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## Form **990-PF**Department of the Treasury

## Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

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

2011

For calendar year 2011 or tax year beginning , and ending A Employer identification number "Name of foundation THOMAS R. SCHIFF FOUNDATION C/O THOMAS R. SCHIFF 20-5678503 Number and street (or P O box number if mail is not delivered to street address) B Telephone number (513) 721-4532 4 GRANDIN TERRACE City or town, state, and ZIP code C if exemption application is pending, check here 45208 CINCINNATI, OH G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here X Cash I Fair market value of all assets at end of year | J | Accounting method: F If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here (from Part II, col (c), line 16) 1,482,341. (Part I, column (d) must be on cash basis) ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) ) for chantable purposes (cash basis only) expenses per books income ıncome N/A Contributions, gifts, grants, etc., received 2 Check X If the foundation is not required to attach Sch B Interest on savings and temporary cash investments STATEMENT 56. 56. 68,916. 68.916. STATEMENT 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 62 Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a Ō. 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications b Less Cost of c Gross profit biA 11 Other income 68,972. 68.972. Total. Add lines through 1,100 Compensation of officers, direct Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 2,125. 4,250. 2.125. STMT 3 b Accounting fees c Other professional fees 17 Interest STMT 4 1,000 Ō. 0. 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 6,350. 2,125 2,125. 41,500.  $\overline{4}1,500.$ 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 47,850 2,125 43,625. Add lines 24 and 25 Subtract line 26 from line 12: 21,122 a Excess of revenue over expenses and disbursements 66,847. b Net investment income (if negative, enter -0-) N/AC Adjusted net income (if negative, enter -0-)

1

2011.05000 THOMAS R. SCHIFF FOUNDATION 20-56781

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2011)

C/O THOMAS R. SCHIFF

20-5678503

Page 2

P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
=			14,430.	35,552.	35,552.
,		Cash - non-interest-bearing	14,430.	35,552.	33,334.
		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			
	7	Other notes and loans receivable			
		Less' allowance for doubtful accounts			
ø	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments - U.S and state government obligations		···	
	1	Investments - corporate stock STMT 5	470,841.	470,841.	1,446,789.
	l .	Investments - corporate bonds			
		Investments - land, buildings, and equipment basis	-		
	12	Less accumulated depreciation Investments - mortgage loans			
	l .	Investments - other			
		Land, buildings, and equipment basis			
	14				
		Less accumulated depreciation			
	15	Other assets (describe)			
	ļ		405 071	506 303	1 400 241
_		Total assets (to be completed by all filers)	485,271.	506,393.	1,482,341.
	17				
	18	Grants payable			
es	19	Deferred revenue			
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable			
Ξ	22	Other liabilities (describe ► )			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
	1	and complete lines 24 through 26 and lines 30 and 31.			
Sex	24	Unrestricted		1	
ances	25	Temporarily restricted	-		
=	1	Permanently restricted			
둳	-"	Foundations that do not follow SFAS 117, check here			
Ţ		and complete lines 27 through 31.			
Net Assets or Fund Ba	27	Capital stock, trust principal, or current funds	0.	0.	
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ass	29	Retained earnings, accumulated income, endowment, or other funds	485,271.	506,393.	
et/	30	Total net assets or fund balances	485,271.	506,393.	
Z	30	Total lift assets of fully parallegs	103,271	300,333.	
	31	Total liabilities and net assets/fund balances	485,271.	506,393.	
_				300,333	<del></del>
F	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
ı			30		485,271.
_	•	st agree with end-of-year figure reported on prior year's return)	•	·· ·   11	21,122.
		r amount from Part I, line 27a	-	2	
		er increases not included in line 2 (itemize)	<del>-</del>	3	0.
		lines 1, 2, and 3		4	506,393.
5		reases not included in line 2 (itemize)		5	0.
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30		506,393.
					Form <b>990-PF</b> (2011)

