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Form

990-PF

Department of the Treasury  
Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0052

2015

Open to Public Inspection

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

Name of foundation DR ALVIN H & ALVA JAMISON CRAWFORD FAMILY FOUNDATION		A Employer identification number  31-1674850	
Number and street (or P O box number if mail is not delivered to street address) 3963 WINDING WAY		Room/suite	B Telephone number (see instructions)  (513) 861-4035
City or town, state or province, country, and ZIP or foreign postal code CINCINNATI, OH 452291949		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change		<input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change	
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		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"/> 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) <input checked="" type="checkbox"/> \$ 1,232,859		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</i>		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) . . . . .	300,814			
	2 Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments	5	5		
	4 Dividends and interest from securities . . . . .	23,862	23,862		
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	-7,304			
	b Gross sales price for all assets on line 6a 76,186				
	7 Capital gain net income (from Part IV, line 2) . . . .		0		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .				
	12 <b>Total.</b> Add lines 1 through 11 . . . . .	317,377	23,867		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule). . . . .				
	b Accounting fees (attach schedule). . . . .				
	c Other professional fees (attach schedule) . . . . .	6,318	6,318		0
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . .	1,020	1,020		0
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings. . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule). . . . .	4	4		0
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	7,342	7,342		0
	25 Contributions, gifts, grants paid . . . . .	74,256			74,256
	26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	81,598	7,342		74,256
	27 Subtract line 26 from line 12				
	a <b>Excess of revenue over expenses and disbursements</b>	235,779			
	b <b>Net investment income</b> (if negative, enter -0-)		16,525		
	c <b>Adjusted net income</b> (if negative, enter -0-) . . . .				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing . . . . .			
	2	Savings and temporary cash investments . . . . .	38,087	338,655	338,655
	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) . . . . .	878,760	816,966	848,720
	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) . . . . .	46,177	43,182	45,484
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	Total assets(to be completed by all filers—see the instructions Also, see page 1, item I)	963,024	1,198,803	1,232,859	
Liabilities	17	Accounts payable and accrued expenses . . . . .			
	18	Grants payable . . . . .			
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule). . . . .			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities(add lines 17 through 22) . . . . .	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted . . . . .			
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds . . . . .	0	0	
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	963,024	1,198,803	
	30	Total net assets or fund balances(see instructions) . . . . .	963,024	1,198,803	
31	Total liabilities and net assets/fund balances(see instructions) . . . . .	963,024	1,198,803		

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	963,024
2	Enter amount from Part I, line 27a . . . . .	2	235,779
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3 . . . . .	4	1,198,803
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	6	1,198,803

Part IV

Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e g , real estate, <b>(a)</b> 2-story brick warehouse, or common stock, 200 shs MLC Co )		How acquired P—Purchase <b>(b)</b> D—Donation	Date acquired <b>(c)</b> (mo , day, yr )	Date sold <b>(d)</b> (mo , day, yr )
<b>1 a</b>	DU PONT DE NEMOURS COMMON, 350 SHS	D		2015-08-12
<b>b</b>	EATON CORP PLC, 250 SHS	P		2015-01-08
<b>c</b>	MICRON TECHNOLOGY INC, 1200 SHS	D		2015-01-08
<b>d</b>	CHEMOURS CO , 70 SHS	P		2015-08-12
<b>e</b>				

<b>(e)</b> Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	<b>(g)</b> Cost or other basis plus expense of sale	<b>(h)</b> Gain or (loss) (e) plus (f) minus (g)
<b>a</b> 18,475		22,491	-4,016
<b>b</b> 16,597		17,838	-1,241
<b>c</b> 40,415		42,012	-1,597
<b>d</b> 699		1,149	-450
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) <b>or</b> <b>(l)</b> Losses (from col (h))
<b>(i)</b> F M V as of 12/31/69	<b>(j)</b> Adjusted basis as of 12/31/69	<b>(k)</b> Excess of col (i) over col (j), if any	
<b>a</b>			-4,016
<b>b</b>			-1,241
<b>c</b>			-1,597
<b>d</b>			-450
<b>e</b>			

<b>2</b>	Capital gain net income or (net capital loss)	<div>If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7</div>	<b>2</b>	-7,304
<b>3</b>	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) <div>If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 . . . . .</div>		<b>3</b>	

