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Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

rord	catendar year 2012 or tax year deginning		, and ending		
	ne of foundation			A Employer identification	number
	HE JAMES J. AND JOAN A.	GARDNER			
	AMILY FOUNDATION		10 /	31-1397164	
	nber and street (or P O box number if mail is not delivered to stre $847\ CINTAS\ BOULEVARD$, SU		Room/suite	B Telephone number 513-459-10	0 5
	or town, state, and ZIP code	IIE IZU			
-	ASON, OH 45040			C If exemption application is p	ending, check here
	Check all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	check here
• •	Final return	Amended return			
	Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test,
H C	Check type of organization: X Section 501(c)(3)	exempt private foundation		E If private foundation sta	
	Section 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ition	under section 507(b)(1)	
l Fa	ir market value of all assets at end of year J Accour	iting method: X Cash	Accrual	F If the foundation is in a (60-month termination
(fr	rom Part II, col (c), line 16)	Other (specify)		under section 507(b)(1)	
<u> </u>	\$ 62,735,325. (Part I, co.	lumn (d) must be on cash i	basis.)		· · · · · · · · · · · · · · · · · · ·
Pa	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
	· · · · · · · · · · · · · · · · · · ·	expenses per books	Income	income	(cash basis only)
	1 Contributions, gifts, grants, etc., received	2,071,593.		N/A	
	2 Check dithe foundation is not required to attach Sch B Interest on savings and temporary	3,373.	3,373.		STATEMENT 1
	3 cash investments 4 Dividends and interest from securities	274,100.	274,100.		STATEMENT 2
	5a Gross rents	273,100.	2/4,100.		DIATEMENT Z
1	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	437,973.			AMILIAND
Revenue	Gross sales price for all b assets on line 6a			11	VIII
Ş.	7 Capital gain net income (from Part IV, line 2)		381,762.		100
æ	8 Net short-term capital gain		·	131 NU	/ 2 7 2012 10
	9 Income modifications				1 LUIS W
	10a Gross sales less returns and allowances			0.6	
	D Less Cost of goods sold			U	UEN.UI
	c Gross profit or (loss)	0.50	000 000		
	11 Other income	262,994.	280,932.		STATEMENT 3
_	12 Total. Add lines 1 through 11	3,050,033.	940,167. 0.		
	13 Compensation of officers, directors, trustees, etc	0.	0.	-	0.
	14 Other employee salaries and wages 15 Pension plans, employee benefits				
es	16a Legal fees				
ens	b Accounting fees STMT 4	1,400.	0.		1,400.
Expenses	c Other professional fees STMT 5	225,288.	189,038.		36,250.
_	17 Interest				
rati	18 Taxes STMT 6	200.	0.		200.
nist	19 Depreciation and depletion				
萬	20 Occupancy	104.	0.		104.
Ă	21 Travel, conferences, and meetings	1,713.	0.		1,713.
a	22 Printing and publications	453.	0.		453.
Operating and Administrative	23 Other expenses STMT 7	1,809.	0.	ļ	1,809.
erat	24 Total operating and administrative	230,967.	100 030		41,929.
ŏ	expenses. Add lines 13 through 23	2,385,000.	189,038.		2,385,000.
	25 Contributions, gifts, grants paid 26 Total expenses and disbursements.	2,303,000.			2,303,000.
	Add lines 24 and 25	2,615,967.	189,038.	ŀ	2,426,929.
_	27 Subtract line 26 from line 12:				
	Excess of revenue over expenses and disbursements	434,066.			
	b Net investment income (if negative, enter -0-)		751,129.		
	c Adjusted net income (if negative enter -0-)			N/A	

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LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2012)

		0-PF (2012) FAMILY FOUNDATION Attached schedules and amounts in the description	Beginning of year	31-1 End of	1397164 Page year
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	3.		
	2	Savings and temporary cash investments	196,706.	843,071.	843,071
	3	Accounts receivable ►			
		Less; allowance for doubtful accounts			
	4	Pledges receivable -			
	_	Less: allowance for doubtful accounts			
	_	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	,	disqualified persons			
	′	Other notes and loans receivable Less: allowance for doubtful accounts			
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 8	1,952,619.	3,932,141.	19,515,026
		Investments - corporate bonds			
	11	investments - land, buildings, and equipment basis	·		
		Less accumulated depreciation			
	12	Investments - mortgage loans	20 706 254	20 504 405	40 255 222
	13	Investments - other STMT 9	32,786,371.	30,594,195.	42,377,228
	14	Land, buildings, and equipment basis			
	۱.,	Less accumulated depreciation			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers)	34,935,699.	35,369,407.	62,735,325
	_	Accounts payable and accrued expenses	02/000/0001	00,000,2011	0_,,00,,00
		Grants payable			
g	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
lab	21	Mortgages and other notes payable			
ī	22	Other liabilities (describe)			
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
es	24	and complete lines 24 through 26 and lines 30 and 31. Unrestricted	34,935,699.	35,369,407.	
auc	25	Temporarily restricted	32/333/0331	33,303,120,1	
Balg	26	• •			
5		Foundations that do not follow SFAS 117, check here	· · · · · · · · · · · · · · · · · · ·		
Ţ		and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds			
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Net Assets or Fund Balances	29	Retained earnings, accumulated income, endowment, or other funds			
Ž	30	Total net assets or fund balances	34,935,699.	35,369,407.	
	31	Total liabilities and net assets/fund balances	34,935,699.	35,369,407.	
	art			· · · · · · · · · · · · · · · · · · ·	
				·····	
1	1012	I net assets or fund balances at beginning of year - Part II, column (a), line	30	[]	

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30	П	
	(must agree with end-of-year figure reported on prior year's return)	1 1	34,935,699.
2	Enter amount from Part I, line 27a	2	434,066.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	35,369,765.
5	Decreases not included in line 2 (itemize) ► NONDEDUCTIBLE EXPENSES	5	358.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	35,369,407.

