

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

**2004**

Department of the Treasury  
Internal Revenue Service

Note: The organization may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year 2004, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

G Check all that apply:  Initial return  Final return  Amended return  Address change  Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of organization <b>ROBERT &amp; CHRISTINE STEINMANN FAMILY FOUNDATION C/O ROBERT STRETCH</b>  Number and street (or P.O. box number if mail is not delivered to street address) Room/suite <b>8528 GWILADA DRIVE</b>  City or town, state, and ZIP code <b>CINCINNATI OH 45236</b>	A Employer identification number <b>20-0166460</b>  B Telephone number (see page 10 of the instructions) <b>513-891-3099</b>  C If exemption application is pending, check here <input type="checkbox"/> D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>\$ 1,112,584</b> (Part I, column (d) must be on cash basis.) J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____		

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), & (d) may not necessarily equal the amounts in column (a) (see page 11 of the instr.))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>R</b>	1 Contributions, gifts, grants, etc., received (attach schedule) .....	920,944			
	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 .....	19,593	19,593		
	5a Gross rents .....				
	b (Net rental income or (loss) _____ )				
	6a Net gain/(loss) from sale of assets not on ln. 10	14,688			
	b Gross sales price for all assets on line 6a <b>798,681</b>				
	7 Capital gain net income (from Part IV, line 2)		588,916		
	8 Net short-term capital gain .....			0	
	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 <b>Total.</b> Add lines 1 through 11	955,225	608,509	0	
<b>O</b>	13 Compensation of officers, directors, trustees, etc. ....				
<b>A</b>	14 Other employee salaries and wages .....				
<b>D</b>	15 Pension plans, employee benefits				
<b>I</b>	16a Legal fees (attach schedule) <b>SEEM STMT 1</b>	3,798			
<b>S</b>	b Accounting fees (attach schedule)				
<b>T</b>	c Other professional fees (att. schedule)				
<b>R</b>	17 Interest .....				
<b>A</b>	18 Taxes (att. schedule) (see pg. 14 of the instr.) <b>STMT 2</b>	200			
<b>T</b>	19 Depreciation (att. schedule) & depletion .....				
<b>I</b>	20 Occupancy .....				
<b>N</b>	21 Travel, conferences, and meetings .....				
<b>E</b>	22 Printing and publications .....				
<b>X</b>	23 Other exps. (att. sch.) <b>STMT 3</b>	135	135		
<b>P</b>	24 <b>Total operating and administrative expenses.</b>				
<b>E</b>	Add lines 13 through 23	4,133	135		
<b>N</b>	25 Contributions, gifts, grants paid				
<b>S</b>	26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	4,133	135	0	0
	27 Subtract line 26 from line 12:				
	a <b>Excess of revenue over expenses and disbursements</b>	951,092			
	b <b>Net investment income</b> (if negative, enter -0-)		608,374		
	c <b>Adjusted net income</b> (if negative, enter -0-)			0	

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

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
1	Cash-non-interest-bearing	3,459	94	94
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 page 15 of the instructions)			
7	Other notes and loans receivable ▶ 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) SEE STMT 4	63,306	815,681	911,141
c	Investments-corporate bonds (attach schedule) SEE STMT 5		202,082	201,349
11	Investments-land, buildings, and equipment: basis ▶ Less: accumulated depreciation ▶			
12	Investments-mortgage loans			
13	Investments-other (attach schedule)			
14	Land, buildings, and equipment: basis ▶ Less: accumulated depreciation ▶			
15	Other assets (describe )			
16	<b>Total assets</b> (to be completed by all filers-see page 16 of the instructions. Also, see page 1, item I)	66,765	1,017,857	1,112,584
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 (att. schedule)			
22	Other liabilities (describe )			
23	<b>Total liabilities</b> (add lines 17 through 22)	0	0	
<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>				
24	Unrestricted			
25	Temporarily restricted			
26	Permanently restricted			
<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>				
27	Capital stock, trust principal, or current funds			
28	Paid-in or capital surplus, or land, bldg., and equipment fund			
29	Retained earnings, accumulated income, endowment, or other funds	66,765	1,017,857	
30	<b>Total net assets or fund balances</b> (see page 17 of the instructions)	66,765	1,017,857	
31	<b>Total liabilities and net assets/fund balances</b> (see page 17 of the instructions)	66,765	1,017,857	