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

<b>(a)</b> Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	<b>(c)</b> Net value of noncharitable-use assets	<b>(d)</b> Distribution ratio (col (b) divided by col (c))
2014	50,981	733,852	0 069470
2013	43,850	508,523	0 086230
2012	43,113	319,082	0 135116
2011	18,813	23,280	0 808119
2010	26,963	5,939	4 539990

<b>2</b>	<b>Total</b> of line 1, column (d). . . . .	<b>2</b>	5 638925
<b>3</b>	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	<b>3</b>	1 127785
<b>4</b>	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5. . . . .	<b>4</b>	983,669
<b>5</b>	Multiply line 4 by line 3. . . . .	<b>5</b>	1,109,367
<b>6</b>	Enter 1% of net investment income (1% of Part I, line 27b). . . . .	<b>6</b>	165
<b>7</b>	Add lines 5 and 6. . . . .	<b>7</b>	1,109,532
<b>8</b>	Enter qualifying distributions from Part XII, line 4. . . . .	<b>8</b>	74,256

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

Part VI

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

1a

Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1  
Date of ruling or determination letter \_\_\_\_\_  
(attach copy of letter if necessary—see instructions)

b

Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☐ and enter 1% of Part I, line 27b . . . . .

c

All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)

2

Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

2

0

3

Add lines 1 and 2. . . . .

3

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4

Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

4

0

5

**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0- . . . . .

5

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6

Credits/Payments

a

2015 estimated tax payments and 2014 overpayment credited to 2015

6a

b

Exempt foreign organizations—tax withheld at source. . . . .

6b

c

Tax paid with application for extension of time to file (Form 8868). . . . .

6c

d

Backup withholding erroneously withheld. . . . .

6d

7

Total credits and payments. Add lines 6a through 6d. . . . .

7

0

8

Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.

8

9

**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** . . . . .

9

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10

**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid**. . . . .

10

11

Enter the amount of line 10 to be **Credited to 2015 estimated tax** ☐ **Refunded** ☐

11

Part VII-A

Statements Regarding Activities

1a

During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .

1a

No

b

Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . .  
*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.*

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 ☐ \$ \_\_\_\_\_ **(2)** On foundation managers ☐ \$ \_\_\_\_\_

e

Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ☐ \$ \_\_\_\_\_

2

Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .  
*If "Yes," attach a detailed description of the activities.*

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? *If "Yes," attach a conformed copy of the changes* . . . . .

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? . . . . .  
*If "Yes," attach the statement required by General Instruction T.*

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? *If "Yes," 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 (see instructions)  
☐ OH \_\_\_\_\_

b

If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation.* . . . . .

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)?  
*If "Yes," complete Part XIV* . . . . .

9

No

10

Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.* ☐ . . . . .

10

Yes

Part VII-A

Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶N/A	13	Yes	
14	The books are in care of ▶THE FOUNDATION Located at ▶3963 WINDING WAY CINCINNATI OH Telephone no ▶(513) 861-4035 ZIP+4 ▶452291949			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —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? ( <b>Exception.</b> 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 <b>any</b> 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"/> 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? . . . . .	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 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 <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions ). . . . .	2b		
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> 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? ( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.</i> ) . . . . .	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 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)?

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?

6b

No

If "Yes" to 6b, file Form 8870.

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

Yes 

No

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

Part VIII

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

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	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
ALVIN H CRAWFORD 3963 WINDING WAY CINCINNATI, OH 452291949	TRUSTEE/PRESIDENT 0 50	0	0	0
ALVA J CRAWFORD 3963 WINDING WAY CINCINNATI, OH 452291949	TRUSTEE/SECRETARY 0 50	0	0	0
RICHARD M SCHWARTZ 441 VINE STREET SUITE 2900 CINCINNATI, OH 45202	TRUSTEE/VICE-PRESIDENT 0 00	0	0	0

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	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

Total

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

0

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Part VIII

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

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

Part IX-A

Summary of Direct Charitable Activities

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

Part IX-B

Summary of Program-Related Investments (see instructions)

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



**Part X**

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	951,397
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	47,252
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	998,649
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	998,649
<b>4</b>	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	14,980
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	<b>5</b>	983,669
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	49,183

