Form **990**

Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990for instructions and the latest information.

A I	For th	e 2024 cale	endar year, or tax year beginning $10/01/2024$ and end	ling (19/30											
D.			C Name of organization		D Employ	er identification number									
D (леск іта	pplicable:	WILL FAMILY TRUST												
	Addre	ss change	Doing business as		31-62	225163									
	Name	change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number										
	Initial	return	PO BOX 59		513 932-1414										
	Final r	return/terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross re										
	Amen	ded return	LEBANON, OH 45036			2,885,730									
	Applic	ation pending	F Name and address of principal officer: JACQUELINE A MANLEY, SVP	H(a) is	this a group return										
			PO BOX 59 LEBANON OH 45036		ubordinates? re all subordinates in										
$\overline{}$	Tay-o	xempt status:				t. See instructions.									
÷	Webs	· · · · · · · · · · · · · · · · · · ·		·											
<u></u>		/			O 0 1 BA Court										
V		of organization		of formation: 1	98 ц IVI State	of legal domicile: OH									
P	art I	Summ	•												
	1		cribe the organization's mission or most significant activities:												
ø		PROVIDE FINANCIAL SUPPORT TO CHARITABLE ORGANIZATIONS LISTED IN TRUST													
anc		_GOVER	NING DOCUMENT.												
ern															
Activities & Governance	2	Check this	box if the organization discontinued its operations or disposed of	more than 2	5% of its	net assets.									
∞ ∞	3	Number of	voting members of the governing body (Part VI, line 1a)		3	15									
es	4	Number of	independent voting members of the governing body (Part VI, line 1b)		4	15									
ĭ. ≷	5	Total numb	per of individuals employed in calendar year 2024 (Part V, line 2a)		5	NONE									
Acti	6	Total numb	per of volunteers (estimate if necessary)		6	NONE									
_	7a	Total unrel	ated business revenue from Part VIII, column (C), line 12		7a	NONE									
	b	Net unrelat	ted business taxable income from Form 990-T, Part I, line 11		7b	NONE									
			·		Year	Current Year									
	8	Contributio	ons and grants (Part VIII, line 1h)												
πe	9		ervice revenue (Part VIII, line 2g)												
Revenue	10		t income (Part VIII, column (A), lines 3, 4, and 7d).		204,247.	991,255									
æ	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		201,211	771,233									
	12				204,247.	991,255									
			nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)												
	13		I similar amounts paid (Part IX, column (A), lines 1-3)		142,969.	151,652									
	14		aid to or for members (Part IX, column (A), line 4)		10 007	01 005									
es	15		ther compensation, employee benefits (Part IX, column (A), lines 5-10)		19,897.	21,085									
Expenses	16 a		al fundraising fees (Part IX, column (A), line 11e)												
꼾	b		raising expenses (Part IX, column (D), line 25) NONE												
_	17	Other expe	enses (Part IX, column (A), lines 11a-11d, 11f-24e)		27,639.	29,712									
	18	•	nses. Add lines 13-17 (must equal Part IX, column (A), line 25)		190,505.	202,449									
	19	Revenue le	ess expenses. Subtract line 18 from line 12		13,742.	788,806									
t Assets or				Beginning of	Current Year	End of Year									
set	20	Total asset	s (Part X, line 16)	2,	963,283.	3,752,089									
d As	21	Total liabili	ities (Part X, line 26)		NONE	NONE									
Net	22	Net assets	or fund balances. Subtract line 21 from line 20	2,	963,283.	3,752,089									
Pa	rt II	Signat	ure Block												
Un	der pe	nalties of per	jury, I declare that I have examined this return, including accompanying schedules and state	ments, and to the	he best of my	knowledge and belief, it is									
tru	e, corr	ect, and comp I	óleté. Declaration of preparer (other than officer) is based on all informátion of which preparer h	as any knowledg	je.										
			Jacqueline amanley		11/03/2	2025									
Sig	jn	Signature of	Afficer The Control of the Control o	i i	Date										
He	re	TAC	QUELINE A MANLEY, SVP												
			t name and title												
_		I,	preparer's name Preparer's signature Date		heck if	PTIN									
Paid	d	1			elf-employed	P02311282									
Pre	parer														
Use	Only			Firm's		-0352330									
N # -	. باد .	Firm's add		Phone		3-932-1414									
ivia	y ine	ino discus	ss this return with the preparer shown above? See instructions			. X Yes No									

