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Form **990-PF**

Department of the Treasury  
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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▶ Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052

**2014**

Open to Public Inspection

For calendar year 2014, or tax year beginning 01-01-2014 , and ending 12-31-2014

Name of foundation DR ALVIN H & ALVA JAMISON CRAWFORD FAMILY FOUNDATION		<b>A Employer identification number</b>  31-1674850	
Number and street (or P O box number if mail is not delivered to street address) 3963 WINDING WAY		Room/suite	<b>B Telephone number</b> (see instructions)  (513) 861-4035
City or town, state or province, country, and ZIP or foreign postal code CINCINNATI, OH 452291949		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>	
<b>G</b> Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
<b>H</b> Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16)▶\$ 1,061,615		<b>J</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	<b>1</b> Contributions, gifts, grants, etc , received (attach schedule) . . . . .	298,264			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	<b>3</b> Interest on savings and temporary cash investments	17	17		
	<b>4</b> Dividends and interest from securities. . . . .	18,570	18,570		
	<b>5a</b> Gross rents . . . . .				
	<b>b</b> Net rental income or (loss) _____				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	28,626			
	<b>b</b> Gross sales price for all assets on line 6a 539,588				
	<b>7</b> Capital gain net income (from Part IV, line 2) . . .		28,626		
	<b>8</b> Net short-term capital gain . . . . .				
	<b>9</b> Income modifications . . . . .				
	<b>10a</b> Gross sales less returns and allowances				
	<b>b</b> Less Cost of goods sold . . . . .				
	<b>c</b> Gross profit or (loss) (attach schedule) . . . . .				
	<b>11</b> Other income (attach schedule) . . . . .				
	<b>12 Total.</b> Add lines 1 through 11 . . . . .	345,477	47,213		
Operating and Administrative Expenses	<b>13</b> Compensation of officers, directors, trustees, etc	0	0		0
	<b>14</b> Other employee salaries and wages . . . . .				
	<b>15</b> Pension plans, employee benefits . . . . .				
	<b>16a</b> Legal fees (attach schedule) . . . . .				
	<b>b</b> Accounting fees (attach schedule) . . . . .	1,450	1,450		0
	<b>c</b> Other professional fees (attach schedule) . . . . .	4,351	4,351		0
	<b>17</b> Interest . . . . .				
	<b>18</b> Taxes (attach schedule) (see instructions) . . .	379	379		0
	<b>19</b> Depreciation (attach schedule) and depletion . . .				
	<b>20</b> Occupancy . . . . .				
	<b>21</b> Travel, conferences, and meetings . . . . .				
	<b>22</b> Printing and publications . . . . .				
	<b>23</b> Other expenses (attach schedule) . . . . .	12	12		0
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	6,192	6,192		0
	<b>25</b> Contributions, gifts, grants paid . . . . .	50,981			50,981
	<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	57,173	6,192		50,981
	<b>27</b> Subtract line 26 from line 12				
	<b>a Excess of revenue over expenses and disbursements</b>	288,304			
	<b>b Net investment income</b> (if negative, enter -0-)		41,021		
	<b>c Adjusted net income</b> (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing . . . . .			
	2	Savings and temporary cash investments . . . . .	186,319	38,087	38,087
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable . . . . .			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) . . . . .	35,952	878,760	974,026
	c	Investments—corporate bonds (attach schedule). . . . .			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans . . . . .			
	13	Investments—other (attach schedule) . . . . .	452,449	46,177	49,502
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	674,720	963,024	1,061,615	
Liabilities	17	Accounts payable and accrued expenses . . . . .			
	18	Grants payable . . . . .			
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule) . . . . .			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22) . . . . .	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted . . . . .			
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds . . . . .	0	0	
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	674,720	963,024	
	30	Total net assets or fund balances (see instructions) . . . . .	674,720	963,024	
31	Total liabilities and net assets/fund balances (see instructions) . . .	674,720	963,024		

Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return) . . . . .	1 674,720
2	Enter amount from Part I, line 27a . . . . .	2 288,304
3	Other increases not included in line 2 (itemize) ▶ _____	3 0
4	Add lines 1, 2, and 3 . . . . .	4 963,024
5	Decreases not included in line 2 (itemize) ▶ _____	5 0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6 963,024

Part IV

Capital Gains and Losses for Tax on Investment Income

(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 )		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a	See Additional Data Table			
b				
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	See Additional Data Table		
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a	See Additional Data Table		
b			
c			
d			
e			

2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	28,626
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)  If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 . . . . .	}	3	

