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Form 990-PF

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

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 Name of foundation A Employer identification number 34-6516968 M.G. O'NEIL FOUNDATION Number and street (or P O box number if mail is not delivered to street address) B Telephone number P.O. BOX 5303 (330) 650-6302 City or town, state, and ZIP code C if exemption application is pending, check here FAIRLAWN, OH 44334 Initial return D 1. Foreign organizations, check here G Check all that apply: Initial return of a former public charity Final return Amended return Foreign organizations meeting the 85% test, 2. check here and attach computation Address change Name change 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 I Fair market value of all assets at end of year J Accounting method: Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col (c), line 16) under section 507(b)(1)(B), check here (Part I, column (d) must be on cash basis.) ▶\$ 16,329,331. Part | 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 charitable purposes (cash basis only) expenses per books income ıncome 15,305,735 Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 476. 476 STATEMENT 21,967. 93,496. STATEMENT Dividends and interest from securities 5a Gross rents b Net rental income or (loss) <1,269. STATEMENT 62 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 215,600. 0. 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Š c Gross profit on (Ipse) RS-Other 22,443 398,438 0 Tota 0. 0. Other employee salaries and wages 15 Pension plans, employee benefits 14,725. 0. 14,725. STMT 0. 16a Legal fees STMT 5 6,420. 0. **b** Accounting fees c Other professional fees 17 Interest 18 Depreciation and depletion 20 Occupancy Travel, conferences, and meetings Printing and publications 2,030 2,030 0 0. STMT 6 Other expenses 24 Total operating and administrative 23,175. 2,030 0. 21,145. expenses. Add lines 13 through 23 0 0. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 2,030 0 21,145. 23,175 Add lines 24 and 25 27 Subtract line 26 from line 12: 15,375,263 8 Excess of revenue over expenses and disbursements 20,413 b Net investment income (if negative, enter -0-) 0. c Adjusted net income (if negative, enter -0-) Form **990-PF** (2011) LHA For Paperwork Reduction Act Notice, see instructions.

For	m 99	0-PF(2011) ' M.G. O'NEIL FOUNDATION			6516968 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	
Ė		Column should be for all a cry year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing	501 060	F 200 724	F 300 734
	1	Savings and temporary cash investments	581,262.	5,380,734.	5,380,734.
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable ► Less: allowance for doubtful accounts ►			
	5	Grants receivable			
	1 -	Receivables due from officers, directors, trustees, and other			
	"	disqualified persons			
	7	Other notes and loans receivable			
	'	Less: allowance for doubtful accounts			
ţ	8	Inventories for sale or use			· · · · · · · · · · · · · · · · · · ·
Assets	9	Prepaid expenses and deferred charges			
As	1 -	Investments - U.S. and state government obligations STMT 8	0.	6,067,026.	6,094,214.
	1	Investments - corporate stock STMT 9	0.	4,055,542.	4,025,276.
	1	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment, basis			. "
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 10 [244,651.	697,874.	829,107.
	14	Land, buildings, and equipment: basis ▶			
		Less accumulated depreciation			
	15	Other assets (describe ►)			
_	16	Total assets (to be completed by all filers)	825,913.	16,201,176.	16,329,331.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ies	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Liak	21	Mortgages and other notes payable			
_	22	Other liabilities (describe)			
	22	Total liabilities (add lines 17 through 22)	0.	0.	
_	23	Foundations that follow SFAS 117, check here		<u></u>	
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted			
anc	25	Temporarily restricted			
Bali	26	Permanently restricted			
2		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
Š	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	825,913.	16,201,176.	STATEMENT 7
Net Assets or Fund Balances	30	Total net assets or fund balances	825,913.	16,201,176.	•
_					
_	31	Total liabilities and net assets/fund balances	825,913.	16,201,176.	
P	art	III Analysis of Changes in Net Assets or Fund Ba	alances		
_	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
'		st agree with end-of-year figure reported on prior year's return)		1	825,913.
2	•	r amount from Part I, line 27a		2	15,375,263.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	16,201,176.
		eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	16,201,176.
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See the Part VI instructions.

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.

