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

Name of foundation THE WYLER FAMILY FOUNDATION		A Employer identification number 26-4396121	
Number and street (or P O box number if mail is not delivered to street address) 401 MILFORD PARKWAY SUITE A		Room/suite	B Telephone number (see instructions) (513) 752-7450
City or town, state or province, country, and ZIP or foreign postal code MILFORD, OH 45150		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <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		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 3,058,830		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 (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	1,213,004			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	287	287		
	4 Dividends and interest from securities	62,310	62,310		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 _____	58,982			
	b Gross sales price for all assets on line 6a _____ 58,982				
	7 Capital gain net income (from Part IV , line 2)		58,982		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	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	1,334,583	121,579		
	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule).				
	b Accounting fees (attach schedule).				
	c Other professional fees (attach schedule)	30,808	30,808		
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	2,970	703		
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings.				
	22 Printing and publications				
	23 Other expenses (attach schedule).	1,586	466		1,120
	24 Total operating and administrative expenses. Add lines 13 through 23	35,364	31,977		1,120
	25 Contributions, gifts, grants paid	649,484			649,484
	26 Total expenses and disbursements. Add lines 24 and 25	684,848	31,977		650,604
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	649,735			
	b Net investment income (if negative, enter -0-)		89,602		
	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	501,497	181,648	181,648
	2	Savings and temporary cash investments	5,324	41,592	41,592
	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)	2,133,529	2,835,590	2,835,590
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
Liabilities	15	Other assets (describe ▶ _____)			
	16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	2,640,350	3,058,830	3,058,830
	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	
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			
	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds	2,640,350	3,058,830	
	30	Total net assets or fund balances (see instructions)	2,640,350	3,058,830	
	31	Total liabilities and net assets/fund balances (see instructions)	2,640,350	3,058,830	

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 2,640,350
2	Enter amount from Part I, line 27a	2 649,735
3	Other increases not included in line 2 (itemize) ▶ _____	3
4	Add lines 1, 2, and 3	4 3,290,085
5	Decreases not included in line 2 (itemize) ▶ _____	5 231,255
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6 3,058,830

Part IV

Capital Gains and Losses for Tax on Investment Income

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

(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)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
a			
b			
c			
d			
e			

2	Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	58,982
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		3	

Part V

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

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)
If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	592,434	2,553,316	0 232025
2013	411,063	1,680,154	0 244658
2012	350,231	1,006,690	0 347904
2011	162,850	100,462	1 621011
2010	188,617	11,147	16 920876

2	Total of line 1, column (d).	2	19 366474
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	3 873295
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	4	3,070,140
5	Multiply line 4 by line 3.	5	11,891,558
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	896
7	Add lines 5 and 6.	7	11,892,454
8	Enter qualifying distributions from Part XII, line 4.	8	650,604

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 VII

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	1,792
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		2	
3 Add lines 1 and 2.		3	1,792
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		4	
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5	1,792
6 Credits/Payments			
a 2015 estimated tax payments and 2014 overpayment credited to 2015	6a	1,200	
b Exempt foreign organizations—tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868).	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments Add lines 6a through 6d.		7	1,200
8 Enter any penalty for underpayment of estimated tax Check here <input checked="" type="checkbox"/> if Form 2220 is attached		8	11
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	603
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10	
11 Enter the amount of line 10 to be Credited to 2015 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>		11	

Part VII-A

Statements Regarding Activities

1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	Yes	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	1b		No
c Did the foundation file Form 1120-POL for this year?	1c		No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2		No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3		No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5		No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> OH _____			
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i>	8b	Yes	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (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		No

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? Website address ► <u>WWW.WYLERFAMILYFOUNDATION.ORG</u>	13	Yes	
14	The books are in care of ► <u>JEFF WYLER AUTOMOTIVE FAMILY INC</u> Telephone no ► <u>(513) 752-7450</u> Located at ► <u>401 MILFORD PARKWAY SUITE A MILFORD OH</u> ZIP+4 ► <u>45150</u>			
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 2015, 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? 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 ►	16	Yes	No