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Pa	art III	Statement of Program Service Accomplishmen			
1	Duiafly	Check if Schedule O contains a response or note	to any line in this Part III		
	•	lescribe the organization's mission:	IE ODCANITZATIONS IIST	ED IN TRIICT	
		DE FINANCIAL SUPPORT TO CHARITAB RNING DOCUMENT.	LE ORGANIZATIONS LIST	ED IN IROSI	
	GOVE	MING DOCOMENT.			
2	Did the	organization undertake any significant program	services during the year which	were not listed on the	
_		rm 990 or 990-EZ?			X No
	If "Yes,"	describe these new services on Schedule O.			
3		organization cease conducting, or make sig	nificant changes in how it co	onducts, any program	
	services	?		Yes	X No
		describe these changes on Schedule O.			
4		e the organization's program service accomplis			
		es. Section 501(c)(3) and 501(c)(4) organization		mount of grants and allocations to	others,
	tne tota	I expenses, and revenue, if any, for each program	service reported.		
4a) (Expenses \$includi		_) (Revenue \$)	
	SUPPO	RT OF ORGANIZATIONS LISTED IN GO	VERNING DOCUMENT		
4b	(Code:) (Expenses \$includi	ng grants of \$) (Revenue \$	
	-				
_	/0 /	\/E) (D	
4c	(Code:) (Expenses \$includi	ng grants of \$	_) (Revenue \$)	
	-				
4d	Other p	rogram services (Describe on Schedule O.)			
_	(Expens	es \$ including grants of \$) (Revenue \$)	
4 -	T				

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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,"		v	
2	complete Schedule A	2	X	Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
3	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)			- 21
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	<u> </u>		
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Χ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		Χ
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		X
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		X
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		X
f	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)? 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	401		37
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
Ŋ	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	175		- 71
	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			- 21
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
-	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?			
-	If "Yes," complete Schedule G, Part III	19		Х
20 a	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	

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Part	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		X
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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			- 21
·	to defease any tax-exempt bonds?	24c		Х
٨	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	27u		
23 a		25.0		Х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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?	251		37
00	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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			
	persons? If "Yes," complete Schedule L, Part III	27		X
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			
	"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		X
C	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	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	Χ	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .	<u></u> .	\Box
			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	
JSA		F	aan	12024

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	930 (2024)			N-
Par			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			
	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		X
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		X
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		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
Va		6a		X
	organization solicit any contributions that were not tax deductible as charitable contributions?	- Ou		21
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
_	gifts were not tax deductible?	OD		
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	_		37
	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 to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	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	Χ	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Χ	
8	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?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	2, 555, 1555, 1551,			
11	Section 501(c)(12) organizations. Enter: 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.)	12-		
	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.	40		
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			
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule 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		X
	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		X
-	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		X
	If "Yes," complete Form 6069.			

Form 990 (2024) Page 6 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 on Schedule O. See instructions. Section A. Governing Body and Management Yes Nο 15 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 Χ supervision of officers, directors, trustees, or key employees to a management company or other person? Χ 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Χ Did the organization become aware during the year of a significant diversion of the organization's assets? Χ 6 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: Χ 8a Each committee with authority to act on behalf of the governing body?....... 8b Χ 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 on Schedule O. 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Χ If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . Χ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Χ 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c Χ 13 13 14 Χ 14 Did the organization have a written document retention and destruction policy?...... 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? Χ 15a 15b Χ If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ 16a 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? $\dots \dots \dots \dots \dots \dots$ 16b Section C. Disclosure Ohio 17 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) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19

> LCNB NATIONAL BANK, TRUSTEE TEL: (513)932-1414 2 NORTH BROADWAY; LEBANON, OH

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

and financial statements available to the public during the tax year.

