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# Form 990-PF Department of the Treasury Internal Revenue Service

#### 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 A Employer identification number Name of foundation 91-1825292 THE MARK HEIMAN FAMILY FOUNDATION Number and street (or P.O box number if mail is not delivered to street address) Room/suite B Telephone number C/O EDWARD FRANKEL P.O. BOX 371805 513-761-9255 City or town, state, and ZIP code C if exemption application is pending, check here 45222-1805 CINCINNATI, OH G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: 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 . Fair market value of all assets at end of year | J Accounting method: X Cash Accrual F If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here 83, 276. (Part I, column (d) must be on cash basis.) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (cash basis only) (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).) expenses per books ıncome 192,954 N/A Contributions, gifts, grants, etc., received 2 Check If the foundation is not required to attach Sch B Interest on savings and temporary cash investments 56. STATEMENT 56. 4 Dividends and interest from securities 5a Gross rents ... .. . Net rental income or (loss) 1,432. STATEMENT 68 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 192,987. 136,757. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less. Cost of goods sold c Gross profit or (loss) 11 Other income 194,442 136,813 12 Total. Add lines 1 through 11. Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees . . . . . . . . **b** Accounting fees c Other professional fees 17 Interest Operating and Administrative 1,425 25. 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 50/. STMT 4 0. 23 Other expenses 24 Total operating and administrative 1,475 25. expenses. Add lines 13 through 23 113,854 113,854. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 115,329 113,879. Add lines 24 and 25 27 Subtract line 26 from line 12: 79,113 8 Excess of revenue over expenses and disbursements 136.763 b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-) LHA For Paperwork Reduction Act Notice, see instructions. Form **990-PF** (2011)

2 V

For	m 99	0-PF (2011) THE MARK HEIMAN FAMILY			1825292 Page 2
Ē	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	
_		Cotulina Should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing	1 160	02 276	00 002
		Savings and temporary cash investments	4,162.	83,276.	83,276.
	3	Accounts receivable	-		
	۱,	Less: allowance for doubtful accounts ► Pledges receivable ►			<del></del>
	<b>"</b>	Less: allowance for doubtful accounts	1		
	5	Oznata zasakushla		···· <u></u>	<del></del>
	1 -	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts	1		
9	8	Inventories for sale or use		· · · · · · - +	
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U.S. and state government obligations			
	Ь	Investments - corporate stock			
	C	Investments - corporate bonds			-
	11	investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	1	Investments - other			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation			
	15	Other assets (describe )			···
	١.,		4 162	03.076	02 086
		Total assets (to be completed by all filers)	4,162.	83,276.	83,276.
		Accounts payable and accrued expenses			
_		Grants payable			
Liabilities	19	Deferred revenue			
Ē	20	Loans from officers, directors, trustees, and other disqualified persons  Mortgages and other notes payable			
==	1	Other liabilities (describe			
		The number (4050) by			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
_		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.	-		
Net Assets or Fund Balances	24	Unrestricted	4,162.	83,276.	
ğ	25	Temporarily restricted			
Ba	26	Permanently restricted			
P		Foundations that do not follow SFAS 117, check here			
Ę		and complete lines 27 through 31.	}		
8	27	, , , , , , , , , , , , , , , , , , , ,			
386	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Ę	29	Retained earnings, accumulated income, endowment, or other funds			
ž	30	Total net assets or fund balances	4,162.	83,276.	
			4 4 5 0		
	31	Total liabilities and net assets/fund balances	4,162.	83,276.	
P	art	III Analysis of Changes in Net Assets or Fund E	Balances		
<del>-</del>	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30	1	<del></del>
١		st agree with end-of-year figure reported on prior year's return)	, 50	1.1	4 162
2	•	r amount from Part I, line 27a			4,162. 79,113.
		r increases not included in line 2 (itemize)  ROUNDING		2	1.
		lines 1, 2, and 3		4	83,276.
		eases not included in line 2 (itermize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	83,276.
_	-			· · · · · · · · · · · · · · · · · · ·	Form <b>990-PF</b> (2011)