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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1c		
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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 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 if the foundation had excess business holdings in 2015). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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

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)? ☐ Yes ☒ No **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? ☐ Yes ☒ No

If "Yes," attach the statement required by Regulations section 53.4945–5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No **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? ☐ Yes ☒ No **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	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

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	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				

Total number of other employees paid over \$50,000. ☐

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. ▶

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 N/A	
2 _____	

All other program-related investments. See instructions.	
3 _____	

Total. Add lines 1 through 3 ▶

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	2,908,982
b	Average of monthly cash balances.	1b	207,911
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	3,116,893
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	3,116,893
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	46,753
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	3,070,140
6	Minimum investment return. Enter 5% of line 5.	6	153,507

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	153,507
2a	Tax on investment income for 2015 from Part VI, line 5.	2a	1,792
b	Income tax for 2015 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	1,792
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	151,715
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	151,715
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	151,715

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	650,604
b	Program-related investments—total from Part IX-B.	1b	
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	650,604
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	650,604

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 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				151,715
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2015				
a From 2010.	188,617			
b From 2011.	157,827			
c From 2012.	299,896			
d From 2013.	327,055			
e From 2014.	465,812			
f Total of lines 3a through e.	1,439,207			
4 Qualifying distributions for 2015 from Part XII, line 4 ► \$ 650,604				
a Applied to 2014, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2015 distributable amount.				151,715
e Remaining amount distributed out of corpus	498,889			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,938,096			
b Prior years' undistributed income Subtract line 4b from line 2b.				
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.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2016 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).				
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). . .	188,617			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a.	1,749,479			
10 Analysis of line 9				
a Excess from 2011. . . .	157,827			
b Excess from 2012. . . .	299,896			
c Excess from 2013. . . .	327,055			
d Excess from 2014. . . .	465,812			
e Excess from 2015. . . .	498,889			

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 2015, enter the date of the ruling. . . . ▶

b

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

2a

Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

Tax year	Prior 3 years			(e) Total
(a) 2015	(b) 2014	(c) 2013	(d) 2012	
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 e-mail address of the person to whom applications should be addressed

THE WYLER FAMILY FOUNDATION
401 MILFORD PARKWAY SUITE A
MILFORD, OH 45150
(513) 752-7450

b

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

REQUESTS CAN BE MOST EASILY MADE VIA THE WEBSITE WWW.WYLERFAMILYFOUNDATION.ORG

c

Any submission deadlines

REQUESTS CAN BE MADE AT ANY TIME THROUGHOUT THE YEAR. IT MAY TAKE UP TO 4 MONTHS TO PROCESS A GRANT.

d

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

YOUR ORGANIZATION MUST BE TAX-EXEMPT UNDER IRS CODE SECTION 501(C)(3). AT LEAST 50% OF THE ORGANIZATION'S TOTAL INCOME IS TO BE SPENT ON PROGRAMS. AT LEAST 50% OF PUBLIC CONTRIBUTIONS TO BE SPENT ON THE PROGRAMS DESCRIBED IN YOUR REQUEST. NO MORE THAN 35% OF CONTRIBUTIONS TO BE SPENT ON FUNDRAISING. NO MORE THAN 50% OF THE ORGANIZATION'S TOTAL INCOME TO BE SPENT ON ADMINISTRATIVE AND FUNDRAISING COSTS. INELIGIBLE CATEGORIES: SPORTS, ATHLETIC EVENTS, OR ATHLETIC PROGRAMS; TRAVEL-RELATED EVENTS, INCLUDING STUDENT TRIPS OR TOURS; DEVELOPMENT OR PRODUCTION OF BOOKS, FILMS, VIDEOS, OR TELEVISION PROGRAMS; MEMORIAL CAMPAIGNS; INDIVIDUALS, INCLUDING THOSE SEEKING SCHOLARSHIPS OR FELLOWSHIP ASSISTANCE.