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JSA

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **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 the 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, 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor	any related	orga	niza	tion	coı	mpens	sate	d any current offic	er, director, or true	stee.
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unle: er and	Pos neck ss pe	rson	e than or is both 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 (2)	4.00 NONE		Х					21,085.	NONE	NON
(3)										
(5) (6)										
(7)		-								
(9)		-								
(10) (11)										
(12)		-								
(14)		-								

Part VII Section A. Office	rs, Directors, Tru	stees, Ke	ey En	npl	oye	es,	and	Hig	hest Compensat	ted Employ	ees (contin	ued)	
(A) Name and title		(B) Average hours per week	box, office	unles r and	s pei la di	ition more rson irecto	than o	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	ion ed	(F) Estimated amount of other compensation		
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutionaltrustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations 1099-MIS 1099-NEC	C/		om the ization organiza	
(15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b Subtotal			 		· ·	 	 		21,085.	1	IONE			NONI
2 Total number of individure reportable compensation			to th	ose ()	list	ed a	above	e) w	ho received more	than \$100,0	000 of	f		
3 Did the organization I											ısated		Yes	No
employee on line 1a? If ")For any individual listed organization and relate	on line 1a, is the	sum of	report	able	e cc	omp	ensat	tion	and other compe	ensation fro		3		X
individual5 Did any person listed or for services rendered to the	n line 1a receive or		comp	ensa	atio	n fr	om a	iny				5		X
Section B. Independent Contrac		103, 00111	orete (OUTI	Juui		101 30	1011	person		• • •	<u> </u>		
1 Complete this table fo compensation from the complete this table for the complete the complete this table for the complete th														
	(A) ame and business addres	ss							(B) Description of ser	vices	((C) Compens	ation	
2 Total number of indeperent received more than \$100,							ited (_	those listed abo	ve) who				

Form 990 (2024) Page 9 Part VIII Statement of Revenue

				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
s, s	1a	Federated campaigns 1a					
ant	b	Membership dues 1b					
ts, Gr Amo	c	Fundraising events 1c					
	d	Related organizations 1d					
<u>≅</u> .	e	Government grants (contributions) - 1e					
Sir.	f	All other contributions, gifts, grants,					
Contributions, Gifts, Grants, and Other Similar Amounts		and similar amounts not included above . 1f					
	g	Noncash contributions included in					
털		lines 1a-1f 1g \$					
ಕ್ಟ	h	Total. Add lines 1a-1f					
		В	usiness Code				
çe	2a						
E Z	b						
Program Service Revenue	c						
eve	d						
9 R	e						
<u> </u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, inte	rest, and				
		other similar amounts)		123,272.			123,272
	4	Income from investment of tax-exempt bond pro	ceeds				
	5	Royalties					
		(i) Real	ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 2,762,458					
<u>o</u>	b	Less: cost or other basis					
enn		and sales expenses 7b 1,894,475					
ther Revenue	С	Gain or (loss) 7c 867,983					
F.	d	Net gain or (loss)		867,983.			867,983
the	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	С	Net income or (loss) from fundraising events					
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a					
	b	Less: direct expenses 9b					
	С	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less					
		returns and allowances · · · · · · · 10a					
	b	Less: cost of goods sold					
	С	Net income or (loss) from sales of inventory					
<u>s</u>		В	usiness Code				
eon Ie	11a						
an	b						
ĕ,ē	С						
Miscellaneous Revenue	d	All other revenue					
_	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions	<u> </u>	991,255.			991,255.

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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). (A) Total expenses (C) Do not include amounts reported on lines 6b, 7b, Management and Fundraising Program service 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 151,652. 151,652 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, 21,085. 21,085. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 11 Fees for services (nonemployees): 812. 812. c Accounting e Professional fundraising services. See Part IV, line 17. 21,085 21,085 f Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 13 Office expenses **15** Royalties.......... Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 22 Depreciation, depletion, and amortization 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.) 7,815 200 7,615. e All other expenses 202,449 151,852. 50,597 NONE 25 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)

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	45,003.	2	905,029.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		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)		6	
its	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
٩	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment: cost or other			
	١.	basis. Complete Part VI of Schedule D 10a		4.0	
		Less: accumulated depreciation	2 010 200	10c	2 047 060
	11	Investments - publicly traded securities	2,918,280.	11	2,847,060.
	12 13	Investments - other securities. See Part IV, line 11		12 13	
	14	Investments - program-related. See Part IV, line 11		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,963,283.	16	3,752,089.
	17	Accounts payable and accrued expenses	2,703,203.	17	3,732,005.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		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	17017	25	17017
	26	Total liabilities. Add lines 17 through 25	NONE	26	NONE
es		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions		27	
Bal	28	Net assets with donor restrictions		28	
pg	20	Organizations that do not follow FASB ASC 958, check here		20	
or Fund Balances		and complete lines 29 through 33.			
0	29	Capital stock or trust principal, or current funds		29	
Net Assets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds	2,963,283.	31	3,752,089.
\et	32	Total net assets or fund balances	2,963,283.	32	3,752,089.
_	33	Total liabilities and net assets/fund balances	2,963,283.	33	3,752,089.