Form 990-F Part VI	F (2011) ' M.G. O'NEIL FOUNDATION Excise Tax Based on Investment Income (Section 494)	0(a). 4	1940(b), 4940(e),	3 <u>4</u> or 494	-6516 3 - see	968 instru	ction	Page 4 1 s)
	ot operating foundations described in section 4940(d)(2), check here and eight							
	f ruling or determination letter: (attach copy of letter if nec							
b Dome	stic foundations that meet the section 4940(e) requirements in Part V, check here			1	1		4	08.
	t I, line 27b							
c All oth	er domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	6 of Part	t I, line 12, col. (b).					
2 Tax u	der section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Ot	thers en	iter -0-)	2				0.
3 Add Iı	nes 1 and 2			3			4	08.
4 Subtit	le A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. O	Others ei	nter -0-)	4				0.
	ased on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5			4	08.
6 Credit	s/Payments:							
a 2011	estimated tax payments and 2010 overpayment credited to 2011	6a	1,43	29.				
b Exem	ot foreign organizations - tax withheld at source	6b						
c Tax pa	aid with application for extension of time to file (Form 8868)	6c						
d Backu	p withholding erroneously withheld	6d			1			
7 Total	credits and payments. Add lines 6a through 6d	-		7			1,4	29.
8 Enter	any penalty for underpayment of estimated tax. Check here 🔲 if Form 2220 is atta	ched		8				
9 Tax d	ue. If the total of lines 5 and 8 is more than line 7, enter amount owed			▶ 9				
10 Overp	ayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			▶ 10	0		1,0	21.
11 Enter	the amount of line 10 to be: Credited to 2012 estimated tax		1,021. Refunded	1 1 1	1			0.
Part VI	-A Statements Regarding Activities							
1a During	the tax year, did the foundation attempt to influence any national, state, or local legis	slation o	r did it participate or inte	rvene in			Yes	_
any po	olitical campaign?					1a		X
b Did it	spend more than \$100 during the year (either directly or indirectly) for political purpo	ses (see	e instructions for definition	on)?		1b		<u>X</u>
If the	answer is "Yes" to 1a or 1b, attach a detailed description of the activities an	nd copi	es of any mạterials pu	blished o	r			
dıstni	outed by the foundation in connection with the activities.					1		
c Did th	e foundation file Form 1120-POL for this year?					1c		_X_
	the amount (if any) of tax on political expenditures (section 4955) imposed during the							
(1) 0	n the foundation. \blacktriangleright \$0 (2) On foundation managers	s. 🕨 \$		0.				
e Enter	the reimbursement (if any) paid by the foundation during the year for political expendi	iture tax	imposed on foundation					
mana	gers. ▶ \$0 .							
2 Has th	e foundation engaged in any activities that have not previously been reported to the lf	RS?				2		<u>X</u>
	s," attach a detailed descпption of the activities					ľ		
3 Has th	e foundation made any changes, not previously reported to the IRS, in its governing i	ınstrum	ent, articles of incorpora	tion, or				
bylaw	s, or other similar instruments? If "Yes," attach a conformed copy of the change	es				3		<u>X</u>
	e foundation have unrelated business gross income of \$1,000 or more during the yea	JL,				4a		X
	," has it filed a tax return on Form 990-T for this year?				N/A	4b		
	nere a liquidation, termination, dissolution, or substantial contraction during the year?	7				5		X
	s," attach the statement required by General Instruction T.							
	e requirements of section 508(e) (relating to sections 4941 through 4945) satisfied ei	ither:						
•	anguage in the governing instrument, or							
	tate legislation that effectively amends the governing instrument so that no mandator	ry direct	ions that conflict with the	e state law	1			
	ain in the governing instrument?					6	X	
	e foundation have at least \$5,000 in assets at any time during the year?					7	X	
	s," complete Part II, col. (c), and Part XV.							
	the states to which the foundation reports or with which it is registered (see instruction	ons) 🕨				'		
OH					<u> </u>			
	answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Attorney	General (or designate)				1	
	h state as required by General Instruction G? If "No," attach explanation					8b	Х	
	foundation claiming status as a private operating foundation within the meaning of se			r calenda	r			
	011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," c					9		<u>X</u>
10 Did ar	y persons become substantial contributors during the tax year? if "Yes," attach a schedu	ule listing	their names and addresses	STM	<u>ır 11</u>	10	X	

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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
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No		
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire				
any voter registration drive?			s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?		Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?			es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f				
the prevention of cruelty to children or animals?			s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		ın Regulations	/-		
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 h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr					
expenditure responsibility for the grant?		I/A L 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		C==1		
a personal benefit contract?		Y€	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	<u> </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		High	N/A	7b	
Part VIII Information About Officers, Directors, Trustors Paid Employees, and Contractors	ees, roundation Ma	ınagers, nıgnı	y		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plan	s (e	Expense
(a) Name and address	hòurs per week devoted to position	(If not paid, enter -0-)	and deferred compensation	1 400	count, other Illowances
SEE STATEMENT 12		0.	0	•	0.
		ļ			
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(4) 0		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plan and deferred	s acc	e) Expense count, other
NONE	devoted to position		compensation	a	llowances
NONE					
				+	
				+	
/					
				+	
Total number of other employees paid over \$50,000		J.	•		0

