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Form 990-PF

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

OMB No 1545-0052

Department of the Treasury

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

		dar year 2010, or tax year beginning OCT	- 1 ' 1 	, and e		SEP 30, 2011				
G C	ieck i	all that apply: Initial return Amended return	Initial return of a fo			Final returr Name change	1			
Nam	Name of foundation A Employer identification number									
	MESSER CONSTRUCTION FOUNDATION 20-0262239									
Num	per an	d street (or P O box number if mail is not delivered to street	address)		Room/suite	B Telephone number				
		5158 FISHWICK DRIVE				513-242-15	541			
City	or to	wn, state, and ZIP code				C if exemption application is p				
		CINCINNATI, OH 45216				D 1. Foreign organization:	s, check here			
H C		type of organization: X Section 501(c)(3) ex				Foreign organizations me check here and attach or	perting the 85% test, proputation			
<u> </u>		XX.	Other taxable private founda			E If private foundation sta				
		ket value of all assets at end of year J Accounting	·• · · · · · · · · · · · · · · · · · ·	X Accr	rual	under section 507(b)(1)(A), check here			
		art II, col. (c), line 16) 0tl 129,787. (Part I, colui	her (specify)	2000		F If the foundation is in a				
<u> </u>						under section 507(b)(1				
Pa	πı	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books		ivestment ome	(c) Adjusted net income	(0) Disbursements for charitable purposes (cash basis only)			
	1	Contributions, gifts, grants, etc., received	200,000.			N/A				
		Check I if the foundation is not required to attach Sch B	4 126		1 110		OM T MAY THE			
		Interest on savings and temporary cash investments	1,442.		1,442.		STATEMENT 1			
		Dividends and interest from securities								
		Gross rents								
		Net rental income or (loss)								
ne	_	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all					 			
Revenue		assets on line 6a Capital gain net income (from Part IV, line 2)			0.		 			
Re							 			
	9	Net short-term capital gain EIVED Income modifications								
	10a	Gross sales less returns and allowances								
		Less Cost of pages sold FR 2 1 2017								
		Gross profit 67 (loss)								
	11	Other income								
_	12	Total. Add lines 1 through 1 5 7, U	201,442.	.	1,442.					
	13	Compensation of officers, directors, trustees, etc	0.		0.		0.			
	14	Other employee salaries and wages								
ģ		Pension plans, employee benefits		 						
nse		Legal fees Accounting fees STMT 2	5,250.		0.	 	0.			
Expenses		Accounting fees STMT 2 Other professional fees	3,230.							
		Interest					 			
ativ	18	Taxes STMT 3	49.		0.		0.			
NVI Operating and Administrative	19	Depreciation and depletion			<u>-</u>	<u> </u>				
Ē	20	Occupancy								
Adı	21	Travel, conferences, and meetings					<u> </u>			
ind .	22	Printing and publications								
ng s	23	Other expenses STMT 4	358.		Ö.		200.			
ratii	24	Total operating and administrative								
bel		expenses. Add lines 13 through 23	5,657.		0.		200.			
10	25	Contributions, gifts, grants paid	218,500.			<u> </u>	218,500.			
乏	26	Total expenses and disbursements.	224 155		^		010 700			
	-	Add lines 24 and 25	224,157.	<u> </u>	0.		218,700.			
~	27	Subtract line 26 from line 12:	<22,715.	L						
2017	ŀ	Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	\20,113.	<u> </u>	1,442.		-			
ベ		Adjusted net income (if negative, enter -0-)		 	4,440	N/A				
0235		Adjusted the thicome (in negative, enter-0-)	the instructions	I		-1/22	Form 990-PF (2010)			

