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Department of the Treasury

Internal Revenue Service

DLN: 93491197001046

OMB No 1545-0052

Open to Public Inspection

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

▶ Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its instructions is at <u>www.irs.gov/form990pf</u>.

For calendar year 2015, or tax year beginning 01-01-2015 , and ending 12-31-2015

	e of found	dation Family Foundation	A Emplo	A Employer identification number				
111	e Jensen	rainily roundation	26-16296	35				
Num	ber and s	treet (or P O box number if mail is	not delivered to street address)	Room/suite	B Telepho	ne num	nber (see instruction	s)
124	44 GARDE	EN CIRCLE			(513) 82:	1-1436		
City	or town.	state or province, country, and ZIP o	or foreign postal code		C If exen	nption a	application is pendin	g, check here 🕨 🗀
		OH 452152025				•		. ,
G Ch	neck all	that apply Initial return	Initial return of a fo	rmer public charity	— B.1. For		anumatione choole b	
		Final return	A mended return	,		, ,	ganizations, check ho ganizations meeting	th - 050/
		Address chan	, , <u>, , , , , , , , , , , , , , , , , </u>		test	t, check	here and attach co	mputation 📮 📗
HCh ⊏Se	eck typ ction 4	e of organization	501(c)(3) exempt private ble trust	foundation private foundation			ndation status was t 507(b)(1)(A), chec	. —
		t value of all assets at end	JAccounting method		F If the	foundat	tion is in a 60-mont	h termination
		om Part II, col. (c),	Other (specify)	ne on cash basis)	under	section	507(b)(1)(B), chec	ck here
		267,875		Te on eash basis.)				T .
Pa	rt I	(The total of amounts in columns necessarily equal the amounts in constructions)	(b), (c), and (d) may not	Revenue and expenses per (a) books	Net investn (b) income		Adjusted net (c) income	Disbursements for charitable purposes (d) (cash basis only)
	1	Contributions, gifts, grants, e	etc , received (attach					
		schedule)		150,364				
	2	Check $ ightharpoonup$ if the foundation	is not required to attach					
		Sch B						
	3	Interest on savings and temp	·	2.606		2.505		
	4	Dividends and interest from s	F	3,606		3,606		
	5a b	Gross rents						
di	6a	Net gain or (loss) from sale of		-10,417				
Revenue	b	Gross sales price for all asse						
	7	62,412 Capital gain net income (fron	a Part IV June 2)			0		
	8	Net short-term capital gain						
	9	Income modifications						-
	10a	Gross sales less returns and allowances						
	b	Less Cost of goods sold .						
	С	Gross profit or (loss) (attach	schedule)					
	11	Other income (attach schedu	ıle)					
	12	Total.Add lines 1 through 11		143,553		3,606		_
	13	Compensation of officers, dir	ectors, trustees, etc	0		0		0
	14	Other employee salaries and	wages					
φ S	15	Pension plans, employee ber	efits					
Š	16a	Legal fees (attach schedule)						
X.	b	Accounting fees (attach sch	edule)	1,225		1,225		0
Administrative Expenses	С	Other professional fees (atta	ch schedule)	150		150		0
) tiv	17	Interest	<u> </u>					
ST.	18	Taxes (attach schedule) (see	einstructions)	100		100		0
	19	Depreciation (attach schedu	e) and depletion					
듣	20	Occupancy				\longrightarrow		
and #	21	Travel, conferences, and mee	-	3,248		3,248		0
	22	Printing and publications.	<u> </u>	95 7 500				
<u>Sun</u>	23	Other expenses (attach sche	F	583		583		0
Operating	24	Total operating and administ	-	E 200		5 206		0
ă	25	Add lines 13 through 23. Contributions, gifts, grants p	<u> </u>	5,306 24,391		5,306		24,391
-	25 26			24,391				24,391
		Total expenses and disburser 25		29,697		5,306		24,391
	27	Subtract line 26 from line 12		113,856				
	a b	Excess of revenue over expe Net investment income (if ne		113,036		0		
	C	Adjusted net income (if negating				Ŭ		
For 5		ork Reduction Act Notice, see			Cat No. 117	200		990-PF (2015)

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	(a) Book Value	(B) Book Value	(c) Full Flanket Value
	2	Savings and temporary cash investments	1,717	905	905
	3	Accounts receivable -	,		
		Less allowance for doubtful accounts -			
	4	Pledges receivable -			
	7	Less allowance for doubtful accounts -			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			_
	O	disqualified persons (attach schedule) (see instructions)			
	_	Other notes and loans receivable (attach schedule)			
	7	Less allowance for doubtful accounts			
	•				
ş	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
AS	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	56,696	150,364	150,005
	С	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)	86,324	107,324	116,965
	14	Land, buildings, and equipment basis 🕨			
		Less accumulated depreciation (attach schedule) ▶			
	15	O ther assets (describe 🟲)			
	16	Total assets(to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	144,737	258,593	267,875
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ě.	19	Deferred revenue			
abilities	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	
		Foundations that follow SFAS 117, check here 🕨 🔽			
Fund Balances		and complete lines 24 through 26 and lines 30 and 31.			
ž	24	Unrestricted	144,737	258,593	
<u> 8</u>	25	Temporarily restricted			
	26	Permanently restricted			
H		Foundations that do not follow SFAS 117, check here			
or F		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
A.	29	Retained earnings, accumulated income, endowment, or other funds			
Net	30	Total net assets or fund balances(see instructions)	144,737	258,593	
Z	31	Total liabilities and net assets/fund balances(see instructions)	144,737	258,593	
Da		<u> </u>	2.1,7.3.		
	rt III		(a) line 20 /		
1		Total net assets or fund balances at beginning of year—Part II, column (, ,		1 / / 7 2 7
•		with end-of-year figure reported on prior year's return)			144,737
2		Enter amount from Part I, line 27a		2	113,856
3		Other increases not included in line 2 (itemize)			259 503
4		Add lines 1, 2, and 3			258,593
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)—Pa	aic II, column (D), lir	ne 30 . 6 	258,593