Form 990-PF (2012) FAMILY FOUNDATION

31-1397164

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(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)					ow acq Purcha Donati	uired ase on	(c) Date (mo., d	acquired ay, yr.)	(d) Date sold (mo., day, yr.)
1a									
	STATEMENT			-					<u> </u>
<u>c</u>					_				
d									
<u>e</u>	(A) D	1 (-) (A an ather bear	/ 			(h) C:		
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale					ain or (loss s (f) minus	
a		 		-+					
b		-		\rightarrow					
c d				\dashv				-	
		 		-+					381,762
Complete only for accets chowing	gain in column (h) and owned by	the foundation	on 12/31/69	-+) Carps (C	ol. (h) gain	
Complete only for assets showing				\dashv		col.	. (k), but r	or (ii) yaii ot less tha	in -0-) or
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (ı), ıf any	ĺ			Losses	(from col.	(h))
		 		+					
<u>a</u> b		 		-					
C		 		\dashv					
d		 		\dashv					
e		 		\dashv					381,762
1			7	\	Т				501,.01
Capital gain net income or (net cap	ortal loss) $\begin{cases} \text{If gain, also enter -0} \\ \text{If (loss), enter -0} \end{cases}$)	2				381,762
Net short-term capital gain or (loss		ınd (6):		5	- 1				
If gain, also enter in Part I, line 8, o	olumn (c).			}				37 / 3	
If (loss), enter -0- in Part I, line 8 Part V Qualification Ur	nder Section 4940(e) fo	. Doducos	Tay on Nat		3	I		<u> N/A</u>	
as the foundation liable for the secti "Yes," the foundation does not qualif	fy under section 4940(e). Do not c	omplete this pa	rt.						Yes X N
Enter the appropriate amount in e	ach column for each year, see the	instructions be	fore making any e	ntries.		_			
(a) Base period years Calendar year (or tax year beginnin			Net value of no	(c) onchari	table-u	se assets		Dıstrı (col. (b) dr	(d) bution ratio vided by col. (c))
2011		54,091.				,584			.04438
2010		12,175.		47,	, 982	2,929) • [.04818
2009		37,823.				,041			.05353
2008		67,628.				,058			.04577
2007	2,58	84,601.		55,	<u>, 637</u>	784	•		.04645
2 Total of line 1, column (d)							2		.23833
Average distribution ratio for the 5	-year base period - divide the total	on line 2 by 5,	or by the number	of yea	ırs				
the foundation has been in existen	ce if less than 5 years						3		.04766
Enter the net value of noncharitable	e-use assets for 2012 from Part X	, line 5					4	_5	8,818,002
Multiply line 4 by line 3							5		2,803,678
Enter 1% of net investment incom	e (1% of Part I, line 27b)						6_		7,511
Add lines 5 and 6							7		2,811,189
3 Enter qualifying distributions from	Part XII, line 4						8		2,426,929
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, lin	ie 1b, and comp	plete that part usin	ng a 1%	% tax ra	te.			

Form 990-PF (2012) FAMILY FOUNDATION		-1397			Page 4				
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e),	or 4948	- see ı	nstru	Ctioi	1S)				
1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.									
Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		-							
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1%	1_		1	5,0	<u>23.</u>				
of Part I, line 27b	1								
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).									
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)									
3 Add lines 1 and 2	3		<u> </u>	5,0	23.				
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.				
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		1	5,0	23.				
6 Credits/Payments:									
a 2012 estimated tax payments and 2011 overpayment credited to 2012 6a 10,33	5.	•							
b Exempt foreign organizations - tax withheld at source 6b									
c Tax paid with application for extension of time to file (Form 8868) 6c 20,00	0.				•				
d Backup withholding erroneously withheld 6d 6d	\neg								
7 Total credits and payments. Add lines 6a through 6d	一 ,		3	0,3	35.				
8 Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8	 			65.				
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	▶ 9	†							
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	 	1	5,2	47.				
11 Enter the amount of line 10 to be: Credited to 2013 estimated tax 15, 247. Refunded					0.				
Part VII-A Statements Regarding Activities	1				_ <u></u> _				
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intel	vene in			Yes	No				
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	1)2		16		X				
If the answer is "Yes" to _{1a} or _{1b} , attach a detailed description of the activities and copies of any materials pul					 -				
distributed by the foundation in connection with the activities.									
c Did the foundation file Form 1120-POL for this year?			. 1c		x				
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			- "						
(1) On the foundation. ► \$ 0 • (2) On foundation managers. ► \$	0.								
e 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		X				
If "Yes," attach a detailed description of the activities.			-		<u> </u>				
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporat	on or				,				
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	011, 01		3		X				
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X				
b If "Yes," has it filed a tax return on Form 990-T for this year?	1	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?	outo an		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.			H	-					
8a Enter the states to which the foundation reports or with which it is registered (see instructions)			ľ						
OH									
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	· · · · ·								
of each state as required by General Instruction G? If "No," attach explanation			8b	х	-				
9 is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for	r calandar		- JD		 				
year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV	-vaichual	-	9		х				
·			10	-	$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$				
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses									

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	1990-PF (2012) FAMILY FOUNDATION	31-1397	164	ا	Page (
	art VII-A Statements Regarding Activities (continued)				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of				
	section 512(b)(13)? If "Yes," attach schedule (see instructions)		11		X
12	Oid the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory	privileges?			l
	If "Yes," attach statement (see instructions)		12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	•	13	Х	L
	Website address ►N/A				
14		. ▶ 513-45		<u>085</u>	
	Located at ► 6847 CINTAS BOULEVARD, SUITE 120, MASON, OH	ZIP+4 ▶ 45	040		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here				. 🔲
	and enter the amount of tax-exempt interest received or accrued during the year	► 15	N	/A	
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank,		_	Yes	No
	securities, or other financial account in a foreign country?		16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign				
	country >				l
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required				
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
18	During the year did the foundation (either directly or indirectly):				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No	1		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				ĺ
		Yes X No			1
	· · · · · · · · · · · · · · · · · · ·	Yes X No			l
		Yes X No			l
	(5) Transfer any income or assets to a disqualified person (or make any of either available		1	}	ł
		Yes X No]		l
	(6) Agree to pay money or property to a government official? (Exception. Check "No"				ĺ
	if the foundation agreed to make a grant to or to employ the official for a period after				l
		Yes X No			l
ı	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	100 [22] 110			1
,	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	N/A	1b		l
	Organizations relying on a current notice regarding disaster assistance check here	▶ [- ''		 -
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			1	ĺ
	before the first day of the tax year beginning in 2012?		1c		х
9	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	n	ic		
2		•			l
	defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginn	up.a	[l
,		Yes X No			l
	before 2012? If "Yes," list the years ▶	TES A NO	İ		1
		•••			l
	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorre valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and atta				ĺ
		N/A	ما		l
	statement - see instructions.)	N/A	2b		<u> </u>
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
	<u> </u>		ł	! !	l
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	v छि			1
	·	Yes X No			l
	b If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons		1		l
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to				l
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule				1
	Form 4720, to determine if the foundation had excess business holdings in 2012.)	N/A	3b		<u> </u>
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a	\sqcup	X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpo	se that	l		i

had not been removed from jeopardy before the first day of the tax year beginning in 2012?

