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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

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-PF and its instructions is at [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  
WILLIAMS FOUNDATION

Number and street (or P O box number if mail is not delivered to street address)  
C/O PNC BANK NA PO BOX 94651

City or town, state or province, country, and ZIP or foreign postal code  
CLEVELAND, OH 441014651

Room/suite

City or town, state or province, country, and ZIP or foreign postal code  
CLEVELAND, OH 441014651

G Check all that apply

☐ Initial return

☐ Initial return of a former public charity

☐ Final return

☐ Amended return

☐ Address change

☐ Name change

H Check type of organization

☒ Section 501(c)(3) exempt private foundation

☐ Section 4947(a)(1) nonexempt charitable trust

☐ Other taxable private foundation

Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 10,876,115

JAccounting method

☐ Cash

☐ Accrual

☐ Other (specify) (Part I, column (d) must be on cash basis )

A Employer identification number

31-6032504

BTTelephone number (see instructions)

(216) 257-4714

C If exemption application is pending, check here

D 1. Foreign organizations, check here

2. Foreign organizations meeting the 85% test, check here and attach computation

E If private foundation status was terminated under section 507(b)(1)(A), check here

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

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

1Contributions, gifts, grants, etc , received (attach schedule) 20,485

2Check if the foundation is not required to attach Sch B

3Interest on savings and temporary cash investments

4Dividends and interest from securities 353,336

5aGross rents

bNet rental income or (loss)

6aNet gain or (loss) from sale of assets not on line 10 861,166

bGross sales price for all assets on line 6a 3,915,599

7Capital gain net income (from Part IV, line 2) 861,166

8Net short-term capital gain 0

9Income modifications

10aGross sales less returns and allowances

bLess Cost of goods sold

cGross profit or (loss) (attach schedule)

11Other income (attach schedule)

12Total.Add lines 1 through 11 1,234,987

Operating and Administrative Expenses

13Compensation of officers, directors, trustees, etc 1,400

14Other employee salaries and wages 0

15Pension plans, employee benefits 0

16aLegal fees (attach schedule). 0

bAccounting fees (attach schedule). 0

cOther professional fees (attach schedule) 0

17Interest 0

18Taxes (attach schedule) (see instructions) 2,770

19Depreciation (attach schedule) and depletion 0

20Occupancy

21Travel, conferences, and meetings. 0

22Printing and publications 0

23Other expenses (attach schedule). 50,118

24Total operating and administrative expenses. 54,288

25Contributions, gifts, grants paid 233,950

26Total expenses and disbursements.Add lines 24 and 25 288,238

27Subtract line 26 from line 12 946,749

aExcess of revenue over expenses and disbursements

bNet investment income (if negative, enter -0-)

cAdjusted net income(if negative, enter -0-)

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form 990-PF (2015)

<b>Part II</b> <b>Balance Sheets</b>		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
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .			
	<b>2</b>	Savings and temporary cash investments . . . . .	311,365	279,780	279,780
	<b>3</b>	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____		0	0
	<b>4</b>	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>5</b>	Grants receivable . . . . .			
	<b>6</b>	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions). . . . .			
	<b>7</b>	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____ 0			
	<b>8</b>	Inventories for sale or use . . . . .			
	<b>9</b>	Prepaid expenses and deferred charges . . . . .			
	<b>10a</b>	Investments—U S and state government obligations (attach schedule)			
	<b>b</b>	Investments—corporate stock (attach schedule) . . . . .	8,024,812	8,891,529	10,581,311
	<b>c</b>	Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b>	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b>	Investments—mortgage loans . . . . .			
	<b>13</b>	Investments—other (attach schedule) . . . . .	16,204	15,024	15,024
	<b>14</b>	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>15</b>	Other assets (describe ▶ _____)			
	<b>16</b>	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	8,352,381	9,186,333	10,876,115
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .			
	<b>18</b>	Grants payable . . . . .			
	<b>19</b>	Deferred revenue . . . . .			
	<b>20</b>	Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b>	Mortgages and other notes payable (attach schedule). . . . .			
	<b>22</b>	Other liabilities (describe ▶ _____)			
	<b>23</b>	<b>Total liabilities</b> (add lines 17 through 22) . . . . .		0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>				
	<b>24</b>	Unrestricted . . . . .			
	<b>25</b>	Temporarily restricted . . . . .			
	<b>26</b>	Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>				
	<b>27</b>	Capital stock, trust principal, or current funds . . . . .	8,352,381	9,186,333	
	<b>28</b>	Paid-in or capital surplus, or land, bldg, and equipment fund			
	<b>29</b>	Retained earnings, accumulated income, endowment, or other funds			
	<b>30</b>	<b>Total net assets or fund balances</b> (see instructions) . . . . .	8,352,381	9,186,333	
	<b>31</b>	<b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	8,352,381	9,186,333	

