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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.

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 MAAS FAMILY FOUNDATION		A Employer identification number 46-4225629	
Number and street (or P O box number if mail is not delivered to street address) 200 SALES AVE		B Telephone number (see instructions) (513) 367-4900	
City or town, state or province, country, and ZIP or foreign postal code HARRISON, OH 45030		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input checked="" 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		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H 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		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) <input checked="" type="checkbox"/> \$ 357		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	666,100			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities.				
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2) . . .		0		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	666,100	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)	17,954	0		0
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions) . . .				
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications	8,021	0		0
	23 Other expenses (attach schedule)	16,197	0		0
	24 Total operating and administrative expenses. Add lines 13 through 23	42,172	0		0
	25 Contributions, gifts, grants paid	623,571			623,571
	26 Total expenses and disbursements. Add lines 24 and 25	665,743	0		623,571
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	357			
	b Net investment income (if negative, enter -0-)		0		
	c Adjusted net income (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		357	
	2	Savings and temporary cash investments			
	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)			
	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)			
	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)	0	357	357	
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	0	357	
30	Total net assets or fund balances (see instructions)	0	357		
31	Total liabilities and net assets/fund balances (see instructions) . . .	0	357		

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 0
2	Enter amount from Part I, line 27a	2 357
3	Other increases not included in line 2 (itemize) ▶ _____	3 0
4	Add lines 1, 2, and 3	4 357
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 .	6 357

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				
(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				
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				
b				
c				
d				
e				
2	Capital gain net income or (net capital loss) <div>If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7</div>		2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) <div>If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8</div>		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			
2012			
2011			
2010			
2009			
2	Total of line 1, column (d).		2
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
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5.		4
5	Multiply line 4 by line 3.		5
6	Enter 1% of net investment income (1% of Part I, line 27b).		6
7	Add lines 5 and 6.		7
8	Enter qualifying distributions from Part XII, line 4.		8
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 VIExcise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1aExempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1		1	0
Date of ruling or determination letter (attach copy of letter if necessary—see instructions)			
bDomestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b			
cAll other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0
3Add lines 1 and 2.		3	0
4Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0
5Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-.		5	0
6Credits/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	
7Total credits and payments. Add lines 6a through 6d.		7	0
8Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.		8	
9Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed.		9	0
10Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.		10	
11Enter the amount of line 10 to be Credited to 2015 estimated tax Refunded		11	

Part VII-AStatements 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?		Yes	No
		1a		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>			No
		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 \$ 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? <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		No
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		No
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) 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		
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 ▶WILLIAM MEIER Telephone no ▶(513) 367-4900 Located at ▶200 SALES AVE HARRISON OH ZIP +4 ▶45030			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)?. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? 1b Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/>			
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?. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
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?. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.</i>). 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))?

Yes

✓

No

(2)

Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

Yes

✓

No

(3)

Provide a grant to an individual for travel, study, or other similar purposes?

Yes

✓

No

(4)

Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).

Yes

✓

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?

Yes

✓

No

b

If any answer is "Yes" to 5a(1)–(5), did **any** 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.

✓

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?

YesNo

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?

Yes

✓

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?

Yes

✓

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
ANTHONY A MAAS	EXEC	0	0	0
200 SALES AVE HARRISON, OH 45030	DIRECTOR/CHAIRPERSON 8 00			
JEROME T MAAS	SECRETARY/TREASURER	0	0	0
200 SALES AVE HARRISON, OH 45030	1 00			
JOHN T MAAS	DIRECTOR	0	0	0
200 SALES AVE HARRISON, OH 45030	1 00			
JOSEPH R MASS	DIRECTOR	0	0	0
200 SALES AVE HARRISON, OH 45030	1 00			

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

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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	
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	
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	0
b	Average of monthly cash balances.	1b	357
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	357
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	357
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	5
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	352
6	Minimum investment return. Enter 5% of line 5.	6	18

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	18
2a	Tax on investment income for 2014 from Part VI, line 5.	2a	
b	Income tax for 2014 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	0
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	18
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	18
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	18

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	623,571
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	623,571
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	623,571

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				18
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.				
b From 2010.				
c From 2011.				
d From 2012.				
e From 2013.				
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 623,571				
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.				18
e Remaining amount distributed out of corpus	623,553			
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	623,553			
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) . . .	0			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	623,553			
10 Analysis of line 9				
a Excess from 2010. . . .				
b Excess from 2011. . . .				
c Excess from 2012. . . .				
d Excess from 2013. . . .				
e Excess from 2014. . . .	623,553			

Part XIV Private 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)

☐ 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 XV Supplementary 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))

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 email address of the person to whom applications should be addressed

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

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	623,571
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)

Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Yes	No
-----	----

No

a Transfers from the reporting foundation to a noncharitable exempt organization of

(1) Cash.

1a(1)

No

(2) Other assets.