THE JAMES J. AND JOAN A. GARDNER FAMILY FOUNDATION

orm 990-PF (2012) FAMILY FOUNDATION			<u>31-1397</u> 1	64	Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be I	Required (continu	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s X No		- 1
(2) Influence the outcome of any specific public election (see section 4955); of	er to carry on, directly or indire	ectly,	⊡		İ
any voter registration drive?	_		8 X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	s X No	1	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section	<u> </u>	l		
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 t				ı
the prevention of cruelty to children or animals?			es X No	- 1	- {
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	•	in Regulations		1	
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check t		-			1
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f					ı
expenditure responsibility for the grant?		I/A L Ye	es No	- 1	
If "Yes," attach the statement required by Regulations section 53.494					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			- }	1
a personal benefit contract?		Ye	es X No		1
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		L	6Ь	X
If "Yes" to 6b, file Form 8870.				ı	1
7a At any time during the tax year, was the foundation a party to a prohibited tax s		. L Ye	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attrib			N/A	7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	inagers, Highly	/		
1 List all officers, directors, trustees, foundation managers and their					
List all officers, directors, distees, foundation managers and their		(c) Compensation	(d) Contributions to	(0)	vnense
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	accou	xpense int, other
	to position	`enter'-0-)	compensation	allo	wances
				1	
CER CMAMENTAIM 10		0.	0.	1	0.
SEE STATEMENT 10	<u> </u>	0.	<u> </u>	' 	<u> </u>
				ĺ	
		 		 _	
	-			1	
	-	i		1	
		 		 _	
<u> </u>	4			1	
2 Compensation of five highest-paid employees (other than those in	hudad on line 4). If none	ontor PNONE II		<u> </u>	
2 Compensation of five nighest-paid employees (other than those in	(b) Title, and average	, enter NONE.	(d) Contributions to	(0)	ynense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	accoi	xpense int, other
MONE	devoted to position	 	compensation	ano	wances
NONE	1				
		·		 	
	4				
			ļ <u></u>	 	
				ـــــ	
	1	1		1	
	<u> </u>		·	↓	
	1	1		J	
	<u> </u>	<u> </u>	L	<u></u>	
Taket number of other employees hald over \$50,000			— 1		

Form 990-PF (2012) FAMILY FOUNDATION	31-1397	7164 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundary Paid Employees, and Contractors (continued)	tion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
SUMMER HILL CAPITAL PARNTERS LLC - 6847		
CINTAS BOULEVARD, SUITE 120, MASON, OH 45040	INVESTMENT ADVISORY	155,090.
SUMMER HILL INC - 6847 CINTAS BOULEVARD,	ACCOUNTING AND	
SUITE 120, MASON, OH 45040	ADMINISTRATION	70,198.
		1
		
	_	
—	<u> </u>	. 0
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		1 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist	ucal information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers prod	uced, etc.	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 2	Amount
1 N/A		
1 47/ 44		
		0.
2		
All other program-related investments. See instructions.		
3 N/A		
		_
		0.

Total. Add lines 1 through 3

Page 8

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndation	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	16,924,879.
b	Average of monthly cash balances	1b	1,645,700.
C	Fair market value of all other assets	1c	41,143,129.
đ	Total (add lines 1a, b, and c)	1d	59,713,708.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	59,713,708.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	895,706.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	58,818,002.
6	Minimum investment return. Enter 5% of line 5	6	2,940,900.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	d certaii	1
1	Minimum investment return from Part X, line 6	1	2,940,900.
2a	Tax on investment income for 2012 from Part VI, line 5 2a 25.		
b	Income tax for 2012. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	15,023.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,925,877.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	2,925,877.
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	2,925,877.
P	art XII Qualifying Distributions (see instructions)		4
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		2,426,929.
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	2,426,929.
	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., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0.406.000
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	2,426,929.
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	2,426,929.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies	for the section

Part XIII Undistributed Income (see instructions)

		(a)	(b)	(c)	(d)
	Downtown II A COMMITTEE TO A MI	Corpus	Years prior to 2011	2011	2012
	Distributable amount for 2012 from Part XI,				2,925,877.
	line 7				2,323,011.
	Undistributed income, if any, as of the end of 2012 Enter amount for 2011 only			2,172,163.	
	Total for prior years:			2,172,1031	
U	Total for prior yours.		0.	İ	
3	Excess distributions carryover, if any, to 2012:				
	From 2007				
	From 2008			j	
c	From 2009				
d	From 2010				
е	From 2011				
f	Total of lines 3a through e	0.			
	Qualifying distributions for 2012 from				
	Part XII, line 4: ▶\$ 2,426,929.			•	
	Applied to 2011, but not more than line 2a			2,172,163.	
	Applied to undistributed income of prior				
	years (Election required - see instructions)		0.		
	Treated as distributions out of corpus				
	(Election required - see instructions)	0.			
d	Applied to 2012 distributable amount				254,766.
е	Remaining amount distributed out of corpus	0.			
5	Excess distributions carryover applied to 2012 (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	0.			
	Prior years' undistributed income. Subtract				
٠	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 2011. Subtract line				
	4a from line 2a. Taxable amount - see instr.			0.	
f	Undistributed income for 2012, Subtract	* - 			
	lines 4d and 5 from line 1. This amount must		ĺ		
	be distributed in 2013				2,671, <u>1</u> 11.
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 2007				
	not applied on line 5 or line 7	0.			
9	Excess distributions carryover to 2013.		-	-	
	Subtract lines 7 and 8 from line 6a	0.			
	Analysis of line 9:				
	Excess from 2008				
t	Excess from 2009				
	Excess from 2010		ļ		
	Excess from 2011				
•	Excess from 2012				Form 000 DE (2012)

THE JAMES J. AND JOAN A. GARDNER 31-1397164 Form 990-PF (2012) FAMILY FOUNDATION Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, enter the date of the ruling 4942(j)(3) or 4942(1)(5) b Check box to indicate whether the foundation is a private operating foundation described in section Tax year Prior 3 years 2 a Enter the lesser of the adjusted net (c) 2010 (d) 2009 (e) Total (a) 2012 (b) 2011 income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter; (1) Value of all assets (2) Value of assets qualifying under section 4942(i)(3)(B)(i)b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed c "Support" alternative test - enter; (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income Part XV | Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) SEE STATEMENT 11 b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: 🗌 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or e-mail of the person to whom applications should be addressed: SEE STATEMENT 12 b The form in which applications should be submitted and information and materials they should include: c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