<b>Part III</b> <b>Analysis of Changes in Net Assets or Fund Balances</b>		
<b>1</b>	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) . . . . .	<b>1</b> 8,352,381
<b>2</b>	Enter amount from Part I, line 27a . . . . .	<b>2</b> 946,749
<b>3</b>	Other increases not included in line 2 (itemize) ▶ _____	<b>3</b> 0
<b>4</b>	Add lines 1, 2, and 3 . . . . .	<b>4</b> 9,299,130
<b>5</b>	Decreases not included in line 2 (itemize) ▶ _____	<b>5</b> 112,797
<b>6</b>	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	<b>6</b> 9,186,333

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 See Additional Data Table				
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 See Additional Data Table			
b			
c			
d			
e			

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

2 Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	861,166
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	397,025	10,480,371	0 037883
2013	391,450	9,209,582	0 042505
2012	286,990	8,132,208	0 035291
2011	686,828	7,302,175	0 094058
2010	187,513	6,552,469	0 028617

2 Total of line 1, column (d).	2	0 238354
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	0 047671
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	4	10,795,299
5 Multiply line 4 by line 3.	5	514,623
6 Enter 1% of net investment income (1% of Part I, line 27b).	6	11,618
7 Add lines 5 and 6.	7	526,241
8 Enter qualifying distributions from Part XII, line 4.	8	235,550

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

Part VI

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 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	23,236
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	23,236
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	23,236
6 Credits/Payments			
a 2015 estimated tax payments and 2014 overpayment credited to 2015	6a	32,631	
b Exempt foreign organizations—tax withheld at source . . . . .	6b		
c Tax paid with application for extension of time to file (Form 8868). . . . .	6c	0	
d Backup withholding erroneously withheld . . . . .	6d		
7 Total credits and payments Add lines 6a through 6d. . . . .		7	32,631
8 Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached		8	0
9 Tax due.If the total of lines 5 and 8 is more than line 7, enter amount owed . . . . .		9	
10 Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. . . . .		10	9,395
11 Enter the amount of line 10 to be Credited to 2015 estimated tax <input type="checkbox"/> 9,395 Refunded <input type="checkbox"/>		11	0

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)? . . . . . 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 <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? . . . . . 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) <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? 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		No

**Part VII-A Statements Regarding Activities (continued)**

<b>11</b>	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). . . . .	<b>11</b>		<b>No</b>
<b>12</b>	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) . . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ►	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ► PNC BANK NA Telephone no ► (216) 257-4714 Located at ► PO BOX 94651 CLEVELAND OH ZIP+4 ► 441014651			
<b>15</b>	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 . . . . . ► <b>15</b>			
<b>16</b>	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 ►	<b>16</b>	<b>Yes</b>	<b>No</b>

**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
<b>1a</b>	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 checked="" type="checkbox"/> Yes <input 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>b</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"/>	<b>1b</b>	<b>No</b>
<b>c</b>	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? . . . . .	<b>1c</b>	<b>No</b>
<b>2</b>	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))		
<b>a</b>	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>b</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 ). . . . .	<b>2b</b>	<b>No</b>
<b>c</b>	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____		
<b>3a</b>	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>b</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 ). . . . .	<b>3b</b>	
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>	<b>No</b>
<b>b</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?	<b>4b</b>	<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)**

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

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

<b>1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).</b>				
(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				
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(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				
<b>Total</b> number of other employees paid over \$50,000. <span style="float:right;">▶</span>				0

Part VIII

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services. 0

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

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

**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>	10,959,694
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	0
<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>	10,959,694
<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>	10,959,694
<b>4</b>	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	164,395
<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>	10,795,299
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	539,765

**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>	539,765
<b>2a</b>	Tax on investment income for 2015 from Part VI, line 5. . . . .	<b>2a</b>	23,236
<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>	23,236
<b>3</b>	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	<b>3</b>	516,529
<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>	516,529
<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>	516,529