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2013	43,850	508,523	0 086230
2012	43,113	319,082	0 135116
2011	18,813	23,280	0 808119
2010	26,963	5,939	4 539990
2009	15,410	5,954	2 588176

2	Total of line 1, column (d). . . . .	2	8 157631
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years . . . .	3	1 631526
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5. . . . .	4	733,852
5	Multiply line 4 by line 3. . . . .	5	1,197,299
6	Enter 1% of net investment income (1% of Part I, line 27b). . . . .	6	410
7	Add lines 5 and 6. . . . .	7	1,197,709
8	Enter qualifying distributions from Part XII, line 4. . . . .	8	50,981

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See  
the Part VI instructions


Part VI

Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a		Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1			
b		Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .		1	820
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-)		2	0
3		Add lines 1 and 2. . . . .		3	820
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	820
6		Credits/Payments			
a		2014 estimated tax payments and 2013 overpayment credited to 2014	6a		
b		Exempt foreign organizations—tax withheld at source . . . . .	6b		
c		Tax paid with application for extension of time to file (Form 8868) . . . . .	6c		
d		Backup withholding erroneously withheld . . . . .	6d		
7		Total credits and payments. Add lines 6a through 6d. . . . .		7	0
8		Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.		8	4
9		Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed . . . . .		9	824
10		Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. . . . .		10	
11		Enter the amount of line 10 to be Credited to 2015 estimated tax Refunded		11	

Part VII-A

Statements Regarding Activities

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .	1a	Yes	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . . <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>	1b		No
c	Did the foundation file Form 1120-POL for this year? . . . . .	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <input type="checkbox"/> \$ 0 (2) On foundation managers <input type="checkbox"/> \$ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities.</i>	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes.</i> . . . . .	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T.</i>	5		No
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	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i> . . . . .	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions): <input type="checkbox"/> 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? <i>If "No," attach explanation.</i> . . . . .	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV.</i> . . . . .	9		No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>  . . . . .	10	Yes	

Part 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		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
Website address N/A				
14	The books are in care of THE FOUNDATION Telephone no (513) 861-4035 Located at 3963 WINDING WAY CINCINNATI OH ZIP +4 452291949			
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		
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country				

Part 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
1a	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 No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days ). Yes No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here.	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? If "Yes," list the years 20 , 20 , 20 , 20 Yes No			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions ).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes No			
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?	5b		
	Organizations relying on a current notice regarding disaster assistance check here.	<input checked="" type="checkbox"/>		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ALVIN H CRAWFORD	TRUSTEE/PRESIDENT	0	0	0
3963 WINDING WAY	0 50			
CINCINNATI, OH 452291949				
ALVA J CRAWFORD	TRUSTEE/SECRETARY	0	0	0
3963 WINDING WAY	0 50			
CINCINNATI, OH 452291949				
RICHARD M SCHWARTZ	TRUSTEE/VICE-PRESIDENT	0	0	0
441 VINE STREET SUITE 2900	0 00			
CINCINNATI, OH 45202				
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000.				0

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. . . . .		0

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	0
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	0
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3. . . . .	0



Part X

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities. . . . .	1a	655,923
b	Average of monthly cash balances. . . . .	1b	89,104
c	Fair market value of all other assets (see instructions). . . . .	1c	0
d	Total (add lines 1a, b, and c). . . . .	1d	745,027
e	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	745,027
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4	11,175
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	733,852
6	Minimum investment return. Enter 5% of line 5. . . . .	6	36,693

Part XI

Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6. . . . .	1	36,693
2a	Tax on investment income for 2014 from Part VI, line 5. . . . .	2a	820
b	Income tax for 2014 (This does not include the tax from Part VI ). . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	820
3	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	3	35,873
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	0
5	Add lines 3 and 4. . . . .	5	35,873
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	35,873

Part XII

Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	1a	50,981
b	Program-related investments—total from Part IX-B. . . . .	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required). . . . .	3a	
b	Cash distribution test (attach the required schedule). . . . .	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	50,981
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 (see instructions). . . . .	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4. . . . .	6	50,981

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				35,873
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only. . . . .			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2014				
a From 2009. . . . .				15,112
b From 2010. . . . .				26,666
c From 2011. . . . .				17,649
d From 2012. . . . .				27,281
e From 2013. . . . .				18,603
f Total of lines 3a through e. . . . .	105,311			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ _____ 50,981				
a Applied to 2013, 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 2014 distributable amount. . . . .				35,873
e Remaining amount distributed out of corpus	15,108			
5 Excess distributions carryover applied to 2014 (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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	120,419			
b Prior years' undistributed income Subtract line 4b from line 2b. . . . .		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
d Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015 . . . . .				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions). . . .	15,112			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a . . . . .	105,307			
10 Analysis of line 9				
a Excess from 2010. . . .				26,666
b Excess from 2011. . . .				17,649
c Excess from 2012. . . .				27,281
d Excess from 2013. . . .				18,603
e Excess from 2014. . . .				15,108