Part IV Capital Gains	and Loss	es for Tax on In	vestment	Income					
		s) of property sold (e.g., common stock, 200 shs.			( <b>b)</b> Ho P - D -	ow acquired Purchase Donation	(c) Date (mo., c	acquired day, yr.)	(d) Date sold (mo., day, yr.)
1a									
b SEE ATTACHED	STATE	MENT		·	ļ				
C								<del></del> -	
<u>d</u>		_					•		
<u> </u>	(f) Don	reciation allowed	(a) Cos	t or other basis	Ц.,		(6) (	Sain or (loss	<u> </u>
(e) Gross sales price		or allowable)		xpense of sale				s (f) minus	
8								<del></del> -	
b								<del></del>	
C									
d									
e 192,987.				56,23	0.				136,757.
Complete only for assets showing	<del></del>	<del></del>			_			Col. (h) gain not less tha	
(i) F.M.V. as of 12/31/69		Adjusted basis of 12/31/69		cess of col. (i) col. (j), if any			Losses	(from col. (	h))
8									
<u>b</u>									
d d			<u> </u>	<del></del>				<del> </del>	<del></del>
e			· · · · ·	÷	+		<del></del>		136,757.
-		∫ If gain, also enter	in Don't I line i	<del></del>	$\overline{}$			<del></del>	130,7378
2 Capital gain net income or (net ca	ıpıtal loss)	If (loss), enter -0-			<b>)</b>	2			136,757.
3 Net short-term capital gain or (los		in sections 1222(5) and	đ (6):						
If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8					-	3		N/A	
Part V   Qualification U	nder Se	ction 4940(e) for	Reduced	Tax on Net	Inve	stment In	come		
(For optional use by domestic private	e foundations	subject to the section 4	940(a) tax on	net investment in	ncome.)	)			
Manager 4040/d)/0) applies loove to	Lia mant blant	,							
If section 4940(d)(2) applies, leave to	nis part biani	<b>.</b>							
Was the foundation liable for the sec				•	riod?				Yes X No
If "Yes," the foundation does not qua  1 Enter the appropriate amount in					00				
(a)	each column	(b)	CHOUS DETOILE	making any enur	(c)		1		(d)
Base period years Calendar year (or tax year beginni	na in)	Adjusted qualifying dist	ributions	Net value of no		able-use asset	s	Distrit	(6) oution ratio rided by col. (c))
2010	,	17	6,906.			8,04	7.	(	21.984093
2009		15	5,760.			18,15	7.		8.578510
2008			3,298.			40,24			3.808835
2007			4,058.			57,17		_	2.519598
2006		13:	9,433.	_		72,51	В.		1.922736
								ļ	20 012770
							·   2	ļ	38.813772
3 Average distribution ratio for the							١,		7.762754
the foundation has been in existe	nce ii iess ui	an o years					3	<u> </u>	7.702754
4 Enter the net value of noncharital	ole-use asset	s for 2011 from Part X, I	ine 5				4		53,420.
5 Multiply line 4 by line 3							. 5		414,686.
6 Enter 1% of net investment incor	ne (1% of Pa	rt I. line 27b)					6		1,368.
						•			
7 Add lines 5 and 6	•						7		416,054.
8 Enter qualifying distributions from	-						. 8	<u> </u>	113,879.
If line 8 is equal to or greater than	n line 7, chec	k the box in Part VI, line	1b, and comp	lete that part usin	ıg a 1%	tax rate.			
See the Part VI instructions.								<del></del>	000 DE (0044)

			1822			Page 4
	rt VI   Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	<u>948 -</u>	· see ii	nstru	ctio	ns)
`1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.			_		
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		į			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1	[		2,7	35.
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	. 1	l			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	i			0.
	Add lines 1 and 2	3			2,7	35.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			•	0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			2,7	35.
	Credits/Payments:					
	2011 estimated tax payments and 2010 overpayment credited to 2011 . 68 1,353.		l			
	Exempt foreign organizations - tax withheld at source		ł			
	Tax paid with application for extension of time to file (Form 8868) 6c		ł			
	Backup withholding erroneously withheld 6d		1			
	Total credits and payments. Add lines 6a through 6d	7	1		<b>6</b> 3	53.
	· · · · · · · · · · · · · · · · · · ·	8			0,3	<del></del>
_	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			2 6	10
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			3,6	
	Enter the amount of line 10 to be: Credited to 2012 estimated tax	11	L			0.
	rt VII-A Statements Regarding Activities				V	NI-
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın			Yes	
	any political campaign?	•		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	d or				İ
	distributed by the foundation in connection with the activities.					
	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:					
	(1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$ 0.					ŀ
6	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ► \$0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		<u> </u>
	If "Yes," attach a detailed description of the activities.					1
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	r				1
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
48	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
ŧ	If "Yes," has it filed a tax return on Form 990-T for this year?	N	[/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law				
	remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?	•		7	X	
•	If "Yes," complete Part II, col. (c), and Part XV.		•		-	_
g.	Enter the states to which the foundation reports or with which it is registered (see instructions)					
0.	OH					
	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
•	A LAND CONTRACTOR OF THE CONTR			8b	X	
٥	of each state as required by General Instruction G? If "No," attach explanation		•			$\vdash$
ð	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV	i u al		9		х
40	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	•		10		X
10	DILL BITY PETSONS DESCRIBE SUBSIGIBLE CONTRIBUTIONS CONTRIBUTION TO THE TAX YEAR THE TEST, BITECH & SCHOOLIE ISSUING THEIR NAMES AND ADDRESSES		Forr	n <b>990</b>	-PF	
			1 011	550	• • (	2011)