1

Page 2

Part II Balance Sheets Atlached schedules and amounts in the description		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of year			
L F	ir t	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
\Box	1	Cash - non-interest-bearing					
İ	2	Savings and temporary cash investments	149,623.	129,524.	129,524.		
- 1	3	Accounts receivable ► 263.					
		Less: allowance for doubtful accounts ▶		263.	263.		
1	4	Pledges receivable ▶					
		Less: allowance for doubtful accounts ▶					
-	5	Grants receivable					
-	6	Receivables due from officers, directors, trustees, and other					
	_	disqualified persons					
	7	Other notes and loans receivable					
		Less: allowance for doubtful accounts					
_o	8	Inventories for sale or use			···		
Assets		Prepaid expenses and deferred charges					
As		Investments - U.S. and state government obligations					
		Investments - corporate stock					
- 1		Investments - corporate stock					
l							
ł	• •	Investments - land, buildings, and equipment basis		į			
	10	Less accumulated depreciation Investments - mortgage loans					
		Investments - other					
l	13						
	14	Land, buildings, and equipment basis					
	4-	Less accumulated depreciation			<u> </u>		
1	15	Other assets (describe)					
			149,623.	129,787.	129,787.		
		Total assets (to be completed by all filers)	149,023.	2,879.	129,707.		
	17	Accounts payable and accrued expenses	25,000.	25,000.			
		Grants payable	25,000.	23,000.			
ies	19	Deferred revenue					
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons					
jak	21	Mortgages and other notes payable					
_	22	Other liabilities (describe)					
			25 000	27 270			
_	23	Total liabilities (add lines 17 through 22)	25,000.	27,879.			
		Foundations that follow SFAS 117, check here					
S		and complete lines 24 through 26 and lines 30 and 31.					
ance	24						
alar	25	Temporarily restricted					
ä	26	· · · · · · · · · · · · · · · · · · ·					
Ĕ		Foundations that do not follow SFAS 117, check here					
노		and complete lines 27 through 31.	_	_			
Net Assets or Fund Bal	27	Capital stock, trust principal, or current funds	0.	0.	1		
se	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.			
Ž	29	Retained earnings, accumulated income, endowment, or other funds	124,623.	101,908.			
Ze	30	Total net assets or fund balances	124,623.	101,908.			
_	31	Total liabilities and net assets/fund balances	149,623.	129,787.	<u> </u>		
Г		III Analysis of Changes in Net Assets or Fund B	Balances				
_	=						
1	Tota	ıl net assets or fund balances at beginning of year - Part II, column (a), line	30				
	(mu	st agree with end-of-year figure reported on prior year's return)		1	124,623.		
2	Ente	er amount from Part I, line 27a		2	<22,715.		
3	Othe	er increases not included in line 2 (itemize)		3	0.		
		lines 1, 2, and 3	_	. 4	101,908.		
		reases not included in line 2 (itemize)	-	5	0.		
6		al net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	101,908.		
_					Form 990-PF (2010)		