Part XIVPrivate Operating Foundations (see instructions and Part VII-A, question 9)

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling. . . . .

b

Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .	Tax year	Prior 3 years			(e) Total
		(a) 2014	(b) 2013	(c) 2012	(d) 2011	
b	85% of line 2a . . . . .					
c	Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
d	Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c . . . . .					
3	Complete 3a, b, or c for the alternative test relied upon					
a	"Assets" alternative test—enter (1) Value of all assets . . . . . (2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . .					
c	"Support" alternative test—enter (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . . (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 XVSupplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1

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 Additional Data Table

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

2

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ 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 address of the person to whom applications should be addressed

ALVIN H CRAWFORD MD TRUSTEE  
3963 WINDING WAY  
CINCINNATI, OH 452291949  
(513) 861-4035

b

The form in which applications should be submitted and information and materials they should include

NO PARTICULAR FORM

c

Any submission deadlines

NONE

d

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

NONE

Part XV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total . . . . .			3a	50,981
b Approved for future payment				
Total . . . . .			3b	0

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2014)



Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

(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 )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
CLOROX CO, 150 SHS			2014-03-13
CSX CORP, 700 SHS			2014-07-23
GOLDMAN SACHS RISING DIVIDEND GROWTH FUND CL A, 839 046 SHS			2014-01-15
GOLDMAN SACHS RISING DIVIDEND GROWTH FUND CL A, 2870 287 SHS			2014-01-15
GOLDMAN SACHS RISING DIVIDEND GROWTH FUND CL A, 2873 536 SHS			2014-01-15
LORD ABBETT GROWTH LEADERS FUND A, 978 103 SHS,			2014-01-15
NEUBERGER BERMAN EQUITY INCOME FD CL A, 298 014 SHS			2014-01-15
NEUBERGER BERMAN EQUITY INCOME FD CL A, 6351 820 SHS			2014-01-15
NEUBERGER BERMAN MULTI-CAP OPP FUND A, 14 330 SHS			2014-01-15
NEUBERGER BERMAN MULTI-CAP OPP FUND A, 682 594 SHS		2013-09-20	2014-01-15

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
13,162		13,106	56
21,794		18,975	2,819
16,193		15,537	656
55,394		53,152	2,242
55,457		53,212	2,245
21,132		21,247	-115
3,582		3,481	101
76,344		81,026	-4,682
218		211	7
10,363		10,000	363

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			56
			2,819
			656
			2,242
			2,245
			-115
			101
			-4,682
			7
			363

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

(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 )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
RUSSELL TAX-MANAGED U S MID & SMALL CAP S, 118 597 SHS			2014-01-15
RUSSELL TAX-MANAGED U S MID & SMALL CAP S, 552 677 SHS			2014-01-15
RUSSELL LIFEPOINTS BALANCED STRATEGY A, 129 375		2013-12-27	2014-01-15
RUSSELL LIFEPOINTS BALANCED STRATEGY A, 25 286			2014-01-15
RUSSELL LIFEPOINTS BALANCED STRATEGY A, 9331 616			2014-01-15
VERIZON COMMUNICATIONS INC, 0 600 FRACTIONAL SHARE		2014-01-31	2014-02-24
VODOPHONE GROUP PLC SPON ADR, 109 000 SHS			2014-07-23
GUGGENHEIM S&P 500 EQUAL WEIGHT ETF, 250 SHS		2012-03-21	2014-01-31
AMAZON COM INC, 38 SHS			2014-02-04
MONSANTO CO NEW, 38 SHS			2014-02-03

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
2,596		2,286	310
12,098		9,600	2,498
1,550		1,541	9
423		394	29
111,788		101,530	10,258
28		28	0
3,664		7,363	-3,699
17,380		13,297	4,083
13,390		5,116	8,274
4,010		2,129	1,881

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			310
			2,498
			9
			29
			10,258
			0
			-3,699
			4,083
			8,274
			1,881



Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

(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 )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
RUSSELL TAX MANAGED U S LARGE CAP S,379 478 SHS			2014-01-15
RUSSELL TAX MANAGED U S LARGE CAP S, 2978 355 SHS			2014-01-15

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
11,190		9,870	1,320
87,832		87,861	-29


Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			1,320
			-29


**Form 990PF Part XV Line 1a - 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).**

ALVIN H CRAWFORD
ALVA J CRAWFORD


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
ALABAMA STATE UNIVERSITY FOUNDATION 915 S JACKSON STREET MONTGOMERY,AL 36104	NONE	501(C)(3)	TO PROMOTE AND SUPPORT HIGHER EDUCATION	150
ARTS WAVE PO BOX 630561 CINCINNATI,OH 45263	NONE	501(C)(3)	TO SUPPORT FINE ARTS IN CINCINNATI	300
BLACK & WHITE CANCER SURVIVORS FOUNDATION PO BOX 40598 CINCINNATI,OH 45240	NONE	501(C)(3)	TO SUPPORT MEDICAL RESEARCH IN FIGHTING CANCER	120
CINCINNATI CHILDRENS' HOSPITAL 3333 BURNET AVENUE CINCINNATI,OH 452293026	NONE	501(C)(3)	TO PROVIDE MEDICAL CARE AND HOSPITAL CARE FOR CHILDREN	14,263
CINCINNATI PLAYHOUSE IN THE PARK PO BOX 6537 CINCINNATI,OH 452060537	NONE	501(C)(3)	TO SUPPORT THE PERFORMING ARTS	1,000
CINCINNATI SYMPHONY ORCHESTRA 1241 ELM STREET CINCINNATI,OH 45202	NONE	501(C)(3)	TO SUPPORT THE PERFORMING ARTS	250
CONSUMER REPORTS FOUNDATION 101 TRUMAN AVENUE YONKERS,NY 107031057	NONE	501(C)(3)	TO IMPROVE THE COMMUNITY MARKETPLACE THROUGH INFORMATION	100
CROSSROADS COMMUNITY CHURCH 3500 MADISON AVENUE CINCINNATI,OH 45209	NONE	501(C)(3)	TO SUPPORT RELIGIOUS ENDEAVORS	5,100
FOUNDATION OF ORTHOPEDICS AND COMPLEX SPINE (FOCOS) PO BOX 665 LENOX HILL STATION NEW YORK,NY 10021	NONE	501(C)(3)	TO PROVIDE ORTHOPAEDIC MEDICAL CARE AND RESEARCH FOR CHILDREN	500
FREESTORE FOODBANK 1141 CENTRAL PARKWAY CINCINNATI,OH 45202	NONE	501(C)(3)	TO PROVIDE FOOD FOR HUNGRY FAMILIES AND INDIVIDUALS	300
HABITAT FOR HUMANITY 121 HABITAT STREET AMERICUS,GA 317093498	NONE	501(C)(3)	TO HELP PROVIDE DECENT, AFFORDABLE HOUSING FOR THOSE IN NEED	100
HOUSING OPPORTUNITIES MADE EQUAL INC (HOME) 2400 READING ROAD SUITE 118 CINCINNATI,OH 45202	NONE	501(C)(3)	TO PROMOTE THE AVAILABILITY OF DECENT HOUSING FOR ALL	200
INNER CITY TENNIS PROJECT PO BOX 32194 CINCINNATI,OH 45232	NONE	501(C)(3)	TO PROVIDE INNER CITY YOUTH THE OPPORTUNITY TO DEVELOP SKILLS IN TENNIS	500
J ROBERT GLADDEN ORTHOPAEDIC SOCIETY 6300 N RIVER ROAD ROSEMONT,IL 60018	NONE	501(C)(3)	TO PROMOTE AND SUPPORT MEDICAL EDUCATION IN ORTHOPAEDICS	1,000
KAPPA ALPHA PSI FOUNDATION 2322-24 NORTH BROAD STREET PHILADELPHIA,PA 19132	NONE	501(C)(3)	TO SUPPORT EDUCATIONAL PROGRAMS AND SCHOLARSHIPS FOR BLACK YOUTH	185
<b>Total . . . . .</b>  <b>3a</b>				50,981