1a(2)

No

b Other transactions

(1) Sales of assets to a noncharitable exempt organization.

1b(1)

No

(2) Purchases of assets from a noncharitable exempt organization.

1b(2)

No

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

1b(3)

No

(4) Reimbursement arrangements.

1b(4)

No

(5) Loans or loan guarantees.

1b(5)

No

(6) Performance of services or membership or fundraising solicitations.

1b(6)

No

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

1c

No

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . ☐ Yes ☒ No

b If "Yes," complete the following schedule

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	*****	2015-06-12	*****	May the IRS discuss this return with the preparer shown below (see instr)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer or trustee	Date	Title	

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

* * * * *

2015-06-12

* * * * *

Signature of officer or trustee

Date

Title


May the IRS discuss this return with the preparer shown below (see instr)? ☒ Yes ☐ No

☒ Yes ☐ No


**Paid
Preparer
Use
Only**

Form **990-PF** (2014)


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)				
a <i>Paid during the year</i>				
ALEX DINKEL FOUNDATION PO BOX 17126 FT MITCHELL,KY 41017	NONE	NC	SPECIAL NEEDS FUND	200
AMERICAN CANCER SOCIETY 2808 READING ROAD CINCINNATI,OH 45206	NONE	NC	RELAY FOR LIFE DONATION	400
AMERICAN CANCER SOCIETY 2808 READING ROAD CINCINNATI,OH 45206	NONE	NC	COACHES VS CANCER FUNDRAISER	10,000
AMERICAN COUNCIL OF THE BLIND PO BOX 11114 CINCINNATI,OH 45211	NONE	NC	SANTA'S CHRISTMAS SHOW FUNDRAISER	200
AMERICAN HEART ASSOCIATION 5211 MADISON ROAD CINCINNATI,OH 45227	NONE	NC	JOE MAAS CONTRIBUTION/WOMEN'S HEART DISEASE	1,000
AMERICAN HERITAGE GIRLS INC - ATTN PATTI GARIBAY 175 TRI-COUNTY PARKWAY STE 100 CINCINNATI,OH 45246	NONE	NC	PUBLICATION FUNDING	850
AMERICAN HUEY 369 ORGANIZATION - ATTN JOHN WALKER 209 SOUTH BROADWAY PERU,IN 46970	NONE	NC	MUSEUM DONATION	1,000
ANDY & JORDAN DALTON FOUNDATION 59 CAVALIER BLVD STE 219 FLORENCE,KY 41042	NONE	NC	FUNDING FOR PHYSICALLY CHALLENGED CHILDREN	5,000
BE CONCERNED INC 714 WASHINGTON ST COVINGTON,KY 41011	NONE	NC	JOE MAAS CONTRIBUTION/FUNDRAISER	250
BEAU VITA 5202 NORTH BEND ROAD CINCINNATI,OH 45247	NONE	NC	DONATION TO PROVIDE RESIDENCES FOR THE DISABLED	1,000
BIG BROTHERS BIG SISTERS OF GREATER CINCINNATI 2400 READING ROAD CINCINNATI,OH 45202	NONE	NC	JOE MAAS CONTRIBUTION/CONTRIBUTION TO FUNDRAISER	350
BLOC MINISTRIES 3952 NORTH BEND ROAD CINCINNATI,OH 45211	NONE	NC	ANNUAL CONTRIBUTION/HELP FOR UNDERPRIVILEGED	52,500
BLOC MINISTRIES 3952 NORTH BEND ROAD CINCINNATI,OH 45211	NONE	NC	FUNDRAISING EVENT	100
BLOC MINISTRIES 3952 NORTH BEND ROAD CINCINNATI,OH 45211	NONE	NC	DONATION TO OPERATIONS FUND	20,000
CATHOLIC DIOCESE OF YOUNGSTOWN 144 W WOOD STREET YOUNGSTOWN,OH 44503	NONE	NC	CATHOLIC FAITH & FAMILY DONATION	500
Total  3a				623,571


