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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

2011

Department of the Treasury

Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements For calendar year 2011 or tax year beginning , and ending A Employer identification number Name of foundation GEORGE & MARGARET MCLANE FOUNDATION 20-7373591 Number and street (or P O box number if mail is not delivered to street address) Room/suite Telephone number (see instructions) 513-312-1960 P.O. BOX 1014 City or town, state, and ZIP code If exemption application is pending, check here CINCINNATI OH 45201 G Check all that apply Initial return Initial return of a former public charity 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the Address change 85% test, check here and attach computation Name change Check type of organization. X Section 501(c)(3) exempt private foundation If private foundation status was terminated under Section 4947(a)(1) nonexempt chantable trust Other taxable private foundation section 507(b)(1)(A), check here Fair market value of all assets at J Accounting method X Cash If the foundation is in a 60-month termination under section 507(b)(1)(B), check here end of year (from Part II, col (c), Other (specify) 2,450,751 line 16) ▶ (Part I, column (d) must be on cash basis ) (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for chantable amounts in columns (b) (c), and (d) may not necessarily equal expenses per purposes books the amounts in column (a) (see instructions)) cash basis only) 2,188,954 Contributions, gifts, grants, etc., received (attach schedule) 2 Check ▶ If the foundation is **not** required to attach Sch B Interest on savings and temporary cash investments Dividends and interest from securities 3,268 3,268 3,268 Gross rents Net rental income or (loss) b 9,820 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 12,442 Capital gain net income (from Part IV, line 2) 9,820 Net short-term capital gain 0 Income modifications 10a Gross sales less returns & allowances b Less Cost of goods sold Gross profit or (loss) (attach schedule) C 11 Other income (attach schedule) 2,202,042 13,088 3,268 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc Operating and Administrative Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legat unting fees (attach scheoule) Acc STMT 1 2,777 2,777 2,777 Other professional fees (attach schedule) C 17 Taxes (attach schedule) (see instructions 18 19 20 Occ 21 22 Printing and publications STMT 2 675 23 Other expenses (att. sch.) 24 Total operating and administrative expenses. Add lines 13 through 23 3,452 2,777 2,777 37,200 37,200 SEE STATEMENT 3 25 Contributions, gifts, grants paid 2,777 40,652 2,777 37,200 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 2,161,390 Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-) 10,311 491 Adjusted net income (if negative, enter -0-)

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Form 990-PF (2011)' GEORGE & MARGARET MCLANE FOUNDATION 20-7373591

Page 2

	Part I	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	E	nd of	year
_	4:341 K 3:	should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value		(c) Fair Market Value
	1	Cash—non-interest-bearing	4	27,5	06	27,508
	2	Savings and temporary cash investments		21,3	50	21,350
	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			- 1	
		disqualified persons (attach schedule) (see				
		instructions)				
	7	Other notes and loans receivable (att. schedule)				
		Less allowance for doubtful accounts ▶ 0				
ts	8	Inventones for sale or use				
Assets	9	Prepaid expenses and deferred charges				
ğ	10a	Investments—U S and state government obligations (attach schedule) STMT 4		227,6	92	229,861
	b	Investments—corporate stock (attach schedule) SEE STMT 5		1,868,1	62	2,155,348
	С	Investments—corporate bonds (attach schedule)				
ļ	11	Investments—land, buildings, and equipment basis				
ı		Less accumulated depreciation (attach sch.)				
i	12	Investments—mortgage loans				
	13	Investmentsother (attach schedule) SEE STATEMENT 6		16,6	84	16,684
	14	Land, buildings, and equipment basis		***************************************	T	
		Less accumulated depreciation (attach sch.) ▶				
	15	Other assets (describe ▶ )				
-	16	Total assets (to be completed by all filers—see the		<del>-</del> -		
$\perp$		instructions Also, see page 1, item I)	4	2,161,3	94	2,450,751
	17	Accounts payable and accrued expenses				
	18	Grants payable				
Liabilities	19	Deferred revenue				
∄	20	Loans from officers, directors, trustees, and other disqualified persons	· · · · · · · · · · · · · · · · · · ·			
[편	21	Mortgages and other notes payable (attach schedule)				
-1	22	Other liabilities (describe ► )				
4		Total liabilities (add lines 17 through 22)	0		0	
		Foundations that follow SFAS 117, check here				
es		and complete lines 24 through 26 and lines 30 and 31.				
띪	24	Unrestricted	4	2,161,3	94	
Net Assets or Fund Balances		Temporarily restricted			[	
핑	26	Permanently restricted				
딍		Foundations that do not follow SFAS 117, check here				
띩		and complete lines 27 through 31.			[	
S		Capital stock, trust principal, or current funds			_	
se	28	Paid-in or capital surplus, or land, bldg, and equipment fund			_	
As		Retained earnings, accumulated income, endowment, or other funds				
ĕ		Total net assets or fund balances (see instructions)	4	2,161,3	94	
_	31	Total liabilities and net assets/fund balances (see				
ᆚ		instructions)	4	2,161,3	94	······································
_	Part II			·		
1		net assets or fund balances at beginning of year—Part II, column (a), line 30 (must a	gree with	ŀ		
_		f-year figure reported on prior year's return)		t	1	4
_		amount from Part I, line 27a		<b>├</b>	2	2,161,390
3		increases not included in line 2 (itemize) ▶			3	<del></del>
4		nes 1, 2, and 3			4	2,161,394
5		ases not included in line 2 (itemize)		<del></del>	5	
_6	Total r	net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), I	ine 30		6	2,161,394