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)				
<div>a Paid during the year</div> <div>See Additional Data Table</div>				
<div>Total</div>			<div>3a</div>	649,484
<div>b Approved for future payment</div>				
<div>Total</div>			<div>3b</div>	

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2015)

1. 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?

a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.	1a(1)	Yes	
(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.

[illegible]

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

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**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.

* * * * *

2016-10-27

* * * * *

Signature of officer or trustee

Date _____

Title

May the IRS discuss this return with the preparer shown below

(see instr)? ☐ Yes ☐ No

(see instr)? ☐ Yes ☐ No

**Paid
Preparer
Use
Only**

Print/Type preparer's name STEPHEN P BEDELL CPA	Preparer's Signature	Date 2016-11-08	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00057558
Firm's name <input checked="" type="checkbox"/> CROWE HORWATH LLP			Firm's EIN <input checked="" type="checkbox"/>	35-0921680
Firm's address <input checked="" type="checkbox"/> 10 WEST BROAD STREET SUITE 1700 COLUMBUS, OH 432153713			Phone no <input checked="" type="checkbox"/>	(614) 365-2113

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-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
JEFFREY L WYLER	401 MILFORD PARKWAY SUITE A MILFORD, OH 45150	CEO 2 00	0	0	0
J DAVID WYLER	401 MILFORD PARKWAY SUITE A MILFORD, OH 45150	PRESIDENT 2 00	0	0	0
W SCOTT BRISTOW	401 MILFORD PARKWAY SUITE A MILFORD, OH 45150	VICE-PRES 2 00	0	0	0
LINDA WYLER	401 MILFORD PARKWAY SUITE A MILFORD, OH 45150	SECRETARY 1 00	0	0	0
JULIE BRISTOW	401 MILFORD PARKWAY SUITE A MILFORD, OH 45150	TREASURER 1 00	0	0	0

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				
AMERICAN DIABETES ASSOCIATION 4555 LAKE FOREST DRIVE BLUE ASH,OH 45242		PC	COMMUNITY OUTREACH	2,500
AMERICAN HEART ASSOCIATION 5211 MADISON ROAD CINCINNATI,OH 45227		PC	COMMUNITY OUTREACH	10,000
ANDY AND JORDAN DALTON FOUNDATION 73 CAVALIER BLVD FLORENCE,KY 41042		PC	COMMUNITY OUTREACH	5,000
BOYS & GIRLS CLUB OF CLERMONT COUNTY 213 UNION ST NEW RICHMOND,OH 45157		PC	COMMUNITY OUTREACH	20,000
BOYS & GIRLS CLUBS OF GREATER CINCINNATI 600 DALTON AVENUE CINCINNATI,OH 45203		PC	COMMUNITY OUTREACH	10,000
CATHOLIC INNER CITY SCHOOLS EDUCATION FUND 100 E 8TH STREET CINCINNATI,OH 45202		PC	COMMUNITY OUTREACH	25,000
CENTER FOR RESPITE CARE PO BOX 141301 CINCINNATI,OH 45250		PC	COMMUNITY OUTREACH	1,000
CINCINNATI ART MUSEUM 953 EDEN PARK DRIVE CINCINNATI,OH 45202		PC	COMMUNITY OUTREACH	27,000
CINCINNATI PARKS FOUNDATION 421 OAK STREET CINCINNATI,OH 45219		PC	COMMUNITY OUTREACH	5,000
CINCINNATI WORKS 708 WALNUT STREET FLOOR 2 CINCINNATI,OH 45202		PC	COMMUNITY OUTREACH	10,000
CLERMONT COUNTY YMCA 2075 JAMES E SAULS DR BATAVIA,OH 45103		PC	COMMUNITY OUTREACH	500
CLOVERNOOK CENTER 7000 HAMILTON AVENUE CINCINNATI,OH 45231		PC	COMMUNITY OUTREACH	2,000
COLONIAL WILLIAMSBURG FOUNDATION PO BOX 1776 WILLIAMSBURG,VA 231871776		PC	COMMUNITY OUTREACH	1,000
CRIS COLLINSWORTH PROSCAN FUND 5400 KENNEDY AVENUE CINCINNATI,OH 45213		PC	COMMUNITY OUTREACH	10,000
EVANS SCHOLARS FOUNDATION ONE BRIAR ROAD GOLF,IL 60029		PC	COMMUNITY OUTREACH	5,000
Total ▶ 3a				649,484