**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.)

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	49,183
<b>2a</b>	Tax on investment income for 2015 from Part VI, line 5. . . . .	<b>2a</b>	331
<b>b</b>	Income tax for 2015 (This does not include the tax from Part VI ). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	331
<b>3</b>	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	<b>3</b>	48,852
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	0
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	48,852
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	<b>7</b>	48,852

**Part XII**

**Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
<b>a</b>	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	<b>1a</b>	74,256
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	74,256
<b>5</b>	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). . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	74,256
<b>Note:</b> 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				48,852
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2015				
a From 2010.	26,666			
b From 2011.	17,649			
c From 2012.	27,281			
d From 2013.	18,603			
e From 2014.	15,108			
f Total of lines 3a through e.	105,307			
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ 74,256				
a Applied to 2014, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2015 distributable amount.				48,852
e Remaining amount distributed out of corpus	25,404			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	130,711			
b Prior years' undistributed income Subtract line 4b from line 2b.		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions.		0		
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions.			0	
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).	0			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions).	26,666			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a.	104,045			
10 Analysis of line 9				
a Excess from 2011.	17,649			
b Excess from 2012.	27,281			
c Excess from 2013.	18,603			
d Excess from 2014.	15,108			
e Excess from 2015.	25,404			

## Part XIV

**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)

		Tax year	Prior 3 years			(e) Total
		(a) 2015	(b) 2014	(c) 2013	(d) 2012	
<b>2a</b>	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<b>b</b>	85% of line 2a . . . . .					
<b>c</b>	Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b>	Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b>	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b>	Complete 3a, b, or c for the alternative test relied upon					
<b>a</b>	"Assets" alternative test—enter					
	(1) Value of all assets . . . . .					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b>	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b>	"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

## 1 Information Regarding Foundation Managers:

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

See Additional Data Table

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

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

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

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

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

NO PARTICULAR FORM

**c** Any submission deadlines

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

NONE

Part XV

Supplementary Information(continued)

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total . . . . .			3a	74,256
b Approved for future payment				
Total . . . . .			3b	0

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount		
<b>1</b> Program service revenue						
<b>a</b> _____						
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>f</b> _____						
<b>g</b> Fees and contracts from government agencies						
<b>2</b> Membership dues and assessments. . . . .						
<b>3</b> Interest on savings and temporary cash investments . . . . .			14	5		
<b>4</b> Dividends and interest from securities. . . . .			14	23,862		
<b>5</b> Net rental income or (loss) from real estate						
<b>a</b> Debt-financed property. . . . .						
<b>b</b> Not debt-financed property. . . . .						
<b>6</b> Net rental income or (loss) from personal property . . . . .						
<b>7</b> Other investment income. . . . .						
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .			18	-7,304		
<b>9</b> Net income or (loss) from special events						
<b>10</b> Gross profit or (loss) from sales of inventory . . . . .						
<b>11</b> Other revenue <b>a</b> _____						
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>12</b> Subtotal Add columns (b), (d), and (e). . . . .		0		16,563		0
<b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . .			<b>13</b>		16,563	

(See worksheet in line 13 instructions to verify calculations )

[illegible]

**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.

	Yes	No
1a(1)		No
1a(2)		No
1b(1)		No
1b(2)		No
1b(3)		No
1b(4)		No
1b(5)		No
1b(6)		No
1c		No

[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.

\* \* \* \* \*

2016-04-26

\* \* \* \* \*

Signature of officer or trustee

Date

Title

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

**Paid  
Preparer  
Use  
Only**

Print/Type preparer's name WM J SOLLMANNCPA	Preparer's Signature	Date 2016-04-26	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00596574
Firm's name <input checked="" type="checkbox"/> MOWRY MARTY & BAIN INC			Firm's EIN <input checked="" type="checkbox"/> 31-1742724	
Firm's address <input checked="" type="checkbox"/> 10250 ALLIANCE ROAD SUITE 100 CINCINNATI, OH 452424766			Phone no (513) 842-8560	

**Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).**

ALVIN H CRAWFORD
ALVA J CRAWFORD

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
AMERICAN RED CROSS 2111 DANA AVENUE CINCINNATI, OH 452075460	NONE	501(C)(3)	TO PROVIDE DISASTER RELIEF FOR THOSE IN DISTRESS	100
ART WORKS 20 E CENTRAL PARKWAY CINCINNATI, OH 45202	NONE	501(C)(3)	TO PROMOTE YOUTH ART PROGRAMS IN THE COMMUNITY	100
ARTS WAVE PO BOX 630561 CINCINNATI, OH 45263	NONE	501(C)(3)	TO SUPPORT FINE ARTS IN CINCINNATI	300
BLACK & WHITE CANCER SURVIVORS FOUNDATION PO BOX 40598 CINCINNATI, OH 45240	NONE	501(C)(3)	TO SUPPORT MEDICAL RESEARCH IN FIGHTING CANCER	120
BREAKTHROUGH CINCINNATI INC 6905 GIVEN ROAD CINCINNATI, OH 45243	NONE	501(C)(3)	TO SUPPORT EDUCATION FOR MIDDLE SCHOOL AGED STUDENTS	150
CET CINCINNATI PUBLIC TELEVISION PO BOX 630210 CINCINNATI, OH 452630210	NONE	501(C)(3)	TO SUPPORT COMMUNITY SERVICE TELEVISION IN CINCINNATI	100
CINCINNATI CHILDRENS' HOSPITAL 3333 BURNET AVENUE CINCINNATI, OH 452293026	NONE	501(C)(3)	TO PROVIDE MEDICAL CARE AND HOSPITAL CARE FOR CHILDREN	15,263
CINCINNATI OPERA 1243 ELM STREET CINCINNATI, OH 45202	NONE	501(C)(3)	TO SUPPORT THE PERFORMING ARTS	3,000
CINCINNATI PLAYHOUSE IN THE PARK PO BOX 6537 CINCINNATI, OH 452060537	NONE	501(C)(3)	TO SUPPORT THE PERFORMING ARTS	1,000
CINCINNATI SYMPHONY ORCHESTRA 1241 ELM STREET CINCINNATI, OH 45202	NONE	501(C)(3)	TO SUPPORT THE PERFORMING ARTS	9,000
CINCINNTI PUBLIC RADIO WVXU 1223 CENTRAL PARKWAY CINCINNATI, OH 45214	NONE	501(C)(3)	TO SUPPORT COMMUNITY SERVICE RADIO IN CINCINNATI	500
COMMUNITIES UNITED FOR ACTION 1814 DREMAN AVENUE CINCINNATI, OH 45223	NONE	501(C)(3)	TO BRING DIVERSE PEOPLE TOGETHER TO EFFECTUATE JUST CHANGE IN THE COMMUNITY	100
CONSUMER REPORTS FOUNDATION 101 TRUMAN AVENUE YONKERS, NY 107031057	NONE	501(C)(3)	TO IMPROVE THE COMMUNITY MARKETPLACE THROUGH INFORMATION	150
CRAYONS TO COMPUTERS 1350 TENNESSEE AVENUE CINCINNATI, OH 45229	NONE	501(C)(3)	TO PROVIDE NEEDED SUPPLIES FOR CHILDREN'S EDUCATION	150
CROSSROADS COMMUNITY CHURCH 3500 MADISON AVENUE CINCINNATI, OH 45209	NONE	501(C)(3)	TO SUPPORT RELIGIOUS ENDEAVORS	6,700
<b>Total . . . . .</b>			<b>3a</b>	74,256