Part VI instructions

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<u> Pa</u>	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instru	ctions)					
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1	$\neg$					
	Date of ruling or determination letter: (attach copy of letter if necessary—see instruction	ons)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	•	1				<u> 103</u>
	here   and enter 1% of Part I, line 27b						
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of						
	Part I, line 12, col (b)						_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2				0
3	Add lines 1 and 2		3				103
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	;	5				103
6	Credits/Payments.						
a	2011 estimated tax payments and 2010 overpayment credited to 2011 6a						
b	Exempt foreign organizations—tax withheld at source 6b						
С	Tax paid with application for extension of time to file (Form 8868)  6c	100					
d	Backup withholding erroneously withheld 6d 6d						
7	Total credits and payments Add lines 6a through 6d		7				<u> 100</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>&gt;</b>	9				3
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<b>&gt;</b>	10				
11	Enter the amount of line 10 to be Credited to 2012 estimated tax ▶ Refun	ded 🕨	11	L			
Pa	rt VII-A Statements Regarding Activities						
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it					Yes	No
	participate or intervene in any political campaign?				1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19						l
	of the instructions for definition)?				1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials						
	published or distributed by the foundation in connection with the activities						<b>!</b>
С	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 during the year						I
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$	<del></del>					l
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed						ŧ
_	on foundation managers  \$						١.,
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?				2		X
	If "Yes," attach a detailed description of the activities						Ī
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of				•	1	
4-	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			N/A	4a	ļ <u>.</u>	^
b	If "Yes," has it filed a tax return on Form 990-T for this year?			N/A	4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?  If "Yes," attach the statement required by General Instruction T				3	<u> </u>	_ A
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						l
O	By language in the governing instrument, or						ŧ
	By state legislation that effectively amends the governing instrument so that no mandatory directions that						1
	conflict with the state law remain in the governing instrument?				6	x	İ
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), a	nd Part Y	v.		7	X	<u> </u>
, 8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	nu r an A	v		<b>-</b>		<del> </del> -
0a	OH						I
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General						1
2	(or designate) of each state as required by General Instruction G? If "No," attach explanation				8b	x	Ī
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				55	<del> </del>	1
•	4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes,"				[	1	1
	complete Part XIV				9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				-		+**
. •	names and addresses	STMT	7		10	x	
		·	<del></del>			00.0	<u>-</u>