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Part	XI Reconciliation of Net Assets					<u> </u>
rart						
	Check if Schedule O contains a response or note to any line in this Part XI				01 0)
1	Total revenue (must equal Part VIII, column (A), line 12)	1_			91,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2			02,4	
3	Revenue less expenses. Subtract line 2 from line 1	3			88,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		2,9	63,2	<u> </u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7_				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		<u>3,7</u>	<u>52,0</u>	<u>)89.</u>
Part :	XII Financial Statements and Reporting					
	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," ex	olain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com					
	reviewed on a separate basis, consolidated basis, or both:	•				
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?			2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audit					
	separate basis, consolidated basis, or both:	ou o	,,, u			
	Separate basis Consolidated basis Both consolidated and separate basis					
•	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove	roiah	t of			
C	the audit, review, or compilation of its financial statements and selection of an independent accountar	_		2c		
	· · · · · · · · · · · · · · · · · · ·					
	If the organization changed either its oversight process or selection process during the tax year, ex	piair	ı on			
_	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for			3a		Х
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			Sa		Λ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	_		۱ ا		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	dits		3b		

Form **990** (2024)

SCHEDULE A (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Go to www.irs.gov/Form990for instructions and the latest information.

WII	<u>L</u>	FAMILY TRUST					31-6	225163			
Par	t I	Reason for Public Cha	arity Status. (All	organizations must	comple	te this p	part.) See instruction	ns.			
The	orga	anization is not a private four	ndation because it	is: (For lines 1 through	12, che	eck only	one box.)				
1		A church, convention of ch	urches, or associat	ion of churches descr	ibed in s	ection 1	70(b)(1)(A)(i).				
2		A school described in section	on 170(b)(1)(A)(ii).	(Attach Schedule E (Form 99	00).)					
3		A hospital or a cooperative	hospital service or	ganization described i	n sectio i	n 170(b)	(1)(A)(iii).				
4		A medical research organiz	ation operated in c	onjunction with a hos	pital des	scribed in	n section 170(b)(1)(A)	(iii). Enter the			
		hospital's name, city, and st	ate:								
5		An organization operated	for the benefit of	a college or universit	y owner	d or ope	erated by a governme	ntal unit described ir			
		section 170(b)(1)(A)(iv). (C	omplete Part II.)								
6		A federal, state, or local gov	•								
7	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.)										
9		An agricultural research org				-	•				
		or university or a non-land-g	rant college of agr	riculture (see instruction	ons). Ent	er the na	ame, city, and state of	the college or			
		university:									
10	An organization that normally receives (1) more than 331/3% 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 331/3% 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 a	•								
12	X	, ,	•	•	•						
		one or more publicly suppo	•								
	_	the box on lines 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.			
а		Type I . A supporting orga	·				•				
		the supported organizatio	·	•		jority of	the directors or truste	es of the			
	_	supporting organization. \	ou must complete	e Part IV, Sections A	and B.						
b		Type II . A supporting org	anization supervise	ed or controlled in co	nnection	with its	supported organizati	on(s), by having			
		control or management of		-	the sam	e persor	ns that control or man	age the supported			
		organization(s). You must	-								
C		Type III functionally integ						ly integrated with,			
		its supported organizatior		•							
d		X Type III non-functionally						-			
		that is not functionally int	-	-				an attentiveness			
	г	requirement (see instructi		•							
е		Check this box if the orga						I, Type III			
	Г	functionally integrated, or			porting o	organizat	ion.	7			
Ι		ter the number of supported						7			
9		ovide the following informati	(ii) EIN	(iii) Type of organization	(iv) lo the	organization	(v) Amount of monetary	(vi) Amount of			
	(1)	iame of supported organization	(II) LIIV	(described on lines 1-10		ur governing		other support (see			
				above (see instructions))		ment?	instructions)	instructions)			
					Yes	No					
(A)		SEE PART VI									
		SEE PART VI									
(B)											
(C)											
(D)											
(E)											
	_										
Tota	1										

Schedule A (Form 990) 2024 Page 2

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.)