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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
FREESTORE FOODBANK 1141 CENTRAL PARKWAY CINCINNATI, OH 45202	NONE	501(C)(3)	TO PROVIDE FOOD FOR HUNGRY FAMILIES AND INDIVIDUALS	500
GLAD HOUSE INC 1994 MADISON ROAD CINCINNATI, OH 45208	NONE	501(C)(3)	TO PROVIDE COMMUNITY SUPPORT FOR YOUNG CHILDREN, AGES 5-12	200
HABITAT FOR HUMANITY 121 HABITAT STREET AMERICUS, GA 317093498	NONE	501(C)(3)	TO HELP PROVIDE DECENT, AFFORDABLE HOUSING FOR THOSE IN NEED	350
HOUSING OPPORTUNITIES MADE EQUAL INC (HOME) 2400 READING ROAD SUITE 118 CINCINNATI, OH 45202	NONE	501(C)(3)	TO PROMOTE THE AVAILABILITY OF DECENT HOUSING FOR ALL	250
INNER CITY TENNIS PROJECT PO BOX 32194 CINCINNATI, OH 45232	NONE	501(C)(3)	TO PROVIDE INNER CITY YOUTH THE OPPORTUNITY TO DEVELOP SKILLS IN TENNIS	1,000
J ROBERT GLADDEN ORTHOPAEDIC SOCIETY 6300 N RIVER ROAD ROSEMONT, IL 60018	NONE	501(C)(3)	TO PROMOTE AND SUPPORT MEDICAL EDUCATION IN ORTHOPAEDICS	1,000
KAPPA ALPHA PSI FOUNDATION 2322-24 NORTH BROAD STREET PHILADELPHIA, PA 19132	NONE	501(C)(3)	TO SUPPORT EDUCATIONAL PROGRAMS AND SCHOLARSHIPS FOR BLACK YOUTH	160
LADD INCLIVING ARRANGEMENTS FOR THE DEVELOPMENTALLY DISABLED 3603 VICTORY PARKWAY CINCINNATI, OH 45229	NONE	501(C)(3)	TO PROVIDE PROGRAMS AND SERVICES TO PERSONS WITH DISABILITIES	100
LIGHTHOUSE YOUTH SERVICES 401 E MCMILLAN STREET CINCINNATI, OH 45206	NONE	501(C)(3)	TO SUPPORT BEST SERVICES FOR CHILDREN AND YOUTH IN NEED	3,000
LINTON CHAMBER MUSIC 1241 ELM STREET CINCINNATI, OH 45202	NONE	501(C)(3)	TO SUPPORT AND ENCOURAGE INTIMATE CLASSICAL CHAMBER MUSIC IN THE COMMUNIITY	150
MEHARRY MEDICAL COLLEGE 1005 DR DB TODD JR BLVD NASHVILLE, TN 372083599	NONE	501(C)(3)	TO PROMOTE MEDICAL EDUCATION	1,000
METROPOLITAN MONTESSORI SCHOOL 325 W 85TH STREET NEW YORK, NY 10024	NONE	501(C)(3)	TO PROMOTE AND SUPPORT YOUTH EDUCATION	500
NATIONAL MEDICAL FELLOWSHIP 5 HANOVER SQUARE NEW YORK, NY 10004	NONE	501(C)(3)	TO PROMOTE AND SUPPORT MEDICAL EDUCATION	1,000
ORTHOPAEDIC RESEARCH & EDUCATION FUND 555 WELLS STREET SUITE 1100 MILWAUKEE, WI 532023823	NONE	501(C)(3)	TO SUPPORT MEDICAL RESEARCH AND EDUCATION IN ORTHOPAEDIC SURGERY	14,263
PHI DELTA KAPPA EDUCATIONAL FOUNDATION 408 N UNION STREET PO BOX 7888 BLOOMINGTON, IN 474077888	NONE	501(C)(3)	TO SUPPORT EDUCATION	100
<b>Total . . . . .</b>				74,256