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Part VIII Information About Officers, Directors, Trustees, Foundation Ma Paid Employees, and Contractors (continued)	nagers, 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) Comp	ensation
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 statistical information number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	tion such as the	Expenses	
1 N/A			
			0.
2			
	·		
	· · · · · · · · · · · · · · · · · · ·		
3	****		
4			
Part IX-B Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 3)	Amount	
1 N/A		Amount	
1 4/11			
			0.
2			<u> </u>
· · · · · · · · · · · · · · · · · · ·			
All other program-related investments. See instructions.	·- 1-		
3			
Total. Add lines 1 through 3			0.
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P	art X Minimum Investment Return (All domestic foundations must comp	lete this part Foreign foun	dations, s	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purp	oses:		- ·
а	Average monthly fair market value of securities		1a	2,996,555.
	Average of monthly cash balances	ľ	1b	2,996,555. 2,257,192.
	Fair market value of all other assets		1c	
d	Total (add lines 1a, b, and c)	Ī	1d	5,253,747.
е	Reduction claimed for blockage or other factors reported on lines 1a and	Ī		
	1c (attach detailed explanation)	0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	5,253,747.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instruc	tions)	4	78,806.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line	4	5	5,174,941.
6	Minimum investment return. Enter 5% of line 5		6	258,747.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) privalent XI foreign organizations check here and do not complete this part.)	ate operating foundations and	d certain	
1	Minimum investment return from Part X, line 6		1	258,747.
2a	Tax on investment income for 2011 from Part VI, line 5	408.		
b	Income tax for 2011. (This does not include the tax from Part VI.)			
C	Add lines 2a and 2b		2c	408.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	258,339.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	258,339.
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, line 1		7	258,339.
P	art XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	21,145.
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., pur	poses	2	
3	Amounts set aside for specific charitable projects that satisfy the:			
a	Suitability test (prior IRS approval required)		3a	
b	Cash distribution test (attach the required schedule)		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII,	line 4	4	21,145.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment			
	income. Enter 1% of Part I, line 27b		5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	21,145.
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calcula	ting whether the foundation of	ualifies for	the section

4940(e) reduction of tax in those years.

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,	<u> </u>	·		
line 7				258,339.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			0.	
b Total for prior years:				
, ,,		0.		
3 Excess distributions carryover, if any, to 2011:				
a From 2006 327, 071.				
b From 2007 463 , 714 .				
c From 2008 452,528.				
d From 2009 7,991.				
e From 2010	1 051 204			
f Total of lines 3a through e	1,251,304.			
4 Qualifying distributions for 2011 from				
Part XII, line 4: ►\$ 21,145.			0	
a Applied to 2010, but not more than line 2a		-	0.	
b Applied to undistributed income of prior		0		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2011 distributable amount	U •			21 145
e Remaining amount distributed out of corpus	0.			21,145.
5 Excess distributions carryover applied to 2011	237,194.			237,194.
(If an amount appears in column (d), the same amount must be shown in column (a))	237,134•			237,194.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,014,110.			
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				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 2006				
not applied on line 5 or line 7	89,877.		·	
9 Excess distributions carryover to 2012.				
Subtract lines 7 and 8 from line 6a	924,233.			
O Analysis of line 9:				
a Excess from 2007 463,714.				
b Excess from 2008 452, 528.				
c Excess from 2009 7,991.				
d Excess from 2010				
e Excess from 2011				Form 990-PF (2011)

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Part XIV Private Operating F	oundations (see in	structions and Part V	II-A, question 9)	N/A		
1 a If the foundation has received a ruling o	r determination letter tha	t it is a private operating			-	
foundation, and the ruling is effective fo	r 2011, enter the date of	the ruling	▶			
b Check box to indicate whether the found	lation is a private operati	ng foundation described	ın section	4942(j)(3) or	4942(j)(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) To	tal
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						
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,						
dividends, rents, payments on						
securities loans (section						
512(a)(5)), or royalties)		ļ	<u> </u>			
(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			if the foundat	ion had \$5,000 or ı	more in asse	ets
at any time during t	he year-see inst	ructions.)				
1 Information Regarding Foundation	n Managers:					
a List any managers of the foundation wh			itributions received by	the foundation before the	close of any tax	
year (but only if they have contributed n	nore than \$5,000). (See s	section 507(d)(2).)				
NONE					****	
b List any managers of the foundation wh other entity) of which the foundation ha			(or an equally large p	ortion of the ownership of	a partnership or	
	sa 1076 or greater intere	.o				
NONE						
2 Information Regarding Contribut			=			.,
Check here I if the foundation of	•	•	-	•	•	. IT
the foundation makes gifts, grants, etc.	·			s, complete items za, b, c, a	and u.	
a The name, address, and telephone num	ber of the person to who	m applications should b	e addressed:			
MICHAEL O'NEIL JR.	445					
P.O. BOX 5303, FAIRL				=		
b The form in which applications should b		-	should include:			
written requests-no c Any submission deadlines:	SPECIAL FOR	CMA'I				
NONE						
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields	, kinds of institutions	, or other factors:		
NONE	, , , , , ,		,			
123601 12-02-11					Form 990-F	'F (2011)

Total

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

Enter gross amounts unless otherwise indicated.	Unrelated t	iusiness income		d by section 512, 513, or 514	(e)
-	(a) Business	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	T HITOUR	
a	.				
D			+		
C			+		
d			+++	-	
f					
g Fees and contracts from government agencies					·
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	476.	
4 Dividends and interest from securities			14	93,496.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					,
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	<1,269.	•
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
C	1 1				
d	1 1				
e					
12 Subtotal. Add columns (b), (d), and (e)		(0.	92,703.	0.
13 Total Add line 12, columns (b), (d), and (e)				13	92,703.
(See worksheet in line 13 instructions to verify calculations.)					

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).							
								