Form 990-PF (2011) THE MARK HEIMAN FAMILY FOUNDATION	91-1	825292 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation N Paid Employees, and Contractors (continued)	lanagers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE	u	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	<del></del>	
	-	
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 infor- number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 N/A		
2		<del></del>
3		
4		<del></del>
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	d 2.	Amount
1 N/A		
		·
2		
All other program-related investments. See instructions.		<del></del>
3		
Total Add lines 1 through 2		0_

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, s	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
8	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	54,233.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	54,233.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	54,233.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	813.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	53,420.
6	Minimum investment return. Enter 5% of line 5	6	2,671.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here and do not complete this part.)	d certain	
1	Minimum Investment return from Part X, line 6	1	2,671.
2a	Tax on investment income for 2011 from Part VI, line 5 2, 735.		
b	Income tax for 2011. (This does not include the tax from Part VI.)	}	
C	Add lines 2a and 2b	2c	2,735.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	0.
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	0.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		112 050
8	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	113,879.
D	Program-related investments - total from Part IX-B	1b	<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	<del></del>
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	<del></del>
b	Cash distribution test (attach the required schedule)	3b	442 070
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	113,879.
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	113,879.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q 4940(e) reduction of tax in those years.	ualifies for t	he section

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,				
line 7	<del></del>		<del></del>	0.
• • • • • • • • • • • • • • • • • • • •			0	
a Enter amount for 2010 only	<del></del>		0.	
b Total for prior years:		^		
2 Evene distributions corporate if any to 2011.		0.		<u> </u>
3 Excess distributions carryover, if any, to 2011:				
a From 2006 136,596.				
b From 2007 143, 243.				
c From 2008 151,940.				
d From 2009 156,846.				
e From 2010 178,073.	766 600			
f Total of lines 3a through e	766,698.	. <del> </del>		
4 Qualifying distributions for 2011 from				
Part XII, line 4: ►\$ 113,879.			_	
a Applied to 2010, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount				0.
e Remaining amount distributed out of corpus	113,879.			
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	880,577.			
b Prior years' undistributed income. Subtract	000,000			
line 4b from line 2b		0.		
c Enter the amount of prior years'			<del></del>	
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			<del></del>	
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	136,596.			
9 Excess distributions carryover to 2012.	130,3301			<del></del>
Subtract lines 7 and 8 from line 6a	743,981.			
10 Analysis of line 9:	743,301.			<del></del>
a Excess from 2007 143, 243.				
b Excess from 2008 151,940.				
c Excess from 2009 156,846.				
1				
	1	1		
e Excess from 2011   113,879.	<u>.</u>			

	RK HEIMAN FA			91-18	25292 Page 10
Part XIV   Private Operating			-A, question 9)	N/A	
1 a If the foundation has received a ruling					
foundation, and the ruling is effective			▶└	<del></del>	
<b>b</b> Check box to indicate whether the fou		ng foundation described i		4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	712575	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		1			
each year listed		<u> </u>			
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of			İ		
exempt activities			j		
e Qualifying distributions made directly					
for active conduct of exempt activities				i	
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			<u> </u>		
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from		· · · · · · · · · · · · · · · · · · ·			
an exempt organization					
(4) Gross investment income					·
Part XV   Supplementary Int	ormation (Comple	te this part only	if the foundation	on had \$5,000 or mo	re in assets
at any time during	the year-see inst	ructions.)			
1 Information Regarding Foundat	ion Managers:				
a List any managers of the foundation v	_	than 2% of the total cont	ributions received by t	he foundation before the clos	e of any tax
year (but only if they have contributed	more than \$5,000). (See	section 507(d)(2).)	_		
MARK J. HEIMAN					
b List any managers of the foundation v			(or an equally large po	rtion of the ownership of a pa	rtnership or
other entity) of which the foundation I	ias a 10% or greater intere	st			
NONE					
2 Information Regarding Contribu	rtion, Grant, Gift, Loan	, Scholarship, etc., Pr	rograms:		
Check here 🕨 🗓 if the foundation					
the foundation makes gifts, grants, et				complete items 2a, b, c, and	d.
a The name, address, and telephone nu	mber of the person to who	m applications should be	addressed:		
<b>b</b> The form in which applications should	be submitted and informa	ition and materials they st	nould include:		
c Any submission deadlines:		······································			· · · · · · · · · · · · · · · · · · ·
d Any restrictions or limitations on awar	ds, such as by geographic	al areas, charitable fields,	kınds of institutions, o	or other factors:	· · · · · ·
			<del></del>		