the Part VI instructions

	List and describe t (a) 2-story brick warel	How acquired P—Purchase (b) D—Donation		Date acquired (mo , day, yr)	Date sold (d) (mo , day, yr)		
1a	See Additional Data T	able					
d							
<u> </u>							
		Depreciation allowe	d Cost	or other basis	1	Gair	or (loss)
(e) Gross sales price	(f) (or allowable)		expense of sale	(h) (e) plus (f) minus (g)		
a	See Additional Data T	able					
b							
С							
d							
<u>е</u>							
	mplete only for assets si	howing gain in column (h) and owne	d by the foundation	on 12/31/69		Gaine (Col	(h) gain minus
		Adjusted basis		cess of col (ı)		•	ot less than -0-) or
(i)	FMV as of 12/31/69	(j) as of 12/31/69		rcol (j), ıfany	(1)		(from col (h))
а	See Additional Data T	able					
b							
d							_
е							
3		l gain or (loss) as defined in sectio art I, line 8, column (c) (see instru)	3		-10,417
Part '	V Qualification U	nder Section 4940(e) for R	educed Tax on	Net Investme	nt I	ncome	
If section Was the	on 4940(d)(2) applies, le foundation liable for the	rivate foundations subject to the se eave this part blank section 4942 tax on the distribute t qualify under section 4940(e) Do	able amount of any	year in the base p			┌ Yes ┌ No
1 Ent	er the appropriate amou	nt in each column for each year, se	ee instructions befo	ore making any ent	ries		
	(a) period years Calendar or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchar	ritable-use assets		(d) Distributio (col (b) divided	n ratio
	2014	20,447		112,023			0 182525
	2013	17,089		102,811			0 166218
	2012	11,991		110,332			0 108681
	2011	12,225		96,128			0 127174
	2010	11,426		86,484	_ 1		0 132117
2 3	Average distribution r	(d)	ride the total on line	e 2 by 5, or by	3		0 716715
4		ne foundation has been in existence noncharitable-use assets for 2015		_	4		139,233
4 5		3	•	_	5		
		tment income (1% of Part I, line 2		<u> </u>	-		19,958
6		·	•		6		0
7				' ⊢	7		19,958
8	Enter qualifying distrib	outions from Part XII, line 4			8		24,391

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

	990-PF (2015) t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b),	940(e).	. or 4948—se	e pag	= 18 of	the inst	ructio		age 4
1a	Exempt operating foundations described in section 4940(d)(2), check here			<u> </u>					
10	and enter "N/A" on line 1	1							
	Date of ruling or determination letter			\					
	(attach copy of letter if necessary-see instructions)								
Ь	Domestic foundations that meet the section 4940(e) requirements in Part V,	, check		J	1				0
	here 🟲 🔽 and enter 1% of Part I, line 27b			•					
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations	ations 6	enter 4% of						
2	Part I, line 12, col (b) Tax under section 511 (domestic section 4947(a)(1) trusts and taxable four	ndation	s only Othe	rc					
2	enter -0-)	idation	3 only other	.15	2				0
3	Add lines 1 and 2				3				0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable fou	ndatıor	ns only Oth	ers					
_	enter -0-) Tax based on investment income. Subtract line 4 from line 3 If zero or less, e	ntor O			5				0
5		inter - o	'	•	5				0
6	Credits/Payments 2015 estimated tax payments and 2014 overpayment credited to 2015	6a	I						
a	Exempt foreign organizations—tax withheld at source	6b							
b	Tax paid with application for extension of time to file (Form 8868)								
C		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 if Form 2				8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed . Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount .				9				0
10	Enter the amount of line 10 to be Credited to 2015 estimated tax	it over	Refunded		10				
11 Par	t VII-A Statements Regarding Activities		Kei uliueu		11				
	During the tax year, did the foundation attempt to influence any national, state	or los	al logiclatio	n or d	<u> </u>			Yes	No
1a		2, 01 100	ar registatio	on or a	u		1.5	165	
L	it participate or intervene in any political campaign?			· ·			1a	\vdash	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for production)?	politica	i puiposes (See III	Structi	UIIS	1b		No
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities	· · ·	nues of any i	materia	ic .	•	10		
	published or distributed by the foundation in connection with the activities.	and co	ipies or arry i	nacciia	15				
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) impo			r -		-			
_	(1) On the foundation \blacktriangleright \$0 (2) On foundation managers								
е	Enter the reimbursement (if any) paid by the foundation during the year for pol				osed				
	on foundation managers 🕨 \$0		•						
2	Has the foundation engaged in any activities that have not previously been rej	ported	to the IRS?				2		No
	If "Yes," attach a detailed description of the activities.								
3	Has the foundation made any changes, not previously reported to the IRS, in i	ts gove	erning instru	ment,	articles	5			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conf	_	=	-			3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more d	during t	he 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 du	iring the	e year?				5		No
	If "Yes," attach the statement required by General Instruction T.								
6	Are the requirements of section 508(e) (relating to sections 4941 through 49	45)sa	tisfied eithe	r					
	By language in the governing instrument, or					,			
	By state legislation that effectively amends the governing instrument so the	nat no n	nandatory d	ırectıo	ns				
	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	?If "Yes	s," complete	Part II	, col. (c),			
	and Part XV.						7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered ($% \left(1\right) =\left(1\right) \left(1\right)$	see ins	structions)						
	► <u>OH</u>								
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 99								
	General (or designate) of each state as required by General Instruction G? $\it If$						8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the i		_						
	or $4942(j)(5)$ for calendar year 2015 or the taxable year beginning in 2015 (s	see inst	ructions for	Part X	.(∨1)?		_		
	If "Yes," complete Part XIV						9	$\vdash\vdash\vdash$	No
10	Did any persons become substantial contributors during the tax year? If "Yes,			_	tneir n	ames	40	,	
	and addresses. 📆	• •					10	Yes	