**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>	235,550
<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>	0
<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>	0
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	0
<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>	235,550
<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>	235,550

**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				516,529
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only. . . . .			0	
b Total for prior years 2013 , 20 , 20		0		
3 Excess distributions carryover, if any, to 2015				
a From 2010. . . . .				0
b From 2011. . . . .				269,896
c From 2012. . . . .				0
d From 2013. . . . .				0
e From 2014. . . . .				0
f Total of lines 3a through e. . . . .	269,896			
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ 235,550				
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. . . . .				235,550
e Remaining amount distributed out of corpus				0
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a) )	269,896			269,896
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
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 . . . . .				11,083
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). . .	0			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a . . . . .	0			
10 Analysis of line 9				
a Excess from 2011. . . . .				0
b Excess from 2012. . . . .				0
c Excess from 2013. . . . .				0
d Excess from 2014. . . . .				0
e Excess from 2015. . . . .				0

## Part XIV

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**b** Check box to indicate whether the organization

Tax year	Prior 3 years			(e) Total
(a) 2015	(b) 2014	(c) 2013	(d) 2012	

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## 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) )

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

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

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

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

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

c Any submission deadlines

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

Part XV

Supplementary Information(continued)

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

Recipient		If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)					
<b>a</b> <i>Paid during the year</i> See Additional Data Table					
<b>Total . . . . .</b>				<b>▶ 3a</b>	233,950
<b>b</b> <i>Approved for future payment</i>					
<b>Total . . . . .</b>				<b>▶ 3b</b>	

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2015)

## Part XVII

<b>1</b> 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?		<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of			
<b>(1)</b> Cash. . . . .	<b>1a(1)</b>		<b>No</b>
<b>(2)</b> Other assets. . . . .	<b>1a(2)</b>		<b>No</b>
<b>b</b> Other transactions			
<b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .	<b>1b(1)</b>		<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .	<b>1b(2)</b>		<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets. . . . .	<b>1b(3)</b>		<b>No</b>
<b>(4)</b> Reimbursement arrangements. . . . .	<b>1b(4)</b>		<b>No</b>
<b>(5)</b> Loans or loan guarantees. . . . .	<b>1b(5)</b>		<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .	<b>1b(6)</b>		<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .	<b>1c</b>		<b>No</b>
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</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 <b>(d)</b> 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

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.			
<b>Sign Here</b>	<div style="border-bottom: 1px solid black; text-align: center;">*****</div> Signature of officer or trustee	<div style="border-bottom: 1px solid black; text-align: center;">2016-11-08</div> Date	<div style="border-bottom: 1px solid black; text-align: center;">*****</div> Title

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name JOHN R KULLANDER	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ PNC BANK NA			Firm's EIN ▶ 22-1146430	
	Firm's address ▶ 620 LIBERTY AVENUE 10TH FLOOR Pittsburgh, PA 152222705			Phone no (216) 257-4714	

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

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	Date acquired (c) (mo , day, yr )	(d) Date sold (mo , day, yr )
645 GENUINE PARTS CO			2015-01-12
10 GENUINE PARTS CO		2014-04-21	2015-01-12
1840 ONEOK INC NEW		2010-12-06	2015-01-12
40 US BANCORP DEL COM NEW		2014-04-21	2015-01-20
4140 US BANCORP DEL COM NEW			2015-01-20
20 JOHNSON & JOHNSON COM		2014-04-21	2015-01-23
2090 JOHNSON & JOHNSON COM			2015-01-23
20 MCDONALDS CORP COM		2014-04-21	2015-01-23
1765 MCDONALDS CORP COM			2015-01-23
20 PHILIP MORRIS INTERNAT-W/I		2014-04-21	2015-01-23

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
64,121		34,976	29,145
994		879	115
76,025		42,826	33,199
1,655		1,616	39
171,323		147,775	23,548
2,049		1,997	52
214,083		146,588	67,495
1,811		1,988	-177
159,831		103,692	56,139
1,673		1,670	3

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			29,145
			115
			33,199
			39
			23,548
			52
			67,495
			-177
			56,139
			3

