page **11** 

		Check if Schedule O contains a response or note to any line in this Part X.			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	189,983	1	45,003
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%	4.5		
		controlled entity or family member of any of these persons	0	5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
Assets	7	Notes and loans receivable, net	0	7	0
SS	8	Inventories for sale or use	0	8	0
∢	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 0			
	b	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	2,759,558	11	2,918,280
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV. line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,949,541	16	2,963,283
	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ab		controlled entity or family member of any of these persons	0	22	
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	0	25	0
	26	Total liabilities. Add lines 17 through 25	0	26	0
es		Organizations that follow FASB ASC 958, check here			
ŭ		and complete lines 27, 28, 32, and 33.			
a	27	Net assets without donor restrictions	0	27	
B	28	Net assets with donor restrictions	0	28	
Ĭ		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.			
S O	29	Capital stock or trust principal, or current funds	2,949,541	29	2,963,283
set	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	
As	31	Retained earnings, endowment, accumulated income, or other funds	0	31	
et	32	Total net assets or fund balances	2,949,541	32	2,963,283
Z	33	Total liabilities and net assets/fund balances	2 949 541	33	2 963 283

Form 990 (2023) WILL FAMILY TRUST 31-6225163 Page **12** 

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI		[	
1	Total revenue (must equal Part VIII, column (A), line 12)		204	,247
2	Total expenses (must equal Part IX, column (A), line 25)		190	,505
3	Revenue less expenses. Subtract line 2 from line 1		13	,742
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		2,949	,541
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))		2,963	,283
Part	XII Financial Statements and Reporting		г	
	Check if Schedule O contains a response or note to any line in this Part XII			
			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 on			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Χ
	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		Χ
	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.			
	Separate basis Onsolidated basis Both consolidated and separate basis			
С	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 on			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		Χ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2023)

### **SCHEDULE A** (Form 990)

# **Public Charity Status and Public Support**

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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.

Inspection

Name of the organization Employer identification number								
WILL FAMILY TRUST 31-6225163								
Part I Reason for Public Charity Status. (All or								
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).								
			οπ 17 <b>0</b> (Β)	(1)(A)(1).				
A beautiful as a section 170(b)(1)(A)(ii). (A	•	, ,	70/I-\/4\/A	\/iii\				
A hospital or a cooperative hospital service organ					<b>-</b>			
4 A medical research organization operated in conj hospital's name, city, and state:	unction with a nospital				. Enter tne			
5 An organization operated for the benefit of a colle section 170(b)(1)(A)(iv). (Complete Part II.)	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in							
6 A federal, state, or local government or government	ental unit described in	section '	170(b)(1)(	A)(v).				
7 An organization that normally receives a substant described in <b>section 170(b)(1)(A)(vi)</b> . (Complete		rom a gov	/ernmenta	al unit or from the ge	neral public			
8 A community trust described in section 170(b)(1)	)(A)(vi). (Complete Pa	ırt II.)						
<b>9</b> An agricultural research organization described ir or university or a non-land-grant college of agricu university:								
An organization that normally receives (1) more the receipts from activities related to its exempt function support from gross investment income and unrelated acquired by the organization after June 30, 1975.	ons, subject to certain ted business taxable	exceptio income (le	ns; and (2 ess sectio	?) no more than 33 1 n 511 tax) from busi	/3% of its			
11 An organization organized and operated exclusive	ely to test for public sa	ıfety. See	section	509(a)(4).				
12 X An organization organized and operated exclusive one or more publicly supported organizations des Check the box on lines 12a through 12d that described in the control of the control	cribed in section 509	(a)(1) or s	section 5	09(a)(2). See section	on 509(a)(3).			
a Type I. A supporting organization operated, su the supported organization(s) the power to reg organization. You must complete Part IV, Se	ularly appoint or elect							
b Type II. A supporting organization supervised control or management of the supporting organization(s). You must complete Part IV,	nization vested in the							
c Type III functionally integrated. A supporting its supported organization(s) (see instructions)					tegrated with,			
d X Type III non-functionally integrated. A support					organization(s)			
that is not functionally integrated. The organization	ation generally must sa	atisfy a dis	stribution i	requirement and an				
requirement (see instructions). You must con  Check this box if the organization received a w					Typo III			
<ul> <li>Check this box if the organization received a w functionally integrated, or Type III non-function</li> </ul>					уре пі			
<b>f</b> Enter the number of supported organizations					7			
g Provide the following information about the support								
(i) Name of supported organization (ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
		Yes	No					
(A)		163	110					
See Attached Stmt								
(B)								
(C)								
(D)								
(E)								
` '								
Total				142 969	0			