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)				
a Paid during the year				
CATHOLIC EXTENSION SOCIETY PO BOX 62462 BALTIMORE,MD 21264	NONE	NC	INV 4666185 OLV CALENDAR FUNDING	1,320
CATHOLIC MINISTRIES APPEAL PO BOX 14150 CINCINNATI,OH 45250	NONE	NC	FEED THE HUNGRY FUND	1,000
CATHOLIC MINISTRIES APPEAL PO BOX 14150 CINCINNATI,OH 45250	NONE	NC	PREGNANT WOMEN COUNSELING	1,000
CATHOLIC MINISTRIES APPEAL PO BOX 14150 CINCINNATI,OH 45250	NONE	NC	COMFORT THE DYING FUND	1,000
CATHOLIC MINISTRIES APPEAL PO BOX 14150 CINCINNATI,OH 45250	NONE	NC	ADOPTION FUND	1,000
CATHOLIC MINISTRIES APPEAL PO BOX 14150 CINCINNATI,OH 45250	NONE	NC	MENTAL HEALTH COUNSELING FUND	1,000
CATHOLIC SCHOOLS OFFICE 100 E EIGHTH ST CINCINNATI,OH 45202	NONE	NC	DONATION TO CATHOLIC EDUCATION FUND	2,500
CENTRE FOOTBALL IRELAND - CO CENTRE COLLEGE 600 WALNUT ST DANVILLE,KY 40422	NONE	NC	CENTRE COLLEGE EDUCATION FUND	100
CINCINNATI CONCOURS - ATTN SUE WILLIS 347 STANLEY AVENUE 1 WEST CINCINNATI,OH 45226	NONE	NC	JOE MAAS CONTRIBUTION/KIDS ARTHRITIS DONATION	500
CISE 100 E EIGHTH ST CINCINNATI,OH 45202	NONE	NC	CATHOLIC EDUCATION FUND/UNDERPRIVILEGED CHILDREN	6,500
CITIZENS FOR COMMUNITY VALUES 11175 READING ROAD SUITE 103 CINCINNATI,OH 45241	NONE	NC	CONTRIBUTION FOR VARIOUS COMMUNITY PROJECTS	20,000
CITY GOSPEL MISSION 1947 AUBURN AVENUE CINCINNATI,OH 45219	NONE	NC	MEALS, SHELTER, SERVICES FOR HOMELESS	1,000
COLLEGE OF MOUNT ST JOSEPH 5701 DELHI ROAD CINCINNATI,OH 45233	NONE	NC	SCHOLARSHIP FUND	1,920
COVEDALE SCHOOL 5130 SIDNEY ROAD CINCINNATI,OH 45238	NONE	NC	EDUCATION FUND	400
CRIME STOPPERS 4835 FOREST MEADOWS CT CINCINNATI,OH 45244	NONE	NC	JOE MAAS CONTRIBUTION/COUNCIL ON CHILD ABUSE DONATION	1,000
Total  3a				623,571


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)				
a <i>Paid during the year</i>				
CRIME STOPPERS 4835 FOREST MEADOWS CT CINCINNATI,OH 45244	NONE	NC	CRIMESTOPPER OF THE YEAR FUNDRAISER	500
CROSSROAD HEALTH CENTER 5 EAST LIBERTY STREET CINCINNATI,OH 45202	NONE	NC	JOE MAAS CONTRIBUTION/LOW INCOME HEALTH CARE FUND	2,000
DAN BEARD COUNCIL 10078 READING ROAD CINCINNATI,OH 45241	NONE	NC	FRIENDS OF SCOUTING/LEADERSHIP BENEFIT	5,000
DAN BEARD COUNCIL 10078 READING ROAD CINCINNATI,OH 45241	NONE	NC	WEST SIDE SPORTS BENEFIT BREAKFAST	2,000
DCCH CENTER FOR CHILDREN AND FAMILIES PO BOX 17007 75 ORPHANAGE ROAD FT MITCHELL,KY 41017	NONE	NC	SPRING FUNDRAISING EVENT	500
DIOCESAN PUBLICATIONS INC PO BOX 3250 DUBLIN,OH 43016	NONE	NC	232-09-12 OLVISITATION CHURCH PUBLICATION	1,053
DIOCESAN PUBLICATIONS INC PO BOX 3250 DUBLIN,OH 43016	NONE	NC	394-15-00 L ST TERESA BENEDICTA PUBLICATIONS	434
DIOCESAN PUBLICATIONS INC PO BOX 3250 DUBLIN,OH 43016	NONE	NC	JOE MAAS CONTRIBUTION 133-02-85/ST JOHN THE BAPTIST PUBLICATIONS	512
DIOCESAN PUBLICATIONS INC PO BOX 3250 DUBLIN,OH 43016	NONE	NC	JOE MAAS CONTRIBUTION/ST JOHN THE BAPTIST PUBLICATIONS	1,578
DOMINICAN FRIARS PROVINCE OF SAINT JOSEPH 141 EAST 65TH STREET NEWYORK,NY 10065	NONE	NC	ASSIST IN CONTINUED OPERATION	5,000
ELDER HIGH SCHOOL 3900 VINCENT AVENUE CINCINNATI,OH 45205	NONE	NC	EDUCATION FUND	25,000
ELDER HIGH SCHOOL 3900 VINCENT AVENUE CINCINNATI,OH 45205	NONE	NC	SCHOLARSHIP FUND	20,100
ELDER HIGH SCHOOL 3900 VINCENT AVENUE CINCINNATI,OH 45205	NONE	NC	EDUCATION FUND	500
ELDER HIGH SCHOOL 3900 VINCENT AVENUE CINCINNATI,OH 45205	NONE	NC	ELDER BOOSTER DONATION	250
FANCONI ANEMIA RESEARCH FUND 1801 WILLAMETTE ST STE 200 EUGENE,OR 97401	NONE	NC	LIGHTING THE PATH FOR A CUTE DONATION	250
Total  3a				623,571