								
								
- 1								

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X

X

X

X

X

1b(1)

1b(2)

1b(3)

1b(4)

1b(5)

Form 990-PF (2011) . M.G. O'NEIL FOUNDATION 34-6516968 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: 1a(1) X (1) Cash Х (2) Other assets 1a(2)

(6) Performance of services or membership or fundraising solicitations 1b(6) Sharing of facilities, equipment, mailing lists, other assets, or paid employees If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

oolullii i	(u) the value of the goods,	other acceto, or corr	1000 10001100.						
(a) Line no	(b) Amount involved	(c) Name of	noncharitable	e exempt organizati	on	(d) Description	n of transfers, transaction	ons, and sharing arra	ingements
			N/A						
	•			••					
									
									
							•		
				*					
2a le the fo	undation directly or indirec	the offiliated with one	related to one	or more tay-even	nt organizat	tions described			
	n 501(c) of the Code (other	-			pt Organizat	lions described		Yes	X No
	complete the following sch	` '	((0)) or in seci	1011 327				103	L21 NO
U 11 165,	(a) Name of org			(b) Type of orgai	nization		(c) Description of re	elationshin	
	N/A	<u> </u>		(b) Type of organ	IIZULIOIT		(b) Booonphon or i	линополь	
	N/A								
Lind	er penalties of perjury, I declare	that I have examined thi	s return uncludin	lg accompanying sche	dules and sta	atements and to th	e best of my knowledge		
اسممأ	belief, it is true, correct, and cor					on of which proper	or din e ony knowlodgo	May the IRS di return with the	scuss this preparer
Sign Here	1 11 1.1)	111/11	10	Title	-O -1	s <u>hown</u> below (see instr)?
	nature of officer or trustee	a certify	L	Date	112	This	zun	X Yes	∟ No
	Print/Type preparer's na		Preparer's s	20.0	In)ate	Check If	PTIN	
	Fillibrype preparer 5 na	11116		•			self- employed	1 1114	
Paid	1	DIN	Qle~	1-11	ИQV	0 9 2012	Sell employed	D00633	120
	ALAN J. TO		<u> </u>	· j var				P006333	
Preparer		Z MHM, LL	ıC				Fırm's EIN ► 3	4-121306) 4
Use Only		40 5001.00							
	Firm's address ▶ 40			WAY SUIT	E 100			20 666	C
	∣ AK	RON, OH 4	4333				Phone no. 3	30-668-6	500

123622 12-02-11

14421023 350450 724310

b Other transactions:

(1) Sales of assets to a noncharitable exempt organization

(3) Rental of facilities, equipment, or other assets

(4) Reimbursement arrangements

(5) Loans or loan guarantees

(2) Purchases of assets from a noncharitable exempt organization

Form **990-PF** (2011)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2011

Name of the organization **Employer identification number** M.G. O'NEIL FOUNDATION 34-6516968 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 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)(v)) 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. 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

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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 II, line 2 of its Form 990-PF, to

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) (2011)

Name of organization

Employer identification number

M.G. O'NEIL FOUNDATION

34-6516968

Part I	Contributors	(see instructions).	Use duplicate copies of	f Part I if additional si	pace is needed.
--------	--------------	---------------------	-------------------------	---------------------------	-----------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	MICHAEL G. O'NEIL MARITAL TRUST FIRSTMERIT BANK N.A., TRUSTEE 106 S. MAIN ST., 5TH FLOOR AKRON, OH 44308	\$ 8,243,768.	Person X Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MICHAEL G. O'NEIL IRREVOCABLE TRUST FIRSTMERIT BANK N.A., TRUSTEE 106 S. MAIN ST., 5TH FLOOR AKRON, OH 44308	\$ 6,808,244.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ESTATE OF MICHAEL G. O'NEIL PATRICIA A. PACENTA, EXECUTOR 3800 EMBASSY PARKWAY, SUITE 300 AKRON, OH 44333	\$ 253,723.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, 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) Name, address, 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) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

14421023 350450 72431Q

Name of organization

Employer identification number

M.G. O'NEIL FOUNDATION

34-6516968

Part II	Noncash Property (see instructions) Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	SECURITIES		
_1			
		\$ 7,655,978.	11/14/11
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Parti	SECURITIES		
2	SECURITIES		
		\$ <u>4,029,335.</u>	08/24/11
(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

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Page 4 Name of organization Employer identification number O'NEIL FOUNDATION M.G. 34-6516968 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) Part III Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and 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 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

CONTINUATION FOR 990-PF, PART IV 34-6516968 PAGE 1 OF 1

Oupital damo una 200	OOD TOT YEX ON THITOURNOTH THOUSE						
• (a) List and	(b) How acquired P - Purchase	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)				
	ck warehouse; or common stock, 20	50 3113. WEG GO.	D - Donation				
1a FLORIDA ST DEPT			D	08/30/11			
b MARTIN COUNTY I			D	08/24/11			
c MARTIN COUNTY I			D	08/30/11			
d MAINE GOVERN FA	ACS 5.375%		D	08/30/11	10/01/11		
e DEERFIELD TWP (OH 4.850%		D	08/24/11	12/01/11		
1 TOPEKA KS SALES			D	08/24/11			
9		· · · · · · · · · · · · · · · · · · ·					
<u> </u>							
				-			
_1	. .						
							