#### Schedule A (Form 990) 2023 WILL FAMILY TRUST 31-6225163 Page 2 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.) Section A. Public Support (a) 2019 (e) 2023 Calendar year (or fiscal year beginning in) **(b)** 2020 (c) 2021 (d) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . . . 0 3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . . . 0 0 0 0 4 Total. Add lines 1 through 3 . . . . . . 0 The portion of total contributions 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, column (f) . . . . . . 6 Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2019 (b) 2020 **(a)** (c) 2021 (d) 2022 (e) 2023 (f) Total Calendar year (or fiscal year beginning in) 0 Amounts from line 4 . . . . . . . . . 0 0 0 0 0 Gross income from interest, dividends. payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . . . . . . . 0 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . . . . . . . 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . . . 0 **11** Total support. Add lines 7 through 10... 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) **Section C. Computation of Public Support Percentage** 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . . . . . . . . . . . . 14 0.00% 16a 33 1/3% support test-2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain

in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

 Schedule A (Form 990) 2023
 WILL FAMILY TRUST
 31-6225163
 Page 3

# 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	<b>Total.</b> Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
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						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6.)						0
	tion B. Total Support	(-) 0040	(h) 0000	(-) 0004	(-I) 0000	(-) 0000	(6) T-4-1
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						•
	royalties, and income from similar sources						0
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						0
	acquired after June 30, 1975	0	0	0	0	0	0 0
	Add lines 10a and 10b	0	0	U	U	U	U
11	Net income from unrelated business						
	activities not included on line 10b, whether						0
12	or not the business is regularly carried on .						0
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						0
12	Total support. (Add lines 9, 10c, 11,						0
13	and 12.)	0	0	0	0	0	0
14	First 5 years. If the Form 990 is for the org	anization's first. se		or fifth tax vear			
•	organization, check this box and <b>stop here</b> .			•	•	, , ,	
Sec	tion C. Computation of Public Sur						<u></u>
	Public support percentage for 2023 (line 8, c	•		(f))		15	0.00%
16	Public support percentage from 2022 Sched					16	0.00%
	tion D. Computation of Investmen				<u> </u>	- I	2.2270
17	Investment income percentage for 2023 (lin			, column (f))		17	0.00%
18	Investment income percentage from <b>2022</b> Se		=			18	0.00%
	33 1/3% support tests—2023. If the organization					_	2.22.7
-	not more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2022. If the organiz	-			-		
	line 18 is not more than 33 1/3%, check this	box and stop here	. The organization	n qualifies as a pub	olicly supported org	anization	
20	Private foundation. If the organization did r	ot check a box on	line 14, 19a, or 19	b, check this box a	and see instructions	S	

Schedule A (Form 990) 2023 WILL FAMILY TRUST 31-6225163 Page 4

#### Part IV **Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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," answe lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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.)

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Schedule A (Form 990) 2023 WILL FAMILY TRUST 31-6225163 Page 5 Part IV **Supporting Organizations** (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a Х Χ 11b A family member of a person described on line 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Χ Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the 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, describe how the powers to appoint and/or remove officers, 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 Did the organization operate for the benefit of any supported organization other than the supported 2 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 Section C. Type II Supporting Organizations Yes No 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 1 the supported organization(s). Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 1 organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the 1 Χ organization's governing documents in effect on the date of notification, to the extent not previously provided? 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 the organization maintained a close and continuous working relationship with the supported organization(s). Χ 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have 3 a significant voice in the organization's investment policies and in directing the use of the organization's 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. Χ Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( see instructions). The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). Activities Test. Answer lines 2a and 2b below. 2 Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify 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 that these activities constituted substantially all of its activities. 2a Did the activities described on line 2a, above, 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 activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

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.