(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) i	low ac - Purc - Dona	nase j `) Date a (mo., da	cquired y, yr.)	(d) Date sold (mo , day, yr.)		
1a										
b NO	NE									
С					ļ					
<u>d</u>					-					
<u>e</u>	(6.1	Depreciation allowed	(a) Coc	t or other basis	<u> Т</u>			(h) Ca	ın or (loss)	
(e) Gross sales price	"	(or allowable)		xpense of sale	ŀ				(f) minus (
a										
b										
C										
d										
Consider a physical accepts a bourie	22.22.2	ashima (h) and aumad hij th	a favadakan	a= 10/01/C0						
Complete only for assets showing									ol. (h) gain ot less thar	
(i) F.M.V. as of 12/31/69	<u>'</u>	(j) Adjusted basis as of 12/31/69		cess of col. (I) col. (j), if any					from col. (
a								· · · · · ·		
b				· ·						-
С										
d										
е	<u>l</u>									
2 Capital gain net income or (net ca	apıtal loss)	If gain, also enter if $\{f(loss), enter -0-\}$	in Part I, line in Part I, line	7 7	}	2				
3 Net short-term capital gain or (lo if gain, also enter in Part I, line 8,			l (6):		J					
If (loss), enter -0- in Part I, line 8					<u> </u>	3				
Part V Qualification L	Jnder S	Section 4940(e) for	Reduced	Tax on Net	t Inv	estn	nent Inco	me		
(For optional use by domestic privat	e foundati	ons subject to the section 49	940(a) tax on	net investment ii	ncome	e.)				
If section 4940(d)(2) applies, leave t	this part bi	ank.								
										Yes X No
Was the foundation liable for the sec if "Yes," the foundation does not qua				•	поцу					L Yes A INO
1 Enter the appropriate amount in					ies					
(a) Base period years Calendar year (or tax year beginn	וחט וויי)	(b) Adjusted qualifying disti	ributions	Net value of no	(c)		use assets	(d) Distribution ratio (col. (b) divided by col. (c))		
2009	y/	175	5,100.			10	2,304.			1.711566
2008			5,000.			15	9,029.			.471612
2007			5,000.				5,643.			1.513278
2006			2,852.				1,825.			3.335301
2005		14	7,692.			8	6,854.	ļ		1.700463
A = 41-40 A 1 10										0 72000
2 Total of line 1, column (d) 3 Average distribution ratio for the	5 year ba	no normal - duudo the tetal e	n line O hii E	or by the number	r of ···	are		2		8.732220
3 Average distribution ratio for the the foundation has been in existe	-	•	n ane 2 by 5,	or by the numbe	rorye	ars		3		1.746444
file inquirenti ues necu su exista	51106 11 1633	s tilali J years								1./4044
4 Enter the net value of noncharita	ble-use as	sets for 2010 from Part X. II	ne 5					4		201,115.
E E E E E E E E E E E E E E E E E E E		,								
5 Multiply line 4 by line 3								5		351,236
6 Enter 1% of net investment inco	me (1% o	f Part I, line 27b)						6		14.
								251 050		
7 Add lines 5 and 6								7		351,250
9. Fater qualifying distributions from Doct VII. line 4						8		218,700		
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.					rato	<u> </u>		210,700		
See the Part VI instructions.	mie 7, C	HEGA DIG DUX III FAIT VI, IIIR	וט, מווט נטווון	viere mar han nasi	ny a I	/o LdX	iait.			
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form 990-PF (2010) MESSER CONSTRUCTION FOUND	DATION 20-0262	239	F	Page 4
Part VI Excise Tax Based on Investment Income (Sect			ction	ns)
1a Exempt operating foundations described in section 4940(d)(2), check here ▶	and enter "N/A" on line 1.			
Date of ruling or determination letter: (attach copy of	letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, che	ck here and enter 1%			29.
of Part I, line 27b				
c All other domestic foundations enter 2% of line 27b. Exempt foreign organization	ns enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundation	ons only. Others enter -0-)			0.
3 Add lines 1 and 2	3			29.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundation	ions only. Others enter -0-)			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, en	ter -0- 5			29.
6 Credits/Payments:				
a 2010 estimated tax payments and 2009 overpayment credited to 2010	. 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 if Form 2	2220 is attached 8			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	▶ 9			29.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount of	overpaid 🕨 10			
11 Enter the amount of line 10 to be: Gredited to 2011 estimated tax	Refunded ► 11			
Part VII-A Statements Regarding Activities				
1a During the tax year, did the foundation attempt to influence any national, state, o	ir local legislation or did it participate or intervene in		Yes	No
any political campaign?		1a		_X
b Did it spend more than \$100 during the year (either directly or indirectly) for poli	itical purposes (see instructions for definition)?	1b		_X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the ac	tivities and copies of any materials published or			
distributed by the foundation in connection with the activities				
c Did the foundation file Form 1120-POL for this year?		1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed				
(1) On the foundation. > \$ 0. (2) On foundation	· · · · · · · · · · · · · · · · · · ·			
e Enter the reimbursement (if any) paid by the foundation during the year for politic	ical expenditure tax imposed on foundation			
managers. > \$ 0.				
2 Has the foundation engaged in any activities that have not previously been repor	ted to the IRS?	2	_	X
If "Yes," attach a detailed description of the activities				i
3 Has the foundation made any changes, not previously reported to the IRS, in its				
bylaws, or other similar instruments? If "Yes," attach a conformed copy of		3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more du		4a		Х
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		37
5 Was there a liquidation, termination, dissolution, or substantial contraction during	ig the year?	5		Х
If "Yes," attach the statement required by General Instruction T 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945)) anticological authors			
) Sausileo enner.			
By language in the governing instrument, or By state lengthton that effectively grounds the payers are programmed to that a	a mandatany dispations that another with the state law.			
By state legislation that effectively amends the governing instrument so that necessary in the coversing instrument?	o mandatory directions that connict with the state law		· v	
remain in the governing instrument? 7. Did the foundation have at least \$5,000 in accepts at any time during the year?		6	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year?		7	X	
If "Yes," complete Part II, col (c), and Part XV. 8a Enter the states to which the foundation reports or with which it is registered (se	no instructions)			
OH	e ilisti ucuons)			
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-	-DE to the Attorney Conemi (or decimate)			
of each state as required by General Instruction G? If "No." attach explana		0.	х	
9 Is the foundation claiming status as a private operating foundation within the me		8b	^	
year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)?				х
10 Did any persons become substantial contributors during the tax year? If "Yes," at		10	 	Y
THE STATE OF THE PROPERTY OF T	AGO A GOLDOUG USUNG HAINES AND ADDRESSAS	1 111 '		41