**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 30 (must agree with end-of-year figure reported on prior year's return)	1	66,765
2	Enter amount from Part I, line 27a	2	951,092
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	1,017,857
5	Decreases not included in line 2 (itemize) ▶	5	
6	<b>Total net assets or fund balances at end of year</b> (line 4 minus line 5)-Part II, column (b), line 30	6	1,017,857

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., 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.)
<b>1a SEE ATTACHED STATEMENT</b>		<b>D</b>	<b>VARIOUS</b>	<b>8/23/04</b>
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>798,681</b>		<b>209,765</b>	<b>588,916</b>	
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(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		
a			<b>588,916</b>	
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 }		<b>2</b> <b>588,916</b>
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 pages 13 and 17 of the instructions). If (loss), enter -0- in Part I, line 8		}		<b>3</b>

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

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

**N/A**

Was the organization liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No

If "Yes," the organization does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see page 18 of the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2003			
2002			
2001			
2000			
1999			

2 Total of line 1, column (d)	<b>2</b>
3 Average distribution ratio for the 5-year base period-divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>
4 Enter the net value of noncharitable-use assets for 2004 from Part X, line 5	<b>4</b>
5 Multiply line 4 by line 3	<b>5</b>
6 Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>
7 Add lines 5 and 6	<b>7</b>
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18.	<b>8</b>

**Robert and Christine Steinmann Family Foundation**  
**TIN: 20-0166460**  
**Schedule of Capital Gain Transactions (Long Term)**  
**2004 Form 990 PF**

Description	Quantity	Date Sold	Date Acquired	Sale Price	Cost	Gain (loss)
Abercrombie & Fitch Co.	212	23-Aug-04	various	6,451.00	0	\$6,451.00
DTE Energy Co.	208	23-Aug-04	various	8,309.40	1,319	\$6,990.40
Dreyfus Growth & Income	5,401	23-Aug-04	various	75,884.05	87,063	(\$11,178.95)
Dreyfus Growth & Income	12	23-Aug-04	various	167.91	192	(\$24.09)
Dreyfus Growth & Income	8	23-Aug-04	various	114.83	115	(\$0.17)
Limited Branda, Inc.	3,503	23-Aug-04	various	69,147.60	2,522	\$66,625.60
Limited Branda, Inc.	15,984	23-Aug-04	various	315,516.78	11,477	\$304,039.78
Limited Branda, Inc.	101	23-Aug-04	various	1,993.69	73	\$1,920.69
Limited Branda, Inc.	202	23-Aug-04	various	3,987.39	145	\$3,842.39
Proctor & Gamble Co.	1,636	23-Aug-04	various	89,585.26	3,665	\$85,920.26
Proctor & Gamble Co.	1,636	23-Aug-04	various	89,585.26	3,665	\$85,920.26
J. M. Smucker Co.	32	23-Aug-04	various	1,414.36	1	\$1,413.36
Am Ex Mutual Fund		various	various	45,537.28	36,812	\$8,725.28
Am Ex Mutual Fund		various	various	90,986.00	62,716	\$28,270.00
				798,680.81	209,765	588,915.81

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948-see page 18 of the instructions)**