<u>k</u>	- •						
1							
_m							
П		 _					
0							
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale) Gain or (loss) blus (f) minus (g)			
a 15,150.		15,128.	. , , ,	,-,	22.		
b 50,000.		50,000.			0.		
		19,976.			224.		
c 20,200.							
d 25,000.		25,125.			<u><125.</u> >		
e 25,250.		25,224.			26.		
f 80,000.		80,572.			<572.>		
9							
h							
1							
1	•						
k					<u> </u>		
1							
m							
n							
					<u> </u>		
Complete only for accets chowin	g gain in column (h) and owned by t	he foundation on 12/31/69	/IV Los	ann (fram anl (h))			
Complete only for assets showing			(I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k),				
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (1) over col. (j), if any	but r	ot less than "-0-")			
a					22.		
b				=	0.		
c					224.		
d				•	<125.>		
e					26.		
f	·		••		<572.>		
				:	<u> </u>		
<u>g</u>							
h							
1	-				 		
1							
k							
			•				
m							
n							
0							
2 Capital gain net income or (net cap	pital loss) { If gain, also enter -0	in Part I, line 7 - in Part I, line 7	2	 	< <u>425.</u> >		
3 Net short-term capital gain or (los		d (6):					
If gain, also enter in Part I, line 8,		P			^		
If (loss), enter "-0-" in Part I, line 8			3		0.		

FORM 99	0-PF	GAIN O	R (LOSS)	FROM	SALE	OF	ASSETS		STA	TEMENT	
DESCRIP	(A) TION OF PROPERS	ГY					MANNER ACQUIRED		ATE JIRED	DATE S	OLD
FLORIDA	ST DEPT ENV 4	.625%				_		08/3	30/11	09/12	/11
	(B) GROSS		(C) LUE AT	EXI	(D) PENSE	OF			CATN	(F)	a
	SALES PRICE		OF ACQ.		SALE		DEPR		———	OR LOS	
	15,150	•	15,178	•		0	•	0.			28.> ——
DESCRIP	(A) TION OF PROPERS	ΓY					MANNER ACQUIRED		ATE JIRED	DATE S	OLD
MARTIN	COUNTY FL UTIL	 3.600	8			_	<u> </u>	08/2	24/11	10/03	/11
	(B) GROSS SALES PRICE		(C) LUE AT OF ACQ.	EXI	(D) PENSE SALE	OF	(E DEPR		GAIN	(F)	s
	50,000		50,180	•		0	· · · · · · · · · · · · · · · · · · ·	0.		<1	80.>
DESCRIP	(A) TION OF PROPER!	ГY					MANNER ACQUIRED		ATE JIRED	DATE S	OLD
MARTIN	COUNTY FL UTIL:	 S 5.000	8					08/3	30/11	10/03	/11
	(B) GROSS SALES PRICE		(C) LUE AT OF ACQ.	EXI	(D) PENSE SALE	OF	, (E DEPR		GAIN	(F) I OR LOS	s
	20,200	•	20,293	•	 	0	.	0.		<	93.>

		_						.	
DESCRIE	(A) PTION OF PROPERTY				MANNER CQUIRED	DA ^t ACQU		DATE S	OLD
MAINE C	GOVERN FACS 5.375	 %				08/3	0/11	10/01	/11
	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E) DEPRE	c.	GAIN	(F)	S
	25,000.	25,125.		0.		0.		<1	25.
DESCRIE	(A) PTION OF PROPERTY				MANNER CQUIRED	DA' ACQU		DATE S	OLD
DEERFIE	ELD TWP OH 4.850%	_				08/2	4/11	12/01	/11
	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E) DEPRE	c.	GAIN	(F)	S
	25,250.	25,330.		0.		0.		<	80.
DESCRIE	(A) PTION OF PROPERTY				MANNER CQUIRED	DA'		DATE S	OLD
TOPEKA	KS SALES TAX 4.1					08/2	4/11	12/15	/11
	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E) DEPRE	c.	GAIN	(F)	s
	80,000.	80,763.		0.		0.		<7	—— 63.:
	GAINS DIVIDENDS							<1,2	0.
FORM 99	00-PF INTEREST O	N SAVINGS AND T	EMPORARY	CASI	H INVEST	MENTS	STA	TEMENT	2
SOURCE								AMOUNT	

476.

476.

MONEY MARKET ACCOUNT

TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A

FORM 990-PF DIVIDENT	DS AND	INTER	EST	FROM	SECUE	RITIES	STATEMENT	3
SOURCE		GROSS	AMO	OUNT		TAL GAINS	COLUMN (A	A)
MUNICIPAL OBLIGATIONS	-		71	,529.		0.	71,	529.
SECURITIES DIVIDENDS				,960.		0.		960.
SECURITIES INTEREST	_		2,	,007.		<u> </u>	2,	007.
TOTAL TO FM 990-PF, PART I,	LN 4		93	496.		0.	93,	496.
FORM 990-PF		LEGAL	FEI	ES			STATEMENT	4
DESCRIPTION	EXPE	A) NSES BOOKS		(B) I' INVI NT IN((C) ADJUSTED NET INCOME	(D) CHARIT E PURPO	
LEGAL FEES	1	4,725.			0.	C	14,	725.
TO FM 990-PF, PG 1, LN 16A	1	4,725.			0.	0	14,	725.
FORM 990-PF	AC	COUNTI	NG 1	FEES	·		STATEMENT	5
DESCRIPTION	EXPE	A) NSES BOOKS	NE'	(B) r invi nr inc	EST-	(C) ADJUSTED NET INCOME	(D) CHARIT E PURPO	
TAX PREP FEES		6,420.			0.	0	6,	420.
TO FORM 990-PF, PG 1, LN 16B		6,420.			0.	C	6,	420.
FORM 990-PF	0	THER E	XPEI	NSES	····-		STATEMENT	6
DESCRIPTION	EXPE	A) NSES BOOKS		(B) I INVI NT INC		(C) ADJUSTED NET INCOME	(D) CHARIT E PURPO	
INVESTMENT FEES		2,030.	-	2	,030.		<u> </u>	0.
TO FORM 990-PF, PG 1, LN 23		2,030.	-	2	,030.).	0.
			=					

