

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

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

For calendar year **2020** or tax year beginning _____, and ending _____

Name of foundation THE LOEB FOUNDATION			A Employer identification number 31-6225986	
Number and street (or P.O. box number if mail is not delivered to street address) LCNB NATIONAL BANK - P.O. BOX 59		Room/suite	B Telephone number (see instructions) 513-932-1414	
City or town, state or province, country, and ZIP or foreign postal code LEBANON OH 45036				
Foreign country name		Foreign province/state/county	Foreign postal code	

G Check all that apply: Initial return Initial return of a former public charity
 Final return Amended return
 Address change Name change

H Check type of organization: Section 501(c)(3) exempt private foundation
 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ **6,854,431**

J Accounting method: Cash Accrual Other (specify) _____
 (Part I, column (d), must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule) . . .				
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	139,414	139,414		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	117,387			
	b Gross sales price for all assets on line 6a 870,389				
	7 Capital gain net income (from Part IV, line 2)		117,387		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	256,801	256,801	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	78,674	78,674		
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	3,023	910		2,113
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	57,749	56,275		200
	24 Total operating and administrative expenses. Add lines 13 through 23	139,446	135,859	0	2,313
	25 Contributions, gifts, grants paid	317,639			317,639
26 Total expenses and disbursements. Add lines 24 and 25	457,085	135,859	0	319,952	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-200,284				
b Net investment income (if negative, enter -0-)		120,942			
c Adjusted net income (if negative, enter -0-)			0		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)			
		Beginning of year	End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
Assets	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less: allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶				
12	Investments—mortgage loans				
13	Investments—other (attach schedule)	4,923,241	4,722,957	6,854,431	
14	Land, buildings, and equipment: basis ▶				
	Less: accumulated depreciation (attach schedule) ▶				
15	Other assets (describe ▶)				
16	Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	4,923,241	4,722,957	6,854,431	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)			
	23	Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. ▶ <input type="checkbox"/>				
	24	Net assets without donor restrictions			
	25	Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. ▶ <input checked="" type="checkbox"/>				
	26	Capital stock, trust principal, or current funds	4,923,241	4,722,957	
	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
	28	Retained earnings, accumulated income, endowment, or other funds			
29	Total net assets or fund balances (see instructions)	4,923,241	4,722,957		
30	Total liabilities and net assets/fund balances (see instructions)	4,923,241	4,722,957		

Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1 4,923,241
2	Enter amount from Part I, line 27a	2 -200,284
3	Other increases not included in line 2 (itemize) ▶	3
4	Add lines 1, 2, and 3	4 4,722,957
5	Decreases not included in line 2 (itemize) ▶	5
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6 4,722,957

Part IV Capital Gains and Losses for Tax on Investment Income

a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a See Attached Statement				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
a				
b				
c				
d				
e				
2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	117,387
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8		3	0

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 – DO NOT COMPLETE.

1 Reserved			
(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
Reserved			
Reserved			
Reserved			
Reserved			
Reserved			
2 Reserved			2
3 Reserved			3
4 Reserved			4
5 Reserved			5
6 Reserved			6
7 Reserved			7
8 Reserved			8

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
b	Reserved	1	1,681
c	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	0
3	Add lines 1 and 2	3	1,681
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	1,681
6	Credits/Payments:		
a	2020 estimated tax payments and 2019 overpayment credited to 2020	6a	
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	0
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	1,681
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	0
11	Enter the amount of line 10 to be: Credited to 2021 estimated tax Refunded	11	0

Part VII-A Statements Regarding Activities

	Yes	No
1a		X
1b		X
1c		X
2		X
3		X
4a		X
4b	N/A	
5		X
6	X	
7	X	
8a		
8b	X	
9		X
10		X

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-16. Row 11: At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions. Row 12: Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions. Row 13: Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW.LCNB.COM. Row 14: The books are in care of LCNB NATIONAL BANK Telephone no. 513-932-1414 Located at 2 NORTH BROADWAY, LEBANON, OH ZIP+4 45036. Row 15: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here and enter the amount of tax-exempt interest received or accrued during the year 15. Row 16: At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Table with 3 columns: Question, Yes, No. Rows 1a-4b. Row 1a: During the year, did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Row b: If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. Organizations relying on a current notice regarding disaster assistance, check here. Row c: Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020? Row 2: Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): Row a: At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020? If "Yes," list the years 20, 20, 20, 20. Row b: Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.) Row c: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. Row 3a: Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Row b: If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2020.) Row 4a: Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Row b: Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a	During the year, did the foundation pay or incur any amount to:		Yes	No
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.		5b	N/A
	Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If "Yes," attach the statement required by Regulations section 53.4945-5(d).	N/A		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		6b	X
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?		7b	N/A
8	Is the foundation 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
LCNB NATIONAL BANK PO BOX 59 LEBANON, OH 45036	TRUSTEE 4.00	11,474		
BERNARD WRIGHT, JR PO BOX 59 LEBANON, OH 45036	TRUSTEE 4.00	33,600		
MICHAEL FOLEY PO BOX 59 LEBANON, OH 45036	TRUSTEE 4.00	33,600		

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
.....		
.....		
.....		
.....		
.....		