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Form 990-PF (2010) MESSER CONSTRUCTION FOUN			20-02622	39 Pag	je 6		
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)				
5a During the year did the foundation pay or incur any amount to:					_		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Y6	es X No				
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,							
any voter registration drive?							
(3) Provide a grant to an individual for travel, study, or other similar purposes?	7	T Ye	s X No				
(4) Provide a grant to an organization other than a charitable, etc., organization							
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y	es X No				
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or fo						
the prevention of cruelty to children or animals?			es X No				
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the excentions described i	•	,3 (21) 110				
section 53.4945 or in a current notice regarding disaster assistance (see instru	·-	ii riegulatoris	N/A	5b			
Organizations relying on a current notice regarding disaster assistance check h	•			30	—		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		no.d					
		. —					
expenditure responsibility for the grant?		[/A Ye	es No				
If "Yes," attach the statement required by Regulations section 53 4945	• •						
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on		I				
a personal benefit contract?		Ye	es X No	.			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		_	6b 2	<u>X</u>		
If "Yes" to 6b, file Form 8870							
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No				
b If "Yes," did the foundation receive any proceeds or have any net income attribu		· · · · · · · · · · · · · · · · · · ·		7b			
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	magers, Highly	y				
Faid Employees, and Contractors							
1 List all officers, directors, trustees, foundation managers and their		L(-) Componentian	Trans.				
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deterred	(e) Expens account, ot	se her		
	to position	enter-0-)	compensation	allowance	S		
	PRESIDENT/DIR	ECTOR					
5158 FISHWICK DRIVE		_					
CINCINNATI, OH 45216	0.25	0.	0.		0.		
	TREASURER/DIR	ECTOR .		}			
5158 FISHWICK DRIVE							
CINCINNATI, OH 45216	0.25	0.	0.		0.		
ANDREW R. LORENZ	SECRETARY/DIR	ECTOR					
5158 FISHWICK DRIVE				İ			
CINCINNATI, OH 45216	0.25	0.	0.		0.		
			f		_		
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."	<u> </u>		_		
N	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Expen account, ot	șe		
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, of	her es		
NONE			compensation		-		
		 					
	1						
		 	 				
		 		 			
	1						
	 	 					
	-						
T. I. Laurehar of other employees and extra 000	L		1	L	~		
Total number of other employees paid over \$50,000	<u> </u>				0		

Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)	ition Managers, Highly	
3 Five highest-paid independent contractors for professional services. 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		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis	tical information such as the	_
number of organizations and other beneficiaries served, conferences convened, research papers prod		Expenses
1 N/A		
]
2		
	·]
3		4
		_
4		-
		+
Part IX-B Summary of Program-Related Investments		I
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	· · · · · · · · · · · · · · · · · · ·	_
		0.
Total. Add lines 1 through 3	<u> </u>	Form 990-PF (2010)