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1a	varehouse; or o	s) of property sold (e.g., rea common stock, 200 shs. ML			(b) How a P - Puro D - Don	chase (c ation (	) Date acquired mo., day, yr.)	(d) Date sold (mo., day, yr.)
b NC	ONE							
<u> </u>								
d								<del></del>
e	T #0.Das		(-) 04		<u>!</u>		/h) Cours on (los	
(e) Gross sales price		reciation allowed or allowable)		or other basis opense of sale		(	(h) Gain or (los e) plus (f) minu	
<u> </u>	<u> </u>							· · · · · · · · · · · · · · · · · · ·
)		·				<del> </del>		
	<del>                                     </del>							
1	+	<del></del>		<del></del>				
Complete only for assets show	/ind dain in col	umn (h) and owned by the fo	oundation	on 12/31/69		(I) G	ains (Col. (h) ga	in minute
Obnipicte only for assets show	<del> </del>	Adjusted basis		cess of col. (I)		col. (k	), but not less th	nan -0-) <b>or</b>
(i) F.M.V. as of 12/31/69		of 12/31/69		col. (j), if any		L	osses (from co	L (h))
1	+			-				
<u> </u>	1							
<u> </u>	1							
d								
•								
Capital gain net income or (net o	capital loss)	If gain, also enter in P	Part I, line 7	7	} 2	_		
Net short-term capital gain or (lo		`		•				
If gain, also enter in Part I, line 8 If (loss), enter -0- in Part I, line 8	8, column (c).	2 m 30310110 1222(0) and (0	·/-		}   3			
Part V   Qualification	Under Se	ction 4940(e) for Re	educed	Tax on Net	Investi	nent Inco	me	
or optional use by domestic priva							<del></del> -	
as the foundation liable for the se	ection 4942 tax							
	alify under sec	ction 4940(e). Do not compl	ete this pai	t				Yes X N
Enter the appropriate amount in (a) Base period years	ualify under sec n each column	ction 4940(e). Do not compl	ete this pai ons before	t	es.	-use assets	Disi (col. (b)	(d) tribution ratio
Enter the appropriate amount in	ualify under sec n each column	ction 4940(e). Do not comple for each year; see instruction (b) Adjusted qualifying distribu	ete this pai ons before utions	t. making any entri	es. (c) oncharitable	use assets	Dist (col. (b)	(d) tribution ratio divided by col. (c))
Enter the appropriate amount in  (a)  Base period years  Calendar year (or tax year begin	ualify under sec n each column	ction 4940(e). Do not comple for each year; see instruction (b) Adjusted qualifying distribution 37, 23,	ete this par ons before utions 125.	t. making any entri	es. (c) oncharitable 85	94,704. 08,657.	(col. (b)	tribution ratio divided by col. (c)) • 04149
Enter the appropriate amount in  (a)  Base period years  Calendar year (or tax year begins)  2010	ualify under sec n each column	ction 4940(e). Do not comple for each year; see instruction (b) Adjusted qualifying distribution 37, 23,	ete this par ons before utions	t. making any entri	es. (c) pncharitable 7 (	94,704. 08,657. 13,336.	Disi (col. (b)	(d) tribution ratio divided by col. (c)) . 0 4 1 4 9 . 0 3 3 8 3 . 0 1 3 3 6
Enter the appropriate amount in  (a)  Base period years  Calendar year (or tax year begins)  2010  2009	ualify under sec n each column	ction 4940(e). Do not comple for each year; see instruction (b) Adjusted qualifying distribution 37, 23,	ete this par ons before utions 125.	t. making any entri	es. (c) pncharitable 7 (	94,704. 08,657.	Dist (col. (b)	(d) tribution ratio divided by col. (c)) . 0 4 1 4 9 . 0 3 3 8 3 . 0 1 3 3 6
2010 2009 2008	ualify under sec n each column	ction 4940(e). Do not comple for each year; see instruction (b) Adjusted qualifying distribution 37, 23,	ete this par ons before utions . 125. . 978.	t. making any entri	es. (c) pncharitable 7 (	94,704. 08,657. 13,336.	(col. (b)	Yes X Note tribution ratio divided by col. (c))  . 04149 . 03383 . 01336
Enter the appropriate amount in  (a)  Base period years Calendar year (or tax year begins 2010 2009 2008 2007 2006	ualify under sec n each column	ction 4940(e). Do not comple for each year; see instruction (b) Adjusted qualifying distribution 37, 23,	ete this par ons before utions . 125. . 978.	t. making any entri	es. (c) pncharitable 7 (	94,704. 08,657. 13,336.	(col. (b)	tribution ratio divided by col. (c)) • 04149 • 03383 • 01336 • 00000
Enter the appropriate amount in  (a)  Base period years Calendar year (or tax year begins 2010 2009 2008 2007 2006  Total of line 1, column (d)	ualify under sec n each column ining in)	ction 4940(e). Do not compli for each year; see instruction (b) Adjusted qualifying distribution 37, 23,	ete this par ons before utions . 125. . 978. . 925.	rt. making any entri Net value of no	es. (c) pncharitable 85 7(	94,704. 08,657. 13,336.	Col. (b)	tribution ratio divided by col. (c)) • 04149 • 03383 • 01336 • 00000
Enter the appropriate amount in  (a)  Base period years Calendar year (or tax year begins  2010  2009  2008  2007  2006  Total of line 1, column (d)  Average distribution ratio for th	n each column ining in)	ction 4940(e). Do not complication 4940(e). Do not complication 4940(e). Do not complication (b). Adjusted qualifying distribution 3.7., 2.3., 5.,	ete this par ons before utions . 125. . 978. . 925.	rt. making any entri Net value of no	es. (c) pncharitable 85 7(	94,704. 08,657. 13,336.	(col. (b)	(d) tribution ratio divided by col. (c))  . 04149 . 03383 . 01336 . 00000
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X