Pai	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	<u> </u>	No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ►NONE			
14	The books are in care of ►THE JENSEN FAMILY FOUNDATION Telephone no ►(513))821	-1436	
	Located at 1244 GARDEN CIRCLE CINCINNATI OH ZIP+4 4521520			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here		▶ □	-
13	and enter the amount of tax-exempt interest received or accrued during the year	• •	- ,	
			1	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over	مه ا	Yes	No
	a bank, securities, or other financial account in a foreign country?	16		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			
Pai	t 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
1 a	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 V No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes V No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V 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)?			
	(6) A gree 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			
L	after termination of government service, if terminating within 90 days) Yes V No			
Ь	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.	10		
_	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
С	that were not corrected before the first day of the tax year beginning in 2015?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	10		NO
2	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d			
_	and 6e, Part XIII) for tax year(s) beginning before 2015?			
	If "Yes," list the years > 20			
ь	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 allyears 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			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
b	If "Yes," did it have excess business holdings in 2015 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			
	ıf the foundation had excess business holdings in 2015.).	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 2015?	4b		No

Fel	Lt ATT-B	Statements Rega	arding Activities to	r vvr	iich Form 4/20	мау	, ве кедигеа (<i>com</i>	inue	1)	
5a	During the	year did the foundation	n pay or incur any amoui	nt to						
	(1) Carry	on propaganda, or othe	rwise attempt to influenc	e leg	ııslatıon (sectıon 49	45(e)) [?]	No		
	(2) Influer	nce the outcome of any	specific public election	(see	section 4955), or to	car	ry			
	on, dir	ectly or indirectly, any	voter registration drive?				\ Yes \	No No		
	(3) Provid	e a grant to an individu	ıal for travel, study, or ot	hers	ımılar purposes?		☐ Yes Ϝ	No No		
	(4) Provid	e a grant to an organiza	ation other than a charita	able,	etc , organization de	scrib	ped			
	ın sect	tion 4945(d)(4)(A)? (se	ee instructions)				\ \ Yes \	√ No		
	(5) Provid	e for any purpose other	r than religious, charitab	le, sc	ientific, literary, or					
	educat	tional purposes, or for t	the prevention of cruelty	to ch	ıldren or anımals?.		Г Yes Г	√ No		
b	If any ans	werıs "Yes" to 5a(1)–((5), did any of the transac	tions	s fail to qualify under	r the	exceptions described in			
	Regulation	ns section 53 4945 or i	ın a current notice regar	ding o	disaster assistance	(see	instructions)?		5b	
	O rganızatı	ions relying on a curren	nt notice regarding disas	teras	ssistance check her	e		-		
С	If the ansv	wer is "Yes" to questior	n 5a(4), does the founda	tion c	laım exemption fron	n the				
	tax becaus	se it maintained expend	diture responsibility for t	he gr	ant?		T Yes 「	- No		
	If "Yes," at	tach the statement requ	ured by Regulations section	on 53.	.4945-5(d).					
6a	Did the fou	undation, during the yea	ar, receive any funds, dir	ectly	or indirectly, to pay	prer	miums on			
	a personal	l benefit contract?					Yes	√ No		
b	Did the fou	undation, during the yea	ar, pay premiums, direct	y or i	ndirectly, on a perso	onal	benefit contract?		6b	No
	If "Yes" to	6b, file Form 8870.								
7a	At any tım	e during the tax year, v	was the foundation a part	y to a	a prohibited tax shel	lter t	ransaction? \(Yes \(\)	- No		
b	If yes, dıd	the foundation receive	any proceeds or have a	ny ne	t income attributabl	e to t	the transaction?		7b	
_		Information Abou	t Officers, Director	s, T	rustees, Founda	atio	n Managers, Highly	Paid	Emp	loyees,
		and Contractors	-		-					
1	List all offi	cers, directors, trustee	s, foundation managers	and t	heir compensation (see i		I		
			Title, and average	(c)	Compensation(If		(d) Contributions to		ynens	e account,
	(a) Nam	ne and address	hours per week		not paid, enter		mployee benefit plans			llowances
			(b) devoted to position	<u> </u>	-0-)	and	deferred compensation			
See	Additional E	Data Table								
2	Compensat	ion of five highest-paid	d employees (other than	thos	e included on line 1-	-see	instructions). If none, e	nter "N	IONE."	
		(a)	Title, and ave	rane			Contributions to			
Nar	ne and addr	ress of each employee ;			(c) Compensation	on	employee benefit plans and deferred		•	e account,
	more	e than \$50,000	(b) devoted to pos	ition			(d) compensation	(e) (otner a	llowances
NON	IE									
Int-	I number of	other amployage haid o	AVAR & EA AAA					1		^