THE JAMES J. AND JOAN A. GARDNER 31-1397164 Form 990-PF (2012) FAMILY FOUNDATION Page 11 Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year CHILDREN'S DIABETES FOUNDATION AT NONE PUBLIC CHARITY FINANCIAL AID DENVER COLORADO 4380 SOUTH SYRACUSE STREET, SUITE 430 25,000. DENVER, CO 80237 PUBLIC CHARITY FINANCIAL AID NONE CINCINNATI BALLET COMPANY 1555 CENTRAL PKWY 35,000. CINCINNATI, OH 45214 CINCINNATI MUSICAL FESTIVAL ASSOC. NONE PUBLIC CHARITY FINANCIAL AID 1241 ELM STREET 15,000. CINCINNATI, OH 45202 PUBLIC CHARITY FINANCIAL AID NONE CINCINNATI WORKS, INC. 708 WALNUT STREET, FLOOR 2 7,500. CINCINNATI, OH 45202 PUBLIC CHARITY FINANCIAL AID CITY LINK CENTER NONE 800 BANK STREET 2,500. CINCINNATI, OH 45214 SEE CONTINUATION SHEET(S) 2,385,000. b Approved for future payment NONE

Total

Form **990-PF** (2012)

Form 990-PF (2012)

Part XVI-A Analysis of Income-Producing Activities

, and you or mooning the de		<u> </u>			
Enter gross amounts unless otherwise indicated.	Unrelated bu (a) Business	(b)	Exclud (C) Exclu- sion	(d)	(e) Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a					
b	.				
c	.				
d					
e					
f			Ш		
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash	1 1		1 1		
investments .			14	3,373.	
4 Dividends and interest from securities			14	274,100.	
5 Net rental income or (loss) from real estate:			\sqcup		
a Debt-financed property					
b Not debt-financed property	L	,			
6 Net rental income or (loss) from personal	} }		} }	}	
property .					
7 Other investment income					
8 Gain or (loss) from sales of assets other	1				
than inventory	900000	56,211.	18	381,762.	
9 Net income or (loss) from special events		<u></u>			
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a SEE STATEMENT 13		-17,938.		280,932.	
b					·
C	. [Ш		
d					
e					
12 Subtotal. Add columns (b), (d), and (e)	<u> </u>	38,273.		940,167.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	978,440.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accom	plishment of Ex	empt	t Purposes	
Line No. Explain below how each activity for which inc the foundation's exempt purposes (other than			contrib	uted importantly to the accomp	lishment of
N/A	. by providing tariou				
					
					
					·
		<u> </u>	_		
			-		
		-			
		· · · · · · · · · · · · · · · · · · ·	···		
		-			
			-		
					
		 -			
					

Form 990-PF (2012)

FAMILY FOUNDATION 31-1397164

Part XVII	Information Re Exempt Organ		sfers To a	nd Transactior	ns and	Relations	hips With Non	charitabl	е	90 10
1 Did the ord	janization directly or indi		of the following	with any other organ	ization de	scribed in secti	on 501(c) of		Yes	No
	other than section 501(c)									$\overline{}$
a Transfers f	from the reporting founda	ation to a noncharital	ble exempt org	anization of:						
(1) Cash								1a(1)		Х
(2) Other	assets .	•		- · ·	_	-		1a(2)		X
b Other trans	sactions:									
(1) Sales	of assets to a noncharital	ble exempt organizat	tion	•				1b(1)		_X_
(2) Purch	ases of assets from a no	ncharitable exempt o	rganization					1b(2)		X
(3) Renta	of facilities, equipment,	or other assets						1b(3)		X
(4) Reimb	(4) Reimbursement arrangements									X
(5) Loans	or loan guarantees		-			-		1b(5)		X
(6) Perfor	mance of services or me	mbership or fundrais	sing solicitation	ıs	-			1b(6)		X
c Sharing of	facilities, equipment, ma	uling lists, other asse	ts, or paid emp	loyees				1c		X
d If the answ	ver to any of the above is	"Yes," complete the f	following sched	iule. Column (b) shou	ld always	show the fair m	narket value of the go	ods, other as	sets,	
	given by the reporting fo			d less than fair marke	t value ın	any transaction	or sharing arrangem	ent, show in		
) the value of the goods,									
(a)Line no	(b) Amount involved	(c) Name of		exempt organization		(d) Description	of transfers, transaction	s, and shanng a	rangeme	ints
_			N/A							
_										
				•						
		ļ								_
2a is the four	dation directly or indirec	tly affiliated with, or i	related to, one	or more tax-exempt o	rganizatio	ns described				
in section	501(c) of the Code (othe	r than section 501(c))(3)) or ın secti	on 527?				Yes	X] No
b If "Yes," co	emplete the following sch	edule.								_
	(a) Name of org	ganization		(b) Type of organizat	tion		(c) Description of rela	ationship		
N/A										
		· <u> </u>								
Under and a	penalties of perjury, I declare			g accompanying schedule taxpayer) is based on all				May the IRS		
Sign	aller, tris true, correct, and cor	Inplete Decipation of pr	Por a (ouner than	taxpayer) is based on all	Intornation	or which preparer	nas any knowledge	return with the shown below	ne prepar v (see ins	er tr)?
Here	June 4	· I hul	La_	- 11P1313		TREASU	JRER	X Yes	s \square	No
Sign	ature of officer or trustee	;		Date		Title		<u> </u>		
	Print/Type preparer's na	ame	Preparer's si	gnature	Dat	te	Check if I	PTIN		
			 -, .	7 -	. م		self- employed			
Paid	ZACK FORTS	СН	1 2 and	faction		1-12-13	1	P00052	<mark>}725</mark>	
Preparer	Firm's name ► MCG	LADREY LL	ΓP.				Firm's EIN ► 42	-07143	25	
Use Only	Į						1			
_	Firm's address ► ON	IE SOUTH W	VACKER	DRIVE, SUI	TE 8	00	1			
	Firm's address NONE SOUTH WACKER DRIVE, SUITE 800 CHICAGO II, 60606									n

Form **990-PF** (2012)

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

Employer identification number

2012

THE JAMES J. AND JOAN A. GARDNER 31-1397164 FAMILY FOUNDATION Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt chantable trust not treated as a private foundation 527 political organization X 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 X 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, 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, chantable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2012)

Name of organization THE JAMES J. AND JOAN A. GARDNER FAMILY FOUNDATION

Employer identification number

31-1397164

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GARDNER FAMILY 2000 CHARITABLE TRUST 6847 CINTAS BOULEVARD, SUITE 120 MASON, OH 45040	\$ 27,478.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	GARDNER FAMILY 2000 CHARITABLE TRUST 6847 CINTAS BOULEVARD, SUITE 120 MASON, OH 45040	\$ <u>1,979,522</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	GARDNER FAMILY 1992 CHARITABLE TRUST 6847 CINTAS BOULEVARD, SUITE 120 MASON, OH 45040	\$ 64,593.	Person X Payroll
(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 Oncash Occupiete 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 If if there is a noncash contribution) 990, 990-EZ, or 990-PF) (2012)
223452 12-2	: IT IC	Source in Country	,, -, 1 \2012