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
PLANNED PARNTHOOD SOUTHWEST OHIO REGION 2314 AUBURN AVENUE CINCINNATI,OH 45219	NONE	501(C)(3)	TO SUPPORT WOMEN'S REPRODUCTIVE HEALTH AND OVERALL HEALTH NEEDS AND SAFETY	200
POWER OF A NICKEL ORGANIZATION 4520 SOUTH BIRMINGHAM PLACE TULSA,OK 74105	NONE	501(C)(3)	TO PROVIDE QUALITY HEALTHCARE TO UNDERSERVED & MEDICALLY NEEDY INDIVIDUALS	100
PROKIDS 2605 BURNET AVENUE CINCINNATI,OH 452190970	NONE	501(C)(3)	TO PREVENT CHILD ABUSE AND NEGLECT	150
QUEEN CITY CONCERT BAND C/O MEMORIAL HALL1225 ELM ST CINCINNATI,OH 45202	NONE	501(C)(3)	TO PROMOTE MUSIC IN THE COMMUNITY	150
QUEEN CITY FOUNDATION PO BOX 3145 CINCINNATI,OH 45201	NONE	501(C)(3)	TO SUPPORT MINORITY YOUTH EDUCATIONTO SUPPORT COMMUNITY SERVICES	250
SETTING SCOLIOSIS STRAIGHT FOUNDATION 2535 CAMINO DEL RIO SOUTH SUITE 325 SAN DIEGO,CA 92108	NONE	501(C)(3)	TO PROVIDE RESEARCH AND CARE FOR CHILDREN WITH SPINAL DEFORMITIES	4,000
TENNESSEE STATE UNIVERSITY 3500 JOHN A MERRITT BLVD NASHVILLE,TN 37209	NONE	501(C)(3)	TO SUPPORT HIGHER EDUCATION	3,000
THE BOULE FOUNDATION 50 HURT PLAZA SUITE 750 ATLANTA,GA 30303	NONE	501(C)(3)	TO SUPPORT AND ENCOURAGE MINORITY EDUCATION	150
THE CATACOUSTIC CONSORT 2345 UPLAND PLACE CINCINNATI,OH 452060537	NONE	501(C)(3)	TO PROMOTE AND SUPPORT THE EARLY CHAMBER MUSIC ENSEMBLE IN CINCINNATI	100
THE CHILDREN'S HOME OF CINCINNATI 5050 MADISON ROAD CINCINNATI,OH 452271491	NONE	501(C)(3)	TO PROVIDE SERVICES AND EDUCATION FOR CHILDREN TO PROMOTE THEIR GROWTH AND SUCCESS	200
THE GIFT OF LIFE FOUNDATION PO BOX 480421 CHARLOTTE,NC 28262	NONE	501(C)(3)	TO PROVIDE HOPE TO CANCER PATIENTS THROUGH EDUCATIONAL AWARENESS AND FINANCIAL SUPPORT	100
THE HEALTHCARE CONNECTION 1401 STEFFEN AVENUE CINCINNATI,OH 45215	NONE	501(C)(3)	TO PROVIDE QUALITY PRIMARY HEALTHCARE FOR THE UNDERSERVED AND UNDERINSURED IN HAMILTON COUNTY	150
UNICEF-US FUND 125 MAIDEN LANE NEW YORK,NY 10038	NONE	501(C)(3)	TO SUPPORT HUMANITARIAN AID FOR THE WORLD'S CHILDREN	300
UNITED NEGRO COLLEGE FUND 1805 SEVENTH STREET NW WASHINGTON,DC 20001	NONE	501(C)(3)	TO PROMOTE AND SUPPORT EDUCATION	600
UNIVERSITY OF CINCINNATI FOUNDATION PO BOX 19970 CINCINNATI,OH 452190970	NONE	501(C)(3)	TO SUPPORT EDUCATION	3,400
<b>Total . . . . .</b>			<b>3a</b>	74,256

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNIVERSITY OF CINCINNATI MEDICAL CENTER 234 GOODMAN STREET CINCINNATI, OH 45219	NONE	501(C)(3)	TO SUPPORT HEALTHCARE AND MEDICAL SERVICES TO THE COMMUNITY	1,000
WOMEN'S CRISIS CENTER 3580 HARGRAVE DRIVE HEBRON, KY 41048	NONE	501(C)(3)	TO PROVIDE SUPPORT FOR WOMEN AND FAMILIES IN CRISIS	100
<b>Total . . . . .</b>  <b>3a</b>				74,256