Sect	ion A. Public Support						N/A
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total . Add lines 1 through 3						
5	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						
	ion B. Total Support		T		T	T	T
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>		d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
	ion C. Computation of Public Sup						
14	Public support percentage for 2024 (li		•				%
15	Public support percentage from 2023					15	<u>%</u>
16a	331/3% support test - 2024. If the org	~					
L	box and stop here . The organization q			-			
D	331/3% support test - 2023. If the org this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2			•			
174	10% or more, and if the organization	_	-				
	Part VI how the organization meets					-	•
	organization			_			
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organization	•	•		•	-	
	in Part VI how the organization meets					•	•
	organization						
18	Private foundation. If the organization						
-	instructions						

Schedule A (Form 990) 2024

Schedule A (Form 990) 2024 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.)

Sect	tion A. Public Support						N/A
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
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						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 •						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	/) 0000	(1.) 0004	() 0000	/ I) 0000	/) 0004	(O.T.)
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,		1				
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first secon	d third fourth	or fifth tax ve	ar as a sec	tion 501(c)(3)
	organization, check this box and stop here	•			•		
Sect	tion C. Computation of Public Supp	ort Percenta	ge				
15	Public support percentage for 2024 (line 8,		_	mn (f))		15	%
16	Public support percentage from 2023 Scheo	dule A, Part III, lir	ne 15			16	%
	tion D. Computation of Investment						
17	Investment income percentage for 2024 (lin			13, column (f))		17	%
18	Investment income percentage from 2023					18	<u> </u>
	331/3% support tests - 2024. If the or						
	17 is not more than 331/3%, check this						
b	331/3% support tests - 2023. If the org.						
_	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		-	•			· —
JSA	U						lule A (Form 990) 2024

Schedule A (Form 990) 2024 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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.
- 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.
- 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.
- 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.
- 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)
- 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).
- 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?
- 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.
 - 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.
 - 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.
- 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.
 - 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
1	Х	
•	71	
2		X
		X
3a		X
3b		
Зс		
4a		v
4a		X
4b		
4c		
70		
_		
5a		X
5b		
5c		
6		X
		21
7		X
8		v
8		X
9a		X
9b		X
9c		X
30		23
10a		X
401		
10b		

Schedule A (Form 990) 2024

Part	V Supporting Organizations (continued)			
	r		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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		X
	A family member of a person described on line 11a above?	11b		X
C	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		X
Section	on B. Type I Supporting Organizations N/A			
	r		Yes	No
1	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		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	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	on C. Type II Supporting Organizations N/A			
4	Ware a majority of the averagination/s discators or twinters divide the tay year also a majority of the discators.		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			
	the supported organization(s).	1		
Section	n D. All Type III Supporting Organizations			
	Did the consider a social to social the constant and consider to both the fifth we at the fifth		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 year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1	Х	
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 the organization maintained a close and continuous working relationship with the supported organization(s).	2		X
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
-	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.	3		X
	on E. Type III Functionally Integrated Supporting Organizations N/A			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	truct	ions).	
a	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 governmental entity (see	e instr		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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		
b	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		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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		
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		

JSA 4E1230 1.000

Schedule A (Form 990) 2024

Schedule A (Form 990) 2024 Page 6

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 16,823. 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 123,316. 123,272. 3 Other gross income (see instructions) 3 4 140,139. 4 Add lines 1 through 3. 123,272 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 6 39,794. property held for production of income (see instructions) 42,170. 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 100,345. (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): 1a 3,586,977. 3,738,260. a Average monthly value of securities 1b **b** Average monthly cash balances 156,828. 267,198. c Fair market value of other non-exempt-use assets 1c 3,743,805. 4,005,458. d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3,743,805. 3 4,005,458. 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 56,157. 60,082. 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 3,687,648. 3,945,376. 6 6 Multiply line 5 by 0.035. 129,068. 138,088. 7 Recoveries of prior-year distributions 7 8 129,068 138,088. 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount **Current Year** 100,345. 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 85,293. 2 Enter 0.85 of line 1.