THE JAMES J. AND JOAN A. GARDNER FAMILY FOUNDATION

Employer identification number

31-1397164

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed.
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	55,541 SHARES OF CINTAS STOCK		
		\$ 1,979,522.	12/31/12
(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
		\$	
(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) (2012) Employer identification number Name of organization THE JAMES J. AND JOAN A. GARDNER FAMILY FOUNDATION 31-1397164 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 Part III the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) Use duplicate copies of Part III if additional space is needed. (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 (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 (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 (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee				

FORM 990-PF INTEREST ON SAVINGS A	ND TEMPO	RARY C	ASH :	INVESTMENTS	STATEMENT	1
SOURCE					AMOUNT	
FIFTH THIRD BANK					3,3	73.
TOTAL TO FORM 990-PF, PART I, LINE	3, COLU	MIN A			3,3	73.
FORM 990-PF DIVIDENDS AND	INTERES	T FROM	SEC	URITIES	STATEMENT	2
SOURCE	GROSS A	MOUNT		PITAL GAINS DIVIDENDS	COLUMN (A AMOUNT	.)
CINTAS CORPORATION	27	4,100.		0.	274,1	00.
TOTAL TO FM 990-PF, PART I, LN 4	27	4,100.		0.	274,1	00.
						
FORM 990-PF C	THER INC	OME			STATEMENT	3
DESCRIPTION	R	OME (A) EVENUE R BOOK		(B) NET INVEST- MENT INCOME	(C) ADJUSTE	D D
	R	(A) EVENUE R BOOK 98, 160, -5, 23, 5, -36,	982. 743. 786. 784. 961. 802.	98,982 743 160,786 -11,292 -5,560 30,376 6,974 -21,794	(C) ADJUSTE NET INCO	D D

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAB PURPOSE	
ACOUNTING FEES	1,400.	0.		1,40	0.
TO FORM 990-PF, PG 1, LN 16B	1,400.	0.		1,40	0.
FORM 990-PF (OTHER PROFES	SIONAL FEES	S'	PATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAB PURPOSE	
MANAGEMENT FEES	225,288.	189,038.		36,25	0.
TO FORM 990-PF, PG 1, LN 16C	225,288.	189,038.		36,25	0.
FORM 990-PF	TAX	ES	S'	FATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAB PURPOSE	
STATE FILING FEE	200.	0.		20	0.
TO FORM 990-PF, PG 1, LN 18	200.	0.		20	0.
FORM 990-PF	OTHER E	XPENSES	S	PATEMENT	7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAB PURPOSE	
	11.	0.		1	1.
POSTAGE INSURANCE	1,798.	0.		1,79	8.
				1,79	

FORM 990-PF	CORPORATE STOCK		STATEMENT 8
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
CINTAS CORPORATION	•	3,932,141.	19,515,026.
TOTAL TO FORM 990-PF, PART II,	LINE 10B	3,932,141.	19,515,026.
FORM 990-PF	OTHER INVESTMENTS		STATEMENT 9
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
SH PREMIUM INCOME LLC SH CASH MANAGEMENT LLC SH FIXED INCOME LLC SH MARKET NEUTRAL LLC SH EQUITIES LP SH REAL RETURN LLC SH PRIVATE EQUITY FUND I SH OS, LLC	COST COST COST COST COST COST COST COST	-253,378. 328,662. 2,101,494. 1,536,316. 1,786,759. 592,739. 1,899,735. 22,601,868.	7,862,038. 345,734. 2,171,352. 1,574,860. 2,371,444. 499,601. 2,542,354. 25,009,845.
TOTAL TO FORM 990-PF, PART II,	LINE 13	30,594,195.	42,377,228.

FORM 990-PF PART VIII - TRUSTEES		OF OFFICERS, I			STATI	EMENT	10
NAME AND ADDRESS		TITLE AND AVRG HRS/WK	COMPEN- SATION	-	EMPLOYEE BEN PLAN CONTRIB	EXPENS ACCOUN	SE NT
LINDA G. MUELLER 6847 CINTAS BOULEVARD, SUITE 1 MASON, OH 45040		TREASURER AND	TRUSTEE				
LORRAINE G. SOMMER 6847 CINTAS BOULEVARD, SUITE 1 MASON, OH 45040	.20	VICE CHAIRMAN 1.00	AND TRUST	ree O.	0.		0.
SPENCER J. GARDNER 6847 CINTAS BOULEVARD, SUITE 1 MASON, OH 45040	.20	TRUSTEE 1.00		0.	0.		0.
MARGARET M. JOHNS 6847 CINTAS BOULEVARD, SUITE 1 MASON, OH 45040	.20	SECRETARY AND 1.00	TRUSTEE	0.	0.		0.
GARY D. JOHNS 6847 CINTAS BOULEVARD, SUITE 1 MASON, OH 45040	.20	CHAIRMAN AND 1	TRUSTEE	0.	0.		0.
THOMAS J. MUELLER 6847 CINTAS BOULEVARD, SUITE 1 MASON, OH 45040	20	TRUSTEE 1.00		0.	0.		0.
JOAN A. GARDNER 6847 CINTAS BOULEVARD, SUITE 1 MASON, OH 45040	L20	VICE-PRESIDENT	TAND TRU	STEE 0.	0.		0.
JAMES J. GARDNER 6847 CINTAS BOULEVARD, SUITE 1 MASON, OH 45040	L20	PRESIDENT AND 1.00	TRUSTEE	0.	0.		0.
ADAM T. MUELLER 6847 CINTAS BOULEVARD, SUITE 1 MASON, OH 45040	L20	TRUSTEE 1.00		0.	0.		0.
ERIC G. MUELLER 6847 CINTAS BOULEVARD, SUITE 1 MASON, OH 45040	L20	TRUSTEE 1.00		0.	0.		0.
JONATHAN J. MUELLER 6847 CINTAS BOULEVARD, SUITE 1 MASON, OH 45040		TRUSTEE 1.00		0.	0.		0.