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)				
a <i>Paid during the year</i>				
FOOD FOR THE POOR INC 6401 LYONS ROAD PO BOX 979004 COCONUT CREEK,FL 33097	NONE	NC	FOOD FOR MALNOURISHED CHILDREN	15
FOUNDATION FIGHTING BLINDNESS - ATTN CINCINNATINKY VISIONWALK 977 LAKEVIEW PARKWAY 140 VERNON HILLS,IL 60061	NONE	NC	VISIONWALK DONATION	100
FRIENDS OF HARRISON FIRE AND POLICE - CO HARRISON BUILDING AND LOAN 10490 NEW HAVEN ROAD HARRISON,OH 45030	NONE	NC	SAFETY PERSONNEL DINNER FUNDRAISER	1,000
GREATER CINN BEHAVIORAL HEALTH SVCS - DEVELOPMENT DIRECTOR 1501 MADISON ROAD CINCINNATI,OH 45206	NONE	NC	JOE MAAS CONTRIBUTION/SUBSTANCE ABUSE COUNSELING	3,000
GULLAIN-BARRE' SYNDROME - THE HOLLY BUILDING 104 1/2 FOREST AVE NARBETH,PA 19072	NONE	NC	DONATION FOR MEDICAL RESEARCH	1,000
GUNS N HOSES SWO PO BOX 14841 CINCINNATI,OH 45250	NONE	NC	FUNDRAISER FOR WIDOWS/CHILDREN OF POLICE/FIREFIGHTERS	2,500
HARRISON ATHLETIC BOOSTERS 9860 WEST ROAD HARRISON,OH 45030	NONE	NC	INV 301/JOE MAAS CONTRIBUTION/ATHLETIC EDUCATION FUND	5,000
HARRISON KIWANIS CLUB - CO ANDY KOBBS FCN BANK 590 RING ROAD HARRISON,OH 45030	NONE	NC	JOE MAAS CONTRIBUTION/DONATION TO WINTER BENEFIT	300
HARRISON KNIGHTS OF COLUMBUS - ATTN JOEL BECK 206 GEORGE ST HARRISON,OH 45030	NONE	NC	JOE MAAS CONTRIBUTION/SCHOLARSHIP FUND	100
HEALTH RESOURCE CENTER 2347 VINE STREET 2ND FLOOR CINCINNATI,OH 45219	NONE	NC	JOE MAAS CONTRIBUTION/NURSING CARE/LOW INCOME FAMILIES	10,000
HEARTBEAT INTERNATIONAL 5000 ARLINGTON CENTRE BLVD COLUMBUS,OH 43220	NONE	NC	DONATION FOR PREGNANCY CENTER OPERATION	5,000
HEARTBEAT INTERNATIONAL 5000 ARLINGTON CENTRE BLVD COLUMBUS,OH 43220	NONE	NC	RIGHT TO LIFE DONATION	15,000
HOME CITY ICE CHARITABLE GOLF OUTING 6045 BRIDGETOWN ROAD CINCINNATI,OH 45248	NONE	NC	EDUCATION/INNER CITY CHILDREN	1,000
IPS 2001 JEFFERSON DAVIS HIGHWAY SUITE 511 ARLINGTON,VA 22202	NONE	NC	SCHOLARSHIP FUND	16,667
JOHN PAUL THE GREAT CATHOLIC UNIVERSITY 200 W GRAND AVENUE ESCONDIDO,CA 92025	NONE	NC	EDUCATION FUNDING	2,500
Total  3a				623,571