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

3

4

5

6

Schedule A (Form 990) 2024

129,068.

129,068.

129,068.

3 Minimum asset amount for prior year (from Section B, line 8, column A)

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

emergency temporary reduction (see instructions).

4 Enter greater of line 2 or line 3.

5 Income tax imposed in prior year

Schedule A (Form 990) 2024 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Part	,, ,	pporting Organizat	ions (continued)		
	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exemp			1	151,652.
2	Amounts paid to perform activity that directly furthers exempt	purposes of supporte	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes	ations	3	21,285.	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - provi	ride details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.	7	172,937.		
8	Distributions to attentive supported organizations to which the				
	(provide details in Part VI). See instructions.	8			
9	Distributable amount for 2024 from Section C, line 6		9	129,068.	
_10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) xcess Distributions	(ii) Underdistribution Pre-2024	s	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6				129,068.
2	Underdistributions, if any, for years prior to 2024				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2024				
а	From 2019				
b	From 2020				
C	From 2021				
d	From 2022				
е	From 2023				
f	Total of lines 3a through 3e	83,150.			
g	Applied to underdistributions of prior years	·			
h	Applied to 2024 distributable amount				83,150.
i	Carryover from 2019 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2024 from				
	Section D, line 7: \$ 172,937.				
a	Applied to underdistributions of prior years				
b	Applied to 2024 distributable amount				45,918.
	Remainder. Subtract lines 4a and 4b from line 4.	127,019.			- , - = - ·
5	Remaining underdistributions for years prior to 2024, if	,			
	any. Subtract lines 3g and 4a from line 2. For result				
	-				

127,019.

127,019

Schedule A (Form 990) 2024

greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2025. Add lines 3j

Part VI. See instructions.

Breakdown of line 7: Excess from 2020 Excess from 2021 Excess from 2022 Excess from 2023 Excess from 2024

and 4c.

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part

	B 3	, lines 1 and 2; a, and 3b; Part	V, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, Also complete this part for any additional information. (See instructions.)
PART	IV,	SECTION D,	LINE 2
	SUPI	PORTED ORGS	RECEIVING NET INCOME RECEIVE REGULAR STATEMENTS AND
	ME	AL MILH LHE	RESPECTIVE TRUST OFFICER

Schedule A (Form 990) 2024

Schedule A (Form 990 or 990-EZ) 2024

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part 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.)

SCHEDULE A, PART I (g) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS ______ NAME OF SUPPORTED ORGANIZATION: LEBANON PRESBYTERIAN CHURCH EIN: 31-0674333 TYPE OF ORGANIZATION FROM PART I: 1 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES AMOUNT OF SUPPORT: 99,836. NAME OF SUPPORTED ORGANIZATION: LEBANON PUBLIC LIBRARY EIN: 31-6001061 TYPE OF ORGANIZATION FROM PART I: 7 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES AMOUNT OF SUPPORT: 49,916. NAME OF SUPPORTED ORGANIZATION: WARREN COUNTY UNITED WAY EIN: 02-3713362 TYPE OF ORGANIZATION FROM PART I: 7 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES AMOUNT OF SUPPORT: 500. NAME OF SUPPORTED ORGANIZATION: GIRL SCOUTS OF WESTERN OHIO EIN: 31-0679091 TYPE OF ORGANIZATION FROM PART I: 7 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES AMOUNT OF SUPPORT: 200. NAME OF SUPPORTED ORGANIZATION: WARREN COUNTY HISTORICAL SOCIETY EIN: 31-6055607 TYPE OF ORGANIZATION FROM PART I: 7 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES AMOUNT OF SUPPORT: 500. NAME OF SUPPORTED ORGANIZATION: DAN BEARD COUNCIL OF BSA EIN: 31-6090623 TYPE OF ORGANIZATION FROM PART I: 7 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES AMOUNT OF SUPPORT: 200. NAME OF SUPPORTED ORGANIZATION: LEBANON GARDEN CLUB EIN: 31-1461368 TYPE OF ORGANIZATION FROM PART I: 7 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES AMOUNT OF SUPPORT: 500. TOTAL SUPPORT: 151,652. ========= TOTAL OTHER SUPPORT: NONE =========

SCHEDULE I (Form 990)

Rev. December 2024)

Department of the Treasury Internal Revenue Service

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.