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
LINTON CHAMBER MUSIC 1241 ELM STREET CINCINNATI,OH 45202	NONE	501(C)(3)	TO SUPPORT AND ENCOURAGE INTIMATE CLASSICAL CHAMBER MUSIC IN THE COMMUNITY	500
MEHARRY MEDICAL COLLEGE 1005 DR DB TODD JR BLVD NASHVILLE,TN 372083599	NONE	501(C)(3)	TO PROMOTE MEDICAL EDUCATION	500
NATIONAL MEDICAL FELLOWSHIP 5 HANOVER SQUARE NEW YORK,NY 10004	NONE	501(C)(3)	TO PROMOTE AND SUPPORT MEDICAL EDUCATION	1,000
NEMOURS FUND FOR CHILDRENS' HEALTH SHANDS HOUSE 1600 ROCKLAND ROAD WILMINGTON,DE 19803	NONE	501(C)(3)	TO SUPPORT MEDICAL CARE AND RESEARCH IN ORTHOPAEDIC CARE FOR CHILDREN	200
NORTH AVONDALE NEIGHBORHOOD ASSOCIATION (NANA) 617 CLINTON SPRINGS AVENUE CINCINNATI,OH 452291324	NONE	501(C)(3)	TO PRESERVE AND IMPROVE THE COMMUNITY OF NORTH AVONDALE	150
ORTHOPAEDIC RESEARCH & EDUCATION FUND 555 WELLS STREET SUITE 1100 MILWAUKEE,WI 532023823	NONE	501(C)(3)	TO SUPPORT MEDICAL RESEARCH AND EDUCATION IN ORTHOPAEDIC SURGERY	14,263
OUR DAILY BREAD C/O RBC MINISTRIES GRAND RAPIDS,MI 49555	NONE	501(C)(3)	TO SUPPORT SPIRITUAL AND RELIGIOUS ENDEAVORS	100
PHI DELTA KAPPA EDUCATIONAL FOUNDATION 408 N UNION STREET PO BOX 7888 BLOOMINGTON,IN 474077888	NONE	501(C)(3)	TO SUPPORT EDUCATION	100
PLANNED PARENTHOOD FEDERATION OF AMERICA INC 434 WEST 33RD STREET NEW YORK,NY 10001	NONE	501(C)(3)	TO SUPPORT WOMEN'S REPRODUCTIVE HEALTH AND SAFETY	100
PROKIDS 2605 BURNET AVENUE CINCINNATI,OH 452190970	NONE	501(C)(3)	TO PREVENT CHILD ABUSE AND NEGLECT	100
QUEEN CITY FOUNDATION PO BOX 3145 CINCINNATI,OH 45201	NONE	501(C)(3)	TO SUPPORT MINORITY YOUTH EDUCATIONTO SUPPORT COMMUNITY SERVICES	250
SCOLIOSIS RESEARCH SOCIETY'S SCHANDS MACEWEN RESEARCH ENDOWMENT FUND 555 WELLS STREET SUITE 1100 MILWAUKEEE,WI 532023823	NONE	501(C)(3)	TO SUPPORT MEDICAL RESEARCH FOR SPINAL DEFORMITIES	500
SETTING SCOLIOSIS STRAIGHT FOUNDATION 2535 CAMINO DEL RIO SOUTH SUITE 325 SAN DIEGO,CA 92108	NONE	501(C)(3)	TO PROVIDE RESEARCH AND CARE FOR CHILDREN WITH SPINAL DEFORMITIES	5,500
TENNESSEE STATE UNIVERSITY 3500 JOHN A MERRITT BLVD NASHVILLE,TN 37209	NONE	501(C)(3)	TO SUPPORT HIGHER EDUCATION	1,500
THE BOULE FOUNDATION 50 HURT PLAZA SUITE 750 ATLANTA,GA 30303	NONE	501(C)(3)	TO SUPPORT AND ENCOURAGE MINORITY EDUCATION	150
<b>Total . . . . .</b>  <b>3a</b>				50,981

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE OHIO NATIONAL LIFE INSURANCE COMPANY ONE FINANCIAL WAY CINCINNATI,OH 45242	NONE	501(C)(3)	TO SUPPORT CHARITY	750
UNIVERSITY HOSPITAL ENDOWED CHAIR IN PEDIATRIC ORTHOPAEDIC SURGERY 234 GOODMAN STREET CINCINNATI,OH 45219	NONE	501(C)(3)	TO PROVIDE SUPPORT FOR PEDIATRIC ORTHOPAEDIC SURGERY	1,000
UNIVERSITY OF CINCINNATI FOUNDATION PO BOX 19970 CINCINNATI,OH 452190970	NONE	501(C)(3)	TO SUPPORT EDUCATION	50
WOMEN'S CRISIS CENTER 3580 HARGRAVE DRUVE HEBRON,KY 41048	NONE	501(C)(3)	TO PROVIDE SUPPORT FOR WOMEN AND FAMILIES IN CRISIS	100
XAVIER UNIVERSITY 3800 VICTORY PARKWAY CINCINNATI,OH 452075460	NONE	501(C)(3)	TO PROMOTE HIGHER EDUCATION	100
<b>Total . . . . .</b>  <b>3a</b>				50,981

**TY 2014 Accounting Fees Schedule**

**Name:** DR ALVIN H & ALVA JAMISON CRAWFORD  
FAMILY FOUNDATION

**EIN:** 31-1674850

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MOWRY, MARTY & BAIN, INC	1,450	1,450		0