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>				
FATHERHOOD OHIO 715 W HOME ROAD PO BOX 2993 SPRINGFIELD,OH 45504		PC	COMMUNITY OUTREACH	10,000
GOOD SAMARITAN HOSPITAL FOUNDATION 2222 PHILADELPHIA DRIVE DAYTON,OH 45406		PC	COMMUNITY OUTREACH	20,000
GREATER MILFORD AREA HISTORICAL SOCIETY 906 MAIN STREET MILFORD,OH 45150		PC	COMMUNITY OUTREACH	500
GREENACRES FOUNDATION 8255 SPOOKY HOLLOW ROAD CINCINNATI,OH 45242		PC	COMMUNITY OUTREACH	1,000
HOSPICE OF CINCINNATI C/O BETHESDA FOUNDATION 10500 MONTGOMERY ROAD CINCINNATI,OH 45242		PC	COMMUNITY OUTREACH	50,100
INTER PARISH MINISTRY 3509 DEBOLT ROAD CINCINNATI,OH 45244		PC	COMMUNITY OUTREACH	1,500
JEWISH HOSPITAL 4777 E GALBRAITH ROAD CINCINNATI,OH 45236		PC	COMMUNITY OUTREACH	5,375
JUNIOR ACHIEVEMENT OF OKI PARTNERS 644 LINN STREET SUITE 1024 CINCINNATI,OH 45203		PC	COMMUNITY OUTREACH	1,000
JUVENILE DIABETES RESEARCH FUND 8050 HOSBROOK ROAD SUITE 314 CINCINNATI,OH 45236		PC	COMMUNITY OUTREACH	32,550
LEGAL AID SOCIETY OF GREATER CINCINNATI 215 E 9TH STREET SUITE 200 CINCINNATI,OH 45202		PC	COMMUNITY OUTREACH	500
LINDER CENTER OF HOPE 4075 OLD WESTERN ROW RD MASON,OH 45040		PC	COMMUNITY OUTREACH	10,000
LITTLE SISTERS OF THE POOR 476 RIDDLE ROAD CINCINNATI,OH 45220		PC	COMMUNITY OUTREACH	10,000
MOST VALUABLE KIDS 7530 FERNWOOD DRIVE CINCINNATI,OH 45237		PC	COMMUNITY OUTREACH	2,500
MUSIC RESOURCE CENTER 3032 WOODBURN AVENUE CINCINNATI,OH 45206		PC	COMMUNITY OUTREACH	1,000
NATIONAL MS SOCIETY 4440 LAKE FOREST DRIVE 120 CINCINNATI,OH 45242		PC	COMMUNITY OUTREACH	1,500
Total			▶ 3a	649,484