Page 8

P	art X Minimum Investment Return (All domestic foundations must c	omplete this part. Foreign four	dations	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	purposes:		
	Average monthly fair market value of securities		1a	0.
	Average of monthly cash balances		1b	204,178.
	Fair market value of all other assets		1c	
ď	Total (add lines 1a, b, and c)		1d	204,178.
	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation)	0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	204,178.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see in	nstructions)	4	3,063.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part		5	201,115.
6	Minimum investment return. Enter 5% of line 5		6	10,056.
	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) foreign organizations check here and do not complete this part.)	5) private operating foundations an	d certain	
1	Minimum investment return from Part X, line 6		1	10,056.
2a	Tax on investment income for 2010 from Part VI, line 5	29.		
b	Income tax for 2010. (This does not include the tax from Part VI.)		. 1	
C	Add lines 2a and 2b		2c	29.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	10,027.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4	i	5	10,027.
6	Deduction from distributable amount (see instructions)		6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, I	ne 1	7	10,027.
P	art XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes			040 500
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	218,700.
b	Program-related investments - total from Part IX-B		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.	c., 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	rt XIII, line 4	4	218,700.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	nt		
	income. Enter 1% of Part I, line 27b		5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	218,700.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when a	alculating whether the foundation	qualifies	for the section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,	COTPUC	Today prior to 2000	2003	
line 7				10,027.
				10,027.
2 Undistributed income, if any, as of the end of 2010 a Enter amount for 2009 only			0.	
b Total for prior years:				
g total for prior years.		0.		
3 Excess distributions carryover, if any, to 2010:				
a From 2005 143, 365.	į			
450 055				
4.50 0.50				
	1			
450 005				
·	720 050			
f Total of lines 3a through e	720,050.			
4 Qualifying distributions for 2010 from				
Part XII, line 4: ►\$ 218,700.	İ		0	
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior	ĺ			
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus			•	
(Election required - see instructions)	0.			4.0-00
d Applied to 2010 distributable amount	000 (72			10,027.
e Remaining amount distributed out of corpus	208,673.	· · · · · · · · · · · · · · · · · · ·		
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	928,723.			
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		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions	Ţ	0.		
e Undistributed income for 2009. Subtract line	· · ·			
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract	······································			
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	143,365.			
9 Excess distributions carryover to 2011.	1137303.			
Subtract lines 7 and 8 from line 6a	785,358.			
10 Analysis of line 9:				
a Excess from 2006 170,357.				
b Excess from 2007 169, 263.				
c Excess from 2008 67,060.				
dExcess from 2009 170,005.				
e Excess from 2010 208, 673.				
ELAUGS HUIII 2010 200,073.				Form QQ0_DE (20.10)

023581 12-07-10

Part XIV Private Operating F	oundations (see ins	structions and Part VII-	A, question 9)	N/A					
1 a If the foundation has received a ruling o	r determination letter that	it is a private operating	Ì	 					
foundation, and the ruling is effective fo			.						
	b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)								
2 a Enter the lesser of the adjusted net									
income from Part I or the minimum (a) 2010 (b) 2009 (c) 2008 (d) 2007 (e) Total									
investment return from Part X for									
each year listed									
b 85% of line 2a									
c Qualifying distributions from Part XII,									
line 4 for each year listed									
d Amounts included in line 2c not									
used directly for active conduct of									
exempt activities									
e Qualifying distributions made directly									
for active conduct of exempt activities.									
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon:									
a "Assets" alternative test - enter.(1) Value of all assets					·				
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	!		·						
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed									
c "Support" alternative test - enter:									
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section									
512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)									
(3) Largest amount of support from									
an exempt organization									
(4) Gross investment income									
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or me	ore in assets				
at any time during	the year-see the	instructions.)							
1 Information Regarding Foundation	on Managers:								
a List any managers of the foundation where year (but only if they have contributed in	o have contributed more		ributions received by the	foundation before the clos	se of any tax				
NONE				 					
b List any managers of the foundation whether entity) of which the foundation had			(or an equally large portio	on of the ownership of a pa	artnership or				
NONE									
2 Information Regarding Contribut Check here ▶ if the foundation of	, ,	• • • • •	~	ot accept unsolicited requ	ests for funds. If				
the foundation makes gifts, grants, etc.	(see instructions) to indi	viduals or organizations u	nder other conditions, co	mplete items 2a, b, c, and	l d.				
a The name, address, and telephone num	ber of the person to who	m applications should be	addressed:						
SEE STATEMENT 5									
b The form in which applications should	be submitted and informa	tion and materials they sl	nould include;						
c Any submission deadlines:									
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:									