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)				
a <i>Paid during the year</i>				
JUNIOR ACHIEVEMENT 644 LINN ST SUITE 1024 CINCINNATI, OH 45203	NONE	NC	DONATION TO CINCINNATI EVENT	2,000
JUNIOR ACHIEVEMENT 644 LINN ST SUITE 1024 CINCINNATI, OH 45203	NONE	NC	SPRING FUNDRAISING EVENT	5,000
LASALLE HIGH SCHOOL 3091 NORTH BEND ROAD CINCINNATI, OH 45239	NONE	NC	ATHLETIC FUNDRAISER	3,000
LIFE ISSUES INSTITUTE INC 1821 W GALBRAITH ROAD CINCINNATI, OH 45239	NONE	NC	BLACK COMMUNITY PRO LIFE FUND	3,000
LIVING HOPE TRANSITIONAL HOMES 3765 EBENEZER RD CINCINNATI, OH 45248	NONE	NC	JOE MAAS CONTRIBUTION/HOMELESS WOMEN FUND	1,000
MADEIRA CITY SCHOOLS - CO DANA & SCOTT MAIER 3922 MIDDLETON COURT CINCINNATI, OH 45220	NONE	NC	JOE MAAS CONTRIBUTION/L I F E INDUSTRIES/LEUKEMIA/LYMPHOMA	500
MAKING STRIDES AGAINST BREAST CANCER 2808 READING ROAD CINCINNATI, OH 45206	NONE	NC	BAKE SALE FUNDRASIER	100
MARVIN LEWIS COMMUNITY FUND 700 WEST PETE ROSE WAY LONGWORTH HALL UNIT 37 CINCINNATI, OH 45203	NONE	NC	CHALK TALK FUNDRAISER	10,000
MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905	NONE	NC	DONATION FOR MEDICAL RESEARCH	5,000
MDA- CINCINNATI 1080 NIMITZVIEW DR 208 CINCINNATI, OH 45230	NONE	NC	JOE MAAS CONTRIBUTION/MEDICAL RESEARCH	200
MERCY HIGH SCHOOL - ATTN MARK DISTASI 3036 WERK ROAD CINCINNATI, OH 45211	NONE	NC	INV 012314 BENEFIT DONATION	5,000
MERCY HIGH SCHOOL - ATTN MARK DISTASI 3036 WERK ROAD CINCINNATI, OH 45211	NONE	NC	EDUCATION FUND	1,200
MERCY NEIGHBORHOOD MINISTRIES INC 1602 MADISON ROAD CINCINNATI, OH 45206	NONE	NC	JOE MAAS CONTRIBUTION/TASTE OF THE NEIGHBORHOOD FUNDRAISER	1,000
MICHAEL J ABT MEMORITAL - CO MIKE REDROW 6637 SOUTH COVE CINCINNATI, OH 45233	NONE	NC	MEDICAL RESEARCH	600
MISHPACHAH INC 348 WESTERN ROW ROAD MASON, OH 45040	NONE	NC	INV 345/FUNDRAISING EVENT	200
Total  3a				623,571


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)				
a <i>Paid during the year</i>				
MOST HOLY ROSARY ASSEMBLY 2170 - CO RODNEY HOBDAWAY 302 HARMONEY DRIVE HARRISON, OH 45030	NONE	NC	K OF C/PRO LIFE	250
MOTHER OF MERCY 3036 WERK ROAD CINCINNATI, OH 45211	NONE	NC	EDUCATION FUND	25,000
MOTHER OF MERCY 3036 WERK ROAD CINCINNATI, OH 45211	NONE	NC	DONATION TO FUNDRAISING EVENT	500
MOTHER OF MERCY 3036 WERK ROAD CINCINNATI, OH 45211	NONE	NC	THEATRE PRODUCTION DONATION	500
MR NICK MEMORIAL FUND - CO MIKE NICOLACI 3982 CLEVES WARSAW PIKE CINCINNATI, OH 45238	NONE	NC	LASALLE HIGH SCHOOL SCHOLARSHIP FUND	100
NOTRE DAME CLUB OF CINCINNATI - ATTN MARC WOLNITZEK 517 KLEUMPER COURT FT WRIGHT, KY 41011	NONE	NC	GOLF SPONSOR/PROGRAM	100
OHIO COBRA CLUB PO BOX 340498 COLUMBUS, OH 43234	NONE	NC	JOE MAAS CONTRIBUTION/CYSTIC FIBROSIS FUND	2,000
ORDER OF DEPUTY SHERIFFS 6303 HARRISON AVENUE CINCINNATI, OH 45247	NONE	NC	GOLF OUTING	100
ORDER OF MALTA PO BOX 10023 UNIONDALE, NY 11555	NONE	NC	LOURDES PILGRIMAGE SUPPORT FUND	1,000
OUR DAILY BREAD 1730 RACE STREET CINCINNATI, OH 45202	NONE	NC	HELP FEED THE HOMELESS	5,000
OUR LADY OF VISITATION 3172 SOUTH ROAD CINCINNATI, OH 45248	NONE	NC	SCHOLARSHIP FUND	5,000
OUR LADY OF VISITATION 3172 SOUTH ROAD CINCINNATI, OH 45248	NONE	NC	EDUCATION FUND	10,000
OUR LADY OF VISITATION 3172 SOUTH ROAD CINCINNATI, OH 45248	NONE	NC	PARISH DONATION	6,000
PDSNOKI-JERRY WUEST 1205 LINNEMAN ROAD CINCINNATI, OH 45238	NONE	NC	PARKINSON'S DISEASE DONATION	890
POLICE AND FIRE RETIREES 9891 MONTGOMERY ROAD 220 CINCINNATI, OH 45242	NONE	NC	FIGHT AGAINST ILLEGAL DRUGS FUND	100
Total  3a				623,571