<b>1a</b> Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling letter: _____ (attach copy of ruling letter if necessary-see instructions)		
<b>b</b> Domestic organizations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	<b>1</b>	<b>12,167</b>
<b>c</b> All other domestic organizations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
<b>2</b> Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	<b>0</b>
<b>3</b> Add lines 1 and 2	<b>3</b>	<b>12,167</b>
<b>4</b> Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	<b>0</b>
<b>5</b> Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	<b>5</b>	<b>12,167</b>
<b>6</b> Credits/Payments:		
<b>a</b> 2004 estimated tax payments and 2003 overpayment credited to 2004	<b>6a</b>	
<b>b</b> Exempt foreign organizations-tax withheld at source	<b>6b</b>	
<b>c</b> Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>	
<b>d</b> Backup withholding erroneously withheld	<b>6d</b>	
<b>7</b> Total credits and payments. Add lines 6a through 6d	<b>7</b>	
<b>8</b> Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	<b>8</b>	<b>454</b>
<b>9</b> Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>9</b>	<b>12,621</b>
<b>10</b> Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<b>10</b>	
<b>11</b> Enter the amount of line 10 to be: Credited to 2005 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the organization attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		<b>X</b>
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the organization in connection with the activities.		<b>X</b>
<b>c</b> Did the organization file Form 1120-POL for this year?		<b>X</b>
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the organization. ▶ \$ _____ (2) On organization managers. ▶ \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the organization during the year for political expenditure tax imposed on organization managers. ▶ \$ _____		
<b>2</b> Has the organization engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		<b>X</b>
<b>3</b> Has the organization made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		<b>X</b>
<b>4a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year? <span style="float: right;">N/A</span>		
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		<b>X</b>
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: ● By language in the governing instrument, or ● By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	<b>X</b>	
<b>7</b> Did the organization have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.	<b>X</b>	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ▶ <b>NONE</b>		
<b>b</b> If the answer is "Yes" to line 7, has the organization furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," att. explanation <span style="float: right;">N/A</span>		
<b>9</b> Is the organization claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2004 or the taxable year beginning in 2004 (see instructions for Part XIV on page 25)? If "Yes," complete Part XIV		<b>X</b>
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names & addresses.		<b>X</b>
<b>11</b> Did the organization comply with the public inspection requirements for its annual returns and exemption application? Web site address ▶ <b>N/A</b>	<b>X</b>	
<b>12</b> The books are in care of ▶ <b>ROBERT STRETCH</b> Telephone no. ▶ <b>513-891-3099</b> Located at ▶ <b>CINCINNATI, OH</b> ZIP+4 ▶ <b>45236</b>		
<b>13</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 -Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year	<b>13</b>	

**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.

		Yes	No
<b>1a</b>	During the year did the organization (either directly or indirectly):		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the organization agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</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 page 20 of the instructions)? <b>N/A</b> Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>	<b>1b</b>	
<b>c</b>	Did the organization 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 2004? <b>N/A</b>	<b>1c</b>	
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the organization was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
<b>a</b>	At the end of tax year 2004, did the organization have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2004? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," list the years <b>▶ 20 03</b> , 20 , 20 , 20		
<b>b</b>	Are there any years listed in 2a for which the organization 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 page 20 of the instructions.) <b>2b</b> <input checked="" type="checkbox"/>	<b>2b</b>	<input checked="" type="checkbox"/>
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. <b>▶ 20</b> , 20 , 20 , 20		
<b>3a</b>	Did the organization hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes," did it have excess business holdings in 2004 as a result of (1) any purchase by the organization 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 Schedule C, Form 4720, to determine if the organization had excess business holdings in 2004.) <b>N/A</b>	<b>3b</b>	
<b>4a</b>	Did the organization invest during the year any amount in a manner that would jeopardize its charitable purposes? <b>4a</b> <input checked="" type="checkbox"/>	<b>4a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Did the organization 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 2004? <b>4b</b> <input checked="" type="checkbox"/>	<b>4b</b>	<input checked="" type="checkbox"/>
<b>5a</b>	During the year did the organization pay or incur any amount to:		
(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 509(a)(1), (2), or (3), or section 4940(d)(2)? <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>b</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 page 20 of the instructions)? <b>N/A</b> Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>	<b>5b</b>	
<b>c</b>	If the answer is "Yes" to question 5a(4), does the organization claim exemption from the tax because it maintained expenditure responsibility for the grant? <b>N/A</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," attach the statement required by Regulations section 53.4945-5(d).		
<b>6a</b>	Did the organization, 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>b</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If you answered "Yes" to 6b, also file Form 8870. <b>6b</b> <input checked="" type="checkbox"/>	<b>6b</b>	<input checked="" type="checkbox"/>