THE JAMES J. AND JOAN A. GARDNER	FAMILY		31-1397164		
LÀURA K. MUELLER 6847 CINTAS BOULEVARD, SUITE 120 MASON, OH 45040	TRUSTEE 1.00	0.	0.	0.	
KYLE J. JOHNS 6847 CINTAS BOULEVARD, SUITE 120 MASON, OH 45040	TRUSTEE 1.00	0.	0.	0.	
BLAIRE A. JOHNS 6847 CINTAS BOULEVARD, SUITE 120 MASON, OH 45040	TRUSTEE 1.00	0.	0.	0.	
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	0.	0.	0.	
10.0.1	KV - LINE 1A UNDATION MANAGERS		STATEMENT	11	

NAME OF MANAGER

LINDA G. MUELLER LORRAINE G. SOMMER SPENCER J. GARDNER MARGARET M. JOHNS JOAN A. GARDNER JAMES J. GARDNER FORM 990-PF

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

STATEMENT

12

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

THE JAMES J. AND JOAN A. GARDNER FAMILY FOUNDATION C/O SUMMER HILL, INC. 6847 CINTAS BOULEVARD, SUITE 120 MASON, OH 45040

TELEPHONE NUMBER

513-459-1085

FORM AND CONTENT OF APPLICATIONS

LETTER STATING PURPOSE AND AMOUNT OF GRANT/GENERAL INFORMATION ON ORGANIZATION

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

NONE

FORM 990-PF	ľO	HER REVENUE	STATEMENT 1			
DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED O EXEMPT FU TION INCO	NC-
SH PREMIUM INCOME LLC SH CASH MANAGEMENT LLC SH FIXED INCOME LLC SH MARKET NEUTRAL LLC SH EQUITIES LP SH REAL RETURN LLC SH OS LLC SH PRIVATE EQUITY FUND I SH PRIVATE EQUITY FUND I SH OS LLC SH MARKET NEUTRAL LLC INCOME TAX REFUND TOTAL TO FORM 990-PF, PG 1	900000 900000 900000 900000 900000	5,508. -401. -6,574. -1,829. -14,642.	18	98,982. 743. 160,786. -11,292. -5,560. 30,376. 6,974. -21,794. 1,627. 89. 20,000.		

CONTINUATION FOR 990-PF, PART IV FAMILY FOUNDATION 31-1397164 PAGE 1 OF 1 Part IV Capital Gains and Losses for Tax on Investment Income

	ses for Tax on Investment Income				
(a) List and (2-story bri	describe the kind(s) of property sol ck warehouse; or common stock, 2	d, e.g., real estate, 00 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a SH PREMIUM INCO	ME				
b SH FIXED INCOME					
c SH MARKET NEUTR	₹ A L				
d SH EQUITIES					
e SH PRIVATE EQUI	TY FUND				
f SH REAL RETURN					
g SH EQUITIES		<u> </u>			
h SH PRIVATE EQUI	TY FUND				
SH REAL RETURN					
j SH OS					
k SH OS			- 		
1					
<u>m</u>					
<u> </u>	····	· -		 	
0	(A) Degreesting allowed	(a) Coot or other happy) Com or (loca)	_
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale) Gain or (loss) plus (f) minus (g)	
a					230,169.
b					133,013.
C					110,655.
d	<u> </u>				220,484.
е				<u> </u>	205,478.
f			· -· · · · · · · · · · · · · · · · · ·		-4,166.
g					-15,992.
h		<u> </u>			-13,525.
1					-26,635.
]					-59. 2,678.
k l					2,0/0.
m				-	
n		1			
0		1			
Complete only for assets showing	g gain in column (h) and owned by	the foundation on 12/31/69	(I)Lo	sses (from col. (h))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (1) over col. (1), if any	Gains (excess but i	of col. (h) gain òve not less than "-0-")	col. (k),
a					230,169.
b					133,013.
С					110,655.
d					220,484.
e					205,478.
<u> </u>					-4,166.
f					-15,992.
f g					-15,992. -13,525.
f g h					-15,992. -13,525. -26,635.
f g h					-15,992. -13,525. -26,635. -59.
f g h I					-15,992. -13,525. -26,635. -59.
f g h I J k					-15,992. -13,525. -26,635. -59.
f g h I I k					-15,992. -13,525. -26,635. -59.
f g g h l l l l l l l l l l l l l l l l l					-15,992. -13,525. -26,635. -59.
f g g h l l l l l l l l l l l l l l l l l					-15,992. -13,525. -26,635. -59.
e f g h I I k i m n o Capital gain net income or (net ca	pital loss) { If gain, also ente	er in Part I, line 7 0-" in Part I, line 7	2		-15,992. -13,525. -26,635.
f g h I I J k I m n o Capital gain net income or (net ca	pital loss) { If gain, also ente f If (loss), enter "- ss) as defined in sections 1222(5) a		2		-15,992. -13,525. -26,635. -59. 2,678.

Part XV | Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to any foundation manager Foundation Purpose of grant or contribution Amount status of Name and address (home or business) or substantial contributor recipient DENVER RESCUE MISSION NONE PUBLIC CHARITY FINANCIAL AID 3501 E. 46TH AVENUE DENVER, CO 80216 10,000. DRAGONFLY FOUNDATION NONE PUBLIC CHARITY FINANCIAL AID P.O. BOX 334 MASON, OH 45040 10,000. PUBLIC CHARITY FINANCIAL AID ECHOING GOOD NONE 263 CLEVELAND AVE. MILL VALLEY, CA 94941 5,000. PUBLIC CHARITY FINANCIAL AID FRIARS CLUB, INC. NONE 2316 HARRYWOOD COURT 20,000. CINCINNATI, OH 45239 NONE PUBLIC CHARITY FINANCIAL AID GREATER CINCINNATI ARTS & EDUCATION CENTER 108 W. CENTRAL PKWY CINCINNATI, OH 45202 25,000. PUBLIC CHARITY FINANCIAL AID GREENSPRINGS BAPTIST CHRISTIAN NONE FELLOWSHIP TRUST 740 4TH STREET, SUITE 202 5,000. SANTA ROSA, CA 95404-4421 PUBLIC CHARITY FINANCIAL AID LIFE ISSUES INSTITUTE NONE 1821 W. GALBRAITH RD. CINCINNATI, OH 45239 50,000. M.D. ANDERSON NONE PUBLIC CHARITY FINANCIAL AID 3160 SOUTHGATE COMMERCIAL BLVD, SUITE #50 ORLANDO FL 32806 40,000. M.D. ANDERSON NONE PUBLIC CHARITY FINANCIAL AID 3160 SOUTHGATE COMMERCIAL BLVD, SUITE \$50 ORLANDO, FL 32806 100,000. M.D. ANDERSON NONE PUBLIC CHARITY FINANCIAL AID 3160 SOUTHGATE COMMERCIAL BLVD., STE ORLANDO, FL 32806 100,000. Total from continuation sheets 2,300,000.