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)				
a <i>Paid during the year</i>				
POLICE AND FIRE RETIREES 9891 MONTGOMERY ROAD 220 CINCINNATI,OH 45242	NONE	NC	CHRISTMAS FUNDRAISER FOR POLICE/FIRE WIDOWS/SURVIVORS	100
PREGNANCY CENTER EAST 3944 EDWARDS ROAD CINCINNATI,OH 45209	NONE	NC	PRO LIFE DONATION	500
PREGNANCY CENTER WEST 4900 GLENWAY AVENUE CINCINNATI,OH 45238	NONE	NC	ASSISTANCE FOR PREGNANT WOMEN FUND	5,000
PREP PUBLICATIONS 417 ANDERSON FERRY ROAD CINCINNATI,OH 45238	NONE	NC	ELDER RIGHT TO LIFE AD	165
PRESENTATION MINISTRIES 3230 MCHENRY AVENUE CINCINNATI,OH 45211	NONE	NC	CONTRIBUTION FOR EUCCHARISTIC READING MATERIALS	1,200
PROKIDS 2605 BURNET AVENUE CINCINNATI,OH 45219	NONE	NC	DONATION/PROVIDE PERMANENT HOMES TO KIDS	50,000
PXE INTERNATIONAL INC 4301 CONNECTICUT AVENUE NW SUITE 404 WASHINGTON,DC 20008	NONE	NC	JOE MAAS CONTRIBUTION/MEDICAL RESEARCH FUNDING	6,000
REACH OUT PREGNANCY CENTER 10150 HARRISON AVENUE SUITE 8 HARRISON,OH 45030	NONE	NC	ANNUAL FUNDRAISING EVENT	12,000
REACH OUT PREGNANCY CENTER 10150 HARRISON AVENUE SUITE 8 HARRISON,OH 45030	NONE	NC	JOE MAAS CONTRIBUTION/5K RUN/WALK FUNDING	1,000
REACH OUT PREGNANCY CENTER 10150 HARRISON AVENUE SUITE 8 HARRISON,OH 45030	NONE	NC	JOE MAAS CONTRIBUTION/RIGHT TO LIFE DONATION	2,000
RELAY FOR LIFE PO BOX 22718 OKLAHOMA CITY,OK 73123	NONE	NC	JOE MAAS CONTRIBUTION/LISA WISSEL TEAM DONATION	1,000
RETIREMENT FUND FOR RELIGIOUS 3211 FOURTH STREET NE WASHINGTON,DC 20017	NONE	NC	NATIONAL ANNUAL APPEAL FUND	5,000
RIGHT TO LIFE OF GREATER CINCINNATI 1802 W GALBRAITH ROAD CINCINNATI,OH 45239	NONE	NC	EVENING FOR LIFE 2014	1,000
RUAH WOODS - ATTN LESLIE KUHLMAN 6675 WESSELMAN RD CINCINNATI,OH 45248	NONE	NC	CHARITABLE DONATION, FUND PROGRAMS	30,000
STAY 9141 KILBY ROAD HARRISON,OH 45030	NONE	NC	JOE MAAS CONTRIBUTION/DONATION/ADULT -YOUTH SERVICES	1,000
Total  3a				623,571


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)				
a <i>Paid during the year</i>				
SACRED HEART RADIO 5440 MOELLER AVENUE SUITE 740 CINCINNATI,OH 45212	NONE	NC	DONATION/LOCAL CATHOLIC RADIO STATION	1,200
SETON HIGH SCHOOL 3901 GLENWAY AVENUE CINCINNATI,OH 45205	NONE	NC	EDUCATIONAL FUNDRAISER	110
SETON HIGH SCHOOL 3901 GLENWAY AVENUE CINCINNATI,OH 45205	NONE	NC	SCHOLARSHIP FUND	8,250
SHANNON MEYER 16120 WALL ST NEWYORK,NY 10005	NONE	NC	REIMBURSE/SHIRTS/CHILDRENS TUMOR FOUNDATION/JOE MAAS CONTRIBUTION	300
SINAI SHRINE TEMPLE #59 PO BOX 11281 CINCINNATI,OH 45211	NONE	NC	CHILDRENS' FUND	300
SISTER CARREN HERRING RSM 3549 GLEN EDGE LANE CINCINNATI,OH 45213	NONE	NC	JOE MAAS CONTRIBUTION/DONATION FOR PEOPLE STRUGGLING FOR A STABLE LIFE	2,000
SPEEDWAY CHILDRENS CHARITIES KENTUCKY SPEEDWAY 1 SPEEDWAY DRIVE SPARTA,KY 41086	NONE	NC	CHILDRENS' ISSUES	900
ST ALOYSIUS COUNCIL NO 14094 - KNIGHTS OF COLUMBUS PO BOX 22 OKEANA,OH 45053	NONE	NC	JOE MAAS CONTRIBUTION/CATHOLIC CHURCH VOLUNTEER FUND	50
ST CECILIA CONGREGATION 801 DOMINICAN DRIVE NASHVILLE,TN 37228	NONE	NC	EDUCATION FUND	10,000
ST JOSEPH CHURCH PO BOX 219 25 EAST HARRISON AVENUE NORTH BEND,OH 45052	NONE	NC	RELIGIOUS EDUCATION FUND	5,000
ST JOSEPH ORPHANAGE 5400 EDALBERT DRIVE CINCINNATI,OH 45239	NONE	NC	DONATION/FUNDRAISING EVENT	1,500
ST JOSEPH'S INDIAN SCHOOL PO BOX 326 CHAMBERLAIN,SD 57326	NONE	NC	PROVIDE WARM CLOTHING FOR CHILDREN	15
ST JOSEPH'S INDIAN SCHOOL PO BOX 326 CHAMBERLAIN,SD 57326	NONE	NC	CLOTHING FUND DONATION	15
ST JUDE PARISH 5924 BRIDGETOWN ROAD CINCINNATI,OH 45248	NONE	NC	EDUCATION FUND	400
ST JUDE SCHOOL - ATTN LOU EICHHOLD 5940 BRIDGETOWN RD CINCINNATI,OH 45248	NONE	NC	EDUCATION FUND	732
Total  3a				623,571