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

**1 List all officers, directors, trustees, foundation managers and their compensation (see page 20 of the instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contrib. to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 6				

**2 Compensation of five highest-paid employees (other than those included on line 1-see page 21 of the 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 ▶

**3 Five highest-paid independent contractors for professional services-(see page 21 of the 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 page 22 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 <b>N/A</b>	
2	
All other program-related investments. See page 22 of the instructions.	
3	
<b>Total.</b> Add lines 1 through 3	

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see page 22 of the 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	587,898
b Average of monthly cash balances	1b	1,777
c Fair market value of all other assets (see page 22 of the instructions)	1c	0
d <b>Total</b> (add lines 1a, b, and c)	1d	589,675
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0
2 Acquisition indebtedness applicable to line 1 assets	2	0
3 Subtract line 2 from line 1d	3	589,675
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see page 23 of the instructions)	4	8,845
5 <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	580,830
6 <b>Minimum investment return.</b> Enter 5% of line 5	6	29,042

**Part XI Distributable Amount** (see page 23 of the 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	29,042
2a Tax on investment income for 2004 from Part VI, line 5	2a	12,167
2b Income tax for 2004. (This does not include the tax from Part VI.)	2b	
2c Add lines 2a and 2b	2c	12,167
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	16,875
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	16,875
6 Deduction from distributable amount (see page 23 of the instructions)	6	
7 <b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	16,875

**Part XII Qualifying Distributions** (see page 23 of the 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	
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 <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0
5 Organizations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 24 of the instructions)	5	0
6 <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	

**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 page 24 of the instructions)

	(a) Corpus	(b) Years prior to 2003	(c) 2003	(d) 2004
<b>1</b> Distributable amount for 2004 from Part XI, line 7				<b>16,875</b>
<b>2</b> Undistributed income, if any, as of the end of 2003:				
<b>a</b> Enter amount for 2003 only			<b>3,255</b>	
<b>b</b> Total for prior years: 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2004:				
<b>a</b> From 1999				
<b>b</b> From 2000				
<b>c</b> From 2001				
<b>d</b> From 2002				
<b>e</b> From 2003				
<b>f</b> Total of lines 3a through e				
<b>4</b> Qualifying distributions for 2004 from Part XII, line 4: ▶ \$ _____				
<b>a</b> Applied to 2003, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required-see page 24 of the instructions)				
<b>c</b> Treated as distributions out of corpus (Election required-see page 24 of the instructions)				
<b>d</b> Applied to 2004 distributable amount				
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2004 (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b				
<b>c</b> 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				
<b>d</b> Subtract line 6c from line 6b. Taxable amount-see page 25 of the instructions				
<b>e</b> Undistributed income for 2003. Subtract line 4a from line 2a. Taxable amount-see page 25 of the instructions			<b>3,255</b>	
<b>f</b> Undistributed income for 2004. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2005				<b>16,875</b>
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(E) or 4942(g)(3) (see page 25 of the instructions)				
<b>8</b> Excess distributions carryover from 1999 not applied on line 5 or line 7 (see page 25 of the instructions)				
<b>9</b> Excess distributions carryover to 2005. Subtract lines 7 and 8 from line 6a				
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2000				
<b>b</b> Excess from 2001				
<b>c</b> Excess from 2002				
<b>d</b> Excess from 2003				
<b>e</b> Excess from 2004				