Form 990-PF (2010) MESSER CONSTRUCTION FOUNDATION

20-0262239 Page 10

023601 12-07-10

Part XV Supplementary Information (continued)								
3 Grants and Contributions Paid During the Ye	ear or Approved for Future	Payment						
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount				
Name and address (home or business)	or substantial contributor	recipient						
a Paid during the year SEE STATEMENT 6	or substantial contributor	recipient						
Total		·	▶ 3	3a 218,500				
b Approved for future payment REPAIRERS OF THE BREACH 240 EAST 7TH ST LEXINGTON, KY 40508	NONE	501(C)(3)	GENERAL SUPPORT	25,000				
Total			<u> </u>					
023611 12-07-10				Form 990-PF (2010				

Part XVI-A	Analysis of Income-Producing Activities
------------	---

Enter gross amounts unless otherwise indicated.	Unrelate	d business income	Exclu	ded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
					
					
b					
c	 				
0					
Econ and contracts from government agencies			 -		
g Fees and contracts from government agencies					
2 Membership dues and assessments		· · · · · · · · · · · · · · · · · · ·			
3 Interest on savings and temporary cash	1		14	1,442.	
Investments	l		7.4	1,442.	
4 Dividends and interest from securities	<u> </u>				
5 Net rental income or (loss) from real estate:	<u></u>				
a Debt-financed property			}		
b Not debt-financed property					
6 Net rental income or (loss) from personal			i		
property			 		
7 Other investment income			 		
8 Gain or (loss) from sales of assets other	1	!	İ		
than inventory	ļ		 		
9 Net income or (loss) from special events		<u> </u>			
10 Gross profit or (loss) from sales of inventory			<u> </u>		****
11 Other revenue:					
8					
b			ļ		
c			ļ		
d			<u> </u>		<u> </u>
e			-		
12 Subtotal. Add columns (b), (d), and (e)		0.	<u> </u>	· ······	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	1,442.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities t	o the Acc	omplishment of E	xemp	ot Purposes	
Line No. Explain below how each activity for which inco the foundation's exempt purposes (other than			contri	buted importantly to the accor	nplishment of
					
					
	· · · · · · · · · · · · · · · · · · ·				
				 	
					
		<u> </u>		- 	·
					
					
				····	
	-				

Form 990-I		ER CONSTRUCTI	ON	FOUNDAT	'ION		20-026	2239	Pa	age 13
Part X		egarding Transfers	s To a	nd Transa	ctions a	nd Relationsh	ips With Noncha	aritable	9	
1 0.44	Exempt Organ		fallarum		- organization	described is sector	- F01(a) -4		Voc	No
	ne organization directly or ind ode (other than section 501(c						1 50 1(0) 01	1	165	140
	sfers from the reporting found				musar organi	anons.				
(1) (MINISTER A HOHOHOM MADIC CAL	ninpt or g	gamzation of.				1a(1)		X
٠,	Other assets							1a(2)		X
	r transactions:							10(2)	<u></u>	
	Sales of assets to a nonchanta	able exempt organization						1b(1)		X
٠,	Purchases of assets from a no		ation					1b(2)		Х
	Rental of facilities, equipment,							15(3)	ļ ———	Х
	Reimbursement arrangement							1b(4)		X
(5) 1	oans or loan guarantees							1b(5)		X
(6) F	Performance of services or m	embership or fundraising se	olicitatio	ns				1b(6)		Х
c Share	ing of facilities, equipment, m	ailing lists, other assets, or i	paid emj	ployees				1c		X
d If the	answer to any of the above is	"Yes," complete the follow	ng sche	dule. Column (i	b) should alw	ays show the fair ma	rket value of the goods,	other ass	ets,	
	rvices given by the reporting			ed less than fair	market value	e in any transaction o	r sharing arrangement,	show in		
	nn (d) the value of the goods,					T				
(a)Line no	(b) Amount involved	(c) Name of noncl		e exempt organi	zation	(0) Description o	f transfers, transactions, and	sharing ar	rangeme	ents
		<u> </u>	I/A			 				
		 		····		ļ <u> </u>	· 			
		 				 	· · · · · · · · · · · · · · · · · · ·			
	<u> </u>	 				 				
	 	 		 						