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

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
950 PHILIP MORRIS INTERNAT-W/I			2015-01-23
2165 BAXTER INTERNATIONAL INC		2012-08-15	2015-02-20
1740 BAXTER INTERNATIONAL INC			2015-02-20
10 LOCKHEED MARTIN CORP		2014-04-21	2015-02-25
715 LOCKHEED MARTIN CORP			2015-02-25
30 KRAFT FOODS GROUP INC MERGED 07/02/2015 @ \$16 50 P/S		2014-04-21	2015-04-08
5000 KRAFT FOODS GROUP INC MERGED 07/02/2015 @ \$16 50 P/S			2015-04-08
775 PHILIP MORRIS INTERNAT-W/I		2010-09-29	2015-04-08
2110 HERSHEY FOODS CORP COM			2015-04-27
2923 PROCTER & GAMBLE CO			2015-04-27

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
79,475		60,753	18,722
144,125		129,099	15,026
115,833		120,073	-4,240
2,059		1,616	443
147,183		89,364	57,819
2,641		1,708	933
440,224		231,254	208,970
60,103		43,577	16,526
197,399		196,863	536
235,778		5,287	230,491

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			18,722
			15,026
			-4,240
			443
			57,819
			933
			208,970
			16,526
			536
			230,491

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

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1995 COCACOLA CO			2015-06-25
940 MCDONALDS CORP COM		2008-03-25	2015-06-25
4070 BCE INC ISIN CA05534B7604 SEDOL B188TH2			2015-07-20
3000 NOVARTIS AG SPONSORED ADR			2015-07-20
4010 GENERAL ELEC CO COM			2015-08-03
825 ABBOTT LABORATORIES INC		2014-12-16	2015-08-25
800 CARE CAPITAL PROPERTIES INC			2015-08-25
2555 CHEVRON CORPORATION			2015-08-25
1365 ANALOG DEVICES INC			2015-09-24
2605 US BANCORP DEL COM NEW		2013-02-19	2015-10-02

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
80,188		77,386	2,802
90,646		52,587	38,059
171,761		148,547	23,214
318,118		162,989	155,129
103,428		89,737	13,691
36,630		36,463	167
25,710		28,591	-2,881
187,330		279,734	-92,404
73,003		71,171	1,832
102,989		88,835	14,154

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			2,802
			38,059
			23,214
			155,129
			13,691
			167
			-2,881
			-92,404
			1,832
			14,154



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

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	Date acquired (c) (mo , day, yr )	(d) Date sold (mo , day, yr )
1160 GENUINE PARTS CO			2015-11-06
2630 KINDER MORGAN INC		2015-04-08	2015-11-06
800 MARSH & MCLENNAN COMPANIES INC		2015-01-20	2015-11-06
1965 KINDER MORGAN INC			2015-11-13
245 MARSH & MCLENNAN COMPANIES INC		2015-01-20	2015-11-13
510 MARSH & MCLENNAN COMPANIES INC		2014-06-18	2015-11-13
580 SMUCKER J M CO COM NEW		2015-04-27	2015-11-13
1295 KINDER MORGAN INC		2014-12-16	2015-11-16
1510 MARSH & MCLENNAN COMPANIES INC		2014-06-18	2015-12-07
4450 WILLIAMS COS INC DEL COM			2015-12-07

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
104,858		52,033	52,825
66,791		110,820	-44,029
44,938		45,540	-602
45,163		80,448	-35,285
13,359		13,947	-588
27,808		26,193	1,615
65,168		68,096	-2,928
30,687		50,215	-19,528
85,584		77,551	8,033
123,055		129,949	-6,894

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			52,825
			-44,029
			-602
			-35,285
			-588
			1,615
			-2,928
			-19,528
			8,033
			-6,894

**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
LAWRENCE H KYTE JR	TRUSTEE 1	300		
212 EAST THIRD ST CINCINNATI,OH 45202				
MARY W CLAUDER	TRUSTEE 1	200		
212 EAST THIRD ST CINCINNATI,OH 45202				
RICHARD F WILLIAMS	TRUSTEE 1	0		
212 EAST THIRD ST CINCINNATI,OH 45202				
RYAN KYTE	TRUSTEE 1	200		
212 EAST THIRD ST CINCINNATI,OH 45202				
SHARON W FRISBIE	TRUSTEE 1	200		
212 EAST THIRD ST CINCINNATI,OH 45202				
THOMAS L WILLIAMS	TRUSTEE 1	300		
212 EAST THIRD ST CINCINNATI,OH 45202				
W JOSEPH WILLIAMS JR	TREASURER 1	200		
212 EAST THIRD ST CINCINNATI,OH 45202				