TY 2014 Investments Corporate  
Stock Schedule

**Name:** DR ALVIN H & ALVA JAMISON CRAWFORD  
FAMILY FOUNDATION  
**EIN:** 31-1674850

Name of Stock	End of Year Book Value	End of Year Fair Market Value
AMAZON.COM, INC.	0	0
APPLE INC	5,802	20,862
MONSANTO CO NEW	0	0
QUALCOMM INC, 425 SHS	26,919	31,590
GUGGENHEIM S&P 500 EQUAL WEIGHT ETF	0	0
ABBOTT LABS, 400 SHS	14,877	18,008
ABBVIE INC COM, 350 SHS	17,323	22,904
AIR PRODUCT & CHEMICAL INC, 250 SHS	30,389	36,058
AMGEN INC, 150 SHS	18,018	23,893
CHEVRON CORP, 200 SHS	22,649	22,436
COCA COLA CO COM, 800 SHS	31,812	33,776
COLGATE PALMOLIVE CO, 475 SHS	30,623	32,865
DU PONT DE NEMOURS, 350 SHS	23,641	25,879
EATON CORP PLC, 250 SHS	17,838	16,990
EXXON MOBIL, 200 SHS	18,264	18,490
GENERAL MILLS INC, 450 SHS	22,812	23,999
HESS CORP, 250 SHS	19,267	18,455
HOME DEPOT INC, 150 SHS	15,746	15,746
INTEL CORP, 700 SHS	17,162	25,403
INTL BUSINESS MACHINES, 100 SHS	17,832	16,044
JOHNSON & JOHNSON COM, 325 SHS	31,149	33,985
JPMORGAN CHASE & CO, 550 SHS	32,340	34,419
MCDONALDS CORP, 200 SHS	18,887	18,740
MERCK & CO INC NEW COM, 650 SH	35,802	36,914
MICRON TECHNOLOGY INC, 2000 SHS	70,020	70,020
MICROSOFT CORP, 350 SHS	12,988	16,257
NEXTERA ENERGY INC COM, 100 SHS	9,156	10,629
PHILIP MORRIS INTL INC, 150 SHS	11,790	12,218
PROCTER & GAMBLE CO, 325 SHS	26,929	29,604
STARBUCKS CORP, 400 SHS	30,639	32,820

Name of Stock	End of Year Book Value	End of Year Fair Market Value
TJX COS INC NEW, 500 SHS	31,324	34,290
TRAVELERS COS INC, 150 SHS	12,260	15,877
UNION PACIFIC CORP, 350 SHS	38,367	41,695
UNITED TECHNOLOGIES CORP, 200 SHS	22,496	23,000
US BANCORP DEL NEW, 500 SHS	20,049	22,475
VERIZON COMMUNICATIONS INC, 252 SHS	12,002	11,789
WELLS FARGO & CO NEW, 750 SHS	36,597	41,115
WILLIAMS COS INC DEL, 750 SHS	31,586	33,705
YUM! BRANDS INC, 250 SHS	17,578	18,212
3M CO, 200 SHS	25,827	32,864



**TY 2014 Investments - Other Schedule**

**Name:** DR ALVIN H & ALVA JAMISON CRAWFORD  
FAMILY FOUNDATION

**EIN:** 31-1674850

Category / Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
GOLDMAN SACHS RISING DIVIDEND GROWTH FUND CL A	AT COST	0	0
LORD ABBETT GROWTH LEADERS FUND A	AT COST	0	0
NEUBERGER BERMAN EQUITY INCOME FUND CL A	AT COST	0	0
NEUBERGER BERMAN MULTI-CAP OFF FUND A	AT COST	0	0
RUSSELL TAX MANAGED U.S. LARGE CAP S	AT COST	0	0
RUSSELL TAX MANAGED U.S. MID & SMALL CAP S	AT COST	0	0
RUSSELL LIFEPOINTS BALANCED STRATEGY A	AT COST	0	0
VANGUARD SECTOR INDEX FD, 150 SHS	AT COST	13,586	15,672
BLACKSTONE GROUP LP/THE UNIT REPSTG LTD PARTNERSHIP, 1000 SHS	AT COST	32,591	33,830

TY 2014 Other Expenses Schedule

**Name:** DR ALVIN H & ALVA JAMISON CRAWFORD  
FAMILY FOUNDATION  
**EIN:** 31-1674850

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADMINISTRATIVE EXPENSE	12	12		0