Total number of others receiving over \$50,000 for professional services ▶

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ▶	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	6,337,842
b	Average of monthly cash balances	1b	329,132
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	6,666,974
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	6,666,974
4	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see instructions)	4	100,005
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	6,566,969
6	Minimum investment return. Enter 5% of line 5	6	328,348

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	328,348
2a	Tax on investment income for 2020 from Part VI, line 5	2a	1,681
b	Income tax for 2020. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	1,681
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	326,667
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	326,667
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	326,667

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	319,952
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	319,952
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	319,952

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				326,667
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only			0	
b Total for prior years: 20 ____, 20 ____, 20 ____				
3 Excess distributions carryover, if any, to 2020:				
a From 2015	56,529			
b From 2016	91,009			
c From 2017	22,368			
d From 2018	31,046			
e From 2019	24,056			
f Total of lines 3a through e	225,008			
4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ 319,952				
a Applied to 2019, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions)				
c Treated as distributions out of corpus (Election required—see instructions)				
d Applied to 2020 distributable amount				319,952
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same amount must be shown in column (a).)	6,715			6,715
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	218,293			
b Prior years' undistributed income. Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount—see instructions				
e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8 Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions)	49,814			
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a	168,479			
10 Analysis of line 9:				
a Excess from 2016	91,009			
b Excess from 2017	22,368			
c Excess from 2018	31,046			
d Excess from 2019	24,056			
e Excess from 2020				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A

- 1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling
b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

Table with 5 columns: (a) 2020, (b) 2019, (c) 2018, (d) 2017, (e) Total. Rows include 2a (Adjusted net income), 2b (85% of line 2a), 2c (Qualifying distributions from Part XII), 2d (Amounts included in line 2c not used directly), 2e (Qualifying distributions made directly), 3 (Alternative tests: Assets, Endowment, Support).

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

- 1 Information Regarding Foundation Managers:
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).
b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

- 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
Check here [] if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

LCNB NATIONAL BANK, TRUST DEPT PO BOX 59 LEBANON, OH 45036 (513) 932-1414

b The form in which applications should be submitted and information and materials they should include:

LETTER DESCRIBING REASON & AMOUNT FOR STAY-AT-HOME

c Any submission deadlines: NONE FOR STAY-AT-HOME; AUGUST 30 FOR ALL OTHERS

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

POLICE & FIRE FOR WARREN COUNTY, OH; STRONG PREFERENCE FOR ALL AWARDS TO WARREN COUNTY, OH.

Part XV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<p>a Paid during the year See Attached Statement</p>				
Total ▶				3a 317,639
<p>b Approved for future payment NONE</p>				
Total ▶				3b 0

Electronic Filing Only

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include Program service revenue, membership dues, interest, dividends, rental income, and other revenue.

(See worksheet in line 13 instructions to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No. and Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes.

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

Table with 3 columns: Question, Yes, No. Includes questions 1a through 1d regarding transfers to noncharitable exempt organizations.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Includes a 'Not Applicable' entry.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? [] Yes [X] No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. For use if 'Yes' to 2a.

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer or trustee: Jacqueline A Manley, Date: 12/16/2021, Title: SVP.

May the IRS discuss this return with the preparer shown below? See instructions. [] Yes [] No

Paid Preparer Use Only Print/Type preparer's name: Jacqueline A Manley, Preparer's signature, Date: 12/16/2021, Check [] if self-employed, PTIN: P02311282, Firm's name: LCNB NATIONAL BANK, Firm's address: 2 NORTH BROADWAY, LEBANON, OH 45036, Firm's EIN: 31-0352330, Phone no.: 5139321414