Part VIII Information About Officers, Directors, To and Contractors (continued)	rustees, Foundation Managers, Highly	Paid Employees,
3 Five highest-paid independent contractors for professional serv	vices (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 serv	ıces	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Incluorganizations and other beneficiaries served, conferences convened, research paper		Expenses
1 N/A		0
2		
3		
4		
Part IX-B Summary of Program-Related Investme		T
Describe the two largest program-related investments made by the foundation of	during the tax year on lines 1 and 2	A mount
1 N/A		0
2		
All other program-related investments See instructions		
3		
Total Add lines 1 through 3	<u> </u>	
IOTAL ADD UNES I TOPOURD 3		Ι Δ

Part X Minimum Investment Return

Pa	(All domestic foundations must complete this part. Foreign foundations, see instruction	s.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	Average monthly fair market value of securities	1a	136,816
b	Average of monthly cash balances	1b	4,537
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	141,353
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	141,353
4	Cash deemed held for charitable activities $$ Enter 1 $$ 1/2 $$ 0 of line 3 (for greater amount, see		
	ınstructions)	4	2,120
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	139,233
6	Minimum investment return. Enter 5% of line 5	6	6,962
Pai	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and ceil check here ► and do not complete this part.)	rtaın f	oreign organizations
1	Mınımum ınvestment return from Part X, line 6	1	6,962
2a	Tax on investment income for 2015 from Part VI, line 5 2a		
b	Income tax for 2015 (This does not include the tax from Part VI) 2b		
С	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments Subtract line 2c from line 1	3	6,962
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	6,962
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	6,962
	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	24,391
	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
Ь	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	24,391
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	24,391
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth the section 4940(e) reduction of tax in those years	er the	toundation qualifies for

Ρ	art XIIII Undistributed I	ncome (see instru-	ctions)				
			(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015	
1	Distributable amount for 2015 fr	om Part XI, line 7					6,962
2	Undistributed income, if any, as	of the end of 2015					
а	Enter amount for 2014 only				0		
	Total for prior years 20,			0			
3	Excess distributions carryover,						
а	From 2010	7,102					
b	From 2011	7,419					
c	From 2012	6,490					
d	From 2013	11,948					
	From 2014	14,846					
f	Total of lines 3a through e		47,805				
4	Qualifying distributions for 2015	from Part					
	XII, line 4 🕨 \$						
а	Applied to 2014, but not more th				0		
b	Applied to undistributed income	of prior years		0			
	(Election required—see instruction	ons)					
C	Treated as distributions out of corequired—see instructions)		0				
d	Applied to 2015 distributable an						6,962
	Remaining amount distributed ou		17,429		,		
5	Excess distributions carryover a	ipplied to 2015	0				0
	(If an amount appears in column (same amount must be shown	* *					
6	Enter the net total of each colur	` ' '					
	indicated below:						
	Corpus Add lines 3f, 4c, and 4e		65,234				
b	Prior years' undistributed income			0			
_	line 4b from line 2b						
С	Enter the amount of prior years' uncome for which a notice of defic						
	been issued, or on which the sec						
	tax has been previously assesse			0			
d	Subtract line 6c from line 6b Ta	xable amount					
	—see instructions			0			
е	Undistributed income for 2014						
	4a from line 2a Taxable amount-	—see			0		
f	Undistributed income for 2016	Subtract					
•	lines 4d and 5 from line 1. This a						
	be distributed in 2015						0
7	A mounts treated as distributions	out of					
	corpus to satisfy requirements in						
	section 170(b)(1)(F) or 4942(g) be required - see instructions).		0				
Я	Excess distributions carryover fi	<u> </u>					
Ū	applied on line 5 or line 7 (see in		7,102				
9	Excess distributions carryover to	· · · · · · · · · · · · · · · · · · ·					
	Subtract lines 7 and 8 from line 6	5a	58,132				
	Analysis of line 9						
	Excess from 2011	7,419					
	Excess from 2012	6,490					
	Excess from 2013	11,948 14,846					
	Excess from 2014	14,846					
е	Excess from 2015	17,429					

- c Any submission deadlines
- **d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
Name and address (home or business) a Paid during the year See Additional Data Table	or substantial contributor	recipient	Contribution	
Total			▶ 3a	24,39
b Approved for future payment	<u> </u>	<u> </u>		21,33