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	E & MARGARET MCLANE FOUND		373591			Page 6
	ts Regarding Activities for Which Forn		quired (contin	ued)		<del></del>
	dation pay or incur any amount to:					
(1) Carry on propaganda, o	r otherwise attempt to influence legislation (section	4945(e))?	Y	es 🗶 No		
(2) Influence the outcome of	of any specific public election (see section 4955), or	to carry on,				
directly or indirectly, any	voter registration drive?		Y	es 🛚 No		1
(3) Provide a grant to an inc	dividual for travel, study, or other similar purposes?		Y	es 🛚 No		
(4) Provide a grant to an or	ganization other than a charitable, etc , organization	n described in				
	r (3), or section 4940(d)(2)? (see instructions)		Y	es 🗓 No		I
	other than religious, chantable, scientific, literary, o	or educational		_ [		
	vention of cruelty to children or animals?		Y	es 🗓 No		1
	(1)–(5), did any of the transactions fail to qualify und	der the exceptions desc	nbed in			Ī
•	or in a current notice regarding disaster assistance			N/A	5b	
<del>-</del>	surrent notice regarding disaster assistance check h			▶ 🗌	_	
c If the answer is "Yes" to que	estion 5a(4), does the foundation claim exemption fr	rom the tax				
•	nditure responsibility for the grant?		N/A 🗌 Y	es No		
If "Yes." attach the statemer	nt required by Regulations section 53 4945-5(d)		_	_		
·	ne year, receive any funds, directly or indirectly, to p	pay premiums				
on a personal benefit contra				es 🗓 No		
<b>b</b> Did the foundation, during th	ne year, pay premiums, directly or indirectly, on a pe	ersonal benefit contract	?		6b	X
If "Yes" to 6b, file Form 8870						
	ear, was the foundation a party to a prohibited tax s	helter transaction?	Y	es X No		1
•	ceive any proceeds or have any net income attribut		·	N/A	7b	
Part VIII Information	About Officers, Directors, Trustees,	Foundation Mana	gers, Highly P	aid Employee	es,	
and Contra						
1 List all officers, directors, tr	rustees, foundation managers and their compe	nsation (see instructi	ons).			
		(b) Title, and average	(c) Compensation	(d) Contributions to		
	(a) Name and address	hours per week	(If not paid, enter	employee benefit plans and deferred		nse account, illowances
		devoted to position	-0-)	compensation		
JAMES WELLINGHOFF	CINCINNATI	TRUSTEE				
P.O. BOX 1014	ОН 45201	15.00	0	0		0
					<u> </u>	
					ļ	
				_	<u> </u>	
					ļ	
					<u> </u>	
2 Compensation of five high	hest-paid employees (other than those include	d on line 1—see instri	uctions). If none,	enter		
"NONE."			,			
		(b) Title, and average		(d) Contributions to employee benefit	(a) Evna	nse account,
(a) Name and address of	f each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred		allowances
		devoted to position		compensation	<del>                                     </del>	<del></del>
NONE						
					<b>↓</b>	
			,		-	
					<b></b>	
					<u> </u>	- <del></del>
					<u></u>	
			1		<u></u>	
Total number of other employees	paid over \$50,000				<u> </u>	0
				-	Form 990	0-PF (2011)

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highl	ly Paid Emplo	
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NON	IE."	
(a) Name and address of each person paid more than \$50,000 (b) Type	e of service	(c) Compensation
NONE	ļ	
	į	
• •		
otal number of others receiving over \$50,000 for professional services		
Part IX-A Summary of Direct Charitable Activities		
	<del></del>	
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.		Expenses
1 CONTRIBUTIONS TO 501(C)(3) ORGANIZATIONS - SEE STATEMENT	r 8	
		37,200
2		
3		
	ŀ	
4		
Part IX-B Summary of Program-Related Investments (see instructions)	<del></del>	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  1 N/A		Amount
1 N/A		
2		
All other program-related investments. See instructions		
3	1	
	i	

Total. Add lines 1 through 3

37,200 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 purposes 3 Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b 37,200 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions) 097 Adjusted qualifying distributions. Subtract line 5 from line 4 6