	 				···					
		 								
-										
	<u> </u>	<u> </u>								
	<u></u>	<u> </u>				_				
	e foundation directly or indire				empt organiz	ations described	ł		Г	K No
	ection 501(c) of the Code (oth		or iii seci	11011 527 7			!	Yes	LÆ	<u>7</u>) 140
	es," complete the following so (a) Name of o			(b) Type of o	rganization) Description of relation	iship		
	N/A			(4) 5) 4 4 4	3		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
										
				1						
		are that I have examined his retu						oellef, it is t	rue, con	rect,
Sign	and complete Declaration of pre	ogrer (other than taxonyer or fidu	ciary) is o	iasea on all intorm	ation of which t	reparer has any knowled				
Here	mil	1/1			4/10/		2+3ident			
	Signature of officer or t				Date	Tit	· ·			
	Print/Type preparer's	name Prep	parer's s	signature			Check if PTIN			
		 	יייטי	Dm C.O	₩~	ilizla	self- employed			
Paid	JACQUELYN		Min	WIN C. O	₩	111/180/2				
Prepa		LOITTE TAX L	LP`				Firm's EIN			
Use O	my į									

937-443-5532

Phone no.

Firm's address ▶ 220 EAST MONUMENT AVENUE, STE 500

DAYTON, OH 45402

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

Department of the Treasury Internal Revenue Service Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2010

Employer identification number Name of the organization 20-0262239 MESSER CONSTRUCTION FOUNDATION Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt chantable 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 an organization 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 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990 EZ, line 1. Complete Parts I and II J For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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 J For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, chantable, 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, chantable, 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. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

MESSE	R CONSTRUCTION FOUNDATION	20	0-0262239
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MESSER CONSTRUCTION COMPANY 5158 FISHWICK DRIVE CINCINNATI, OH 45216	\$ 200,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Onncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		*	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		*	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
023452 12-	23-10	Schedule B (Form	990, 990-EZ, or 990-PF) (2010

of Part II

Name of organization

Employer identification number

of

MESSER CONSTRUCTION FOUNDATION

20-0262239

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		*	990, 990-EZ, or 990-PF) (2

Schedule B (Form	n 990, 990-EZ, or 990-PF) (2010)		Page of ot Part III Employer identification number
•	CONSTRUCTION FOUNDATI Exclusively religious, charitable, etc., ir	dividual contributions to section e columns (a) through (e) and the ous, chantable, etc., contributions	20-0262239 n 501(c)(7), (8), or (10) organizations aggregating following line entry For organizations completing of
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
-		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	Relationship of transferor to transferee
	Transferee's name, address, a	110217 + 4	netationship of dansieror to dansferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gif	Relationship of transferor to transferee

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CASH IN	VESTMENTS	STATEMENT 1
SOURCE				AMOUNT
FIFTH THIRD BANK			_	1,442.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A	=	1,442.
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
ACCOUNTING SERVICES	5,250.	0.		0.
TO FORM 990-PF, PG 1, LN 16B	5,250.	0.		0.
FORM 990-PF	TAX	ES		STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
EXCISE TAXES	49.	0.		0.
TO FORM 990-PF, PG 1, LN 18	49.	0.		0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
BANKING FEES OHIO FILING FEE	158. 200.		1,000	0.
TO FORM 990-PF, PG 1, LN 23	358.	0.		200.

MESSER CONSTRUCTION FOUNDATION

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

5

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

KIM SPANGLER, MESSER CONSTRUCTION CO. 5158 FISHWICK DR. CINCINNATI, OH 45216

TELEPHONE NUMBER

513-482-5327

FORM AND CONTENT OF APPLICATIONS

SEE STATEMENT 7

ANY SUBMISSION DEADLINES

POSTMARKED BY MARCH 28TH OF EACH YEAR

RESTRICTIONS AND LIMITATIONS ON AWARDS

MUST BE GEOGRAPHICALLY LOCATED IN ONE OF OUR REGIONS AND INCLUDES THOSE THAT REQUEST INVESTMENT IN ECONOMIC INCLUSION, EDUCATION AND WORKFORCE DEVELOPMENT. PRIMARILY, ALTHOUGH NOT EXCLUSIVELY, FOUNDATION WILL INVEST IN CAPITAL PROJECTS.