Schedule A (Form 990) 2023 WILL FAMILY TRUST		31-6	225163 Page <b>6</b>
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyi			ain in Part VI). See
instructions. All other Type III non-functionally integrated supporting orga	aniza	ations must complete Section	ons A through E.
Castian A. Adjusted Nat Income		(A) Drier Veer	(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1	21,306	16,823
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3	110,210	123,316
4 Add lines 1 through 3.	4	131,516	
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	37,588	39,794
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	93,928	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year
		(71) Thoi Todi	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see	<b>\</b>		
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a	3,350,111	3,586,977
<b>b</b> Average monthly cash balances	1b	173,725	156,828
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	3,523,836	3,743,805
e Discount claimed for blockage or other factors			
(explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	3,523,836	3,743,805
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4	52,858	56,157
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	3,470,978	3,687,648
6 Multiply line 5 by 0.035.	6	121,484	129,068
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	121,484	129,068
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		93,928
2 Enter 0.85 of line 1.	2		79,839
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		121,484
4 Enter greater of line 2 or line 3.	4		121,484
5 Income tay imposed in prior year	5		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2023 WILL FAMILY TRUST 31-6225163 Page **7** 

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V **Section D - Distributions Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 142.969 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 20,097 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 **7 Total annual distributions.** Add lines 1 through 6. 163,066 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2023 from Section C, line 6 9 121,484 **10** Line 8 amount divided by line 9 amount 0.000 10 (ii) (iii) (i) Underdistributions Section E - Distribution Allocations (see instructions) Distributable **Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 121,484 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 **a** From 2018 . . . **b** From 2019. c From 2020. d From 2021. 41,568 e From 2022. f Total of lines 3a through 3e 41,568 **g** Applied to underdistributions of prior years h Applied to 2023 distributable amount 41,568 i Carryover from 2018 not applied (see instructions) i Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from Section D, line 7: 163,066 a Applied to underdistributions of prior years **b** Applied to 2023 distributable amount 79,916 c Remainder. Subtract lines 4a and 4b from line 4. 83,150 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. 83,150 Breakdown of line 7: a Excess from 2019 0 **b** Excess from 2020 0 0 c Excess from 2021. d Excess from 2022 0 e Excess from 2023. 83.150

Schedule A (Form 990) 2023 WILL FAMILY TRUST 31-6225163 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) Part IV Section D Line 2 SUPPORTED ORGS RECEIVING NET INCOME RECEIVE REGULAR STATEMENTS AND WORK WITH THE ASSIGNED TRUST OFFICER.

## SCHEDULE I (Form 990)

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Department of the Treasury
Internal Revenue Service
Name of the organization

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization						Employer identi	fication number		
WILL FAMILY TRUST						3	1-6225163		
Part I General Information	n on Grants	and Assistance							
1 Does the organization maint			_	ssistance, the grante	es' eligibility for the grants	or assistance, and			
<ul><li>the selection criteria used to</li><li>Describe in Part IV the organ</li></ul>					s.		X Yes No		
Part II  Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.									
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (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		
(1) LEBANON PRESBYTERIAN CHUI 123 N EAST ST LEBANON, OH 45036	31-0674333	501(c)(3)	94,046		9		SUPPORT		
(2) LEBANON PUBLIC LIBRARY  101 S BROADWAY LEBANON, OH 45	31-6001061	501(c)(3)	47,023				SUPPORT		
(3) WARREN COUNTY UNITED WAY 3989 S ST RT 42 LEBANON, OH 450:	02-3713362	501(c)(3)	500				SUPPORT		
(4) GIRL SCOUTS OF WESTERN OH		501(c)(3)	200				SUPPORT		
(5) WARREN COUNTY HISTORICAL 105 S BROADWAY LEBANON, OH 45		501(c)(3)	500				SUPPORT		
(6) DAN BEARD COUNCIL OF BSA 10078 READING ROAD CINCINNATI,	31-6090623	501(c)(3)	200				SUPPORT		
(7) LEBANON GARDEN CLUB 3341 COLUMBIA RD LEBANON, OH	31-1461368	501(c)(3)	500				SUPPORT		
(8)									
(9)									
(10)									
(11)									
(12)									
<ul><li>2 Enter total number of section</li><li>3 Enter total number of other of</li></ul>	` ' ' '	•					· 		

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Part III	Grants and Other Assistance to Do Part III can be duplicated if additiona			organization answere	ed "Yes" on Form 990, Pa	art IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1						1
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Part IV	Supplemental Information. Provide	the information re	quired in Part I, line	2; Part III, column (b	); and any other addition	al information.
				•		
		(0)	<b>&gt;</b>			
	10	)				

### SCHEDULE O (Form 990)

# 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 Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

WILL FAMILY TRUST	31-6225163
Form 990, Part VI, Section C, Line 19: GOVERNING DOCUMENT AND FINANCIA	AL STATEMENTS ARE
AVAILABLE UPON REQUEST.	
Form 990, Part VI, Line 11: TRUST OFFICER CAN REVIEW RETURNS PRIOR T	O FILING WITH IRS.