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

qualifies for the section 4940(e) reduction of tax in those years

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Pa	art XIII Undistributed Income	(see instructions)				
			(a)	(b)	(c)	(d)
1	Distributable amount for 2011 from Part X		Corpus	Years pnor to 2010	2010	2011
	line 7	Į.			***************************************	8,919
2	Undistributed income, if any, as of the end	of 2011	1			
а	Enter amount for 2010 only					
b	Total for prior years: 20 , 20	_ , 20				
3	Excess distributions carryover, if any, to 2	011:	1			ļ .
а	From 2006					
b	From 2007			-		1
С	From 2008	· · · · ·	1			
d	From 2009		1			
е	From 2010					
f	Total of lines 3a through e					
4	Qualifying distributions for 2011 from Part	XII,				
	line 4 ▶ \$37,200					
a	Applied to 2010, but not more than line 2a					
b	Applied to undistributed income of prior ye	ars				
	(Election required—see instructions)					
С	Treated as distributions out of corpus (Ele	ction				
	required—see instructions)					‡
d	Applied to 2011 distributable amount					8,919
е	Remaining amount distributed out of corpu	ıs	28,281			
5	Excess distributions carryover applied to 2	011				
	(If an amount appears in column (d), the s	ame				
	amount must be shown in column (a))					-
6	Enter the net total of each column as		1			1
	indicated below:					1
а	Corpus Add lines 3f, 4c, and 4e Subtract	line 5	28,281			
b	Prior years' undistributed income Subtrac					
	line 4b from line 2b		]			
С	Enter the amount of prior years' undistribu	ted				
	income for which a notice of deficiency ha	5				•
	been issued, or on which the section 4942	(a)				
	tax has been previously assessed					
d	Subtract line 6c from line 6b Taxable					
	amount—see instructions					
е	Undistributed income for 2010 Subtract lin	ne				
	4a from line 2a Taxable amount—see					
	instructions					
f	Undistributed income for 2011 Subtract lin	nes				
	4d and 5 from line 1. This amount must be					1
	distributed in 2012					0
7	Amounts treated as distributions out of co	pus				
	to satisfy requirements imposed by section	1				
	170(b)(1)(F) or 4942(g)(3) (see instruction	s)				<u> </u>
8	Excess distributions carryover from 2006	not				
	applied on line 5 or line 7 (see instructions	)		~~~~		1
9	Excess distributions carryover to 2012					-
	Subtract lines 7 and 8 from line 6a	Į	28,281			
10	Analysis of line 9					
a	Excess from 2007					
b	Excess from 2008				-	
С	Excess from 2009					1
d	Excess from 2010					1
е	Excess from 2011	28,281				1

Pa	rt XIV Private Operating For	ındations (see in	structions and Part	VII-A, question 9	)	
1a	If the foundation has received a ruling or o	letermination letter that	at it is a private operating	]		
	foundation, and the ruling is effective for 2	011, enter the date of	the ruling	<b>&gt;</b>	ŀ	
b	Check box to indicate whether the foundar	tion is a private opera	tina foundation describe	d in section 4	942(j)(3) or 494	2(j)(5)
2a	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	(7)	(-)	(0) 2000	(0) 2000	
	each year listed		<del></del>			<del> </del>
b	85% of line 2a		<del>                                     </del>		<u> </u>	
C	Qualifying distributions from Part XII,					
	line 4 for each year listed		<del> </del>	ļ		
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities		<u> </u>		ļ	<u></u>
e	Qualifying distributions made directly					
	for active conduct of exempt activities					
	Subtract line 2d from line 2c				<u> </u>	
3	Complete 3a, b, or c for the			<u> </u>		
	alternative test relied upon:					
а	"Assets" alternative test—enter					
	(1) Value of all assets		l			
	(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					
С	"Support" alternative test—enter		<del></del>	<del>                                     </del>	<del>                                     </del>	
·	(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)		<del></del>		<del> </del>	<u> </u>
	(3) Largest amount of support from					
	an exempt organization		<u> </u>		1-1-11	
	(4) Gross investment income		1		1.	<del></del>
Pa	rt XV Supplementary Inform	-	-	the foundation ha	ad \$5,000 or more	in assets at
	any time during the ye		tions.)	· <u></u> -		
1	Information Regarding Foundation Ma					
а	List any managers of the foundation who h			•	the foundation	
	before the close of any tax year (but only	f they have contribute	d more than \$5,000) (S	ee section 507(d)(2))		
	N/A					
b	List any managers of the foundation who	own 10% or more of the	ne stock of a corporation	n (or an equally large p	ortion of the	
	ownership of a partnership or other entity)	of which the foundati	on has a 10% or greatei	rınterest		
	N/A					
2	Information Regarding Contribution, G	rant, Gift, Loan, Sch	olarship, etc., Prograi	ms:		
	Check here ▶ ☐ If the foundation only	makes contributions	to preselected charitable	e organizations and do	es not accept	
	unsolicited requests for funds. If the found			_		
	other conditions, complete items 2a, b, c,		. ,	,	,	
	The name, address, and telephone number		om applications should	be addressed	<del></del>	·
-	JAMES WELLINGHOFF	porcon to will		445, 50000		
	P.O. BOX 1014 CINCIN	NATT OH 45	201			
	The form in which applications should be			should include		
b	N/A	SOUTHINGER SHOTHINGIME	ation and materials they	SHOURD MICHAE		
	<del></del>	<del>-</del>				
С	Any submission deadlines					
	N/A	<del></del>		<del></del>		
d	Any restrictions or limitations on awards, s	such as by geographic	cat areas, charitable field	ds, kinds of institutions	, or other	
	factors					
	N/A					
DAA						Form 990-PF (201