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

LOEB FIRE PROTECTION

Street

PO BOX 59

City

LEBANON

State

OH

Zip Code

45036

Foreign Country

Relationship

NONE

Foundation Status

PC

Purpose of grant/contribution

SUPPORT

Amount

213,950

Name

LOEB POLICE PROTECTION

Street

PO BOX 59

City

LEBANON

State

OH

Zip Code

45036

Foreign Country

Relationship

NONE

Foundation Status

PC

Purpose of grant/contribution

SUPPORT

Amount

75,000

Name

LOEB STAY-AT-HOME GRANT

Street

PO BOX 59

City

LEBANON

State

OH

Zip Code

45036

Foreign Country

Relationship

NONE

Foundation Status

PC

Purpose of grant/contribution

SUPPORT

Amount

28,689

Name

Street

City

State

Zip Code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

Name

Street

City

State

Zip Code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

Name

Street

City

State

Zip Code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

Part I, Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

										Totals:		Gross Sales		Cost or Other Basis, Expenses, Depreciation and Adjustments		Net Gain or Loss	
		Amount								Capital Gains/Losses		870,389		753,002		117,387	
Long Term CG Distributions		1,627								Other sales		0		0		0	
Short Term CG Distributions		0															
1	Description	CUSIP #	Check "X" to include in Part IV	Purchaser	Check "X" if Purchaser is a Business	Acquisition Method	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Valuation Method	Expense of Sale and Cost of Improvements	Depreciation	Adjustments	Net Gain or Loss		
1	SPDR GOLD TR	78463V107	X				5/13/2020	9/24/2021	163,309	161,090					2,219		
2	LCNB CORP.	50181P100	X				4/30/1992	8/6/2021	17,777	2,938					14,839		
3	LCNB CORP.	50181P100	X				4/30/1992	8/6/2021	17,808	2,938					14,870		
4	UNITED STATES TREASURY	9128284W7	X				8/14/2018	8/16/2021	100,000	100,209					-209		
5	UNITED STATES TREASURY	912828Y20	X				8/14/2018	7/15/2021	100,000	99,857					143		
6	VIATRIS ORD SHS MYLAN NV	92556V106	X				2/23/2009	7/26/2021	2,381	1,108					1,273		
7	DBX XTRACKERS MSCI EAFE	233051200	X				11/23/2015	5/27/2021	56,235	42,540					13,695		
8	LCNB CORP.	50181P100	X				4/30/1992	5/6/2021	34,736	5,875					28,861		
9	CAMPBELL SOUP CO. 3.3% D	134429BD0	X				8/15/2018	3/15/2021	50,000	49,865					135		
10	EXPRESS SCRIPTS HOLDING	30219GAF5	X				8/15/2018	4/2/2021	51,487	50,130					1,357		
11	VIATRIS ORD SHS MYLAN NV	92556V106	X				2/23/2009	3/15/2021	8	3					5		
12	LCNB CORP.	50181P100	X				4/30/1992	2/5/2021	32,232	5,875					26,357		
13	FHLB 2.45% 02/26/2021	3130A1CM8	X				8/24/2018	2/26/2021	50,000	49,699					301		
14	GOLDMAN SACHS SMALL CA	38143H183	X				7/16/2018	10/15/2020	139,850	150,000					-10,150		
15	PEPSICO INC 3.125% DUE 11	713448BR8	X				11/23/2015	11/2/2020	25,000	25,000					0		
16	LCNB CORP.	50181P100	X				4/30/1992	11/6/2020	27,939	5,875					22,064		

Part I, Line 18 (990-PF) - Taxes

		3,023	910	0	2,113
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	FOREIGN TAXES WITHHELD	910	910		
2	2019 FORM 990PF TAX DUE	2,113			2,113

Part I, Line 23 (990-PF) - Other Expenses

		57,749	56,275	0	200
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	INVESTMENT MANAGEMENT FEE	56,275	56,275		
2	AMORTIZATION	1,274			
3	CHARITABLE REGISTRATION FEE	200	0		200

Part II, Line 13 (990-PF) - Investments - Other

Asset Description		Basis of Valuation	4,923,241 Book Value Beg. of Year	4,722,957 Book Value End of Year	6,854,431 FMV End of Year
1	SECURITIES	AT COST	4,923,241	4,722,957	6,854,431