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>				
ALCOHOLISM COUNCIL 2828 VERNON PLACE CINCINNATI, OH 45219	N/A	PUBLIC CHARITY	GENERAL SUPPORT	500
Emanuel Squash 1995 MADISON RD CINCINNATI, OH 45227	N/A	PUBLIC CHARITY	GENERAL SUPPORT	5,000
Freestore Foodbank 112 E LIBERTY ST CINCINNATI, OH 45202	N/A	PUBLIC CHARITY	GENERAL SUPPORT	500
ARTSWAVE 20 EAST CENTRAL PARKWAY SUITE 200 CINCINNATI, OH 45202	N/A	PUBLIC CHARITY	GENERAL SUPPORT	15,000
BEECHWOOD HOME 2140 POGUE AVE CINCINNATI, OH 45208	N/A	PUBLIC CHARITY	GENERAL SUPPORT	500
CANCER FREE KIDS 420 W LOVELAND AVE LOVELAND, OH 45140	N/A	PUBLIC CHARITY	GENERAL SUPPORT	2,250
CATHOLIC INNERCITY SCHOOLS EDUCATION FD 100 EAST EIGHTH ST CINCINNATI, OH 45202	N/A	PUBLIC CHARITY	GENERAL SUPPORT	27,000
CHATFIELD COLLEGE 1800 LOGAN ST CINCINNATI, OH 45202	N/A	PUBLIC CHARITY	GENERAL SUPPORT	6,000
CHILDREN'S HOME 5050 MADISON RD CINCINNATI, OH 45227	N/A	PUBLIC CHARITY	GENERAL SUPPORT	3,000
CINCINNATI ART MUSEUM EDON PARK CINCINNATI, OH 45202	N/A	PUBLIC CHARITY	GENERAL SUPPORT	6,500
CINCINNATI OPERA ASSOCIATION 1243 ELM ST CINCINNATI, OH 45202	N/A	PUBLIC CHARITY	GENERAL SUPPORT	1,500
Seven Hills Schools 5400 RED BANK RD CINCINNATI, OH 45227	N/A	PUBLIC CHARITY	GENERAL SUPPORT	4,000
Santa Maria Community Services 617 STEINER AVE CINCINNATI, OH 45204	N/A	PUBLIC CHARITY	GENERAL SUPPORT	10,000
MS SOCIETY - NATIONAL 6155 ROCKSIDE ROAD INDEPENDENCE, OH 44131	N/A	PUBLIC CHARITY	GENERAL SUPPORT	2,250
MAY WE HELP 7501 WOOSTER PIKE Cincinnati, OH 45227	N/A	PUBLIC CHARITY	GENERAL SUPPORT	10,000
<b>Total . . . . .</b> ▶ <b>3a</b>				233,950

**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>				
Boys & Girls Club of Greater Cincinnati 600 DALTON AVE CINCINNATI, OH 45203	N/A	PUBLIC CHARITY	GENERAL SUPPORT	20,000
HOSPICE OF CINCINNATI 4310 COOPER RD CINCINNATI, OH 45242	N/A	PUBLIC CHARITY	GENERAL SUPPORT	20,000
FREDERIC REMINGTON ART MUSEUM 303 WASHINGTON ST OGDENSBURG, NY 13669	N/A	PUBLIC CHARITY	GENERAL SUPPORT	250
Ocean Reef Chapel Foundation 32 OCEAN REEF DR Key Largo, FL 33037	N/A	PUBLIC CHARITY	GENERAL SUPPORT	500
JOHNNY BENCH SCHOLARSHIP FUND 602 MAIN STREET SUITE 1000 Cincinnati, OH 45202	N/A	PUBLIC CHARITY	GENERAL SUPPORT	1,000
Springer School & Center 2121 MADISON RD CINCINNATI, OH 45208	N/A	PUBLIC CHARITY	GENERAL SUPPORT	1,000
LADD 3603 VICTORY PARKWAY CINCINNATI, OH 45229	N/A	PUBLIC CHARITY	GENERAL SUPPORT	1,000
LEADERSHIP SCHOLARS 1609 MADISON RD CINCINNATI, OH 45206	N/A	PUBLIC CHARITY	GENERAL SUPPORT	15,000
Pregnancy Center East 3944 EDWARDS ROAD CINCINNATI, OH 45209	N/A	PUBLIC CHARITY	GENERAL SUPPORT	6,500
Teach for America 1110 VINE ST Cincinnati, OH 45202	N/A	PUBLIC CHARITY	GENERAL SUPPORT	10,000
SISTERS OF NOTRE DAM DENAMUR 701 EAST COLUMBIA AVE CINCINNATI, OH 45215	N/A	PUBLIC CHARITY	GENERAL SUPPORT	2,500
ST MARGARET HALL 1960 MADISON RD CINCINNATI, OH 45206	N/A	PUBLIC CHARITY	GENERAL SUPPORT	1,250
ST URSULA VILLA 3660 VINEYARD PLACE CINCINNATI, OH 45226	N/A	PUBLIC CHARITY	GENERAL SUPPORT	10,750
STEPPING STONES CENTER 5650 GIVEN RD CINCINNATI, OH 45243	N/A	PUBLIC CHARITY	GENERAL SUPPORT	500
SUMMIT COUNTRY DAY SCHOOL 2161 GRANDIN RD CINCINNATI, OH 45208	N/A	PUBLIC CHARITY	GENERAL SUPPORT	30,000
<b>Total . . . . . ▶ 3a</b>				233,950