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year SEE STATEMENT 8 37,200 37,200 ▶ 3a Total Approved for future payment N/A Total ▶ 3b

Part XVI-A	Analysis of Income-Producing Acti	vitios				, ago 12
	nunts unless otherwise indicated		ed business income	Exclude	d by section 512, 513, or 514	<del></del>
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions.)
1 Program ser		-		┼		
				·		
		<del>-</del>				
				+		
		<u></u>		<del> </del>		
f		<u> </u>		<del> </del>	·	
	d contracts from government agencies			-		-
	dues and assessments	l		<del> </del>		
	avings and temporary cash investments			<del> </del>		<del>- · · · · · · · · · · · · · · · · · · ·</del>
	nd interest from securities			14	3,268	
	come or (loss) from real estate				3,200	······································
	anced property			†		
	t-financed property					
	come or (loss) from personal property				<del></del>	
7 Other invest				1		
8 Gain or (loss	s) from sales of assets other than inventory			18	9,820	
	or (loss) from special events				, , , , , , , , , , , , , , , , , , ,	
0 Gross profit	or (loss) from sales of inventory					
1 Other revenu	le a					
b						
				<u> </u>		
е						
	d columns (b), (d), and (e)		c		13,088	
	ne 12, columns (b), (d), and (e)				13	13,088
	n line 13 instructions to verify calculations )	<del> </del>			<del>-</del> ·	
Part XVI-B	Relationship of Activities to the Activities					
Line No.	Explain below how each activity for which income is					
N/A	accomplishment of the foundation's exempt purpose	es (other than b	y providing tunds for s	ucn purpo	oses) (See instructions	)
21/ 22						
					<del></del>	
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Part XVII	Information Regarding Transfers To and Transactions and Relationships With Noncharitable
	Exempt Organizations

1	Did the orga	nization directly or indi	rectly engage in any o	the follow	wing with any othe	er organization described		Yes	No
•						on 527, relating to political			
	organization			, o. ga	20010701 111 0000	on ozr, rolating to political			
а	-	om the reporting founda	ation to a noncharitable	n avamnt	organization of				I
a	(1) Cash	on the reporting loanar	ation to a nonchantabl	e exempt	organization of		1a(1	J	x
	• •	anata .							X
L	(2) Other as						1a(2	4	
D	Other transa		hl				41.74	.]	•
		assets to a noncharita	· -				1 <u>b(1</u>		X
		ses of assets from a no	·	ganizatior	1		1b(2		<del></del>
		of facilities, equipment,					1b(3		X
	• •	rsement arrangements					1b(4		X
		r loan guarantees					1b(5		X
		ance of services or me	·	•			1b(6	4	X
C	-	icilities, equipment, ma	-				_ <u>1c</u>	<u> </u>	<u> </u>
d		•	•	•		(b) should always show the fa			
		=		_		foundation received less than			
						goods, other assets, or service			
	(a) Line no	(b) Amount involved	(c) Name of noncha	ritable exem	pt organization	(d) Description of transfer	s, transactions, and shanng arrangem	ents	
N/2	A.								
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2a		ation directly or indirect	•			·	( 7	(==	<b>a</b>
		section 501(c) of the C	,	on 501(c)(	(3)) or in section 5	27?		′es 🛚 🗓	No
b		plete the following sch							
		a) Name of organization		(b) Type of o	organization	(c) De	scription of relationship		
1	A/N								
		<del></del>				<del></del>			
	1		1						
						iles and statements and to the best of ich preparer has any knowledge	· -		
		\	•				May the IRS discuss this		
							with the preparer shown (see instructions)?	Yes	□ No
Sigr		- 1/1 h	(h, 01, 1.		17.	2, 12		1	
Here		MIS MAY	mint !			31-12			
		iture of officer or trustee	$\langle \rangle \langle 0 \rangle$		Date	Title		.,	
	Ofint/Typ	pe preparer's name	$()^{\prime\prime}$		Preparer s signature		// Date	Check	☐ if
Paid	_					M/ / // /		ŀ	nployed
Prep	arer J. CA	ARLYLE ACKLEY			A3 116	My JOHN CM	07/26/12		
Use (	Only Firms n	ame ▶ BRAME	EL & ACKLEY	, 7.	s/.p. ~ ~ /	/ nu-	PTN P6123	2338	3
	Firm's a	ddress ▶ 1885	DIXIE HIGH	WAY S	FUITE 310	/	Fym's EIN ▶ 61-11	618	4
		FT. W	VRIGHT, KY		/1-2663	1	Phone no 859-3		
			•				<del></del>	90-P	