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution show any relationship to Foundation Amount status of recipient any foundation manager Name and address (home or business) or substantial contributor PUBLIC CHARITY FINANCIAL AID MARY MAGDALEN FOUNDATION NONE 9449 MONTGOMERY ROAD CINCINNATI, OH 45242 50,000. NONE PUBLIC CHARITY FINANCIAL AID MARY MAGDALEN FOUNDATION 9449 MONTGOMERY ROAD 20,000. CINCINNATI, OH 45242 PUBLIC CHARITY FINANCIAL AID NONE OCEAN REEF CULTURAL CENTER 200 OCEAN REEF DR. 200,000. KEY LARGO, FL 33037 PUBLIC CHARITY FINANCIAL AID ORLANDO REGIONAL HEALTHCARE NONE FOUNDATION 3160 SOUTHGATE COMMERCIAL BLVD. 100,000. ORLANDO, FL 32806 PUBLIC CHARITY FINANCIAL AID NONE OUR LADY OF THE SNOW PO BOX 2029 5,000. GRANBY, CO 80446 PUBLIC CHARITY FINANCIAL AID PREGNANCY CENTER EAST NONE 3944 EDWARDS ROAD 40,000. CINCINNATI, OH 45209 PREGNANCY RESOURCE CONNECTION NONE PUBLIC CHARITY FINANCIAL AID 244 EAST AGATE AVE., SUITE B 5,000. GRANBY, CO 80446 PUBLIC CHARITY FINANCIAL AID SISTERS OF NOTRE DAME DE NAMUR NONE 701 EAST COLUMBIA AVE 100,000. CINCINNATI, OH 25215 PUBLIC CHARITY FINANCIAL AID ST. SUSANNA CATHOLIC CHURCH NONE 616 READING RD. MASON, OH 45040 75,000. ST. VINCENT DE PAUL SOCIETY NONE PUBLIC CHARITY FINANCIAL AID 1125 BANK STREET 15,000. CINCINNATI, OH 45214 Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or Foundation show any relationship to Amount any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient ST. XAVIER HIGH SCHOOL PUBLIC CHARITY FINANCIAL AID NONE 600 W. NORTH BEND RD CINCINNATI, OH 45224-1499 5,000. SUMMIT COUNTRY DAY SCHOOL NONE PUBLIC CHARITY FINANCIAL AID 2161 GRANDIN RD. CINCINNATI, OH 45208 10,000. PUBLIC CHARITY FINANCIAL AID SUMMIT COUNTRY DAY SCHOOL NONE 2161 GRANDIN RD. CINCINNATI, OH 45208 15,000. PUBLIC CHARITY FINANCIAL AID NONE SUN SYSTEM DEVELOPMENT CORP. 2710 N. ORANGE AVE., STE #100 ORLANDO, FL 32806 25,000. UNIVERSITY OF CINCINNATI FOUNDATION NONE PUBLIC CHARITY FINANCIAL AID PO BOX 210021 200,000. CINCINNATI, OH 45221 NONE PUBLIC CHARITY FINANCIAL AID UNIVERSITY OF CINCINNATI FOUNDATION PO BOX 210021 CINCINNATI, OH 45221 20,000. PUBLIC CHARITY FINANCIAL AID UNIVERSITY OF CINCINNATI FOUNDATION NONE PO BOX 670570 CINCINNATI, OH 45267-0570 1,000,000. XAVIER UNIVERSITY NONE PUBLIC CHARITY FINANCIAL AID 3800 VICTORY PARKWAY 50,000. CINCINNATI, OH 45207-7740 Total from continuation sheets

Form **8868**

(Rev. January 2013)

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

moma	7 THE GOOD	a. ata app	modulom for caon returns						
• If y	rou are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			×X			
• If y	ou are filing for an Additional (Not Automatic) 3-Month Ex	tension,	complete only Part II (on page 2 of	this form)).				
До п	ot complete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	sly filed Fo	orm 8868.				
Elect	ronic filing <i>(e-file)</i> . You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of tir	ne to file	(6 months for a cor	poration			
requi	red to file Form 990-T), or an additional (not automatic) 3-mo	nth exten	sion of time. You can electronically f	île Form 8	3868 to request an	extension			
of tim	ie to file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers	Associated With C	ertain			
Perso	onal Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details	on the ele	ctronic filing of this	s form,			
<u>visit v</u>	vww.irs.gov/efile and click on e-file for Charities & Nonprofits		• <u> </u>						
Par	1 Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).					
A cor	poration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete					
Part i	only					▶ ∐			
	her corporations (including 1120-C filers), partnerships, REM income tax returns.	IICs, and t	rusts must use Form 7004 to reques	st an exte	nsion of time				
Туре				Employer identification number (EIN) or					
print	THE JAMES J. AND JOAN A. GA								
The book	FAMILY FOUNDATION	31-1397164							
File by due dat	te for Number, street, and room or suite no. If a P.O. box, see instructions.				Social security number (SSN)				
filing yo									
instruct									
Enter	the Return code for the return that this application is for (file	a separa	te application for each return)			0 4			
Appli	cation	Return	Application			Return			
ls Fo	r	Code	Is For						
Form	990 or Form 990-EZ	01	Form 990-T (corporation)			07			
Form	990-BL	02	Form 1041-A			08			
Form	4720 (individual)	03	Form 4720 09						
Form	990-PF	04	Form 5227 10						
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069 11						
Form	990-T (trust other than above)	06	Form 8870						
● Th	RICHARD L. ROEL e books are in the care of b 6847 CINTAS BOU	-		SON.	он 45040				
	lephone No. ► 513-459-1085		FAX No. ▶						
	he organization does not have an office or place of business	in the Un				• 🗀			
	his is for a Group Return, enter the organization's four digit (f this is fo	r the whole aroun	check this			
box 🎚									
	I request an automatic 3-month (6 months for a corporation				ers the extension	3 101.			
	AUGUST 15, 2013 , to file the exempt	-	ion return for the organization name		The extension				
	is for the organization's return for:								
► X calendar year 2012 or									
	tax year beginning	, and	d ending		_·				
_									
2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period								
30	If this application is fer Form COO DI COO DE COO T 4700		stor the tentative too large one	Г					
		is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any				0 325			
	nonrefundable credits. See instructions.	3a	\$ 3	0,335.					
	If this application is for Form 990-PF, 990-T, 4720, or 6069, or attended the second state of the second se	-			1	n 225			
	estimated tax payments made. Include any prior year overpo			3ь	\$1	0,335.			
	Balance due. Subtract line 3b from line 3a. Include your pay		•] _ !	, ,	0 000			
	by using EFTPS (Electronic Federal Tax Payment System). S		· · · · · · · · · · · · · · · · · · ·	3c		0,000.			
<u>Cauti</u>	on. If you are going to make an electronic fund withdrawal w	<u>ith this Fo</u>	rm 8868, see Form 8453-EO and Fo	rm <u>887</u> 9-l	EO for payment ins	tructions.			