year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

Pa	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
-	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			<del></del>
14	The books are in care of ► JOEL S. BRANT  Telephone no. ► (513)	721	-45	32
17	Located at ▶ 4 GRANDIN TERRACE, CINCINNATI, OH ZIP+4 ▶45			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		_	ПТ
10	and enter the amount of tax-exempt interest received or accrued during the year	N.	/A	
40			Yes	No
10	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,	16	1 63	X
	securities, or other financial account in a foreign country?		L	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign			
	country ► Int VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	ــــــــــــــــــــــــــــــــــــــ		
-		Τ	Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<b>-</b>	162	NO
18	During the year did the foundation (either directly or indirectly):  (1) Engage in the sale or exchange, or leasing of property with a disgualified person?  Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	İ		
	If the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
١	o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		X
	Organizations relying on a current notice regarding disaster assistance check here			
(	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2011?	10	<u> </u>	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
i	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		Ì	İ
	before 2011? Yes X No		ĺ	
	If "Yes," list the years > ,,,,			
	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			l
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		ļ	
	statement - see instructions.) N/A	2b		
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
	b If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after		-	
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2011)  N/A	3b		
A	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		x
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	<u> </u>	T	<del> </del>
	had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b		x
		rm <b>99</b> (	)-PF	

Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be R	equired (continu	ued)		1 age 6
5a During the year did the foundation pay or incur any amount to:					Т—
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	<b>□</b> Y₽	s X No		
(2) Influence the outcome of any specific public election (see section 4955); or					ŀ
any voter registration drive?	to during on, an oddry or mano		s X No		ŀ
(3) Provide a grant to an individual for travel, study, or other similar purposes			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)?		☐ Ye	s X No	Ì	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or fo	•			
the prevention of cruelty to children or animals?	or oddodnonal parpodoc, or to		s X No	-	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er the exceptions described in			- 1	
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	5b	
Organizations relying on a current notice regarding disaster assistance check hi					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ned			
expenditure responsibility for the grant?		/A 🗌 Ye	es No		
If "Yes," attach the statement required by Regulations section 53 4945	5-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to					
a personal benefit contract?		Ye	es X No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	x
If "Yes" to 6b, file Form 8870					$\top$
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y6	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
Information About Officers, Directors, Trust		nagers, Highly	y		
Paid Employees, and Contractors					
1 List all officers, directors, trustees, foundation managers and their			L /-B		
( - ) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) E	xpense int, other
(a) Name and address	to position	`enter'-0-)'	and deferred compensation	allo	wances
	PRESIDENT, SE	CRETARY,	TREA		
4 GRANDIN TERRACE		_	_		
CINCINNATI, OH 45208	2.00	0.	0.		<u> </u>
MARY ELLEN GOEKE	DIRECTOR		1		
4 GRANDIN TERRACE					_
CINCINNATI, OH 45208	1.00	1,100.	0.	L	0.
	DIRECTOR				
4 GRANDIN TERRACE					_
CINCINNATI, OH 45208	0.50	0.	0.		0.
		ļ	Ì		
	<u> </u>	1		<u> </u>	
2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average	enter "NUNE."	(d) Contributions to	(0)	
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	accou	Expense unt, other
	devoted to position	-	compensation	allo	wances
NONE	1				
			-	1	
				1	
	4				
		<del> </del>		-	
	4				
		1	<del> </del>	┼	
	-				
T. Laumber of other employees paid give 050,000	<u></u>	1	<u> </u>	L	
Total number of other employees paid over \$50,000	<u>`</u> _		Form	990-P	F (2011)
			1 01111		- \!

	_			
С.	/റ	THOMAS	R.	SCHTFI

rm 990-PF (2011)	C/0	THOMAS	R.	SCHIFF	20-5678503
		About Offic			Trustees, Foundation Managers, Highly

3 Five highest-paid independent contractors for professional services. If none, enter	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	<del></del>	<del> </del>
	<del>-</del>	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A   Summary of Direct Charitable Activities	<del></del>	
List the foundation's four largest direct charitable activities during the tax year. Include relevant stati	stical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers pro	duced, etc.	Expenses
1 N/A		
·		
2		<del> </del>
3		
4		
Port IV P 0		· · · · · · · · · · · · · · · · · · ·
Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year o	n lines 1 and 2	Amount
	ii iiits Tailu Z.	Amount
1 N/A		
2		<del></del>
	·	
All other program-related investments. See instructions.	•	<del> </del>
3		
Total. Add lines 1 through 3		0.