DESCRIPTION RE OR ACCUMULATED INCOME TOTAL TO FORM 990-PF, PART II, LINE 29 FORM 990-PF U.S. AND STATE/CITY GOVERNMENT OBLICATIONS DESCRIPTION MUNICIPAL OBLIGATIONS TOTAL U.S. GOVERNMENT OBLIGATIONS TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS TOTAL TO FORM 990-PF, PART II, LINE 10A FORM 990-PF CORPORATE STOCK DESCRIPTION BOOM COMMON EQUITY SECURITIES 4 TOTAL TO FORM 990-PF, PART II, LINE 10B 4 FORM 990-PF OTHER INVESTMENTS VALUATION		STATEMENT	7
FORM 990-PF U.S. AND STATE/CITY GOVERNMENT OBLICATIONS DESCRIPTION MUNICIPAL OBLIGATIONS TOTAL U.S. GOVERNMENT OBLIGATIONS TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS TOTAL TO FORM 990-PF, PART II, LINE 10A FORM 990-PF CORPORATE STOCK DESCRIPTION BOOD COMMON EQUITY SECURITIES 4 TOTAL TO FORM 990-PF, PART II, LINE 10B 4 FORM 990-PF OTHER INVESTMENTS VALUATION	(A) NNING OF YEAR	(B) END OF YEAR	
FORM 990-PF U.S. AND STATE/CITY GOVERNMENT OBLICE DESCRIPTION GOV'T GOV'T BOOM MUNICIPAL OBLIGATIONS X 6 TOTAL U.S. GOVERNMENT OBLIGATIONS TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS 6 TOTAL TO FORM 990-PF, PART II, LINE 10A 6 FORM 990-PF CORPORATE STOCK DESCRIPTION BOOM COMMON EQUITY SECURITIES 4 TOTAL TO FORM 990-PF, PART II, LINE 10B 4 FORM 990-PF OTHER INVESTMENTS VALUATION	825,913.	16,201,17	6.
DESCRIPTION DESCRIPTION MUNICIPAL OBLIGATIONS TOTAL U.S. GOVERNMENT OBLIGATIONS TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS TOTAL TO FORM 990-PF, PART II, LINE 10A DESCRIPTION COMMON EQUITY SECURITIES TOTAL TO FORM 990-PF, PART II, LINE 10B FORM 990-PF OTHER INVESTMENTS VALUATION	825,913.	16,201,17	6.
DESCRIPTION GOV'T GOV'T BOOM MUNICIPAL OBLIGATIONS X 6 TOTAL U.S. GOVERNMENT OBLIGATIONS TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS 6 TOTAL TO FORM 990-PF, PART II, LINE 10A 6 FORM 990-PF CORPORATE STOCK DESCRIPTION BOOM COMMON EQUITY SECURITIES 4 TOTAL TO FORM 990-PF, PART II, LINE 10B 4 FORM 990-PF OTHER INVESTMENTS VALUATION	GATIONS	STATEMENT	8
TOTAL U.S. GOVERNMENT OBLIGATIONS TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS FORM 990-PF, PART II, LINE 10A DESCRIPTION COMMON EQUITY SECURITIES TOTAL TO FORM 990-PF, PART II, LINE 10B FORM 990-PF OTHER INVESTMENTS VALUATION	K VALUE	FAIR MARKET VALUE	Ī
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS TOTAL TO FORM 990-PF, PART II, LINE 10A FORM 990-PF CORPORATE STOCK DESCRIPTION COMMON EQUITY SECURITIES 4 TOTAL TO FORM 990-PF, PART II, LINE 10B 4 FORM 990-PF OTHER INVESTMENTS VALUATION	,067,026.	6,094,21	4.
TOTAL TO FORM 990-PF, PART II, LINE 10A 6 FORM 990-PF CORPORATE STOCK DESCRIPTION BOOM COMMON EQUITY SECURITIES 4 TOTAL TO FORM 990-PF, PART II, LINE 10B 4 FORM 990-PF OTHER INVESTMENTS VALUATION			
FORM 990-PF CORPORATE STOCK DESCRIPTION BOOM COMMON EQUITY SECURITIES 4 TOTAL TO FORM 990-PF, PART II, LINE 10B 4 FORM 990-PF OTHER INVESTMENTS VALUATION	,067,026.	6,094,21	4.
DESCRIPTION BOOK COMMON EQUITY SECURITIES 4 TOTAL TO FORM 990-PF, PART II, LINE 10B 4 FORM 990-PF OTHER INVESTMENTS VALUATION	,067,026.	6,094,21	4.
COMMON EQUITY SECURITIES 4 TOTAL TO FORM 990-PF, PART II, LINE 10B 4 FORM 990-PF OTHER INVESTMENTS VALUATION		STATEMENT	9
TOTAL TO FORM 990-PF, PART II, LINE 10B 4 FORM 990-PF OTHER INVESTMENTS VALUATION	K VALUE	FAIR MARKET	•
FORM 990-PF OTHER INVESTMENTS VALUATION	,055,542.	4,025,27	6.
VALUATION	,055,542.	4,025,27	6.
		STATEMENT	10
	K VALUE	FAIR MARKET VALUE	3
DOMESTIC EQUITY MUTUAL FUNDS COST CLOSED END EQUITY MUTUAL FUND COST	251,989. 445,885.	383,08 446,02	
TOTAL TO FORM 990-PF, PART II, LINE 13	697,874.	829,10	