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

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

OMB No 1545-0047

**Employer identification number** 

2011

GEORGE & MARGARET MCLANE FOUNDATION

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

X 501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a 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

501(c)(3) taxable private foundation

### 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

∐ Fora	section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations
unde	r sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of
the g	reater 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
Com	plete Parts I and II

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, total 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

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, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

▶ \$

Caution. 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 Part I, 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)

Page 1 of 1 of Part I

Name of organization GEORGE & MARGARET MCLANE FOUNDATION Employer identification number 20-7373591

Part I	Continuators (see instruct	ions). Use duplicate copies of	rait i ii additional space is nee	aded.
(a) No.	( Name, addres	b) s, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WILHELMINA MCLANE JAMES WELLINGHOFF P.O. BOX 1014 CINCINNATI		\$ 2,188,954	Person X Payroll Noncash X (Complete Part II if there is a noncash contribution )
(a) No.		b) s, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.		b) s, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.		b) s, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No		b) s, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.		b) s, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Page 1 of 1 of Part II

Name of organization
GEORGE & MARGARET MCLANE FOUNDATION

Employer identification number 20-7373591

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) COIN & STAMP COLLECTION 1 12/01/11 17,926 \$ (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (see instructions) PUBLICLY-TRADED SECURITIES 1 2,356,131 12/06/11 \$ (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (see instructions) \$ (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) \$ (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (see instructions) \$ (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) \$

5556 GEORGE & MARGARET MCLANE FOUNDATION 20-7373591 FYE: 12/31/2011	ANE FOUNDATION  Federal S	Statements		7/26/2012 1:37 PM
Statem	Statement 1 - Form 990-PF, Part I, Line 16c - Other Professional Fees	I, Line 16c - Other Pro	fessional Fees	
Description INVESTMENT ADVISOR FEE TOTAL	<b>Total</b>	Net Investment \$ 2,777 \$	Adjusted	Charitable Purpose
ts	Statement 2 - Form 990-PF, I	990-PF, Part I, Line 23 - Other Expenses	Expenses	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
EXPENSES OFFICE EXPENSES TOTAL	\$ 675	O   O	O   O	o o
				1-2

5556 GEORGE & MARGARET MCLANE FOUNDATION

20-7373591

**Federal Statements** 

FYE: 12/31/2011

# Statement 3 - Form 990-PF, Part I, Line 25 - Noncash Contributions, Gifts, Grants

_	Amount	Noncash Description	FMV Explanation	Book Value Amount	Book Value Explanation	Date
	1,000					10/28/11
	200					11/15/11
	1,000					12/08/11
	10,000					12/08/11
	10,000					12/08/11
	2,000					12/08/11
	2,000					12/08/11
	2,000					12/08/11
	2,000					12/08/11
	5,000					12/08/11
	2,000					12/18/11

7/26/2012 1:37 PM

5556 GEORGE & MARGARET MCLANE FOUNDATION 20-7373591 FYE: 12/31/2011

7/26/2012 1:37 PM

Statement 4 - Form 990-PF. Part II. Line 10a - US and State Go.