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Part X Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 1,428,067. a Average monthly fair market value of securities 1a 49,873. b Average of monthly cash balances 1b 1c c Fair market value of all other assets 1,477,940. 1đ d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 2 3 Subtract line 2 from line 1d 22,169. 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) ,455,771. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 72,789. Minimum investment return. Enter 5% of line 5 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here 

and do not complete this part.) 72,789. Minimum investment return from Part X, line 6 668. 2a 2a Tax on investment income for 2011 from Part VI, line 5 2b Income tax for 2011. (This does not include the tax from Part VI.) 668. c Add lines 2a and 2b 2c 3 Distributable amount before adjustments. Subtract line 2c from line 1 4 Recoveries of amounts treated as qualifying distributions 5 Add lines 3 and 4 6 Deduction from distributable amount (see instructions) 121 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 43,625. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a 16 b Program-related investments - total from Part IX-B 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes Amounts set aside for specific charitable projects that satisfy the: 3a a Suitability test (prior IRS approval required) 3b Cash distribution test (attach the required schedule) 43,625. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 668. 5 income. Enter 1% of Part I, line 27b 6 Adjusted qualifying distributions. Subtract line 5 from line 4 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.

Form **990-PF** (2011)

Part XIII Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,	<del></del>			
line 7				72,121.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			31,472.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2011:				
a From 2006				
<b>b</b> From 2007				
c From 2008				
<b>d</b> From 2009				
e From 2010				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2011 from			Ì	
Part XII, line 4: ►\$ 43,625.			24 450	
a Applied to 2010, but not more than line 2a			31,472.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0			
(Election required - see instructions)	0.			10 150
d Applied to 2011 distributable amount				12,153.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	<u> </u>			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
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		0.		
e Undistributed income for 2010. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2011. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				59,968.
7 Amounts treated as distributions out of			ļ	
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006	•			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012.	^			
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2007				
b Excess from 2008				
c Excess from 2009				
d Excess from 2010				
e Excess from 2011	<u> </u>	<u> </u>	<u> </u>	Form 000 DE (2011)

C/O THOMAS R. SCHIFF

Part XIV   Private Operating Fo	oundations (see ins		A, question 9)	N/A	· - · · · · · · · · · · · · · · · · · ·
1 a If the foundation has received a ruling or	determination letter that	it is a private operating			
foundation, and the ruling is effective for	2011, enter the date of t	he ruling	▶		
<b>b</b> Check box to indicate whether the found	ation is a private operatin	g foundation described in		1942(j)(3) or 49	42( <sub>J</sub> )(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		–
income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not	ļ				
used directly for active conduct of	ļ				
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 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,	Ì				
dividends, rents, payments on securities loans (section		1			
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			ļ		
an exempt organization					
(4) Gross investment income	<u></u>	<u> </u>		1.05.000	
Part XV Supplementary Info			if the foundation	nad \$5,000 or m	ore in assets
at any time during t		iuctions.)		<del></del>	· · · · · · · · · · · · · · · · · · ·
<ol> <li>Information Regarding Foundation</li> <li>List any managers of the foundation when the foundation is a contraction.</li> </ol>		than 20/ of the total cont	ributions received by the	foundation before the clo	ce of any tay
year (but only if they have contributed it			fibulions received by the	iodiluation belore the cio	Se of ally tax
THOMAS R. SCHIFF					
b List any managers of the foundation who other entity) of which the foundation ha	no own 10% or more of the as a 10% or greater interes	ne stock of a corporation st.	(or an equally large portion	n of the ownership of a p	artnership or
NONE					
2 Information Regarding Contribut	tion, Grant, Gift, Loar	, Scholarship, etc., P	rograms:		
Check here ► ☐ If the foundation of the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	organizations and does n	ot accept unsolicited requirements	uests for funds. If
a The name, address, and telephone num					<del></del>
THOMAS R. SCHIFF, (5			auul 5555u,		
4 GRANDIN TERRACE, (					
b The form in which applications should			honly include:		
o The form in which applications should	be submitted and informa	mon and materials mey s	nodia include.		
c Any submission deadlines:					
NONE	<del></del>		<del> </del>		
d Any restrictions or limitations on award	is, such as by geographic	cal areas, charitable fields	, kinds of institutions, or (	other factors:	
NONE					
102601 12.02.11					Form <b>990-PF</b> (2011)