orm 990-PF (2015) Part XVI-A Analysis of Income-Produc	ing Activitie	s			Page 12
nter gross amounts unless otherwise indicated	Unrelated bu	isiness income	Excluded by section	n 512, 513, or 514	(e) Related or exempt
1 Program service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	function income (See instructions)
a					,
b					
d					
e f					
g Fees and contracts from government agencies					
Membership dues and assessments Interest on savings and temporary cash investments					
1 Dividends and interest from securities			14	3,606	
Net rental income or (loss) from real estate a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income					
Gain or (loss) from sales of assets other than inventory			18	-10,417	
Net income or (loss) from special events Gross profit or (loss) from sales of inventory .					
Other revenue a					
b					
c					
c d e				6.011	
c		0		-6,811 13 _	
c d e Subtotal Add columns (b), (d), and (e) Total.Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify of the columns (b).	calculations)		:	13	
c	calculations) o the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	-6,811 ntly to
c d e Subtotal Add columns (b), (d), and (e). Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities to Explain below how each activity for whith accomplishment of the foundation's	calculations) o the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	-6,811 ntly to
c d e Subtotal Add columns (b), (d), and (e). Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities to the subject of	calculations) o the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	-6,811 ntly to
c	calculations) o the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	-6,811 ntly to
c	calculations) o the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	-6,811 ntly to
c	calculations) o the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	-6,811 ntly to
c d e Subtotal Add columns (b), (d), and (e). Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities to Explain below how each activity for whithe accomplishment of the foundation's	calculations) o the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	-6,811 ntly to
c d e Subtotal Add columns (b), (d), and (e). Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities to Explain below how each activity for whithe accomplishment of the foundation's	calculations) o the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	-6,811 ntly to
c d e Subtotal Add columns (b), (d), and (e). Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities to Explain below how each activity for whithe accomplishment of the foundation's	calculations) o the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	-6,811 ntly to
c	calculations) o the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	-6,811 ntly to
c d e Subtotal Add columns (b), (d), and (e). Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's	calculations) o the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	-6,811 ntly to
c d e Subtotal Add columns (b), (d), and (e). Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities to Explain below how each activity for whithe accomplishment of the foundation's	calculations) o the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	-6,811 ntly to
c d e Subtotal Add columns (b), (d), and (e). Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's	calculations) o the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	-6,811 ntly to
c	calculations) o the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	-6,811 ntly to
c d e Subtotal Add columns (b), (d), and (e). Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's	calculations) o the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	-6,811 ntly to
c	calculations) o the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	-6,811 ntly to
c	calculations) o the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	-6,811 ntly to

Part	XVI	Information Ro Noncharitable				sactions and I	Relationships	With		
		organization directly or i	ndırectly	engage in any o	f the following wi				V = -	T
		501(c) of the Code (othe	er than se	ction 501(c)(3)	organizations) c	or in section 527,	relating to politic	al	Yes	No
_		tions?								
		s from the reporting four						-	(4)	
		:h							(1)	No
		erassets						la	(2)	No
		ansactions						41	(1)	No
		es of assets to a noncha								No
		chases of assets from a		•	-				(2)	No
		tal of facilities, equipme						1b		No
		mbursement arrangemer							(4)	No
		ns or loan guarantees.							(5)	No
		rmance of services or m								No
		of facilities, equipment, swer to any of the above	_						LC L	No
of th	ne go ny tr	ods, other assets, or se ansaction or sharing arr	rvices giv angement	en by the repor , show in colum	ting foundation [If the foundation r f the goods, other	eceived less thar	n fair market v ces received	alue	nto
(a) Line	NO	(b) Amount involved	(C) Name	or nonchantable ex	xempt organization	(u) Description	or transfers, transact	ions, and snaming	anangemen	111.5
des	cribe	undation directly or indiction section 501(c) of the complete the following (a) Name of organization	ne Code (i schedule	other than section.		in section 527?.		otion of relationsh	·	No
Sign Here	the Infe	der penalties of perjury, e best of my knowledge a ormation of which prepai *****	and belief,	it is true, corre		Declaration of p		ın taxpayer) ıs		n all
	•	Signature of officer or t	rustee		Date	Tıtle		below	reparer shov)? 	
		Print/Type preparer's Kurt Marty	name	Preparer's Sig	ınature	Date 2016-07-12	Check if self- employed ▶	PTIN P002	26317	
Paid Prepa Use	arei		N CONSU	LTING LLC			Firm's EIN F 4	7-1827469		
Only		Firm's address ► 4340 GLENDALE-MI CINCINNATI,OH 4		O STE 130			Phone no (513	3)873-1284		

orm 990PF Part IV - Capit	al Gains and Losses for Ta	x on Invest	tment Income	- Columns a - d	
List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	Date acquired (c) (mo , day, yr)	(d) Date sold (mo , day, yr)	
PROCTER & GAMBLE			D	2015-10-19	2015-10-19
PROCTER & GAMBLE			D	2003-06-30	2015-05-07
PROCTER & GAMBLE			D	2003-06-30	2015-11-17
VANGUARD ST BD ETF	VANGUARD ST BD ETF			2011-01-21	2015-02-19
VANGUARD ST BD ETF	VANGUARD ST BD ETF		Р	2011-01-21	2015-10-26
Capital Gains Dividends	3		Р		
rm 990PF Part IV - Capit	al Gains and Losses for Ta	x on Invest	tment Income	- Columns e - h	
(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale		Gain (h) (e) plus	or (loss) (f) mınus (g)
239					239

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
239			239
7,944		9,264	-1,320
38,397		47,432	-9,035
9,515		9,680	-165
6,278		6,453	-175
39			39

6,278		6,453	-175
39			39
orm 990PF Part IV - Capita	l Gains and Losses for Ta	ax on Investment Income	- Columns i - I
Complete only for assets showing	ng gaın ın column (h) and owned	by the foundation on 12/31/69	Gains (Col (h) gain minus
(i) F M V as of 12/31/69	A djusted basis (j) as of 12/31/69	Excess of col (1) (k) over col (j), if any	col (k), but not less than -0-) or (l) Losses (from col (h))
			239
			-1,320
			-9,035
			-165
			-175
			39