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>				
TALBERT HOUSE FOUNDATION 2600 VICTORY PARKWAY CINCINNATI, OH 45206	N/A	PUBLIC CHARITY	GENERAL SUPPORT	13,000
UNIVERSITY OF CINCINNATI FOUNDATION PO BOX 670555 CINCINNATI, OH 45267	N/A	PUBLIC CHARITY	GENERAL SUPPORT	5,000
XAVIER UNIVERSITY AWARD - C F WILLIAMS 3800 VICTORY PARKWAY CINCINNATI, OH 45206	N/A	PUBLIC CHARITY	45206	500
Junior Achievement 644 LINN ST SUITE 1024 Cincinnati, OH 45203	N/A	PUBLIC CHARITY	GENERAL SUPPORT	1,200
<b>Total . . . . .</b> ▶ <b>3a</b>				233,950

**TY 2015 Other Decreases Schedule****Name:** WILLIAMS FOUNDATION**EIN:** 31-6032504

Description	Amount
ROUNDING ADJUSTMENT	7
ITEMS IN TRANSIT	111,290
ACCOUNT RECEIVABLE	1,500

**TY 2015 Other Expenses Schedule****Name:** WILLIAMS FOUNDATION**EIN:** 31-6032504

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CUSTODIAL FEES	8,813	8,813		0
INVESTMENT ADVISORY	38,582	38,582		0
R/E TAXES	109	109		0
K-1 EXPENSES	1,429	1,429		0
OFFICE EXPENSES	204	204		0
BANK FEES	617	617		0
LEGAL FEES	110	110		0
STATE FILING FEE	200	0		200
ADR SERVICE FEES	54	54		0

## TY 2015 Taxes Schedule

**Name:** WILLIAMS FOUNDATION

**EIN:** 31-6032504

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	2,770	2,770		0



<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a></div>	<div>OMB No 1545-0047</div> <div>2015</div>
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<div>Name of the organization</div> <div>WILLIAMS FOUNDATION</div>	<div>Employer identification number</div> <div>31-6032504</div>
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Organization type (check one)

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

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).

Name of organization WILLIAMS FOUNDATION	Employer identification number 31-6032504
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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	LESS THAN 5 000 PER PERSON 10	\$ 20,485	Person <input checked="" type="checkbox"/>
	212 EAST THIRD ST SUITE 300		Payroll <input type="checkbox"/>
	CINCINNATI, OH 45202		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )



Name of organization WILLIAMS FOUNDATION	Employer identification number 31-6032504
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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	
-	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	
	(e) Transfer of gift			
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
	<div></div> <div></div> <div>--</div>	<div></div> <div></div> <div></div>		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
				<div></div> <div></div> <div></div>
				<div></div> <div></div> <div></div>
	(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	
				<div></div> <div></div> <div></div>
				<div></div> <div></div> <div></div>
	(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	
				<div></div> <div></div> <div></div>
				<div></div> <div></div> <div></div>
	(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee		
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