TY 2015 Investments Corporate Stock Schedule

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

Name of Stock	End of Year Book Value	End of Year Fair Market Value
APPLE INC, 189 SHS	5,802	19,894
QUALCOMM INC, 425 SHS	26,919	21,244
ABBOTT LABS, 400 SHS	14,877	17,964
ABBVIE INC COM, 350 SHS	17,323	20,734
AIR PRODUCT & CHEMICAL INC, 250 SHS	30,389	32,527
AMGEN INC, 150 SHS	18,018	24,350
CHEVRON CORP, 200 SHS	22,649	17,992
COCA COLA CO COM, 800 SHS	31,812	34,368
COLGATE PALMOLIVE CO, 475 SHS	30,623	31,644
DU PONT DE NEMOURS, 350 SHS	0	0
EATON CORP PLC, 250 SHS	0	0
EXXON MOBIL, 200 SHS	18,264	15,590
GENERAL MILLS INC, 450 SHS	22,812	25,947
HESS CORP, 250 SHS	19,267	12,120
HOME DEPOT INC, 150 SHS	15,746	19,838
INTEL CORP, 700 SHS	17,162	24,115
INTL BUSINESS MACHINES, 100 SHS	17,832	13,762
JOHNSON & JOHNSON COM, 325 SHS	31,149	33,384
JPMORGAN CHASE & CO, 550 SHS	32,340	36,317
MCDONALDS CORP, 200 SHS	18,887	23,628
MERCK & CO INC NEW COM, 650 SH	35,802	34,333
MICRON TECHNOLOGY INC, 800 SHS	28,008	11,328
MICROSOFT CORP, 350 SHS	12,988	19,418
NEXTERA ENERGY INC COM, 100 SHS	9,156	10,389
PHILIP MORRIS INTL INC, 150 SHS	11,790	13,186
PROCTER & GAMBLE CO, 325 SHS	26,929	25,808
STARBUCKS CORP, 800 SHS	30,639	48,024
TJX COS INC NEW, 500 SHS	31,324	35,455
TRAVELERS COS INC, 150 SHS	12,260	16,929
UNION PACIFIC CORP, 350 SHS	38,367	27,370

Name of Stock	End of Year Book Value	End of Year Fair Market Value
UNITED TECHNOLOGIES CORP, 200 SHS	22,496	19,214
US BANCORP DEL NEW, 500 SHS	20,049	21,335
VERIZON COMMUNICATIONS INC, 252 SHS	12,002	11,647
WELLS FARGO & CO NEW, 750 SHS	36,597	40,770
WILLIAMS COS INC DEL, 750 SHS	31,586	19,275
YUM! BRANDS INC, 250 SHS	17,578	18,263
3M CO, 200 SHS	25,827	30,128
MCKESSON CORP, 100 SHS	21,602	19,723
PJT PARTNERS INC - A, 25 SHS	95	707

## TY 2015 Investments - Other Schedule

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

**EIN:** 31-1674850

Category / Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
VANGUARD SECTOR INDEX FD, 150 SHS	AT COST	13,586	16,244
BLACKSTONE GROUP LP/THE UNIT REPSTG LTD PARTNERSHIP, 1000 SHS	AT COST	29,596	29,240

TY 2015 Other Expenses Schedule

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

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADMINISTRATIVE EXPENSE	4	4		0

## TY 2015 Other Professional Fees Schedule

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

**EIN:** 31-1674850

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
UBS FINANCIAL SERVICES, INC ANNUAL FEE	6,318	6,318		0



# TY 2015 Substantial Contributors Schedule

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

**EIN:** 31-1674850

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

# TY 2015 Taxes Schedule

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

**EIN:** 31-1674850

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OHIO FILING FEE	200	200		0
FEDERAL EXCISE TAX	820	820		0

<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF)  Department of the Treasury Internal Revenue Service	<b>Schedule of Contributors</b>  ▶ <b>Attach to Form 990, 990-EZ, or 990-PF.</b>  ▶ <b>Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <u>www.irs.gov/form990</u>.</b>	OMB No 1545-0047  <b>2015</b>

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

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

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

General Rule

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

Special Rules

- ☐
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- ☐
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- ☐
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

<b>Name of organization</b> DR ALVIN H & ALVA JAMISON CRAWFORD FAMILY FOUNDATION	<b>Employer identification number</b> 31-1674850
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Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1			Person <input checked="" type="checkbox"/>
	ALVIN H AND ALVA J CRAWFORD 3963 WINDING WAY	\$ 300,814	Payroll <input type="checkbox"/>
	CINCINNATI, OH 452291949		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person <input type="checkbox"/>
		\$	Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person <input type="checkbox"/>
		\$	Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person <input type="checkbox"/>
		\$	Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person <input type="checkbox"/>
		\$	Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person <input type="checkbox"/>
		\$	Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person <input type="checkbox"/>
		\$	Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

<b>Name of organization</b> DR ALVIN H & ALVA JAMISON CRAWFORD FAMILY FOUNDATION	<b>Employer identification number</b> 31-1674850
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**Part II** **Noncash Property**  
(see instructions) Use duplicate copies of Part II if additional space is needed

[illegible]

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

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

Use duplicate copies of Part III if additional space is needed

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