Part XVI-A Analysis of Income-Producing Activities

	Uniclated	hueinese income			
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code	·	code	Amount	Tunction income
<u> </u>	<b></b>				<del></del>
D	<del></del>		$\vdash$	<del></del>	
<u> </u>		<del></del>	1		
<u> </u>	<b></b>				
4		<del>- · </del>	+		
g Fees and contracts from government agencies	<del></del>		<del> </del> -		
A Mambambia duas and assessments		·			
3 Interest on savings and temporary cash	<del></del>	<u> </u>	-		
4 Dividends and interest from securities			14	56.	
5 Net rental income or (loss) from real estate:	<del>  </del>		+		<del> </del>
Debt Connection	<del>                                     </del>		$\vdash$		
h Net debt Consend assessed.	<del></del>		<del>  -  </del>		
6 Net rental income or (loss) from personal	<del></del>	·	$\vdash$	<del></del>	
property					
7 Other investment income	1		1		<del> </del>
8 Gain or (loss) from sales of assets other		<u>-</u>	† –		<del> </del>
than inventory			18	1,432.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					·
C			1		
d					
6		·			
12 Subtotal. Add columns (b), (d), and (e)		0.		1,488.	
13 Total. Add line 12, columns (b), (d), and (e)				13	1,488.
Part XVI-B Relationship of Activities to  Line No. Explain below how each activity for which incom the foundation's exempt purposes (other than b  N/A	e is reported in	column (e) of Part XVI-A			plishment of
		· · · · · · · · · · · · · · · · · · ·	<del></del>		
123621 12-02-11					Form <b>990-PF</b> (2011)

•	Exempt Organ	izations						_	
1 Did the or	<del> </del>		of the followin	g with any other organizati	on described in sect	ion 501(c) of	Τ	Yes	No
	•			7, relating to political organ				<del>                                     </del>	
	from the reporting found						1		ĺ
(1) Cash	• •			-			1a(1)		х
` '	assets						1a(2)	_	X
							14(2)		
b Other tran		hio avamnt arasaizati	ion				45/45		v
	of assets to a noncharita						1b(1)	-	X
• •	nases of assets from a no						1b(2)		X
	al of facilities, equipment,						1b(3)		X
	bursement arrangements						1b(4)		X
					· · · · ·		1b(5)		X
• •	rmance of services or me						1b(6)		X
	f facilities, equipment, ma						1c		Х
						market value of the goods,		sets,	
				ed less than fair market val	ue in any transactioi	n or sharing arrangement, s	how in		
	1) the value of the goods,			avament a	1 /41 -	<del></del>			
(a)Line no.	(b) Amount involved	(c) Name of		exempt organization	(0) Description	n of transfers, transactions, and	sharing ar	rangeme	nts
			N/A			····			
		<u> </u>							
			<del></del>						
						<del></del>			
	<del></del>	ļ							
						<del></del>			
	·-····································			_		<del></del>			
				,		· · · · · · · · · · · · · · · · · · ·			
in section	ndation directly or indirec 501(c) of the Code (othe omplete the following sch	r than section 501(c)		or more tax-exempt organ	izations described		☐ Yes	X	] No
	(a) Name of org	janization		(b) Type of organization		(c) Description of relations	пр		
	N/A								
					ļ				
	-				ļ				
						-			
Sign Here		mplete. Declaration of pre		ng accompanying schedules and n taxpayer) is based on edi inform		r has any knowledge retu	m with the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of the MS of	e prepari (see insi	er
•	Print/Type preparer's na	ame	Preparer's si	ignature	Date	Check if PTIN			
	1		<i>()</i>	ALD O ALL	1.71	self- employed			
Paid	JACQUELYN	C. OTTO	paral	elm C.Otto	11/2/2012	P0	366	544	
Preparer	Firm's name ▶DEL	OITTE TAX	LLP			Firm's EIN ► 86-1	657	72	
Use Only									
	Firm's address ▶ 25								
	CI	NCINNATI,	OH 45	202		Phone no. (513			
			· <u></u>			Fo	m <b>990</b>	-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** THE MARK HEIMAN FAMILY FOUNDATION 91-1825292 Organization type (check one): Filers of: Section: Form 990 or 990-EZ \_ا 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. 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, chantable, 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.

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)

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 IV, 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).