**Part XIV Private Operating Foundations** (see page 25 of the instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2004, enter the date of the ruling ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
<b>b</b> 85% of line 2a					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test-enter:					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test-enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
<b>c</b> "Support" alternative test-enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year-see page 26 of the 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). (See section 507(d)(2).)  
**N/A**

**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.  
**N/A**

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**  
Check here  if the organization only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the organization makes gifts, grants, etc. (see page 26 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number of the person to whom applications should be addressed:  
**N/A**

**b** The form in which applications should be submitted and information and materials they should include:  
**N/A**

**c** Any submission deadlines:  
**N/A**

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

**Part XV** Supplementary Information (continued)

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

Recipient Name and address (home or business)	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
a Paid during the year <b>N/A</b>				
<b>Total</b> ..... ▶ <b>3a</b>				
b Approved for future payment <b>N/A</b>				
<b>Total</b> ..... ▶ <b>3b</b>				



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

- 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code... a Transfers from the reporting organization to a noncharitable exempt organization of: (1) Cash (2) Other assets b Other transactions: (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule...

Table with 3 columns: Yes, No, and a third column for marking. Rows correspond to items 1a(1), 1a(2), 1b(1), 1b(2), 1b(3), 1b(4), 1b(5), 1b(6), and 1c. All 'No' boxes are checked (X).

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

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

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

Signature area with fields for Signature of officer or trustee, Date, Title (DIRECTOR), Preparer's signature, Firm's name (or yours if self-employed), address, and ZIP code (Hugh K. Campbell, PSC 2011 Madison Road Cincinnati, OH 45208), SSN (404-76-9014), EIN (61-1285988), and Phone no.

Schedule of Contributors  
Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

2004

Name of organization <b>ROBERT &amp; CHRISTINE STEINMANN FAMILY FOUNDATION C/O ROBERT STRETCH</b>	Employer identification number <b>20-0166460</b>
--	---

Organization type (check one):

- Filers of:                      Section:
- Form 990 or 990-EZ       501(c)( ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- 527 political organization
- Form 990-PF                       501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

**General Rule-**

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules-**

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2004)

Name of organization

**ROBERT & CHRISTINE STEINMANN FAMILY**

Employer identification number

**20-0166460**

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	STEINMANN PHARMACY, INC 265 POAGE FARM ROAD CINCINNATI OH 45215	\$ 720,687	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	ROBERT P. STEINMANN 2775 KIPPS COLONY DRIVE GULFPORT FL 33707	\$ 200,257	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

**ROBERT & CHRISTINE STEINMANN FAMILY**

Employer identification number

**20-0166460**

**Part II** Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>1</u>	SEE ATTACHED DETAIL. ..... ..... .....	\$ 720,687	7/01/04
—	..... ..... .....	\$ .....	.....
—	..... ..... .....	\$ .....	.....
—	..... ..... .....	\$ .....	.....
—	..... ..... .....	\$ .....	.....
—	..... ..... .....	\$ .....	.....
—	..... ..... .....	\$ .....	.....
—	..... ..... .....	\$ .....	.....
—	..... ..... .....	\$ .....	.....
—	..... ..... .....	\$ .....	.....



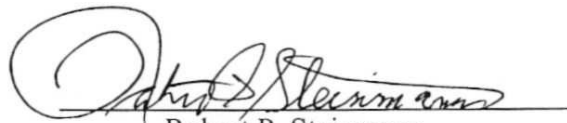
Action by Sole Shareholder/Director  
Without Meeting  
ORC 1701.54  
Steinmann Pharmacy, Inc.

The undersigned, being the sole shareholder/director of the above Corporation, hereby takes the following action with meeting:

- 1) Resolved, the Corporation shall make the following stock donation to the Robert & Christine Steinmann Family Foundation:

Shares	Security	Approximate Value
212	Abercrombie & Fitch	8,215.
208	DTE Energy	8,432.
16,085	Limited Brands, Inc.	302,676.
1,636	Procter & Gamble	178,128.
32	J.M. Smucker Co.	1,469.
5,401	Dreyfus Growth & Income Fund	78,867.
	AXP New Dimension Fund	95,255.
	AXP Growth Fund	47,645.
	Total Charitable Donation	720,687.