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>				
NATIONAL WORLD WAR II MUSEUM 945 MAGAZINE STREET NEW ORLEANS, LA 70130		PC	COMMUNITY OUTREACH	5,000
OHIOHEALTH 180 EAST BROAD STREET COLUMBUS, OH 43215		PC	COMMUNITY OUTREACH	5,859
PARKINSON'S WELLNESS CHAPTER 260 STETSON ST SUITE 2300 CINCINNATI, OH 45267		PC	COMMUNITY OUTREACH	500
REDWOOD SCHOOL & REHABILITATION CEN 71 ORPHANAGE ROAD FT MITCHELL, KY 41017		PC	COMMUNITY OUTREACH	5,000
RONALD MCDONALD HOUSE 350 ERKENBRECHER AVENUE CINCINNATI, OH 45229		PC	COMMUNITY OUTREACH	10,000
SISTERS OF NOTRE DAME DE NAMUR 701 E COLUMBIA AVENUE CINCINNATI, OH 45215		PC	COMMUNITY OUTREACH	1,000
SPRINGFIELD FOUNDATION 4 WEST MAIN STREET SUITE 825 SPRINGFIELD, OH 45502		PC	COMMUNITY OUTREACH	5,000
ST JOSEPH PTO 4011 ALEXANDRIA PIKE COLD SPRING, KY 41076		PC	COMMUNITY OUTREACH	300
ST MARY'S UNIVERSITY OF MINNESOTA 700 TERRACE HEIGHTS WINONA, MN 55987		PC	COMMUNITY OUTREACH	5,000
ST VINCENT DEPAUL 1125 BANK STREET CINCINNATI, OH 45214		PC	COMMUNITY OUTREACH	150
STEPPING STONES 5650 GIVEN ROAD CINCINNATI, OH 45243		PC	COMMUNITY OUTREACH	5,000
THE AMERICAN CIVIL WAR MUSEUM 1201 E CLAY ST RICHMOND, VA 23219		PC	COMMUNITY OUTREACH	2,000
THE CHILDREN'S THEATER OF CINCINNAT 4015 RED BANK ROAD CINCINNATI, OH 45227		PC	COMMUNITY OUTREACH	5,000
THE DRAGONFLY FOUNDATION 9275 GOVERNORS WAY CINCINNATI, OH 45249		PC	COMMUNITY OUTREACH	2,000
THE JOE NUXHALL MIRACLE LEAGUE 4850 GROH LANE FAIRFIELD, OH 45014		PC	COMMUNITY OUTREACH	2,500
Total ▶ 3a				649,484

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				
THE KAREN WELLINGTON FOUNDATION 5090 BOUCHAINE WAY CINCINNATI, OH 45208		PC	COMMUNITY OUTREACH	5,000
THE KID GLOVE WAY 8424 OLD WORLD CT UNION, KY 41091		PC	COMMUNITY OUTREACH	1,000
THE SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101		PC	COMMUNITY OUTREACH	5,000
THE SUMMIT COUNTRY DAY SCHOOL 2161 GRANDIN ROAD CINCINNATI, OH 45208		PC	COMMUNITY OUTREACH	500
THE WILLIAMS FOUNDATION 212 E THIRD STREET SUITE 300 CINCINNATI, OH 45202		PC	COMMUNITY OUTREACH	150
UC FOUNDATION 2600 CLIFTON AVENUE CINCINNATI, OH 45221		PC	COMMUNITY OUTREACH	200,000
URBAN AND SHELLEY MEYER FAMILY FOUNDATION URBAN MEYER C/O CAA SPORTS LLC 162 5TH AVENUE 7TH FLOOR NEW YORK, NY 10010		PC	COMMUNITY OUTREACH	100,000
WARRIOR RUN 6715 HAMMERSTONE WAY CINCINNATI, OH 45227		PC	COMMUNITY OUTREACH	1,000
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 32256		PC	COMMUNITY OUTREACH	1,000
Total ▶ 3a				649,484

TY 2015 Investments - Other Schedule

Name: THE WYLER FAMILY FOUNDATION

EIN: 26-4396121

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
EDWARD JONES		2,835,590	2,835,590

TY 2015 Other Decreases Schedule**Name:** THE WYLER FAMILY FOUNDATION**EIN:** 26-4396121

Description	Amount
UNREALIZED GAINS/LOSSES	231,255

TY 2015 Other Expenses Schedule**Name:** THE WYLER FAMILY FOUNDATION**EIN:** 26-4396121

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
AMERICAN LEGION CONTRIBUTION	600			600
BANK FEES	466	466		
BOOKS, SUBSCRIPTIONS, REFEREN	235			235
BUSINESS REGISTRATION FEES	200			200
SUPPLIES	85			85

TY 2015 Other Professional Fees Schedule**Name:** THE WYLER FAMILY FOUNDATION**EIN:** 26-4396121

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EDWARD JONES	30,808	30,808		

TY 2015 Taxes Schedule

Name: THE WYLER FAMILY FOUNDATION

EIN: 26-4396121

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAXES	2,267			
FOREIGN TAXES	703	703		