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

Form 8868 (Rev. 1-2013)

Form 88	68 (Rev. 1-2013)					Page 2		
If you	are filing for an Additional (Not Automatic) 3-Month Ex	ctension, c	complete only Part II and check this	box		► X		
Note. O	nly complete Part II if you have already been granted an	automatic	3-month extension on a previously fi	led Form	8868.			
If you	are filing for an Automatic 3-Month Extension, comple							
Part I	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies need	ed)		
			Enter filer's	identifyi	ng number, se	e instructions		
Type or	Name of exempt organization or other filer, see instructions Employer identification number (E							
print	THE JAMES J. AND JOAN A. GARDNER							
File by the	·					31–1397164		
due date fo filing your return See	our COA7 CTAIMS COULT BLADD CLITTE 120				ecurity number	(SSN)		
Instruction	City, town or post office, state, and ZIP code. For a financial MASON, OH 45040	oreign add	fress, see Instructions.					
Entor th	e Return code for the return that this application is for (file	0 0 0000m	to application for each return)			04		
	· · · · · · · · · · · · · · · · · · ·	Return	•	· ·	· · ·	Return		
Application			Application					
ls For		Code	Is For					
	0 or Form 990-EZ	01						
Form 99		02	Form 1041-A					
	20 (individual)	03	Form 4720					
Form 99		04	Form 5227 Form 6069					
	0-T (sec. 401(a) or 408(a) trust) 0-T (trust other than above)	06	Form 8870					
	Do not complete Part II if you were not already granted		A	ouely file	ed Form 8868	12		
Telep	RICHARD L. ROES cooks are in the care of \blacktriangleright 6847 CINTAS BOS shone No. \blacktriangleright 513-459-1085 crganization does not have an office or place of business	ULEVAI	RD, SUITE 120 — MAS FAX No. ► Inted States, check this box	-		>		
	is for a Group Return, enter the organization's four digit							
box ►	. If it is for part of the group, check this box		ch a list with the names and EINs of	all memb	ers the extens	ion is for.		
		NOVEMI	BER 15, 2013.					
	or calendar year $\frac{2012}{1000}$, or other tax year beginning	h l	, and ending			·		
6 Ift	the tax year entered in line 5 is for less than 12 months, o	heck reas	on: L Initial return L.	⊥ Final r	etum			
_ L	Change in accounting period							
<u>I</u>		A COI	MPLETE AND ACCURATI	TAX	RETURN	IS NOT		
<u>I</u>		A COI	MPLETE AND ACCURATI	TAX	RETURN	IS NOT		
<u>I</u>]	NFORMATION NECESSARY TO FILE			TAX	RETURN	IS NOT		
11 <u>Y</u> 1	NFORMATION NECESSARY TO FILE ET AVAILABLE.			E TAX	RETURN	IS NOT 30,335.		
8a If t	NFORMATION NECESSARY TO FILE ET AVAILABLE. this application is for Form 990-BL, 990-PF, 990-T, 4720, or refundable credits. See instructions.	or 6069, e	nter the tentative tax, less any					
<u>I</u> <u>Y</u>	NFORMATION NECESSARY TO FILE ET AVAILABLE. this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any refundable credits and estimated					
<u>I</u> <u>Y</u> 8a	NFORMATION NECESSARY TO FILE ET AVAILABLE. this application is for Form 990-BL, 990-PF, 990-T, 4720, onrefundable credits. See instructions. this application is for Form 990-PF, 990-T, 4720, or 6069,	or 6069, e	nter the tentative tax, less any refundable credits and estimated					
8a If to no b If t tax	NFORMATION NECESSARY TO FILE ET AVAILABLE. this application is for Form 990-BL, 990-PF, 990-T, 4720, onrefundable credits. See instructions. this application is for Form 990-PF, 990-T, 4720, or 6069, or payments made. Include any prior year overpayment all	or 6069, er enter any lowed as a	nter the tentative tax, less any refundable credits and estimated a credit and any amount paid	8a	\$	30,335.		
8a If to no b If t tax process of the second	NFORMATION NECESSARY TO FILE ET AVAILABLE. this application is for Form 990-BL, 990-PF, 990-T, 4720, or refundable credits. See instructions. this application is for Form 990-PF, 990-T, 4720, or 6069, or payments made. Include any prior year overpayment all reviously with Form 8868.	or 6069, en enter any owed as a	nter the tentative tax, less any refundable credits and estimated a credit and any amount paid	8a	\$	30,335.		
8a If to no b If t tax process of the second	NFORMATION NECESSARY TO FILE ET AVAILABLE. This application is for Form 990-BL, 990-PF, 990-T, 4720, or refundable credits. See instructions. This application is for Form 990-PF, 990-T, 4720, or 6069, or payments made. Include any prior year overpayment all reviously with Form 8868. Illiance due. Subtract line 8b from line 8a. Include your payment System). See instructions.	enter any owed as a syment with	nter the tentative tax, less any refundable credits and estimated a credit and any amount paid	8a 8b	\$	30,335.		
8a If to no b If t tax property c Bare EF	NFORMATION NECESSARY TO FILE ET AVAILABLE. This application is for Form 990-BL, 990-PF, 990-T, 4720, or enterfundable credits. See instructions. This application is for Form 990-PF, 990-T, 4720, or 6069, or payments made. Include any prior year overpayment all reviously with Form 8868. Illiance due. Subtract line 8b from line 8a. Include your payment System. See instructions. Signature and Verificat malties of perjury, I declare that I have examined this form, include correct, and complete, and that I am authorized to prepare this form.	enter any lowed as a syment with uctions.	refundable credits and estimated a credit and any amount paid that this form, if required, by using st be completed for Part II of anying schedules and statements, and to	8a 8b 8c	\$	30,335. 30,335. 0.		
8a If to no b If t tax property c Bare EF	NFORMATION NECESSARY TO FILE ET AVAILABLE. This application is for Form 990-BL, 990-PF, 990-T, 4720, or orrefundable credits. See instructions. This application is for Form 990-PF, 990-T, 4720, or 6069, or payments made. Include any prior year overpayment all reviously with Form 8868. Islance due. Subtract line 8b from line 8a. Include your payments all the second properties of perjury, I declare that I have examined this form, include correct, and complete, and that I am authorized to prepare this form.	enter any lowed as a syment with uctions.	nter the tentative tax, less any refundable credits and estimated a credit and any amount paid h this form, if required, by using	8a 8b 8c	\$ \$ f my knowledge	30,335. 30,335. 0.		

efilel 8/8/13

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