Name of organization

Employer identification number

#### THE MARK HEIMAN FAMILY FOUNDATION

91-1825292

Part I	Contributors (see instri	ctions). Use duplicate copie:	s of Part I if additional space	is needed.
raiti	COLLETION OF 1866 HISTIC	(Ctions). Use auplicate copie:	S OI Fait I II auditional space	12 1 10000

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARK HEIMAN 6443 LEWIS ROAD LOVELAND, OH 45140	\$ 20,361.	Person 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	MARK HEIMAN 6443 LEWIS ROAD LOVELAND, OH 45140	\$ <u>121,937.</u>	Person 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
3	MARK HEIMAN 6443 LEWIS ROAD LOVELAND, OH 45140	\$\$	Person 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
		\$	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.)

Name of organization

Employer identification number

### THE MARK HEIMAN FAMILY FOUNDATION

91-1825292

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	100 BRUNSWICK CORP \$2,549; 38 FMC TECHNOLOGY \$3,749; 139 SHS STRATASYS \$6,571; 210 VERINT \$7,493	\$ <u>20,362.</u>	03/31/11
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	326 AMAZON.COM \$69,604; 334 CEPHEID \$11,984; 93 INTUITIVE SURGICAL \$40,349;	\$121,937.	10/31/11
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	634 NATIONAL INSTRUMENTS CORP. \$16,934; 371 PARTNERRE LTD BERMUDA \$23,084; 310 VERINT SYSTEMS \$9,238	\$ <u>49,256.</u>	10/31/11
(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
123453 01-2	32.12	\$Schedule B (Form 9	90, 990-EZ, or 990-PF) (2011)

Scheɗule B	(Form	990,	990-EZ,	or	990-PF	(2011
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Page 4

		Employer identification number								
THE MARK HEIMAN FAMILY FO	UNDATION	91-1825292								
Part III Exclusively religious, charitable, etc year. Complete columns (a) through (e the total of exclusively religious, charit	c., individual contributions to section 501(c)(7),  a) and the following line entry. For organizations of table, etc., contributions of \$1,000 or less for the year.	(8), or (10) organizations that total more than \$1,000 for the ompleting Part III, enter year. (Enter this information once)								
Use duplicate copies of Part III if a	dditional space is needed.									
from (b) Purpose of gift Part I	(c) Use of gift	(d) Description of how gift is held								
	(e) Transfer of gift									
Transferee's name, addr	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, addr	ess, and ZIP + 4	Relationship of transferor to transferee								
(a) No. from (b) Purpose of gift Part I	(c) Use of gift	(d) Description of how gift is held								
	(e) Transfer of gift									
Transferee's name, addr	ess, and ZIP + 4	Relationship of transferor to transferee								
(a) No										
(a) No. from (b) Purpose of gift Part I	(c) Use of gift	(d) Description of how gift is held								
	(e) Transfer of gift									
Transferee's name, addr	ess, and ZIP + 4	Relationship of transferor to transferee								

FORM 99	0-PF	G <i>P</i>	AIN OR (LOSS)	FROM SALE	OI	FA	SSETS		STA	TEMENT	1
DESCRIP	(A) TION OF PROPE	ERTY					ANNER QUIRED		TE IRED	DATE S	SOLD
BRUNSWI	CK CORP.		_		-	-		06/1	1/09	03/31	L/11
	(B)		(C)	(D)	٥.	_	(E)			(F)	
	GROSS SALES PRICE	C	VALUE AT TIME OF ACQ.	EXPENSE SALE	Oi	F.	DEPRE	c.	GAIN	OR LOS	SS
	2,50	)2.	2,549	,	(	0.		0.		•	<47.>
DESCRIP	(A) TION OF PROPE	ERTY					ANNER QUIRED		TE IRED	DATE S	SOLD
FMC TEC	HNOLOGIES		_		-	DO	NATED	11/1	0/08	03/31	L/11
	(B) GROSS SALES PRICE	E	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	01	F	(E) DEPRE	c.	GAIN	(F)	SS
,	3,60	9.	3,749	•	(	0.	_	0.		<1	L40.
DESCRIP	(A) TION OF PROPE	ERTY					ANNER QUIRED		TE IRED	DATE S	SOLD
STRATAS	YS INC		_		-	DO	NATED	06/0	5/09	03/31	L/11
	(B)		(C)	(D)		_	(E)			(F)	
	GROSS SALES PRICE	E	VALUE AT TIME OF ACQ.	EXPENSE SALE	O)	r.	DEPRE	c.	GAIN	OR LOS	SS
	6,57	 73.	6,571	•	(	0.	***************************************	0.	· · · · · · · · · · · · · · · · · · ·		2.