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF

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

OMB No 1545-0047

2015

Name of the organization THE WYLER FAMILY FOUNDATION	Employer identification number 26-4396121
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Organization type (check one)

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 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 THE WYLER FAMILY FOUNDATION	Employer identification number 26-4396121
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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
—	See Additional Data Table 	\$ 	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
(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 contribution)
(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 contribution)
(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 contribution)
(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 contribution)
(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 contribution)

Name of organization THE WYLER FAMILY FOUNDATION	Employer identification number 26-4396121
--	---

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
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization THE WYLER FAMILY FOUNDATION	Employer identification number 26-4396121
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
--		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
--		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
--		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
--		_____	
_____		_____	

Additional Data

Software ID:
Software Version:
EIN: 26-4396121
Name: THE WYLER FAMILY FOUNDATION

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div>1</div>	<div>KATZ TELLER BRANT & HILD</div> <div>255 EAST FIFTH STREET SUITE 2400</div> <div>CINCINNATI, OH 45202</div>	<div>\$ 8,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>7</div>	<div>JEFF WYLER FAIRFIELD INC</div> <div>401 MILFORD PARKWAY SUITE A</div> <div>MILFORD, OH 45150</div>	<div>\$ 116,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>13</div>	<div>AUTOMOTIVE EXPERTS LLC</div> <div>ONE CANAL PLACE SUITE 2610</div> <div>365 CANAL STREET</div> <div>NEW ORLEANS, LA 70130</div>	<div>\$ 8,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>2</div>	<div>TURNBULL-WAHLERT CONSTRUCTION INC</div> <div>5533 FAIR LANE</div> <div>CINCINNATI, OH 45227</div>	<div>\$ 15,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>8</div>	<div>HUNTINGTON NATIONAL BANK</div> <div>540 CENTRE VIEW BOULEVARD</div> <div>CRESTVIEW HILLS, KY 41017</div>	<div>\$ 8,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>14</div>	<div>JEFF WYLER FT THOMAS INC</div> <div>401 MILFORD PARKWAY</div> <div>SUITE A</div> <div>MILFORD, OH 45150</div>	<div>\$ 41,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JEFF WYLER FLORENCE INC		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	401 MILFORD PARKWAY SUITE A	\$ 162,000	
	MILFORD, OH 45150		
9	JEFF WYLER CLARKSVILLE INC		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	401 MILFORD PARKWAY SUITE A	\$ 81,500	
	MILFORD, OH 45150		
15	JEFF WYLER ALEXANDRIA INC		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	401 MILFORD PARKWAY SUITE A	\$ 40,000	
	MILFORD, OH 45150		
4	JEFF WYLER COLERAIN INC		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	401 MILFORD PARKWAY SUITE A	\$ 121,000	
	MILFORD, OH 45150		
10	JEFF WYLER SPRINGFIELD INC		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	401 MILFORD PARKWAY SUITE A	\$ 41,000	
	MILFORD, OH 45150		
16	JEFF WYLER EASTGATE INC		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	401 MILFORD PARKWAY SUITE A	\$ 304,500	
	MILFORD, OH 45150		

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	US BANK		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	425 WALNUT STREET	\$ 8,000	
	CINCINNATI, OH 45202		
11	JEFF WYLER LAWRENCEBURG INC		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	401 MILFORD PARKWAY SUITE A	\$ 14,000	
	MILFORD, OH 45150		
17	JEFF WYLER KINGS INC		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	401 MILFORD PARKWAY SUITE A	\$ 60,000	
	MILFORD, OH 45150		
6	ADESA CINCI-DAYTON		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	13085 HAMILTON CROSSING BLVD	\$ 8,000	
	CARMEL, IN 46032		
12	BROWN BROWN OF KENTUCKY INC 13101 MAGISTERIAL DRIVE 200	\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	LOUISVILLE, KY 40223		
18	JEFF WYLER HILLCREST INC 401 MILFORD PARKWAY SUITE A	\$ 19,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	MILFORD, OH 45150		