	TANTIAL CONTRIBUT	TORS	STATE	EMENT 11			
NAME OF CONTRIBUTOR	ADDRESS						
MICHAEL G. O'NEIL MARITAL TRUST	FIRSTMERIT BANK ST., 5TH FLOOR AKRON, OH 4430	-	JSTEE 106	S. MAIN			
MICHAEL G. O'NEIL IRREVOCABLE TRUST	JST FIRSTMERIT BANK N.A., BRENDA MOUBRAY, TRUSTEE 106 S. MAIN ST., 5TH FLOOR AKRON, OH 44308						
ESTATE OF MICHAEL G. O'NEIL	PATRICIA A. PAG PARKWAY, SUITE AKRON, OH 4433	300	CUTOR 3800	O EMBASSY			
FORM 990-PF PART VIII - LIST				EMENT 13			
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-	EMPLOYEE BEN PLAN CONTRIB	EXPENSE			
	TITLE AND	COMPEN- SATION	BEN PLAN	EXPENSE ACCOUNT			
NAME AND ADDRESS E.R. DYE PO BOX 5303 FAIRLAWN , OH 44334	TITLE AND AVRG HRS/WK SECRETARY & DIR	COMPEN- SATION ECTOR 0.	BEN PLAN CONTRIB	EXPENSE ACCOUNT			
NAME AND ADDRESS E.R. DYE PO BOX 5303 FAIRLAWN , OH 44334 M.G. O'NEIL JR 119 N. HIGHLAND AVE.	TITLE AND AVRG HRS/WK SECRETARY & DIR: 0.00 PRESIDENT & DIR:	COMPEN- SATION ECTOR 0. ECTOR	CONTRIB 0.	ACCOUNT 0			
NAME AND ADDRESS E.R. DYE PO BOX 5303 FAIRLAWN , OH 44334 M.G. O'NEIL JR 119 N. HIGHLAND AVE. AKRON, OH 44303 SHAWN O'NEIL 3756 BUTTERFIELD DRIVE	TITLE AND AVRG HRS/WK SECRETARY & DIR: 0.00 PRESIDENT & DIR: 0.00	COMPEN- SATION ECTOR 0. ECTOR 0.	CONTRIB 0.	ACCOUNT 0			

M.G. O'NEIL FOUNDATION			34-65	516968
JANETTE COOK 2586 FALMOUTH ROAD AKRON, OH 44313	DIRECTOR 0.00	0.	0.	0.
JULIE O'NEIL 1744 FIXLER ROAD WADSWORTH, OH 44281-8412	TREASURER & DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	0.	0.	0.

Form **8868**,

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you	are filing for an Automatic 3-Month Extension, complete	te only Pa	art I and check this box			▼ 🛣
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this for	m).	•
Do not	complete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	sly filed	Form 8868.	
Electro	nic filing (e-file). You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of tin	ne to file	e (6 months for a cor	poration
required	l to file Form 990-T), or an additional (not automatic) 3-moi	nth extens	sion of time. You can electronically fi	ile Form	8868 to request an	extension
of time	to file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for 3	Transfe	rs Associated With C	ertain
Persona	al Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details o	on the e	electronic filing of this	form,
visit ww	w.irs.gov/efile and click on e-file for Charities & Nonprofits					
Part.	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded)	•	
A corpo	ration required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and	comple	te	
Part I or	ıly)	▶ □
All other	corporations (including 1120-C filers), partnerships, REM	IICs, and ti	rusts must use Form 7004 to reques	st an ex	tension of time	
to file in	come tax returns.					
Type or	Name of exempt organization or other filer, see instru	ctions.		Emplo	yer identification nur	nber (EIN) or
print	İ			Ì		
_	M.G. O'NEIL FOUNDATION			X	34-65169	68
File by the due date for		ee instruct	tions.	Social	security number (SS	N)
filing your	P.O. BOX 5303					
return See Instruction	·	oreign add	ress, see instructions.			
	FAIRLAWN, OH 44334	•				
					<u></u>	
Enter th	e Return code for the return that this application is for (file	a separa	te application for each return)			0 4
			,	•	• •	
Applica	tion ·	Return	Application			Return
ls For		Code	Is For			Code
Form 99	0	01	Form 990-T (corporation)			07
Form 99		02	Form 1041-A			08
Form 99		01	Form 4720			09
Form 99		04	Form 5227			10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11	
	0-T (trust other than above)	06	Form 8870			12
i omi se	CBIZ MHM, LLC	1 00	FGIII 6676			12
• The f	books are in the care of 4040 EMBASSY PA	እ ነጋ የፖ ኬን እ	ע כיודחים 100 ב אצס	ONT	OH 11333	
		HRANA.	FAX No. \triangleright 330-666-87		On 44333	·····
	phone No. ► 330 – 668 – 6500					. —
	organization does not have an office or place of business					- L
	s is for a Group Return, enter the organization's four digit	~				
box 🕨					mbers the extension	is for.
1 lr	equest an automatic 3-month (6 months for a corporation	•	•			
-		t organiza	tion return for the organization name	ed abov	e. The extension	
	for the organization's return for:					
	X calendar year 2011 or					
	tax year beginning	, an	d ending		<u> </u>	
2 lf	the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final re	turn	
Ł	Change in accounting period					
						