হা	Fair Market Value \$ 229,861		Fair Market Value	00 00	4,02	85,74	30, VO	7	464,414	41,70	62,60	3, 17	2,66	6,49	03,84	9,85	00,34	6,49	3,55	1,09	7,21	9,58	\$ 2,155,348
ment Investmen	Basis of Valuation	Investments	Basis of Valuation	EOCO	COSI	COST	COST	E O C C	COST	COST	COST	COST	COST	COST	COST	COST	COST	COST	COST	COST	COST	COST	
US and State Government Investments	End of Year \$ 227,692 \$ 227,692	Part II, Line 10b - Corporate Stock Investments	End of Year	α	0,04	/0,4T	ν, 1 2 2 3 3 4 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	7.00	300,411	07,45	0,29	1,16	5,29	1,31	02,88	7,03	44,28	6,15	3,30	3,79	3,89	9,76	\$ 1,868,162
-PF, Part II, Line 10a - US	Beginning of Year	0-PF,	Beginning of Year		<b>)</b> -																		0
Statement 4 - Form 990-PF	Description STATE AND MUNICIPAL GOVT OBLIGATIONS TOTAL	Statement 5 - Form 99	Description	200 SH. AMAZON COM INC		ON POPERIOR IN	H. ENERGIZE	SH FTFTH T	. GENERA	SH. GOODYEAR TIRE & R	700 SH. ISHARES TRUST IBOXX	$\Xi$	3,000 SH. KROGER COMPANY	1,400 SH. LIMITED BRANDS INC	4,000 SH. MICROSOFT CORP	2,900 SH. NAVISTAR INTERNATIONAL	5,208 SH. PNC FINANCIAL SERVICES	1,000 SH. SPDR INDEX SHARES FUNDS	800 SH. UNITED PARCEL SERVICE	3,500 SH. WINDSTREAM CORP	3,000 SH. BREITBURN ENERGY	LESS: OPTIONS	TOTAL

7/26/2012 1:37 PM City, State, Zip Statement 7 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors CINCINNATI OH 45201 5556 GEORGE & MARGARET MCLANE FOUNDATION 20-7373591 FYE: 12/31/2011 Address WILHELMINA MCLANE VINNELL ESTATE
P.O. BOX 1014 Name

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7/26/201
<u> </u>

# 5556 GEORGE & MARGARET MCLANE FOUNDATION 20-7373591 FYE: 12/31/2011

Paid During the
d Contributions
3a - Grants an
-, Part XV, Line
8 - Form 990-PF
Statement

Year

	Amount		1,000	-	200		1,000	•	10,000	•	10,000	-	2,000		2,000		2,000		2,000		5,000		2,000	37,200
	Purpose		ASSISTANCE TO RESIDENTS OF AFRICA		COMMUNITY ASSISTANCE		PROVIDE SOCIAL SERVICES		RELIGIOUS SERVICES		SUPPORT FOR MUSIC TEACHERS		ANIMAL ADOPTION		HUMANE TREATMENT OF ANIMALS		SUPPORT VICTIMS OF DOMESTIC VIOLENCE		SOUP KITCHEN		LIBRARY SERVICES		TRAINING FOR MENTALLY HANDICAPPED	
Address	Status	CAMINO REAL	501(C)(3)		501(C)(3)	145	501(C)(3)	RTH STREET	501(C)(3)	7	501(C)(3)		501(C)(3)	STON ROAD	501(C)(3)	IREET	501(C)(3)	SOUTH MAIN STREET	501(C)(3)	EAST 4TH STREET	501(C)(3)	IN DRIVE	501(C)(3)	
4	Relationship	855 EL CAM.		PO BOX 869		PO BOX 420445		60 EAST NORTH STREET		PO BOX 1807		PO BOX 684		1820 PRINCETON ROAD		550 HIGH STREET		34 SOUTH MA		44 EAST 4TF		5030 OAKLAWN DRIVE		
Name	Address	NURU INTERNATIONAL	PALO ALTO CA 94301	DOWNTOWN RESIDENTS COUNCIL	CINCINNATI OH 45201	THE SALVATION ARMY	MIDDLETOWN OH 45044	FIRST UNITED METHODIST CHURCH	SPRINGBORO OH 45066	THE AMERICAN COLLEGE OF MUSICIANS	AUSTIN TX 78767	PAWS ADOPTION CENTER	MIDDLETOWN OH 45042	ANIMAL FRIENDS HUMANE SOCIETY	HAMILTON OH 45011	HAVEN HOUSE EMERGENCY SHELTER	HAMILTON OH 45015	HOPE HOUSE RESCUE MISSION	MIDDLETOWN OH 45044	FRANKLIN PUBLIC LIBRARY	FRANKLIN OH 45005	STARFIRE	CINCINNATI OH 45227	TOTAL