Dated  
July 1, 2004



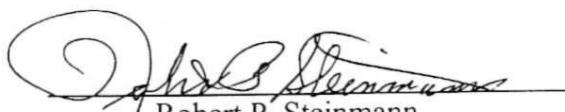
Robert P. Steinmann  
Sole Director

Action Taken in Place of Directors' Meeting  
Of  
Robert & Christine Steinmann  
Family Foundation

The undersigned, being the sole director of the above Foundation, hereby adopts the following resolutions:

- 1) In the event of the incapacity or resignation of the Sole Director, the following persons shall be appointed as Directors of the Board of this Foundation:
  - a. Bruce Fister
  - b. Lawrence R. Cappel
  - c. Carolyn M. Rose
  - d. Robert W. Stretch
  - e. Kent D. Fister
- 2) The initial compensation of the Board of Directors, other than the founder, Robert Steinmann, shall be \$5,000. per annum per Director in recognition of their responsibility for the prudent investment and management of the estimated \$5,000,000 foundation corpus.
- 3) The Foundation, in addition to those charitable purposes enumerated in its Articles of Incorporation, may make grants to any 501(c)(3) organization eligible under federal law to receive grants from a Private Foundation.

Dated  
July 1, 2004

  
Robert P. Steinmann  
Sole Director

## Federal Statements

**Statement 1 - Form 990-PF, Part I, Line 16a - Legal Fees**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
LEGAL FEES	\$ 3,798	\$	\$	\$
TOTAL	\$ 3,798	\$ 0	\$ 0	\$ 0

**Statement 2 - Form 990-PF, Part I, Line 18 - Taxes**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
STATE OF OHIO FILING	\$ 200	\$	\$	\$
TOTAL	\$ 200	\$ 0	\$ 0	\$ 0

**Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
EXPENSES	\$	\$	\$	\$
BROKERAGE ACCOUNT FEES - UBS	135	135		
TOTAL	\$ 135	\$ 135	\$ 0	\$ 0

**Statement 4 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments**

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
CAPITAL WORLD GROWTH & INCOME FUND	\$	\$ 208,988	COST	\$ 236,013
GROWTH FUND OF AMERICA		200,740	COST	226,019
NEW PERSPECTIVE FUND		202,132	COST	232,134
WASHINGTON MUTUAL INVESTORS FUND		203,821	COST	216,975
LIMITED BRANDS (3,503 SHARES)	63,306			
TOTAL	\$ 63,306	\$ 815,681		\$ 911,141

**Statement 5 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments**

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
AMERICAN FUNDS INTERMEDIATE BOND FUN	\$	\$ 202,082	COST	\$ 201,349
TOTAL	\$ 0	\$ 202,082		\$ 201,349

**Federal Statements**

**Statement 6 - Form 990-PF, Part VIII - List of Officers, Directors, Trustees, Etc.**

Name	Address	City, State, Zip	Title	Average Hours	Compensation	Benefits	Expenses
BRUCE FISTER	9001 JIMSON WEED WAY	HIGHLANDS RANCH CO 80126	DIRECTOR		0	0	0
LAWRENCE CAPPEL	1106 KENSINGTON AVE.	FLINT MI 48503	DIRECTOR		0	0	0
CAROLYN ROSE	1266 OAKRIDGE DRIVE	CLEVELAND HEIGHTS OH 44121	DIRECTOR		0	0	0
ROBERT STRETCH	8528 GWILADA DRIVE	CINCINNATI OH 45236	DIRECTOR		0	0	0
KENT D. FISTER	114 N. DOUGLAS AVE.	SAN MANUEL AZ 85631	DIRECTOR		0	0	0

**FORM 990-PF**  
**Underpayment of Estimated Tax by Corporations**

Form **2220**

OMB No. 1545-0142

▶ See separate instructions.