DESCRIE	(A) TION OF	PROPERTY				MANNER CQUIRED	DA ACQU	TE IRED	DATE	SOLD
VERINT	SYSTEMS	INC.	_		D	ONATED	06/0	5/09	03/3	31/11
	GRO	B) OSS	(C) VALUE AT	(D) EXPENSE	OF	(E)	_		(F)	
	SALES	PRICE -	TIME OF ACQ.	SALE		DEPRE	<del></del> -	GAIN	OR LO	
		7,463.	7,493.		0.	<del> </del>	0.			<30.> ———
DESCRIE	(A) PTION OF	PROPERTY				MANNER CQUIRED	DA ACQU	TE IRED	DATE	SOLD
AMAZON	COM INC	•	_		De	ONATED	10/0	3/08	10/3	31/11
	GR	B) OSS PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E) DEPRE	C	CATN	(F) OR LO	) C C
	SALES	70,213.	69,604.		0.	—————	0.	GAIN	OR LC	609.
DESCRIE	(A) PTION OF	PROPERTY				MANNER CQUIRED		TE IRED	DATE	SOLD
CEPHEIL	INC.		_		D	ONATED	06/0	5/09	10/3	31/11
		в)	(C)	(D)		(E)			(F)	
		OSS PRICE	VALUE AT TIME OF ACQ.	EXPENSE SALE	OF	DEPRE	c.	GAIN	OR LO	oss
		12,165.	11,984.		0.		0.		· · · · · · · · · · · · · · · · · · ·	181.
DESCRIE	(A) PTION OF	PROPERTY				MANNER CQUIRED	DA ACQU	TE IRED	DATE	SOLD
INTUIT	VE SURG	ICAL INC.	_		D	ONATED	01/2	9/09	10/3	31/11
		в)	(C)	(D)		(E)			(F)	
		OSS PRICE	VALUE AT TIME OF ACQ.	EXPENSE SALE	OF	DEPRE	c.	GAIN	OR LO	oss
		40,842.	40,349.	•	0.		0.		<del> </del>	493.

(A) DESCRIPTION OF PROPERTY				ANNER QUIRED		TE VIRED	DATE SOLI
NATIONAL INSTRUMENTS CO	PRP		DOI	NATED	06/0	5/09	10/31/11
(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E) DEPRE	c.	GAIN	(F)
17,248.	16,934	•	0.		0.		314.
(A) DESCRIPTION OF PROPERTY				ANNER QUIRED	DA ACQU	TE IRED	DATE SOLI
PARTNERRE LTD BERMUDA			DOI	NATED	09/0	5/07	10/31/11
(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E) DEPRE	C	CATN	(F)
22,959.	23,084	<del></del> —————	0.	——————————————————————————————————————	0.		<125.
(A) DESCRIPTION OF PROPERTY VERINT SYSTEMS INC.	- -		AC	ANNER QUIRED ———— NATED		TE IRED 5/09	DATE SOLE 10/31/11
(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E) DEPRE	c.		(F) OR LOSS
9,413.	9,238	•	0.		0.		175.
CAPITAL GAINS DIVIDENDS	FROM PART IV						0.
TOTAL TO FORM 990-PF, P	ART I, LINE 6	A					1,432.
FORM 990-PF DI	VIDENDS AND I	NTEREST FRO	M SEC	URITIE	s	STA	TEMENT 2
SOURCE	G	ROSS AMOUNT		APITAL DIVIDE			LUMN (A) AMOUNT
GOLDMAN SACHS		56	•		0.	•	56.
TOTAL TO FM 990-PF, PAR	T I, LN 4	56			0.		56.

FORM 990-PF	TAX	S	STATEMENT 3		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FEDERAL EXCISE TAXES OHIO FILING FEE	1,400. 25.			0. 25.	
TO FORM 990-PF, PG 1, LN 18	1,425.	0.		25.	
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 4	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
TRANSFER FEE	50.	50.		0.	
TO FORM 990-PF, PG 1, LN 23	50.	50.		0.	

## THE MARK HEIMAN FAMILY FOUNDATION EIN 91-1825292 DECEMBER 31, 2011

2011	3
<u>Organization</u>	<u>Amount</u>
Congregation Beth Adam	1,550.00
Congregation Beth Adam	100.00
American Jewish World Service	20,000.00
Israel Guide Dog Center	1,000.00
Miracles in Action	100.00
The Seven Hills School Critical Assets Campaign	10,000.00
The Seven Hills School Annual Giving	6,000.00
Walnut Hills High School Alumni Foundation	250.00
Friends of Cedar Village	250.00
Sierra Club Foundation	100.00
American Cancer Society	100.00
Jewish Family Service	250.00
American Heart Association	100.00
Artswave	1,100.00
Partners in Health	250.00
World Wildlife Fund	25.00
Oxfam	35.00
Doctors without Borders	100.00
ARMDI	250.00
Cincinnati Public Radio	144.00
Special Olympics Ohio	100.00
Center for Respite Care	300.00
American Jewish Committee	5,000.00
Hospice of Cincinnati	250.00
Jewish Federation	20,000.00
United States Holocaust Mem'l Museum	1,000.00
OSU Fund	250.00
СННЕ	1,000.00
Jewish Family Service	250.00
Hillel	100.00
Freestore Foodbank	100.00
The Leukemia & Lymphoma Society	100.00
HUC-JIR	1,000.00
Congregation Beth Adam	26,000.00
Lighthouse Youth Services	500.00
Jewish Fed. Of Greater Atlanta	15,000.00
Congregation Or Hadash	200.00
Hadassah	1,000.00
Total Contributions	113,854.00