الرياication for Extension of Time Tc الدياد an Exempt Organization Return

Department of the Internal Revenue 5	•	▶ File	a separate a	application for each return.					
		omatic 3-Month Extension, complet	e only Part I	and check this box			<b>▶</b> X		
				plete only Part II (on page 2 of this form	n).	•			
Do not comp	lete Part II uni	ess you have already been granted an	automatic 3-	month extension on a previously filed For	m 8868.				
				onth automatic extension of time to file (6					
				th extension of time. You can electronica	-	m			
		•		Il with the exception of Form 8870, Infor					
				must be sent to the IRS in paper format (					
Part 1				v/efile and click on e-file for Charities & N mit original (no copies needed).	vonpronts.		<del></del>		
		Form 990-T and requesting an automa					<del></del>		
Part I only	10401100 10 1110 1	om ooo r ana roquoung an automa	50 0 111011a1 0.	Accusion-criscal tries box and complete			▶□		
•	rations (includi	ng 1120-C filers), partnerships, REMIC	s, and trusts	must use Form 7004 to request an exter	Ision of tim	ne			
to file income				•					
				Enter filer	s identify	ing numi	ber, see instructions		
Type or	Name of exe	mpt organization or other filer, see inst	ructions.		Employ	er identific	ation number (EIN) or		
print				!					
File by the	<del></del>	& MARGARET MCLANE		<del></del>	X 20	3591			
due date for filing your		et, and room or suite no. If a P.O. box,	, see instructi		Social	secunty nu	mber (SSN)		
retum See	<u> </u>	T CENTRAL PARKWAY	<u> </u>	1202	<u> </u>		<del></del>		
instructions	CINCIN	post office, state, and ZIP code. For a	foreign addre	.,					
	CINCIN	MAII OI	1 45202	<del></del>					
Enter the Retu	urn code for the	return that this application is for (file a	separate app	lication for each return)			04		
Application	1	······································	Return	Application		Return			
Is For			Code	ls For		Code			
Form 990			01	Form 990-T (corporation)			07		
Form 990-B	L	· · · · · · · · · · · · · · · · · · ·	02	Form 1041-A			08		
Form 990-E	<u>z</u>		01	Form 4720	09				
Form 990-P			04	Form 5227	10				
	(sec. 401(a) or		05	Form 6069					
Form 990-1	(trust other tha	n above)	06	Form 8870	12				
Telephone If the orga If this is for	nization does n or a Group Retu group, check thi	ot have an office or place of business i	roup Exempti	States, check this box on Number (GEN)	thus is ch		▶ []		
		3-month (6 months for a corporation re							
		· •	n for the orga	inization named above. The extension is					
. =	organization's re								
► X	calendar year	2011 or							
►□	tax year beginn	ning , and ending							
	-	n line 1 is for less than 12 months, che	ck reason:	Initial return Final return					
	hange in accou								
3a If this a	oplication is for	Form 990-BL, 990-PF, 990-T, 4720, or	6069, enter t	the tentative tax, less any	Ī				
nonrefu	ndable credits.	See instructions			3a	\$	100		
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and									
estimated tax payments made. Include any prior year overpayment allowed as a credit.  3b \$									
		line 3b from line 3a. Include your payr		form, if required, by using					
		eral Tax Payment System). See instru			3с	\$	100		
Caution. If yo	u are going to r	nake an electronic fund withdrawal with	n this Form 8	868, see Form 8453-EO and Form 8879	EO for pa	yment ins	structions.		