Schedule O (Form 990) 2023	Page	2
Name of the organization	Employer identification number	
	31-6225163	
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Electronic Filing Information (990/PF/EZ/T/1120-POL)									
Signature Method									
X Option (1) - Using Practitioner PIN. Use Section (A) below.  Date return prepared									
Option (2) - Scanned 8453-TE.	Option (2) - Scanned 8453-TE.								
<b>PIN Information</b> Enter i	nformation below								
		(A) Prac	titioner PIN:						
	PIN (5 Digits)	TP entered		the ERO entered tax					
Taxpayer PIN	15163		X	PIN, you must fill out 8879-EO (IRS e-fil Signature Authorizat Form).	е				
ERO PIN:	59107								
FFIN									
<b>EFIN</b> Enter your 6-digit EFIN number. You c	an enter EEINs in the	a Preparer Table							
EFIN: 310933		e i lepaiei Table.							
Submission ID									
The Submission ID for this e-File w	ill be computed autor	matically when ar	EFIN is entered	l above. It will only l	oe regenerated				
if a 'Rejected by EFC' or 'Rejected		dgement is receive	ved and the e-Fi	e is recreated.					
Submission ID: 3109332024299	nzm4x4k								
Name Control	D	0		0					
Click here to see Knowledge B WILL	ase Document 1450	iu, for more info	rmation on Nam	ie Controls					
Organization Information	า								
Please enter a	ll taxpayer den	nographic da	ata on the M	lain Informati	on form.				
Does the IRS have the most current R	esponsible Party info	ormation on file?	Yes	No					
Officer name			Officer Title		ate return signed				
JACQUELINE A MANLEY			SVP		12/22/2022				
Officer Email address			Officer Phone 513-932-1414		Officer Foreign phone				
ERO (Enter	data in the Prepare	er Manager)	10.0 302 111						
ERO's name	·	- ,		F	oreign phone number				
Firm's name									
LCNB NATIONAL BANK									
· ·	data in the Prepare	er Manager)		1					
Preparer's name			PTIN		on-paid prep type				
JACQUELINE A MANLEY Firm's name			P0231		oreign phone number				
LCNB NATIONAL BANK									

Statement of Assets As Of September 30, 2024

Symbol	Asset Description	Maturity Date	Units/Shares or Face Value	Total Cost	Market Price	Market Value
010 Com	mon Stock					
AAPL	Apple Inc.		170.0000	\$24,743.08	\$233.00	\$39,610.00
ABT	Abbott Laboratories		250.0000	\$6,009.36	\$114.01	\$28,502.50
ADP	Automatic Data Processing		100.0000	\$4,271.17	\$276.73	\$27,673.00
AMZN	Amazon.com Inc		60.0000	\$7,378.48	\$186.33	\$11,179.80
CEG	Constellation Energy Corp.		66.0000	\$3,014.95	\$260.02	\$17,161.32
CHRW	C H Robinson Worldwide Inc.		300.0000	\$18,464.40	\$110.37	\$33,111.00
CI	Cigna Group		48.0000	\$13,791.62	\$346.44	\$16,629.12
CSCO	Cisco Systems Inc.		550.0000	\$9,647.19	\$53.22	\$29,271.00
CVX	Chevron Corporation		200.0000	\$28,869.54	\$147.27	\$29,454.00
DIS	Disney Walt Co.		100.0000	\$10,072.00	\$96.19	\$9,619.00
GLW	Corning Inc.		1,000.0000	\$27,479.20	\$45.15	\$45,150.00
GOOG	Alphabet Inc. Class C		250.0000	\$8,179.00	\$167.19	\$41,797.50
GPK	Graphic Packaging Holding Company		484.0000	\$10,756.56	\$29.59	\$14,321.56
INTC	Intel Corp.		450.0000	\$9,113.99	\$23.46	\$10,557.00
IPG	Interpublic Group of Companies		202.0000	\$7,985.32	\$31.63	\$6,389.26
JNJ	Johnson & Johnson		182.0000	\$11,092.85	\$162.06	\$29,494.92
JNPR	Juniper Networks Inc Ord Shs		1,000.0000	\$27,090.00	\$38.98	\$38,980.00
JPM	JP Morgan Chase Co.		250.0000	\$12,937.50	\$210.86	\$52,715.00
KO	Coca-Cola Company		500.0000	\$10,932.40	\$71.86	\$35,930.00
LMT	Lockheed Martin Corp.		60.0000	\$2,948.33	\$584.56	\$35,073.60
MSFT	Microsoft Corp.		75.0000	\$21,456.20	\$430.30	\$32,272.50
ORCL	Oracle Corporation		300.0000	\$6,933.33	\$170.40	\$51,120.00
PFE	Pfizer Inc.		500.0000	\$1,115.36	\$28.94	\$14,470.00
PG	Procter & Gamble Co.		250.0000	\$733.31	\$173.20	\$43,300.00
PII	Polaris Inc		175.0000	\$17,508.51	\$83.24	\$14,567.00
PRU	Prudential Financial Inc.		100.0000	\$10,714.50	\$121.10	\$12,110.00
SO	Southern Co.		300.0000	\$8,641.50	\$90.18	\$27,054.00
SQ	Block Inc Class A		252.0000	\$15,750.96	\$67.13	\$16,916.76
TJX	TJX Companies Inc.		300.0000	\$12,411.00	\$117.54	\$35,262.00
USB	U.S. Bancorp		500.0000	\$13,680.00	\$45.73	\$22,865.00
VZ	Verizon Communications Inc.		157.0000	\$4,191.74 *	\$44.91	\$7,050.87
WHR	Whirlpool Corp.		200.0000	\$27,317.36	\$107.00	\$21,400.00
Tota	I			\$395,230.71 *		\$851,007.71
041 Dom	estic Small-Mid Cap Eq Fds					
NDVVX	MFS New Discovery Value R6		7,274.3340	\$126,085.68	\$19.42	\$141,267.55
VIMAX	Vanguard Mid Cap Index Fund Admiral Shares		87.0390	\$22,431.08	\$326.75	\$28,439.99
Tota	l			\$148,516.76	_	\$169,707.54