Form 8868
(Rev. January 2012)
Department of the Treasury
Internal Revenue Savice

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

ot Organization Return OMB No. 1545-1709

Internal Rove	of the Treasury supo Sarvice	► File a sep	arate app	lication for each return.		1	
• If you a	ere filing for an Aut	omatic 3-Month Extension, comple	te only Pa	art I and check this hox			X
• If you a	ere filling for an Add	fitional (Not Automatic) 3-Month Ex	tension.	complete only Part II (on page 2 of	this fami	***************************************	- 42
		ss you have already been granted				OP20	
Electroni	io filina kawaa Yo	u can electronically file Form 8868 if y	OU need	A Simonth automatic extension of the	ny maa ro na ta fiin /s	i i i qqqq, I maaska faa a	
required t	to file Form 990-T).	or an additional (not automatic) 3-mo	nth exten	sion of time. You can electronically i	ine av inte (c	CHONSIS FOR B COR	MINION
of time to	file any of the form	ns listed in Part I or Part II with the ex	cection of	Form 8870 Information Return for	Tennofove (	oo to request an e	ayr;-
Personal	Benefit Contracts.	which must be sent to the IRS in pap	ser format	/see instructions). East many details.	1 (6) (6) (6) (6) (7)	CESOCIERED WAN CA	arrani
visit www	LISLOOV/Billie and ci	lick on 6-file for Charities & Nonprofits	t.	lace mentionals. For more details	Ovi una ellét	STOLING IMUS OF TUIS	rorm,
122 PEF		c 3-Month Extension of Time		submit original (no copies ne	Moche		
A corpora	ation required to file	Form 990-T and requesting an autor	natic 6-m	onth extension - check this box and	complete		
Part I only							
All other of to file inco	corporations (includ ome tax returns,	ding 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time	٠
Type or	<del></del>	t organization or other filer, see instru	rdinna		Empleyee	1-1	4
print	,		~~~		cinpicyer	Identification num	Der (EIN) or
File by the		HEIMAN FAMILY FOU			(X)	91-18252	92
due date for filing your return. See	Number, street, C/O EDWA	and room or sults no. If a P.O. box, a RD FRANKEL P.O. BOX	ee Instruc K 371	tions. 805	Social se	curity number (SSI	۸)
instructions.		ast office, state, and ZIP code. For a for $45222-1805$	oreign ack	iress, see instructions.		· · · · · · · · · · · · · · · · · · ·	
Enter the	Return code for th	e return that this application is for (file	a separa	te application for each return)	***************************************	**** **********************************	04
Applicati	อก		Return	Application		· · · · · · · · · · · · · · · · · · ·	Return
is For			Coda	la For			Code
Form 990			01	Form 990-T (corporation)			07
Form 990	-BL	•	02	Form 1041-A			08
Form 990	EZ		01	Form 4720			09
Form 990	-PF		04	Form 5227			10
Form 990	T (sec. 401(a) or 4	O8(a) trust)	05	Form 6069			11
Form 990	T (trust other than		08	Form 8870		· · · · · · · · · · · · · · · · · · ·	12
		EDWARD FRANKEL					<del></del>
		of P.O. BOX 37180	5 ~ C	INCINNATI, OH 4522	2-180	5	
	ione No. 🕨 <u>513</u>			FAX No			·
• If the o	organization does r	not have an office or place of business	s in the Ur	nited States, check this box		>	· 🗀
- It this is	is f <u>o</u> r a Group Retu	im, enter the organization's four digit (	Group Exe	emption Number (GEN)	f this is for	the whole amin	check this
box > L	If it is for part	of the group, check this box 🕨 📖	and atte	ch a list with the names and £INs of	dmern (la	are the extension to	s for.
1 I rec	quest an automatic	3-month (6 months for a corporation	required:	to file Form 990-T) extension of time	untii		
	AUGUST 15	1 22 112 214 414414	t organiza	tion return for the organization name	d above.	The extension	
	or the organization						
₽Ļ	alendar year						
►L	tax year begin	ning	, an	d ending		_ ·	
2 If th		In line 1 is for less than 12 months, of	heck reas	on: Linittal return Linit	Final retur	ı	
<u>_</u>	⊥i Change in acco	unting period					
		F 201 51 505 55 555			<del></del>		
		r Form 990-BL, 990-PF, 990-T, 4720, (	or 6069, a	nter the tentative tex, less any	1 1	_	
	refundable credits		4004×44:		3a	\$ 6	5,353.
		r Form 990-PF, 990-T, 4720, or 6069,					
		its made. Include any prior year overp			Stb	<u> </u>	L,353.
		t line 3b from line 3a. Include your pa				_	
PY (	eng thips (Elect	ronic Federal Tax Payment System).	see instru	ctions.	3c	\$ 5	5,000.
LHA F	u you are going to	make an electronic fund withdrawal v	mn this Fo	om 5556, see Form 8453-EO and Fo	m 5879 E	O for payment inst	ructions.