## TY 2014 Other Professional Fees Schedule

**Name:** DR ALVIN H & ALVA JAMISON CRAWFORD  
FAMILY FOUNDATION

**EIN:** 31-1674850

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
UBS FINANCIAL SERVICES, INC ANNUAL FEE	4,351	4,351		0

## TY 2014 Substantial Contributors Schedule

**Name:** DR ALVIN H & ALVA JAMISON CRAWFORD  
FAMILY FOUNDATION

**EIN:** 31-1674850

Name	Address
ALVIN H CRAWFORD	3963 WINDING WAY CINCINNATI, OH 452291949
ALVA J CRAWFORD	3963 WINDING WAY CINCINNATI, OH 452291949

# TY 2014 Taxes Schedule

**Name:** DR ALVIN H & ALVA JAMISON CRAWFORD  
FAMILY FOUNDATION

**EIN:** 31-1674850

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OHIO FILING FEE	200	200		0
FEDERAL EXCISE TAX	179	179		0

Schedule B  
(Form 990, 990-EZ, or 990-PF)  
Department of the Treasury  
Internal Revenue Service

Schedule of Contributors  

▶ Attach to Form 990, 990-EZ, or 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
  
2014

Name of the organization DR ALVIN H & ALVA JAMISON CRAWFORD FAMILY FOUNDATION	Employer identification number 31-1674850
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Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> DR ALVIN H & ALVA JAMISON CRAWFORD FAMILY FOUNDATION	<b>Employer identification number</b> 31-1674850
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<b>Part I</b>	<b>Contributors</b> (see Instructions) Use duplicate copies of Part I if additional space is needed		
<b>(a)</b> <b>No.</b>	<b>(b)</b> <b>Name, address, and ZIP + 4</b>	<b>(c)</b> <b>Total contributions</b>	<b>(d)</b> <b>Type of contribution</b>
 ____	See Additional Data Table  _____  _____  _____	  \$ _____	  <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
 ____	  _____  _____  _____	  \$ _____	  <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
 ____	  _____  _____  _____	  \$ _____	  <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
 ____	  _____  _____  _____	  \$ _____	  <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
 ____	  _____  _____  _____	  \$ _____	  <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
 ____	  _____  _____  _____	  \$ _____	  <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
 ____	  _____  _____  _____	  \$ _____	  <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )

<b>Name of organization</b> DR ALVIN H & ALVA JAMISON CRAWFORD FAMILY FOUNDATION	<b>Employer identification number</b> 31-1674850
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<b>Part II</b>	<b>Noncash Property</b> (see Instructions) Use duplicate copies of Part II if additional space is needed		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	See Additional Data Table	\$ _____	_____
(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
_____		\$ _____	_____



<b>Name of organization</b> DR ALVIN H & ALVA JAMISON CRAWFORD FAMILY FOUNDATION	<b>Employer identification number</b> 31-1674850
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Part III

**Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_

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
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	

Additional Data

Software ID:

Software Version:

EIN: 31-1674850

Name: DR ALVIN H & ALVA JAMISON CRAWFORD  
FAMILY FOUNDATION

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div>1</div>	<div>ALVIN H ALVA J CRAWFORD</div> <div>3963 WINDING WAY</div> <div>CINCINNATI, OH452291949</div>	<div>\$ 5,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>2</div>	<div>ALVIN H ALVA J CRAWFORD</div> <div>3963 WINDING WAY</div> <div>CINCINNATI, OH452291949</div>	<div>\$ 14,423</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>3</div>	<div>ALVIN H ALVA J CRAWFORD</div> <div>3963 WINDING WAY</div> <div>CINCINNATI, OH452291949</div>	<div>\$ 13,532</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>4</div>	<div>ALVIN H ALVA J CRAWFORD</div> <div>3963 WINDING WAY</div> <div>CINCINNATI, OH452291949</div>	<div>\$ 12,666</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>5</div>	<div>ALVIN H ALVA J CRAWFORD</div> <div>3963 WINDING WAY</div> <div>CINCINNATI, OH452291949</div>	<div>\$ 12,108</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>6</div>	<div>ALVIN H ALVA J CRAWFORD</div> <div>3963 WINDING WAY</div> <div>CINCINNATI, OH452291949</div>	<div>\$ 11,091</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div>7</div>	<div>ALVIN H ALVA J CRAWFORD</div> <div>3963 WINDING WAY</div> <div>CINCINNATI, OH452291949</div>	<div>\$ 10,666</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>8</div>	<div>ALVIN H ALVA J CRAWFORD</div> <div>3963 WINDING WAY</div> <div>CINCINNATI, OH452291949</div>	<div>\$ 15,746</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>9</div>	<div>ALVIN H ALVA J CRAWFORD</div> <div>3963 WINDING WAY</div> <div>CINCINNATI, OH452291949</div>	<div>\$ 13,071</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>10</div>	<div>ALVIN H ALVA J CRAWFORD</div> <div>3963 WINDING WAY</div> <div>CINCINNATI, OH452291949</div>	<div>\$ 12,516</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>11</div>	<div>ALVIN H ALVA J CRAWFORD</div> <div>3963 WINDING WAY</div> <div>CINCINNATI, OH452291949</div>	<div>\$ 14,198</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
<div>12</div>	<div>ALVIN H ALVA J CRAWFORD</div> <div>3963 WINDING WAY</div> <div>CINCINNATI, OH452291949</div>	<div>\$ 70,020</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	ALVIN H ALVA J CRAWFORD 3963 WINDING WAY  CINCINNATI, OH 452291949	\$ 11,386	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/>  (Complete Part II for noncash contribution )
14	ALVIN H ALVA J CRAWFORD 3963 WINDING WAY  CINCINNATI, OH 452291949	\$ 13,008	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/>  (Complete Part II for noncash contribution )
15	ALVIN H ALVA J CRAWFORD 3963 WINDING WAY  CINCINNATI, OH 452291949	\$ 13,716	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/>  (Complete Part II for noncash contribution )
16	ALVIN H ALVA J CRAWFORD 3963 WINDING WAY  CINCINNATI, OH 452291949	\$ 17,870	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/>  (Complete Part II for noncash contribution )
17	ALVIN H ALVA J CRAWFORD 3963 WINDING WAY  CINCINNATI, OH 452291949	\$ 13,705	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/>  (Complete Part II for noncash contribution )
18	ALVIN H ALVA J CRAWFORD 3963 WINDING WAY  CINCINNATI, OH 452291949	\$ 12,307	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/>  (Complete Part II for noncash contribution )

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div>19</div>	<div>ALVIN H ALVA J CRAWFORD</div> <div>3963 WINDING WAY</div> <div>CINCINNATI, OH 452291949</div>	<div>\$ 11,235</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>2</u>	AIR PROD & CHEMICAL INC, 100 SHARES	\$ <u>14,423</u>	<u>2014-12-31</u>
<u>3</u>	BLACKSTONE GRP LP, 400 UNITS	\$ <u>13,532</u>	<u>2014-12-31</u>
<u>4</u>	COCA COLA CO, 300 SHARES	\$ <u>12,666</u>	<u>2014-12-31</u>
<u>5</u>	COLGATE PALMOLIVE CO, 175 SHARES	\$ <u>12,108</u>	<u>2014-12-31</u>
<u>6</u>	DU PONT DE NEMOURS, 150 SHARES	\$ <u>11,091</u>	<u>2014-12-31</u>
<u>7</u>	GENERAL MILLS INC, 200 SHARES	\$ <u>10,666</u>	<u>2014-12-31</u>
<u>8</u>	HOME DEPOT INC, 150 SHARES	\$ <u>15,746</u>	<u>2014-12-31</u>
<u>9</u>	JOHNSON & JOHNSON, 125 SHARES	\$ <u>13,071</u>	<u>2014-12-31</u>
<u>10</u>	JPMORGAN CHASE & CO, 200 SHARES	\$ <u>12,516</u>	<u>2014-12-31</u>
<u>11</u>	MERCK & CO INC, 250 SHARES	\$ <u>14,198</u>	<u>2014-12-31</u>

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>12</u>	MICRON TECHNOLOGY INC, 2000 SHARES	\$ <u>70,020</u>	<u>2014-12-31</u>
<u>13</u>	PROCTER & GAMBLE CO, 125 SHARES	\$ <u>11,386</u>	<u>2014-12-31</u>
<u>14</u>	QUALCOMM INC, 175 SHARES	\$ <u>13,008</u>	<u>2014-12-31</u>
<u>15</u>	TJX COS INC NEW, 200 SHARES	\$ <u>13,716</u>	<u>2014-12-31</u>
<u>16</u>	UNION PACIFIC CORP, 150 SHARES	\$ <u>17,870</u>	<u>2014-12-31</u>
<u>17</u>	WELLS FARGO & CO NEW, 250 SHARES	\$ <u>13,705</u>	<u>2014-12-31</u>
<u>18</u>	STARBUCKS CORP, 150 SHARES	\$ <u>12,307</u>	<u>2014-12-31</u>
<u>19</u>	WILLIAMS COS INC (DEL), 250 SHARES	\$ <u>11,235</u>	<u>2014-12-31</u>