050 Equity Closed End Funds

Statement of Assets As Of September 30, 2024

Symbol		Asset Description	Maturity Date	Units/Shares or Face Value	Total Cost	Market Price	Market Value
IWV		IShares TR Russell 3000 ETF		400.0000	\$19,081.07	\$326.73	\$130,692.00
RSP		Invesco S&P 500 Equal Weight ETF		477.0000	\$55,194.38	\$179.16	\$85,459.32
	Total				\$74,275.45		\$216,151.32
051	Dome	stic Sm-Mid Cap ETF					
IJH		IShares TR Core S&P Mid Cap ETF		2,500.0000	\$86,569.95	\$62.32	\$155,800.00
	Total				\$86,569.95		\$155,800.00
052	Dome	stic Lg Cap Growth ETF					
SCHG		Schwab US Large Cap Growth ETF		1,743.0000	\$94,195.09	\$104.18	\$181,585.74
	Total			_	\$94,195.09		\$181,585.74
053	Dome	stic LG Cap Value ETF					
SCHV		Schwab US Large Cap Value ETF		2,500.0000	\$130,301.12	\$80.37	\$200,925.00
	Total			_	\$130,301.12	_	\$200,925.00
100	Intorn	ational Equity Mutual Funds					
DFCEX		ational Equity Mutual Funds  DFA Emerging Markets Core Equity Portfolio		7,171.7100	\$163,719.11	\$25.36	\$181,874.56
	Total				\$163,719.11		\$181,874.56
					<b>*</b> 100,1 10111		<b>¥</b> 10 1,01 1100
101 IEFA	Intern	ational Equity ETF  IShares Inc. TR Core MSCI EAFE ETF		5,031.0000	\$301,434.56	\$78.05	\$392,669.55
INDA		IShares MSCI India ETF		722.0000	\$32,229.72	\$58.53	\$42,258.66
	Total				\$333,664.28		\$434,928.21
					¥000,00 II <u>_</u> 0		¥ 10 1,020121
<b>200</b> 059438	•	rate Bonds  JP Morgan Chase 8% Due 04/29/2027	4/29/2027	75,000.0000	¢00 150 22	\$109.62	\$82,217.82
36962G		General Electric Co. 5.5% Due 01/05/2026	1/5/2026	75,000.0000	\$88,158.23 \$79,805.26	\$109.62	\$75,636.18
38148L		Goldman Sachs 3.75% Due 5/22/2025	5/22/2025	25,000.0000	\$24,562.50	\$99.37	\$24,843.25
478160		Johnson & Johnson 2.45% Due 3/01/2026	3/1/2026	25,000.0000	\$24,302.30	\$98.06	\$24,515.83
501044		Callable 12/2025 Kroger Co. 2.65% Due 10/15/2026 Senior	10/15/2026	25,000.0000	\$24,789.25	\$97.05	\$24,261.69
	Total	Global Note			\$242,466.50	_	\$231,474.77
200	Namak	inhia Cout of Dougnaid			,		
<b>280</b> 89839K	_	iable Cert. of Deposit  Trustar Bank 4.95% Due 11/23/2026	11/23/2026	50,000.0000	\$50,000.00	\$102.38	\$51,190.09
	Total		,		\$50,000.00		\$51,190.09
					ψου,υυυ.υυ		ΨΟ1,130.03
	Aitern	ative ETF		2 200 0000	¢76 444 44	¢26 40	¢00 E47 04
DAPR		FT Vest US Equity Deep Buffer ETF - April		2,208.0000	\$76,141.44	\$36.48	\$80,547.84
DOCT GLD		FT Vest U.S. Equity Deep Buffer ETF - Oct SPDR Gold TR		1,498.0000 250.0000	\$57,777.86 \$43,844.55	\$39.03 \$243.06	\$58,466.49 \$60,765.00
	<b>-</b>	of Dix Gold Tix		230.0000		Ψ243.00	
	Total				\$177,763.85		\$199,779.33