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation(If not paid, enter -0-)	Contributions to employee benefit plans and deferred (d) compensation	(e) Expense account, other allowances	
MARY R JENSEN	PRESIDENT/DIRECTOR	0	0	0	
1244 GARDEN CIRCLE CINCINNATI,OH 452152025	1 00				
J MICHAEL JENSEN	SECRETARY/TREASURER/DIRECT	0	0	0	
1244 GARDEN CIRCLE CINCINNATI,OH 452152025	1 00				
KATHRYN K JENSEN	DIRECTOR	0	0	0	
1244 GARDEN CIRCLE CINCINNATI,OH 452152025	0 10				
CASSANDRA L JENSEN	DIRECTOR	0	0	0	
3965 POTOMAC STREET APT 1E ST LOUIS,MO 63116	0 10				
J PATRICK JENSEN	DIRECTOR	0	0	0	
1244 GARDEN CIRCLE CINCINNATI,OH 452152025	0 10				
SUSAN M JENSEN	DIRECTOR	0	0	0	
2300 S 10TH STREET APT D ST LOUIS, MO 63104	0 10				

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).

84 6	D. 1/	_			~ -		
MA	RY	к	J⊢	N	51	- N	

J MICHAEL JENSEN

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

			• • • • • • • • • • • • • • • • • • • •	<u>-</u>
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
AMERICAN HEART ASSOCIATION 4701 W 77TH ST MINNEAPOLIS,MN 55435	NONE	501(C)(3)	TO SUPPORT HEART HEALTH ISSUES	75
AMERICAN PLAYERS THEATER SPRING GREEN 5950 GOLF COURSE RD SPRING GREEN, WI 53588	NONE	501(C)(3)	TO SUPPORT THEATRICAL ARTS	200
BIG BROTHERS BIG SISTERS OF THE MIDLANDS 10831 OLD MILL ROAD SUITE 400 OMAHA,NE 68154	NONE	501(C)(3)	TO PROVIDE SUPPORT FOR YOUTH	52
CINCINNATI ART MUSEUM 953 EDEN PARK DRIVE CINCINNATI,OH 452021557	NONE	501(C)(3)	PROMOTION OF THE FINE ARTS	150
CINCINNATI CHILDREN'S HOME 5050 MADISON RD CINCINNATI,OH 45227	NONE	501(C)(3)	TO SUPPORT HOMELESS CHILDREN IN CINCINNATI	1,100
CLEAN LAKE ALLIANCE VERX PLAZA 150 E GILMAN ST 2600 MADISON, WI 53703	NONE	501(C)(3)	TO SUPPORT THE EFFORT TO MAINTAIN THE LAKES IN THE REGION	320
FRANK LLOYD WRIGHT FOUNDATION THE ROOKERY 209 S LASALLE ST CHICAGO,IL 60604	NONE	501(C)(3)	TO SUPPORT THE EFFORT TO MAINTAIN ARCHITECTUAL HISTORY	700
GIRLS ON THE RUN - THANKSGIVING DAY RACE 3330 ERIE AVE 8 CINCINNATI,OH 45208	NONE	501(C)(3)	TO SUPPORT YOUNG WOMENS HEALTH	224
GIVE STL - STL CHILDRENS HOSPITAL ONE CHILDRENS PLACE ST LOUIS,MO 63110	NONE	501(C)(3)	TO SUPPORT HEALTH SERVICES	25
IMPACT 100 WOMEN TOGETHER CHANGING LIVES 4010 EXECUTIVE PARK DRIVE CINCINNATI,OH 45241	NONE	501(C)(3)	PROMOTION OF CHARITABLE ENDEAVORS	1,100
JUVENILE DIABETES RELIEF FUND FUND A CURE - HARRISBURG 717 MARKET ST STE 108 LEMOYNE,PA 17043	NONE	501(C)(3)	TO SUPPORT MEDICAL RESEARCH FOR JUVENILE DIABETES	2,563
JUVENILE DIABETES RELIEF FUND GALA AUCTION OVER VALUE 8050 HOSBROOK RD STE 314 CINCINNATI,OH 45236	NONE	501(C)(3)	TO SUPPORT MEDICAL RESEARCH FOR JUVENILE DIABETES	190
JUVENILE DIABETES RELIEF FUND GALA SPONSOR 8050 HOSBROOK RD STE 314 CINCINNATI,OH 45236	NONE	501(C)(3)	TO SUPPORT MEDICAL RESEARCH FOR JUVENILE DIABETES	6,200
JUVENILE DIABETES RELIEF FUND WALK DONATION - HARRISBURG 717 MARKET ST STE 108 LEMOYNE,PA 17043	NONE	501(C)(3)	TO SUPPORT MEDICAL RESEARCH FOR JUVENILE DIABETES	250
JUVENILE DIABETES RELIEF FUND 8041 HOSBROOK ROAD CINCINNATI,OH 45236	NONE	501(C)(3)	TO SUPPORT MEDICAL RESEARCH FOR JUVENILE DIABETES	5,000
Total				24,391