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)				
a Paid during the year				
ST LEO THE GREAT 2573 ST LEO PLACE CINCINNATI,OH 45225	NONE	NC	CHILDREN'S PICNIC FUND	100
ST MARY'S CATHOLIC SCHOOL 211 FOURTH STREET AURORA,IN 47001	NONE	NC	DONATION TO CATHOLIC EDUCATION FUND	2,000
ST VINCENT DE PAUL 1125 BANK STREET CINCINNATI,OH 45214	NONE	NC	PHARMACY PROGRAM DONATION	2,000
STEPPING STONES - ATTN LAURA HALEY 5650 GIVEN ROAD CINCINNATI,OH 45243	NONE	NC	DISABLED PERSONS FUND	2,500
TEEN CHALLENGE CINCINNATI PO BOX 249 MILFORD,OH 45150	NONE	NC	DONATION TO TREATMENT CENTER	5,000
THE AUTISM SOCIETY OF AMERICA - CO THE KEN ANDERSON FOUNDATION 223 SWEETBRIAR LANE CINCINNATI,OH 45239	NONE	NC	MEDICAL RESEARCH FUND	600
THE CATHOLIC TELEGRAPH PO BOX 630354 CINCINNATI,OH 45263	NONE	NC	RIGHT TO LIFE ISSUE DONATION	677
THE CATHOLIC TELEGRAPH PO BOX 630354 CINCINNATI,OH 45263	NONE	NC	INV 36828/FESTIVAL CALENDAR PRINTING FUND	1,100
THE CATHOLIC TELEGRAPH PO BOX 630354 CINCINNATI,OH 45263	NONE	NC	PUBLICATION FUNDING	516
THE CATHOLIC TELEGRAPH PO BOX 630354 CINCINNATI,OH 45263	NONE	NC	RESPECT LIFE ISSUE DONATION	677
THE CINCINNATI GOLDEN GLOVES 2334 BOUDINOT AVENUE CINCINNATI,OH 45238	NONE	NC	YOUTH ORGANIZATION FUND	3,000
THE ELDER CLASSIC 3900 VINCENT AVENUE CINCINNATI,OH 45205	NONE	NC	FACULTY DEVELOPMENT FUND	5,000
THE FRIARS CLUB 2316 HARRYWOOD COURT CINCINNATI,OH 45239	NONE	NC	BENEFIT CHILDREN IN LOW INCOME AREAS/DONATION	500
THE GOOD SHEPHERD CATH MONTESSORI SCHOOL 4460 BERWICK ST CINCINNATI,OH 45227	NONE	NC	DONATION/SPRING BENEFIT EVENT	250
THE HARRISON KNIGHTS OF COLUMBUS 206 GEORGE STREET HARRISON,OH 45030	NONE	NC	BENEFIT DONATION	100
Total  3a				623,571