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any			
no	onrefundable credits. See instructions.			3	a \$ '	<u>1,429.</u>
b If	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	1		
es	timated tax payments made. Include any prior year overp	ayment al	llowed as a credit.	3	b \$	1,429.
c Ba	alance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required,			
b	using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3	c \$	0.
	. If you are going to make an electronic fund withdrawal v		,,,,, _, _, _, _,,,,,,,,,,	orm 887	79-EO for payment in	structions.

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

Form 8868 (Rev. 1-2012)

Form 8868 (Rev. 1-2012)					Page 2			
If you are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	complete only Part II and check this	box		. ▶ X			
Note. Only complete Part II if you have already been granted an a	utomatic	3-month extension on a previously fil	ed Form 8	3868.				
• If you are filing for an Automatic 3-Month Extension, complet								
Part II Additional (Not Automatic) 3-Month Ex	xtensio	n of Time. Only file the origin	al (no c	opies neede	ed)			
Enter filer's identifying number, see instructions								
Type or Name of exempt organization or other filer, see instructions Employer identification number (EIN								
print								
File by the M.G. O'NEIL FOUNDATION				<u>34-6516</u>	5968			
due date for filing your Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN)								
return. See P.O. BOX 5303								
City, town or post office, state, and ZIP code. For a fo	reign add	ress, see instructions.						
FAIRLAWN, OH 44334								
					(ATA)			
Enter the Return code for the return that this application is for (file	a separa	te application for each return)			0 4			
		,						
Application	Return	Application			Return			
is For	Code	Is For			Code			
Form 990	01	5						
Form 990-BL	02	Form 1041·A	 -					
Form 990-EZ	01	Form 4720	<u>-</u>		09			
Form 990-PF	04	Form 5227 Form 6069			10			
Form 990-T (sec. 401(a) or 408(a) trust)	05 06	Form 8870			12			
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted			iously file	d Form 8968				
CBIZ MHM, LLC	anauton	natic 3-month extension on a prev	iousiy iile	u i om 8800.				
• The books are in the care of 4040 EMBASSY PA	AWX TA	Y. SIITTE 100 - AKR	N. O	н 44333				
Telephone No. ► 330-668-6500	11(1(1111	FAX No. ► 330-666-87		11 11000				
If the organization does not have an office or place of business	s in the Ur							
If this is for a Group Return, enter the organization's four digit (up. check this			
	1	ach a list with the names and EINs of						
		BER 15, 2012.						
5 For calendar year 2011, or other tax year beginning		, and ending	a					
6 If the tax year entered in line 5 is for less than 12 months, c	heck reas		Final r	eturn				
Change in accounting period								
7 State in detail why you need the extension								
ADDITIONAL TIME IS REQUIRED IN	ORD	ER TO OBTAIN THE I	NFORM	ATION_				
NECESSARY TO PREPARE A COMPLET	re an	D ACCURATE TAX RET	URN					
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any						
nonrefundable credits. See instructions.			8a	\$	1,429.			
b If this application is for Form 990-PF, 990-T, 4720, or 6069,				ļ				
tax payments made. Include any prior year overpayment all	lowed as a	a credit and any amount paid	<u> </u>	1				
previously with Form 8868.			8b	\$	<u>1,429.</u>			
c Balance due. Subtract line 8b from line 8a. Include your pa	yment wit	th this form, if required, by using			•			
EFTPS (Electronic Federal Tax Payment System). See instru	uctions.	11. 16. 5	8c	\$	0.			
		st be completed for Part II o						
Under penalties of perjury, I declare that I have examined this form, includ it is true, gorrect, and complete, and that I are authorized to prepare this form	ing accomp	panying schedules and statements, and to	the best o	of my knowledge :	and belief,			
- Rosaloud MEdoualin	,,,,,, (PA		8/14	1/1)			
Signature sector 11 Causar tritter		<u> </u>	Date		7/2			
				rorm 886	8 (Rev. 1-2012)			

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