Go to www.irs.gov/Form990for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization		•				Employer identification	on number
WILL FAMILY TRUST						31-62251	63
Part I General Information on Grants and	l Assistance	e					
 Does the organization maintain records to su and the selection criteria used to award the g Describe in Part IV the organization's procedu 	rants or assi ires for moni	stance? toring the use o	f grant funds in the	e United States.		[X Yes No
Part II Grants and Other Assistance to Do Part IV, line 21, for any recipient tha							s" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SEE STATEMENT 1							
(2)	-						
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
10)	_						
11)							
12)	-						
2 Enter total number of section 501(c)(3) and g3 Enter total number of other organizations lists		-					2
Enter total number of other organizations list							

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

Schedule I (Form 990) (Rev. 12-2024)

<u>Schedule I (Form 990) (Rev. 12-2024)</u>

(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
A					
Supplemental Information. Pro	ovide the information	on required in Pa	art I, line 2; Part I	ll, column (b); and any o	ther additional information.
			art I, line 2; Part I	ll, column (b); and any o	ther additional information.
			art I, line 2; Part I	ll, column (b); and any o	ther additional information.
MATION FOR FORM 990, SCHE	DULE I, PART 1	1, LINE 2		II, column (b); and any o	ther additional information.
MATION FOR FORM 990, SCHE	DULE I, PART 1	1, LINE 2		II, column (b); and any o	ther additional information.
ATION FOR FORM 990, SCHE	DULE I, PART 1	1, LINE 2		II, column (b); and any o	ther additional information.
ATION FOR FORM 990, SCHE	DULE I, PART 1	1, LINE 2		II, column (b); and any o	ther additional information.
ATION FOR FORM 990, SCHE	DULE I, PART 1	1, LINE 2		II, column (b); and any o	ther additional information.
ATION FOR FORM 990, SCHE	DULE I, PART 1	1, LINE 2		III, column (b); and any o	ther additional information.
ATION FOR FORM 990, SCHE	DULE I, PART 1	1, LINE 2		II, column (b); and any o	ther additional information.
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ATION FOR FORM 990, SCHE	DULE I, PART 1	1, LINE 2		II, column (b); and any o	ther additional information.
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ATION FOR FORM 990, SCHE	DULE I, PART 1	1, LINE 2		III, column (b); and any o	ther additional information.
ATION FOR FORM 990, SCHE	DULE I, PART 1	1, LINE 2		II, column (b); and any o	ther additional information.
ATION FOR FORM 990, SCHE	DULE I, PART 1	1, LINE 2		II, column (b); and any o	ther additional information.
MATION FOR FORM 990, SCHE	DULE I, PART 1	1, LINE 2		III, column (b); and any o	ther additional information.
NATION FOR FORM 990, SCHE	DULE I, PART 1	1, LINE 2		III, column (b); and any o	ther additional information.

SCHEDULE 0 (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

WILL FAMILY TRUST

Name of the organization

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/Form990for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection Employer identification number

31-6225163

FORM	990,	PAGE	6,	PART	VI,	LINE	<u> 11-</u> 1	DESCR	RIPTI	ON OI	F PR	OCES	S FO	R RE	/IEW		
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31-6225163 WILL FAMILY TRUST

SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US ______

NAME OF ORGANIZATION:

LEBANON PRESBYTERIAN CHURCH

ADDRESS:

123 N EAST ST

LEBANON, OH 45036

31-0674333 EIN: IRC SECTION: 501(c)(3)

AMOUNT OF CASH GRANT..... 99,835.

PURPOSE OF GRANT:

SUPPORT

NAME OF ORGANIZATION:

LEBANON PUBLIC LIBRARY

ADDRESS:

101 S BROADWAY

LEBANON, OH 45036

EIN: 31-6001061 IRC SECTION: 501(c)(3)

AMOUNT OF CASH GRANT..... 49,917.

PURPOSE OF GRANT:

SUPPORT

TOTAL CASH GRANTS..... 149,752.

=========