C/O THOMAS R. SCHIFF

3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	rocipient	<del>   </del>	
a Tala Garing the year				
ART ACADEMY OF CINCINNATI	none	501(C)(3)	GENERAL	
1212 JACKSON STREET				
CINCINNATI, OH 45202		<u> </u>		1,000
APE DEVOND DOINDANAGE CAO MAN CENTER		E01/G)/2)		
ART BEYOND BOUNDARIES C/O THE CENTER FOR INDEPENDENT LIVING OPTIONS	NONE	501(C)(3)	GENERAL	
632 VINE STREET, SUITE 305			İ	
CINCINNATI, OH 45202				2,000
CARNEGIE VISUAL AND PERFORMING ARTS	NONE	501(C)(3)	GENERAL	
CENTER				
1028 SCOTT BOULEVARD COVINGTON, KY 41011				2,000
,				
			Ì	
CINCINNATI ART MUSEUM	NONE	501(C)(3)	GENERAL	
953 EDEN PARK DRIVE				
CINCINNATI, OH 45202		ļ.—		5,000
CONTEMPORARY ARTS CENTER	NONE	501(C)(3)	GENERAL	
44 E. 6TH STREET	NONZ	[ ]		
CINCINNATI, OH 45202				3,000
	NTINUATION SHE	ET(S)	. ▶ 3a	41,50
<b>b</b> Approved for future payment		1		
NONE				
		1		
	1		1	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income	Excluded t	y section 512, 513, or 514	(e)
·	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	Code	···-			
a					
b	-				<del></del>
c		·	-		
d	-				
e			+		
g Fees and contracts from government agencies	-			-	
•	<del></del>		-   -		
2 Membership dues and assessments 3 Interest on savings and temporary cash	-				
investments			14	56.	
4 Dividends and interest from securities	·	<del></del>	14	68,916.	· · · · · · · · · · · · · · · · · · ·
5 Net rental income or (loss) from real estate:	<del>                                     </del>			00,510.	
					· · · · · · · · · · · · · · · · · · ·
a Debt-financed property	-				
b Not debt-financed property	<del></del>	<del></del>	<del></del>		
6 Net rental income or (loss) from personal				ļ	
property					
7 Other investment income	·			-	
8 Gain or (loss) from sales of assets other					
than inventory	-	<u> </u>			
9 Net income or (loss) from special events	<del>                                     </del>				
Office of the control	-				<del> </del>
1 Other revenue:					
<u> </u>	-	<del></del>			
D	-				
·	-				
<b>a</b>	- <del> </del>				
6 (A) Cubhatal Add columns (b) (d) and (e)	- <del>   </del>		<del>)      </del>	68,972.	0
12 Subtotal. Add columns (b), (d), and (e)	<u> </u>		··I	13	68,972
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.	<u>-</u>			10	00,512
	•	· · · · · · · · · · · · · · · · · · ·		<del> </del>	<del></del>
Part XVI-B Relationship of Activities	to the Acco	mplishment of	Exempt F	urposes	
Line No. Explain below how each activity for which in	come is reported in	column (e) of Part XV	'I-A contribute	d importantly to the accom	plishment of
the foundation's exempt purposes (other that	n by providing fur	ds for such purposes).			•
		-	-		
					,
				•	<del></del>
			<del></del> -	<del></del>	<del></del>
<b>)</b>					
				· · · · · · · · · · · · · · · · · · ·	