Part IV (990-PF) - Capital Gains and Losses for Tax on Investment Income

		Amount												
Long Term CG Distributions		1,627												
Short Term CG Distributions		0		868,762	0	0	753,002	115,760	0	0	0	115,760		
	Description of Property Sold	CUSIP #	Acquisition Method	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed	Adjustments	Cost or Other Basis Plus Expense of Sale	Gain or Loss	F.M.V. as of 12/31/69	Adjusted Basis as of 12/31/69	Excess of FMV Over Adjusted Basis	Gains Minus Excess FMV Over Adj Basis or Losses
1	SPDR GOLD TR	78463V107		5/13/2020	9/24/2021	163,309			161,090	2,219	0	0	0	2,219
2	LCNB CORP.	50181P100		4/30/1992	8/6/2021	17,777			2,938	14,839	0	0	0	14,839
3	LCNB CORP.	50181P100		4/30/1992	8/6/2021	17,808			2,938	14,870	0	0	0	14,870
4	UNITED STATES TREASURY	9128284W7		8/14/2018	8/16/2021	100,000			100,209	-209	0	0	0	-209
5	UNITED STATES TREASURY	912828Y20		8/14/2018	7/15/2021	100,000			99,857	143	0	0	0	143
6	VIATRIS ORD SHS MYLAN NV	92556V106		2/23/2009	7/26/2021	2,381			1,108	1,273	0	0	0	1,273
7	DBX XTRACKERS MSCI EAFE	233051200		11/23/2015	5/27/2021	56,235			42,540	13,695	0	0	0	13,695
8	LCNB CORP.	50181P100		4/30/1992	5/6/2021	34,736			5,875	28,861	0	0	0	28,861
9	CAMPBELL SOUP CO. 3.3% D	134429BD0		8/15/2018	3/15/2021	50,000			49,865	135	0	0	0	135
10	EXPRESS SCRIPTS HOLDING	30219GAF5		8/15/2018	4/2/2021	51,487			50,130	1,357	0	0	0	1,357
11	VIATRIS ORD SHS MYLAN NV	92556V106		2/23/2009	3/15/2021	8			3	5	0	0	0	5
12	LCNB CORP.	50181P100		4/30/1992	2/5/2021	32,232			5,875	26,357	0	0	0	26,357
13	FHLB 2.45% 02/26/2021	3130A1CM8		8/24/2018	2/26/2021	50,000			49,699	301	0	0	0	301
14	GOLDMAN SACHS SMALL CA	38143H183		7/16/2018	10/15/2020	139,850			150,000	-10,150	0	0	0	-10,150
15	PEPSICO INC 3.125% DUE 11	713448BR8		11/23/2015	11/2/2020	25,000			25,000	0	0	0	0	0
16	LCNB CORP.	50181P100		4/30/1992	11/6/2020	27,939			5,875	22,064	0	0	0	22,064

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

											78,674	0	0
	Name	Check "X" if Business	Street	City	State	Zip Code	Foreign Country	Title	Avg Hrs Per Week	Compensation	Benefits	Expense Account	
1	LCNB NATIONAL BANK	X	PO BOX 59	LEBANON	OH	45036		TRUSTEE	4.00	11,474			
2	BERNARD WRIGHT, JR		PO BOX 59	LEBANON	OH	45036		TRUSTEE	4.00	33,600			
3	MICHAEL FOLEY		PO BOX 59	LEBANON	OH	45036		TRUSTEE	4.00	33,600			

Electronic Filing Information (990/PF/EZ/T/1120-POL)

Signature Method

Option (1) - Using Practitioner PIN. Use Section (A) below.

Date return prepared

12/16/2021

Option (2) - Scanned 8453-EO.

PIN Information Enter information below

(A) Practitioner PIN:			
	PIN (5 Digits)	TP entered	ERO entered
Taxpayer PIN:	15986	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ERO PIN:	59107		

If the ERO entered taxpayer PIN, you must fill out the 8879-EO (IRS e-file Signature Authorization Form).

EFIN

Enter your 6-digit EFIN number. You can enter EFINs in the Preparer Table.

EFIN: 310933 _____

Submission ID

The Submission ID for this e-File will be computed automatically when an EFIN is entered above. It will only be regenerated if a 'Rejected by EFC' or 'Rejected by Agency' acknowledgement is received and the e-File is recreated.

Submission ID: 3109332021350kudz4du

Name Control

[Click here to see Knowledge Base Document 14500, for more information on Name Controls](#)

LOEB

Organization Information

Organization name
THE LOEB FOUNDATION

Employer identification no.
31-6225986

Street address
LCNB NATIONAL BANK - P.O. BOX 59

Address continuation

In care of name

City
LEBANON

State
OH

ZIP code
45036

Daytime phone
513-932-1414

Foreign country

Foreign province/county

Foreign postal code

Foreign phone number

Email address

Officer name
JACQUELINE A MANLEY

Officer Title
SVP

Date return signed
12/16/2021

Officer Email address

Officer Phone

Authorize third party check ("X") here:

ERO

(Enter data in the Preparer Manager)

ERO's name

Check if self-employed

ERO's SSN or PTIN

Firm's name
LCNB NATIONAL BANK

Email address

ERO's EIN

Address
2 NORTH BROADWAY

Phone
5139321414

City
LEBANON

State
OH

ZIP code
45036

Foreign country

Foreign phone number

Preparer

(Enter data in the Preparer Manager)

Preparer's name
Jacqueline A Manley

Non-paid prep type

Check if self-employed

Preparer's SSN or PTIN
P02311282

Firm's name
LCNB NATIONAL BANK

Email address

EIN
31-0352330

Address
2 NORTH BROADWAY

Phone
5139321414

City
LEBANON

State
OH

ZIP code
45036

Foreign country

Foreign phone number