125841

Form 8868 (Rev. 1-2012)					Page 2
<ul> <li>If you are filing for an Additional (Not Automatic) 3-Month</li> </ul>	n Extension, o	complete only Part II and check thi	s box		<b>X</b> _
Note. Only complete Part II if you have already been granted	an automatic	3-month extension on a previously t	filed Form	8868.	
<ul> <li>If you are filing for an Automatic 3-Month Extension, con</li> </ul>				<del> </del>	
Part II Additional (Not Automatic) 3-Mont	h Extensio	<b>n of Time.</b> Only file the origin	nal (no c	opies ne	eded).
		Enter filer's	identifyii	ng number	, see instructions
Type or Name of exempt organization or other filer, see in	structions		Employe	r identificat	ion number (EIN) or
print					
File by the THE MARK HEIMAN FAMILY FOU	JNDATIO	1	X	91-1	825292
due date for Number, street, and room or suite no. If a P.O. bo			Social se	curity num	ber (SSN)
return. See C/O EDWARD FRANKEL P.O. BO		<del></del>			
City, town or post office, state, and ZIP code. For		ress, see instructions.			
CINCINNATI, OH 45222-180	<u> </u>				
					املما
Enter the Return code for the return that this application is fo	r (file a separa	te application for each return)		•••••	0 4
	15.				1_
Application	Return	Application			Return
ls For	Code	Is For	<del> </del>		Code
Form 990	01	F 1044 A			<del></del>
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	01	Form 4720	<del>.</del> .		09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above)	05 06	Form 6069 Form 8870			11
			·		1 12
STOP! Do not complete Part II if you were not already grau EDWARD FRANK!		nauc 3-month extension on a prev	nously tile	ed Form 88	168.
• The books are in the care of P.O. BOX 3718		гистинатт он 4522	2_180	5	
Telephone No. ► 513-761-9255	<del>, , , , , , , , , , , , , , , , , , , </del>	FAX No. ▶	2 100	<del></del>	
If the organization does not have an office or place of busi	— nace in the Lir				<b>►</b> □
If this is for a Group Return, enter the organization's four d					
box . If it is for part of the group, check this box		ch a list with the names and EINs o			• •
4 I request an additional 3-month extension of time until		BER 15, 2012.	I all IIIEI III	ers une ext	ension is for.
5 For calendar year 2011, or other tax year beginning		, and endin			
6 If the tax year entered in line 5 is for less than 12 month			Final r	eturn	<del></del>
Change in accounting period	13, 01100K 1043	, , , , , , , , , , , , , , , , , , ,	, , , , , a, , ,	Cluiii	
7 State in detail why you need the extension					
ADDITIONAL THIRD PARTY INFO	RMATION	IS REQUIRED IN OR	DER T	O PRE	PARE A
COMPLETE AND ACCURATE RETURN	N .				
	<del></del>		7		
8a If this application is for Form 990-BL, 990-PF, 990-T, 47	20, or 6069, e	nter the tentative tax, less any			···
nonrefundable credits. See instructions.		•	8a	s	6,353.
b If this application is for Form 990-PF, 990-T, 4720, or 60	069, enter any	refundable credits and estimated			
tax payments made. Include any prior year overpaymer	nt allowed as a	credit and any amount paid			
previously with Form 8868.		•	8b	\$	6,353.
c Balance due. Subtract line 8b from line 8a. Include you	ır payment wit	h this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System). See in	nstructions.		8c	\$	0.
Signature and Verifi	cation mus	t be completed for Part II	only.		
Under penalties of perjury, I declare that I have examined this form, in it is true, correct, and complete, and that I am authorized to prepare the	cluding accomp	anying schedules and statements, and to	o the best o	f my knowle	dge and belief,
Signature > Scaroling C. Otto Title	► CPA		Date	▶ R/	ر هاهها ما
	DELOTTE			Form	8868 (Rev. 1-2012)
	220 E MON SUITE 500	IUMENT AVE			<b>(</b>
		H 45402-1223			