20-5678503

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Part XVII	Information Re Exempt Organ		nd Transactions ar	nd Relationships With Nonchar	itable	9	
1 Did the ord	<del></del>	ectly engage in any of the following	g with any other organization	described in section 501(c) of	1	Yes	No
_	-	(3) organizations) or in section 52					
•		ation to a noncharitable exempt org					
(1) Cash	om and reporting records		, <u>-</u>		1a(1)		х
(2) Other	·	•			1a(2)		X
	•	• • • • • •	• •		14(2)	<del></del>	<del></del>
b Other trans		ble everant ergenization			16/1		х
	of assets to a noncharital				1b(1)		X
` '		ncharitable exempt organization		• •	1b(2)		
• •	of facilities, equipment,		•	•	1b(3)		X
` '	ursement arrangements	•		•	1b(4)	ļ	X
(5) Loans	or loan guarantees				1b(5)	+	X
(6) Perfor	mance of services or me	mbership or fundraising solicitatio	ns	•	1b(6)		X
c Sharing of	facilities, equipment, ma	ılıng lists, other assets, or paid em	ployees		1c	L	X
				ays show the fair market value of the goods, o		sets,	
or services	given by the reporting fo	oundation. If the foundation receive	ed less than fair market value	e in any transaction or sharing arrangement, sl	now in		
column (d	) the value of the goods,	other assets, or services received.					
(a)Line no	(b) Amount involved	(c) Name of noncharitable	exempt organization	(d) Description of transfers, transactions, and s	haring ar	rangeme	ents
	· · · · · · · · · · · · · · · · · · ·	N/A					
				1			
		<u> </u>					
		<u> </u>					
			· · · · · · · · · · · · · · · · · · ·				
	····						
		ctly affiliated with, or related to, one		rations described	٦.,	<u> </u>	<b>₽</b>
		er than section 501(c)(3)) or in sec	tion 52/7	. L	Yes	LA	No
b If "Yes," co	implete the following sch						
	(a) Name of or	ganization	(b) Type of organization	(c) Description of relations	nıp		
	N/A						
				statements, and to the best of my knowledge	v the III	dice	thic
Sign and be	elief, it is true, correct, and co	implete Declaration of preparer (other that	n taxpayer) is based on all inform.	retu	y the IHS arn with th	he prepa	arer .
Here	of Tarana	& Whom tours	too 1/1-1-11		Wn below		No No
1 _	nature of officer or truste	a Joseph / Junit	Data	Title		<b>&gt;</b> L_	140
			Date				
	Print/Type preparer's n	ame Preparer's s	orginature				
		\( \lambda_= \)	My CO COHEN	11/8/2012 self-employed PO			
Paid	JACQUELYN		MU C' CMA		0366		Ŀ
Preparer	Firm's name ► DEI	COITTE TAX LLP		Firm's EIN ►86-1	0657	$77\overline{2}$	
Use Only				l			
•	Firm's address ► 2.2	20 E MONUMENT AV	7E STE 500				
	1	AYTON, OH 45402-		Phone no (513	784	1-71	100
					rm <b>99</b> 0		
				10	U	~	(2011)

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount contribution status of any foundation manager Name and address (home or business) recipient or substantial contributor MIAMI UNIVERSITY ART MUSEUM NONE 501(C)(3) GENERAL 801 SOUTH PATTERSON AVENUE OXFORD, OH 45056 2,000. NORTHERN KENTUCKY UNIVERSITY NONE 501(C)(3) GENERAL NUNN DRIVE HIGHLAND HEIGHTS, KY 41099 2,000. PRAIRIE GALLERY NONE 501(C)(3) GENERAL 4035 HAMILTON AVENUE CINCINNATI, OH 45233 2,000. NONE 501(C)(3) GENERAL TAFT MUSEUM OF ART 316 PIKE STREET 2,000. CINCINNATI, OH 45202 WESTON ART GALLERY NONE 501(C)(3) GENERAL 650 WALNUT STREET 2,000. CINCINNATI, OH 45202 NONE 501(C)(3) GENERAL ARTSWAVE 20 EAST CENTRAL PARKWAY CINCINNATI, OH 45202 1,000. NONE 501(C)(3) GENERAL ARTWORKS 20 EAST CENTRAL PARKWAY CINCINNATI, OH 45202 1,000. NONE 501(C)(3) GENERAL BAKER HUNT ART & CULTURAL CENTER 620 GREENUP STREET COVINGTON, KY 41011 500. NONE 501(C)(3) GENERAL BETTS HOUSE 416 CLARK STREET 500. CINCINNATI, OH 45203 501(C)(3) GENERAL CINCINNATI ART MUSEUM MARY R SCHIFF NONE LIBRARY 953 EDEN PARK DRIVE 1,000. CINCINNATI, OH 45202 28,500. Total from continuation sheets