FORM 990-PF

6

STATEMENT

-	PAID DURING THE YEAR		
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI, OH 45229	NONE GENERAL SUPPORT	501(C)(3)	25,000.
GREATER CINCINNATI WORKFORCE NETWORK C/O GCF 200 WEST 4TH ST CINCINNATI, OH 45202	NONE GENERAL SUPPORT	501(C)(3)	25,000.
NORTON HEALTHCARE FOUNDATION 200 EAST CHESTNUT ST LOUISVILLE, KY 40202	NONE GENERAL SUPPORT	501(C)(3)	50,000.
ST. ELIZABETH HEALTHCARE FOUNDATION ONE MEDICAL CENTER VILLAGE EDGEWOOD, KY 41017	NONE GENERAL SUPPORT	501(C)(3)	25,000.
THE PARTNERSHIP INITIATIVES FUND 17 MARKET SQ #201 KNOXVILLE, TN 37902		501(C)(3)	2,500.
TECH CORPS 112 JEFFERSON AVE COLUMBUS, OH 43215	NONE GENERAL SUPPORT	501(C)(3)	2,500.
VOLUNTEERS OF AMERICA 933 GROSS AVE LOUISVILLE, KY 40217	NONE GENERAL SUPPORT	501(C)(3)	2,500.
EMERALD YOUTH FOUNDATION 1718 N CENTRAL ST KNOXVILLE, TN 37917	NONE GENERAL SUPPORT	501(C)(3)	25,000.

GRANTS AND CONTRIBUTIONS

	/ 3		
44	4	٠.	٠.

MESSER CONSTRUCTION FOUNDATION			20-0262239
CROSSROADS OF AMERICA, BSA 7152 FALL CREEK RD N INDIANAPOLIS, IN 46256	NONE GENERAL SU	501(C)(3)	25,000.
CITY GOSPEL MISSION 1419 ELM ST CINCINNATI, OH 45202	NONE GENERAL SU	501(C)(3)	25,000.
UNIVERSITY OF LOUISVILLE UNIVERSITY OF LOUISVILLE LOUISVILLE, KY 40292	NONE GENERAL SU	501(C)(3)	11,000.
TOTAL TO FORM 990-PF, PART XV, LI	NE 3A		218,500.

Messer Construction Co. Foundation Grant Application Form

Organization Name			
Street Address	City	State	Zıp
Phone Number	Contact Name	Title	
Employer Identification Nu (Please attac	ımber ls your lh a copy of your organization's most i	r organization a 501 (c) ecently filed IRS 990 Fe	(3) ²
Please provide a brief describing programs offered	ription of your organization to include	your mission, the found	ling date and
What geographic area do y	ou serve?		
	organization, what percentage of your ses/accomplishments for your organiza	ition	
		······································	

Briefly explain your purpopriorities	ose for secking a grant from the Messer	Foundation as it relate	s to our funding
			

Please attach additional sheets detailing your grant proposal. Answer the following questions in the order presented here. Please limit the length of your grant request to no more than 3 pages.

· Rationale and Context

Please describe in detail what you hope to accomplish in receiving this grant and the expected return on investment to the community provided by your organization.

Explain how your organization relates to Messer Construction in regard to Messer employee engagement and individual support for the organization

. Design and Activities

Please describe the proposed project activities in detail. Include the following information

Timetable for completion

Describe your organization's capacity to implement and administer proposed activities. Describe the status of the work and accomplishments to date, if applicable

• Summary

In one paragraph, please tell us why your organization is worthy of this grant. Articulate your passion for the organization.

Please attach one copy of your organization's most recent annual report and a copy of your most recently filed IRS Form 990. Attach a list of your board members to each copy of your application.

Each application must be endoised by an authorized individual of the requesting organization and a Messer employee. Please provide those signatures below

Name, Title	Messer Construction Co.
Messer Employee Sponsor, please indicate your lev	el of involvement with the organization
l am actively involved with the organ	17alion
l am aware of the organization but not actively involved	
	B
For Organization	Dated

Grant applications must be postmarked no later than March 28th of each year. Please submit twelve (12) copies to: Messer Construction Foundation, 5158 Fishwick Drive, Cincinnati, OH 45216, Attn: Kim Spangler.