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)				
a <i>Paid during the year</i>				
THE HARRISON VILLAGE HISTORICAL SOCIETY - ATTN TERI BECKER PRESIDENT 115 N WALNUT ST HARRISON,OH 45030	NONE	NC	JOE MAAS CONTRIBUTION/DONATION TO OPERATING FUND	300
THE LEUKEMIA & LYMPHOMA SOCIETY - ATTN JEAN SCHMIDT 771 WARDS CORNER ROAD LOVELAND,OH 45140	NONE	NC	MEDICAL RESEARCH FUNDING	1,500
THE MARGARET PETERS MEMORIAL FUND 1526 HUNTCREST CINCINNATI,OH 45255	NONE	NC	FUNDRAISER	275
UC FOUNDATIONMEN'S BASKETBALL PO BOX 210021 CINCINNATI,OH 45221	NONE	NC	ATHLETIC SCHOLARSHIP FUND	1,850
UC FOUNDATIONPHARMACY - ATTN KELLY CHIRUMBOLO PO BOX 670544 CINCINNATI,OH 45221	NONE	NC	JOE MAAS CONTRIBUTION/EDUCATION FUNDING	500
UNDERGROUNDZONE MINISTRIES INC 1140 SMILEY AVENUE CINCINNATI,OH 45240	NONE	NC	CHARITABLE DONATION	65,000
VETERANS WHO CARE 407 VINE ST SUITE 124 CINCINNATI,OH 45202	NONE	NC	COMFORT CARE PACKAGES FOR MILITARY OVERSEAS	100
VIETNAM VETERANS OF SWST OHIO PO BOX 11564 CINCINNATI,OH 45211	NONE	NC	FUNDRAISER TO BENEFIT CHILDREN	200
VISITATION ATHLETIC CLUB - CO CHRIS RUHNKE 2678 DEVILS BACKBONE ROAD CINCINNATI,OH 45233	NONE	NC	BOY'S BASKETBALL PROGRAM	100
VISITATION ATHLETIC CLUB - CO CHRIS RUHNKE 2678 DEVILS BACKBONE ROAD CINCINNATI,OH 45233	NONE	NC	BENEFIT FUNDING	100
WEBA 2975 LINWOOD AVENUE CINCINNATI,OH 45208	NONE	NC	RIGHT TO LIFE DONATION	20,000
WAVEZA MOVEMENT - CO ABRAHAM'S BLESSINGS INT PO BOX 58520 CINCINNATI,OH 45258	NONE	NC	MELISSA CHANEY KENYA TRIP 2014/JOE MAAS CONTRIBUTION	2,100
WESLEY COMMUNITY SERVICES 2091 RADCLIFF DR CINCINNATI,OH 45204	NONE	NC	JOE MAAS CONTRIBUTION/MEALS ON WHEELS DONATION	500
WHITEWATER VALLEY ELEMENTARY 10800 CAMPBELL ROAD HARRISON,OH 45030	NONE	NC	JOE MAAS CONTRIBUTION/AFTER SCHOOL TUTORING	900
WILLIAM HENRY HARRISON 9860 WEST ROAD HARRISON,OH 45030	NONE	NC	EDUCATION FUND	100
Total  3a				623,571

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)				
a <i>Paid during the year</i>				
WILLIAMS SYNDROME ASSOCIATION 570 KIRTS BLVD 223 TROY,MI 48084	NONE	NC	DONATION FOR MEDICAL RESEARCH	1,000
WORKING IN NEIGHBORHOODS 1814 DREMAN AVENUE CINCINNATI,OH 45223	NONE	NC	JOE MAAS CONTRIBUTION/CHILDRENS' CAMP DONATION	2,000
WOUNDED WARRIOR FUND 209 E MECHANIC ST AURORA,IN 47001	NONE	NC	FAMILY ASSISTANCE FUND	500
Total ▶ 3a				623,571

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF.</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.</div>	<div>OMB No 1545-0047</div> <div>2014</div>
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<div>Name of the organization</div> <div>MAAS FAMILY FOUNDATION</div>	<div>Employer identification number</div> <div>46-4225629</div>
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Organization type (check one)

<div>Filers of:</div> <div>Form 990 or 990-EZ</div> <div>Form 990-PF</div>	<div>Section:</div> <div><div><input type="checkbox"/> 501(c)() (enter number) organization</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation</div><div><input type="checkbox"/> 527 political organization</div><div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div><div><input type="checkbox"/> 501(c)(3) taxable private foundation</div></div>
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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 33¹/₃% 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).

Name of organization MAAS FAMILY FOUNDATION	Employer identification number 46-4225629
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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
1	JTM PROVISIONS COMPANY INC 200 SALES AVE HARRISON, OH 45030	\$ 666,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization MAAS FAMILY FOUNDATION	Employer identification number 46-4225629
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Part II Noncash Property (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
_____	_____ _____ _____ _____	_____ \$	_____
(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
_____	_____ _____ _____ _____	_____ \$	_____

Name of organization MAAS FAMILY FOUNDATION	Employer identification number 46-4225629
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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	
_____		_____	
_____		_____	
_____		_____	

TY 2014 Legal Fees Schedule

Name: MAAS FAMILY FOUNDATION

EIN: 46-4225629

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	17,954	0		0

TY 2014 Other Expenses Schedule**Name:** MAAS FAMILY FOUNDATION**EIN:** 46-4225629

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OTHER MISCELLANEOUS EXPENSES	15,223	0		0
FILING FEES	850	0		0
BANK CHARGES	124	0		0

TY 2014 Substantial Contributors Schedule

Name: MAAS FAMILY FOUNDATION

EIN: 46-4225629

Name	Address
JTM PROVISIONS COMPANY INC	200 SALES DRIVE HARRISON, OH 45030