**2004**

Department of the Treasury  
Internal Revenue Service

▶ Attach to the corporation's tax return.

Name **ROBERT & CHRISTINE STEINMANN FAMILY  
FOUNDATION C/O ROBERT STRETCH**

Employer identification number  
**20-0166460**

**Note:** In most cases, the corporation is not required to file Form 2220 (see Part I below for exceptions) because the IRS will figure any penalty owed and bill the corporation. Even if Form 2220 is not required, the corporation may still use it to figure the penalty. In such a case, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Reasons for Filing-** Check the boxes below that apply. If any boxes are checked, and line 6, below, is \$500 or more, the corporation must file Form 2220 even if it does not owe a penalty.

- 1  The corporation is using the adjusted seasonal installment method.
- 2  The corporation is using the annualized income installment method.
- 3  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part II Figuring the Underpayment**

4 Total tax (see instructions) .....					<b>4</b>	<b>12,167</b>
5a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 4 .....	<b>5a</b>					
5b Look-back interest included on line 4 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	<b>5b</b>					
5c Credit for Federal tax paid on fuels (see instructions) .....	<b>5c</b>					
5d <b>Total.</b> Add lines 5a through 5c .....					<b>5d</b>	
6 Subtract line 5d from line 4. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....					<b>6</b>	<b>12,167</b>
7 Enter the tax shown on the corporation's 2003 income tax return (see instructions). <b>Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 6 on line 8</b> .....					<b>7</b>	
8 Enter the <b>smaller</b> of line 6 or line 7. If the corporation is required to skip line 7, enter the amount from line 6 .....					<b>8</b>	<b>12,167</b>

		(a)	(b)	(c)	(d)	(e)
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	<b>9</b>	5/17/04	6/15/04	9/15/04	12/15/04	
<b>Exception.</b> If one of your installment due dates is September 15, 2004, see the instructions.						
10 <b>Required installments.</b> If the box on line 1 and/or line 2 above is checked, enter the amounts from Schedule A, line 38. If the box on line 3 (but not 1 or 2) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 8 above in each column .....	<b>10</b>	3,042	3,042	3,042	3,041	0
11 <b>Estimated tax paid or credited for each period</b> (see instructions). For column (a) only, enter the amount from line 11 on line 15 .....	<b>11</b>					
<b>Complete lines 12 through 18 of one column before going to the next column.</b>						
12 Enter amount, if any, from line 18 of the preceding column .....	<b>12</b>					
13 Add lines 11 and 12 .....	<b>13</b>					
14 Add amounts on lines 16 and 17 of the preceding column .....	<b>14</b>		3,042	6,084	9,126	
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	<b>15</b>	0	0	0	0	0
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	<b>16</b>		3,042	6,084	0	
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	<b>17</b>	3,042	3,042	3,042	3,041	
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	<b>18</b>					

**Go to Part III on page 2 to figure the penalty. Do not go to Part III if there are no entries on line 17-no penalty is owed.**

For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2004)

DAA

**Part III Figuring the Penalty**

	(a)	(b)	(c)	(d)	(e)
<b>19</b> Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)	<b>19</b>	<b>SEE WORKSHEET</b>			
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19	<b>20</b>				
<b>21</b> Number of days on line 20 after 4/15/2004 and before 7/1/2004	<b>21</b>				
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{366}$ x 5%	<b>22</b>	\$	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2004 and before 10/1/2004	<b>23</b>				
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{366}$ x 4%	<b>24</b>	\$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2004 and before 1/1/2005	<b>25</b>				
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{366}$ x 5%	<b>26</b>	\$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2004 and before 4/1/2005	<b>27</b>				
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 5%	<b>28</b>	\$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2005 and before 7/1/2005	<b>29</b>				
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x *	<b>30</b>	\$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2005 and before 10/1/2005	<b>31</b>				
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x *	<b>32</b>	\$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2005 and before 1/1/2006	<b>33</b>				
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365}$ x *	<b>34</b>	\$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2005 and before 2/16/2006	<b>35</b>				
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365}$ x *	<b>36</b>	\$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36	<b>37</b>	\$	\$	\$	\$
<b>38</b> <b>Penalty.</b> Add columns (a) through (e) of line 37. Enter the total here and on Form 1120, line 33; Form 1120-A, line 29; or the comparable line for other income tax returns	<b>38</b>	\$			<b>454</b>