Part XV Supplementary Informati				T
3 Grants and Contributions Paid During th	e Year (Continuation)  If recipient is an individual,	T		
Recipient  Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
, Marile and address (nome of business)	or substantial contributor	recipient		
CINCINNATI MUSEUM CENTER	NONE	501(C)(3)	GENERAL	
1301 WESTERN AVE CINCINNATI, OH 45203				1,000.
		-		1,000.
CLIFTON CULTURAL ARTS CENTER	NONE	501(C)(3)	GENERAL	
3711 CLIFTON AVE	10112		BARBAR	
CINCINNATI, OH 45220				1,000.
DAAP UNIVERSITY OF CINCINNATI	NONE	501(C)(3)	GENERAL	
2624 CLIFTON AVENUE				
CINCINNATI, OH 45221				1,000.
EVENDALE CULTURAL ARTS CENTER	NONE	501(C)(3)	GENERAL	
10500 READING ROAD EVENDALE, OH 45241				1,000.
,				1,000.
KENNEDY ART MUSEUM, OU	NONE	501(C)(3)	GENERAL	
LINE HALL, OHIO UNIVERSITY	HOHE	JUI(C)(3)	GENERAL	
ATHENS, OH 45701				1,000.
KENNEDY HEIGHTS ARTS CENTER	NONE	501(C)(3)	GENERAL	
5546 MONTGOMERY ROAD				
CINCINNATI, OH 45213				1,000.
LLOYD LIBRARY AND MUSEUM	NONE	501(C)(3)	GENERAL	
917 PLUM STREET CINCINNATI, OH 45202				1,000.
MANIFEST GALLERY	NONE	501(C)(3)	GENERAL	
2727 WOODBURN AVENUE				
CINCINNATI, OH 45206		<u></u>		1,000.
MERCANTILE LIBRARY	NONE	501(C)(3)	GENERAL	
414 WALNUT STREET				1 000
CINCINNATI, OH 45202				1,000.
MIAMI VOICE OF AMERICA LEARNING	NONE	501(C)(3)	GENERAL,	
CENTER				
7478 VOA PARK DRIVE WEST CHESTER, OH 45069				500.
Total from continuation sheets	<del></del>			

Part XV   Supplementary Information				
3 Grants and Contributions Paid During the Y	<del></del>			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
, Name and address (home or business)	or substantial contributor	recipient		
NATIONAL UNDERGROUND RAILROAD FREEDOM	NONE	E01(C)(2)		
CENTER	HOME	501(C)(3)	GENERAL	
50 EAST FREEDOM WAY				
CINCINNATI, OH 45202				1,000.
		1		
PARK NATIONAL BANK ART GALLERY	NONE	501(C)(3)	General	
4200 CLERMONT COLLEGE DRIVE				
BATAVIA, OH 45103				500.
Prov. 1.2				
PUBLIC LIBRARY OF CINCINNATI AND HAMILTON COUNTY	NONE	501(C)(3)	GENERAL	
800 VINE STREET				
CINCINNATI, OH 45202				500.
PYRAMID HILL SCULPTURE PARK	NONE	501(C)(3)	GENERAL	
1763 HAMILTON CLEVES ROAD				
HAMILTON, OH 45013				500.
XAVIER UNIVERSITY	NONE	501(C)(3)	GENERAL	
3800 VICTORY PARKWAY	NONE	501(0)(3)	GENERALI	
CINCINNATI, OH 45207				1,000.
VISIONARIES AND VOICES	NONE	501(C)(3)	GENERAL	
3841 SPRING GROVE AVENUE	NONE	501(0)(3)	GENERAL	
CINCINNATI, OH 45223				1,000.
SKIRBALL MUSEUM	NONE	501(C)(3)	GENERAL	
3101 CLIFTON AVENUE	NONE	501(0)(3)	SENERAL	
CINCINNATI, OH 45220				500.
				1
	<u> </u>			
				1
Total from continuation sheets				

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CASH	INVESTMENTS	STATEMENT 1	
SOURCE				AMOUNT	
FIFTH THIRD BANK			•	56.	
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A		56.	
FORM 990-PF DIVIDEND	S AND INTER	EST FROM SEC	JRITIES	STATEMENT 2	
SOURCE	GROSS		PITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT	
CINCINNATI FINANCIAL CORP	<del></del>	68,916.	0.	68,916.	
TOTAL TO FM 990-PF, PART I, L	N 4	68,916.	0.	68,916.	
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 3	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
DELOITTE TAX LLP	4,250.	2,125	•	2,125.	
TO FORM 990-PF, PG 1, LN 16B	4,250.	2,125	•	2,125.	
ORM 990-PF TAXES		STATEMENT 4			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
US TREASURY	1,000.	0	•	0.	
TO FORM 990-PF, PG 1, LN 18	1,000.	0	•	0.	

FORM 990-PF CORPORATE STOCK		STATEMENT 5	
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE	
12,800 SHARES OF CINCINNATI FINANCIAL CORP. STOCK 16,698 SHARES OF CINCINNATI FINANCIAL CORP.	151,258.	389,888.	
STOCK 18,000 SHARES OF CINCINNATI FINANCIAL CORP.	146,675. 172,908.	508,621. 548,280.	
TOTAL TO FORM 990-PF, PART II, LINE 10B	470,841.	1,446,789.	