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
a Paid during the year	or substantial contributor			
MADISON MUSEUM OF CONTEMPORARY ART 227 STATE STREET MADISON, WI 53703	NONE	501(C)(3)	TO SUPPORT CONTEMPORARY ART	65
MISCELLANEOUS CHARITIES VARIOUS LOCATIONS CINCINNATI,OH 45202	NONE	501(C)(3)	TO SUPPORT CHARITABLE ENDEAVORS	100
MISSOURI BOTANICAL GARDENS 4344 SHAW BLVD ST LOUIS,MO 63110	NONE	501(C)(3)	TO SUPPORT BOTANICAL GARDEN	65
NATIONAL PSORIASIS FOUNDATION 6600 SW 92ND AVE SUITE 300 PORTLAND, OR 97223	NONE	501(C)(3)	TO SUPPORT MEDICAL RESEARCH FOR PSORIASIS AND PSORIASIS ARTHRITIS	500
OUT OF THE DARKNESS SUICIDE PREVENTION 440 FIRST STREET NW SUITE 300 WASHINGTON, DC 20001	NONE	501(C)(3)	TO SUPPORT THOSE COMBATING SUICIDE	100
PLANNED PARENTHOOD 4251 FOREST PARK AVE ST LOUIS,MO 63108	NONE	501(C)(3)	TO PROMOTE WOMEN'S HEALTH ISSUES	500
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION - HOSPITAL IN KIND ONE CHILDRENS PLACE ST LOUIS,MO 63110	NONE	501(C)(3)	TO SUPPORT CHILDRENS HEALTH RESEARCH	112
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION - PLAY DATE GALA ONE CHILDRENS PLACE ST LOUIS,MO 63110	NONE	501(C)(3)	TO SUPPORT CHILDRENS HEALTH RESEARCH	1,350
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION ONE CHILDRENS PLACE ST LOUIS,MO 63110	NONE	501(C)(3)	TO SUPPORT CHILDRENS HEALTH RESEARCH	500
ST VINCENT DE PAUL OMAHA PO BOX 241201 OMAHA,NE 68124	NONE	501(C)(3)	TO SUPPORT NEEDY	50
ST JAMES OF THE VALLEY CATHOLIC CHURCH 411 SPRINGFIELD PIKE CINCINNATI,OH 45215	NONE	501(C)(3)	SUPPORT OF RELIGIOUS ENDEAVORS	300
TOYS FOR TOTSYMCA OF GTR CINCINNATI 1425B LINN STREET CINCINNATI,OH 45214	NONE	501(C)(3)	TO PROVIDE GIFTS FOR NEEDY CHILDREN AT CHRISTMAS TIME	300
UNIVERSITY OF CINCINNATI FOUNDATION 51 GOODMAN DRIVE CINCINNATI,OH 45219	NONE	501(C)(3)	PROMOTION OF UNIVERSITY EDUCATION AND LEARNING	150
UNIVERSITY OF NEBRASKA FOUNDATION 1010 LINCOLN MALL 300 LINCOLN,NE 68508	NONE	501(C)(3)	PROMOTION OF UNIVERSITY EDUCATION AND LEARNING	500
WESLEY CHAPEL MISSION - UNITED METHODIST CHURCH 80E MCMICKEN AVE CINCINNATI,OH 45202	NONE	501(C)(3)	SUPPORT OF RELIGIOUS ENDEAVORS	500
Total			▶ 3a	24,391

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

TOTAL STOLL FULL AVELUE S GIVE	ants and contributions	r ara Daring	the real of Approved for i	atare rayment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
WYOMING FIRE ASSOCIATION 600 GROVE AVENUE CINCINNATI,OH 45215	NONE	501(C)(3)	PROMOTION OF COMMUNITY FIRE PROTECTION	50
WYOMING POLICE ASSOCIATION 800 OAK AVENUE CINCINNATI,OH 45215	NONE	501(C)(3)	PROMOTION OF COMMUNITY POLICE PROTECTION	50
WYOMING PSA NONEVENT FOR AMERICAN CANCER SOCIETY 2808 READING ROAD CINCINNATI,OH 45206	NONE	501(C)(3)	RESEARCH AND TREATMENT OF PROSTATE CANCER	100
WYOMING SCHOOL FOUNDATION - FEY 420 SPRINGFIELD PIKE CINCINNATI,OH 45215	NONE	501(C)(3)	EDUCATIONAL ENDEAVORS	250
WYOMING SCHOOL FOUNDATION 420 SPRINGFIELD PIKE CINCINNATI,OH 45215	NONE	501(C)(3)	EDUCATIONAL ENDEAVORS	550
WYOMING YOUTH SERVICES 800 OAK AVENUE CINCINNATI,OH 45215	NONE	501(C)(3)	EDUCATIONAL ENDEAVORS FOR YOUTH	150
Total				24,391

TY 2015 Accounting Fees Schedule

Name: The Jensen Family Foundation

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MOWRY, MARTY & BAIN CONSULTING, LLC	1,225	1,225		0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491197001046
-		

TY 2015 Investments Corporate Stock Schedule

Name: The Jensen Family Foundation

Name of Stock	End of Year Book Value	End of Year Fair Market Value
PROCTER & GAMBLE COMPANY, 1889 SHARES	150,364	150,005
PROCTER & GAMBLE COMPANY, 612 SHARES	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - DLN: 93491197001046