\*For underpayments paid after March 31, 2005: For lines 30, 32, 34, and 36, use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-1040 to get interest rate information.

**Form 2220 Worksheet**

Form **2220**

**2004**

For calendar year 2004, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Name **ROBERT & CHRISTINE STEINMANN FAMILY  
FOUNDATION C/O ROBERT STRETCH** Employer Identification Number **20-0166460**

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Due date of estimated payment	<u>5/17/04</u>	<u>6/15/04</u>	<u>9/15/04</u>	<u>12/15/04</u>
Amount of underpayment	<u>3,042</u>	<u>3,042</u>	<u>3,042</u>	<u>3,041</u>

Prior year overpayment applied \_\_\_\_\_

	1st Payment	2nd Payment	3rd Payment	4th Payment	5th Payment
Date of payment	_____	_____	_____	_____	_____
Amount of payment	_____	_____	_____	_____	_____

QTR	FROM	TO	UNDERPAYMENT	#DAYS	RATE	PENALTY
1	5/17/04	6/30/04	3,042	44	5.00	18
1	6/30/04	9/30/04	3,042	92	4.00	31
1	9/30/04	3/31/05	3,042	182	5.00	76
1	3/31/05	5/15/05	3,042	45	6.00	23
2	6/15/04	6/30/04	3,042	15	5.00	6
2	6/30/04	9/30/04	3,042	92	4.00	31
2	9/30/04	3/31/05	3,042	182	5.00	76
2	3/31/05	5/15/05	3,042	45	6.00	23
3	9/15/04	9/30/04	3,042	15	4.00	5
3	9/30/04	3/31/05	3,042	182	5.00	76
3	3/31/05	5/15/05	3,042	45	6.00	23
4	12/15/04	3/31/05	3,041	106	5.00	44
4	3/31/05	5/15/05	3,041	45	6.00	22
<b>TOTAL PENALTY</b>						<b>454</b>

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box  **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.**

Type or print	Name of Exempt Organization <b>Robert &amp; Christine Steinmann Family Foundation</b>	Employer identification number <b>20 : 0166460</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>8528 Guilda</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Sycamore Township, OH 45236</b>	

Check type of return to be filed (File a separate application for each return):

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ            | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |
| <input checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 4720                                |                                    |

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **Robert Stretch**  
Telephone No. **( 513 ) 891-3099** FAX No. **( )**
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole** group, check this box . If it is for **part** of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until November 15, 2005.

5 For calendar year 2004, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension The sole director, Robert P. Steinmann, died on May 4, 2005. The foundation is in the process of assembling and compiling the the information to the new directors. In order to prepare a complete and accurate return additional time is required for the new directors to compile the tax information.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ 0

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ 0

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ 0

*REC'D 10-05*  
*08-*

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature [Signature] Title **Esq., CPA** Date 8/2/05

**Notice to Applicant—To Be Completed by the IRS**

- We **have** approved this application. Please attach this form to the organization's return.
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return. **EXTENSION APPROVED**
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- Other \_\_\_\_\_

Director \_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_ **SUBMISSION PROCESSING**

**Alternate Mailing Address** — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name <b>Hugh K. Campbell, Esq., CPA</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>2011 Madison Road</b>
	City or town, province or state, and country (including postal or ZIP code) <b>Cincinnati, OH 45208</b>