5137222426

Form 8868 (Rev. January 2012)

## Application for Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-1708 Department of the Treasury Internal Revenue Service File a separate application for each return. If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part E (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously fied Form 8868. Electronic filling (e-file). You can electronically file Form 8888 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), permerships, REMICs, and trusts must use Form 7004 to request an extension of time Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or THOMAS R. SCHIFF FOUNDATION print C/O THOMAS R. SCHIFF 20-5678503 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) filing your return. See 4 GRANDIN TERRACE City, town or post office, state, and ZIP code. For a torsign address, see instructions. Instructions CINCINNATI, OH 45208 Enter the Return code for the return that this application is for (file a separate application for each return) 0 4 Application Return Application Return ls For la For Code Form 990 Form 990-T (corporation) 01 07 Form 990-BL 02 Form 1041-A 08 Form 990-EZ 01 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) Form 8870 12 JOEL S. BRANT The books are in the care of ► 4 GRANDIN TERRACE -CINCINNATI, OH 45208 Telephone No. ► (513) 721-4532 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 . If it is for part of the group, check this box 🕨 .... and attach a list with the names and ElNs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until <u>AUGUST 15, 2012</u> \_\_\_\_, to file the exampt organization return for the organization named above. The extension is for the organization's return for: ➤ X calendar yeer 2011 or tax year beginning , and ending 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. Sée instructions. 2,042. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tay payments made, include any prior year overpayment allowed as a credit. 542. Belance due, Subtract line 35 from line 3s. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions 1,500. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8968 (Rev. 1-2012)

Form	8868 (Rev. 1-2012)					Page 2
• If y	ou are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II and check this	box .		. <b>▶ </b> 【X】
Note.	Only complete Part II if you have already been granted an a	utomatic	3-month extension on a previously fi	led Form 8	868.	
	ou are filing for an Automatic 3-Month Extension, comple					<del></del>
Par	t II Additional (Not Automatic) 3-Month E	xtensio	<b>n of Time.</b> Only file the origin	al (no co	pies nee	ded).
			Enter filer's		<del> </del>	see instructions
Type	or Name of exempt organization or other filer, see instru	ctions		Employer	identification	on number (EIN) or
print THOMAS R. SCHIFF FOUNDATION			( <del>10</del> )			
File by 1				X	20-56	78503
filing yo	Social date for Number, street, and room or suite no. If a P.O. box, see instructions.  4 GRANDIN TERRACE		Social sec	unty numb	er (SSN)	
instruct	City, town or post office, state, and ZIP code. For a for CINCINNATI, OH 45208	oreign add	lress, see instructions.			
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Enter	the Return code for the return that this application is for (file	e a separa	te application for each return)	•••		0 4
Appli	cation	Return	Application			-Return -
is Fo		Code	Is For			Code
Form	990	01				
Form	990-BL	02	Form 1041-A			08
Form	990-EZ	01	Form 4720			09
Form	990-PF	04	Form 5227			10
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form	990-T (trust other than above)	06	Form 8870 12			12
STOF	! Do not complete Part II if you were not already granted	an autor	natic 3-month extension on a prev	iously file	d Form 88	58
	JOEL S. BRANT					
• Th	e books are in the care of   4 GRANDIN TERR	ACE -	CINCINNATI, OH 45	208		
	lephone No. ► (513) 721-4532		FAX No. ▶			<del></del>
	he organization does not have an office or place of busines		•			
• If t	his is for a Group Return, enter the organization's four digit	7	· · · · · · · · · · · · · · · · · · ·			
box			ach a list with the names and EINs o	f all memb	ers the exte	ension is for
4		NOVEM	BER 15, 2012			
5	For calendar year $2011$ , or other tax year beginning		, and endin		_	······································
6	If the tax year entered in line 5 is for less than 12 months, or	check reas	son: LInitial return L	Final r	etum	
_	Change in accounting period					
7	State in detail why you need the extension ADDITIONAL THIRD PARTY INFORM	A TO T ON	IS REQUIRED IN OR	ਾ ਰਜ਼ਹ	O DD FT	ARE A
	COMPLETE AND ACCURATE RETURN	AIION	13 REQUIRED IN OR	DER I	O FREE	AKE A
	COMPHETE AND ACCORDER RETORN		<del></del>			<del> </del>
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8a	nonrefundable credits. See instructions.	01 00005, 6	enter the teritative tax, less any	8a	\$	2,042.
ь	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 al	-				
	previously with Form 8868.	nowou us	a croak and any amount paid	8b	\$	2,042.
_	c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using		- J			
•	EFTPS (Electronic Federal Tax Payment System). See instructions.			8c	\$	0.
			st be completed for Part II			
Under	penalties of perjury, I declare that I have examined this form, includes the correct, and complete, and that I am authorized to prepare this f	ding accom	•	-	f my knowle	ige and belief,
	ture > de audin C. Otto Title >	CPA		Date	> 8//	0/2012
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		SUITE 500	MENT AVE			•

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