Statement of Assets As Of September 30, 2024

Symbol		Asset Description	Maturity Date	Units/Shares or Face Value	Total Cost	Market Price	Market Value
305	Fixed	Income Mutual Funds					
ANGIX		Angel Oak Multi-Strategy Income Fund		14,003.5618	\$130,994.99	\$8.78	\$122,951.27
DODIX		Dodge & Cox Income Fund		8,069.8110	\$109,316.17	\$12.94	\$104,423.35
FFRHX		Fidelity Floating Rate High Income Fund		2,580.5680	\$23,947.67	\$9.25	\$23,870.25
LLDYX		Lord Abbett Short Duration Income Fund Institutional Class		6,586.1760	\$30,000.00	\$3.90	\$25,686.08
NCRLX	(	Neuberger Berman Core Bond Fund		7,808.3480	\$74,538.59	\$9.10	\$71,055.96
VBILX		Vanguard Intermediate Term Bond Index Fund Admiral Shares		30,965.6250	\$322,356.90	\$10.59	\$327,925.97
	Total				\$691,154.32		\$675,912.88
306	Intern	ational Fixed Mut Fds					
EIDOX		Eaton Vance Emerging Markets Debt Opportunities Opportunities;I		4,180.8700	\$32,666.76	\$7.93	\$33,154.30
	Total			_	\$32,666.76		\$33,154.30
308	Fixed	Income ETF					
TLT		IShares 20+ Year Treasury Bond ETF		1,378.0000	\$121,899.04	\$98.10	\$135,181.80
	Total				\$121,899.04		\$135,181.80
440	USG	Sovernment Agency Obligations					
3130AY		Federal Home Loan Banks 5.05% Due	2/9/2034	50,000.0000	\$49,373.50	\$101.42	\$50,708.44
3130B0VS5		02/09/2034 Callable 02/09/2026 Federal Home Loan Banks 5.25% Due	4/10/2029	50,000.0000	\$49,962.50	\$101.43	\$50,712.89
3134GYFN7		04/10/2029 Callable 04/10/2026 Federal Home Loan Mtg Corp 5% Due 1/26/2028	1/26/2028	25,000.0000	\$25,009.08	\$99.90	\$24,975.83
		1,120,120,120		_	\$124,345.08	_	\$126,397.16
500	Money	y Market Funds					
GOFXX	<	Federated Hermes Government Obligations Fund		42,808.3600	\$42,808.36	\$1.00	\$42,808.36
	Total				\$42,808.36		\$42,808.36
530	Certifi	icates of Deposit-Own Inst.					
LCNB1		LCNB National Bank CD 5.25% APY Due 8/6/2025	8/6/2025	51,512.1400	\$51,512.14	\$1.00	\$51,512.14
	Total			_	\$51,512.14		\$51,512.14
840	Ontion	ns (Liabilities)					
219350	•	CALL GLW 50.00 01/17/25		5.0000	\$0.00 *		\$0.00
872540		CALL TJX 115.00 10/18/2024		3.0000	\$0.00 *		\$0.00
	Total			_	\$0.00 *		\$0.00
	Cash						
		Cash			\$2,194.23		\$2,194.23
Grand '	Total				\$2,963,282.75 *	_	\$3,941,585.14

Statement of Assets As Of September 30, 2024

Symbol	Asset Description	Maturity	Units/Shares	Total Cost	Market	Market Value
		Date	or Face Value		Price	

### Market Value by Portfolio Report Category