TY 2015 Investments - Other Schedule

Name: The Jensen Family Foundation

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
ISHARES IBOXX \$ INVT GRADE	AT COST	36,987	36,483
VANGUARD BD INDEX FD INC SHORT TERM BOND ETF, 125 SHARES	AT COST	10,245	9,947
VANGUARD BD INDEX FD INC SHORT TERM BOND ETF, 135 SHARES	AT COST	11,021	10,742
VANGUARD BD INDEX FD INC SHORT TERM BOND ETF, 160 SHARES	AT COST	12,980	12,731
VANGUARD BD INDEX FD INC SHORT TERM BOND ETF, 250 SHARES	AT COST	0	0
VANGUARD BD INDEX FD INC SHORT TERM BOND ETF, 50 SHARES	AT COST	4,033	3,979
VANGUARD SHORT TERM INVESTMENT GRADE FUND, 708.655 SHARES	AT COST	0	0
VANGUARD SHORT TERM INVESTMENT GRADE FUND, 722.476 SHARES	AT COST	7,746	7,629
WISDOMTREE EQUITY INCOME FUND, INC., 600 SHARES	AT COST	24,312	35,454

TY 2015 Other Expenses Schedule

Name: The Jensen Family Foundation

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ANNUAL MEETING DINNER	583	583		0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - DLN: 93491197001046

TY 2015 Other Professional Fees Schedule

Name: The Jensen Family Foundation

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
UBS FINANCIAL SERVICES INC ANNUAL FEE	150	150		0

TY 2015 Substantial Contributors Schedule

Name: The Jensen Family Foundation

Name	Address
MARY R JENSEN	1244 GARDEN CIRCLE CINCINNATI,OH 452152025
J MICHAEL JENSEN	1244 GARDEN CIRCLE CINCINNATI,OH 452152025

TY 2015 Taxes Schedule

Name: The Jensen Family Foundation

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OHIO REGISTRATION FEES	100	100		0

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As Filed Data

DLN: 93491197001046

OMB No 1545-0047

Employer identification number

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, 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.

2015

The Je	nsen Family Found	ation	26-1629635	
Organ	ization type (chec	Section: 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 501(c)(3) taxable private foundation a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions		
Filers	of:	Section:		
Form 9	990 or 990-EZ			
			private foundation	
Form 9	990-PF	√ 501(c)(3) exempt private foundation		
			rate foundation	
Gener ✓				
Specia	al Rules			
Γ	under sections 50 received from any	$9(a)(1)$ and $170(b)(1)(A)(v_i)$, that checked Schedule A (Form 99 one contributor, during the year, total contributions of the greater	90 or 990-EZ), Part II, line 13, 16a, or 16b, ar	nd that
Γ	during the year, to			
Γ	during the year, co this box is checke purpose Do not co	on described in section $501(c)(7)$, (8) , or (10) filing Form 990 or 9 contributions $exclusively$ for religious, charitable, etc., purposes, but, enter here the total contributions that were received during the complete any of the parts unless the General Rule applies to this le, etc., contributions totaling \$5,000 or more during the year	but no such contributions totaled more than e year for an <i>exclusively</i> religious, charitat s organization because it received <i>nonexcl</i> i	1 \$1,000 If ole, etc ,

990-EZ, or 990-PF)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

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), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its

Name of organization
The Jensen Family Foundation

Employer identification number 26-1629635

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 contr	ibution
1			Person	Г
	MARY R JENSEN		Payroll	Г
	1244 GARDEN CIRCLE	\$ 75,182	Noncash	-
	CINCINNATI, OH452152025		(Complete Part II for	r noncash
			contributions)	Tioricasii
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contr	ibution
2			Person	Γ
	J MICHAEL JENSEN		Payroll	Г
	1244 GARDEN CIRCLE	\$ 75,182	Noncash	—
	CINCINNATI, OH452152025		(Complete Part II for	. nanaaah
			contributions)	Horicasii
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contr	ibution
			Person	Γ
			Payroll	Г
		<u>\$</u>	Noncash	Г
			(Complete Part II for contributions)	noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contr	ibution
			Person	
			Payroll	_
		\$		<u>,</u>
			Noncash	Г.
			(Complete Part II for contributions)	noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contr	ibution
			Person	Γ
			Payroll	Γ
		<u>\$</u>	Noncash	Г
			(Complete Part II for contributions)	noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contr	ibution
	e, saareee, and all · ·		Person	Г
			Payroll	Г
		\$	Noncash	_
			(Complete Part II for	noncash
			contributions)	

Name of organization The Jensen Family Foundation		Employer identification n	Employer identification number		
i ne Jensen Fami	ly Foundation	26-1629635			
Part II	Noncas h 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		
1	PROCTER & GAMBLE COMPANY STOCK, 945 SHARES, COMMON	\$ 75,182	2015-12-22		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
2	PROCTER & GAMBLE COMPANY STOCK, 944 SHARES, COMMON	\$ 75,182	2015-12-22		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$_			

Schedule B (I	Form 990,	990-EZ, or	990-PF)	(2015)
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Page 4

Name of organization The Jensen Family Fo			imployer identification number
total mor line entry of \$1,000	e than \$1,000 for the year from any c	utions to organizations describ one contributor. Complete colu III, enter the total of <i>exclusivel</i> y mation once. See instructions	ped in section 501(c)(7), (8), or (10) that mns (a) through (e) and the following religious, charitable, etc., contributions
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
.			
	Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
·	Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
· -	Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
· -	Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee
	- -		