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Form **1990-PF**

EXTENDED TO NOVEMBER 15, 2016 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 separate instructions is at www.irs.gov/form990pf.

Departme	ent of the	Treasury ervice			social security numbers on n 990-PF and its separate i				Open to Public Inspection
Information about Form 990-PF and its separate instructions is at www.irs.gov/rorm990pf . Open to Public Inspection For calendar year 2015 or tax year beginning , and ending								- open to the state of the stat	
Name of foundation A Employer identification number								number	
AND THE PARTY POINTNATON INC									
AR-HALE FAMILY FOUNDATION, INC.								34-1644337	
		et (or PO box number if	mail is not deli	vered to street a	ddress)		Room/suite	B Telephone number (419)331-1	0.4.0
		OX 210		D or foreign o	notal anda				·
	MA,	tate or province, cou		P or toreign p				C If exemption application is pe	anding, check here
G Che	ck all tha	at apply:	Initial return	n	Initial return of a fo	ormer public	charity	D 1. Foreign organizations	, check here
			Final return		Amended return			Foreign organizations me check here and attach cor	eting the 85% test,
			Address ch		Name change				-
		of organization;		· · · · · · · · · · · · · · · · · · ·	empt private foundation Other taxable private founda	ition		E If private foundation sta under section 507(b)(1)	
		ralue of all assets at 6		J Accounti	(75.87)	Acci	rual		
		, col. (c), line 16)	ond or your	ı —	ther (specify)	,,,,,,,,		F If the foundation is in a under section 507(b)(1)	
▶ \$	ı raıtıı,	3,079	,569.		mn (d) must be on cash b	asis.)		uu. 2001.01. 201 (2)(1)	(5), 5.1001 11010
Part	Ana (The	lysis of Revenue an total of amounts in colur essarily equal the amount	nd Expenses mns (b), (c), and	d (d) may not	(a) Revenue and expenses per books		nvestment ome	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
\Box		ributions, gifts, grant			650,875.			N/A	(Sasir Sasio Siriy)
I	Check		in is not required to					·	
	Interes	st on savings and tempo	orary						
<u>2018</u>	4 Divid	lends and interest fro	om securities	3	36,607.	3	6,607.		STATEMENT 1
<u>_</u>	5a Gross	s rents							
6	b Net re	ental income or (loss)			15 410				<u>,</u>
ا <mark>اور</mark>	68 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 269 251			15,418.					
	b Gross sales price for all assets on line 6a 368, 251. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain			1	5,418.	I RECE'V	[D 		
Rev					J,410.		3		
- 111		me modifications	111					SEP & 9	015
3	Gross	s sales less returns llowances	Ī		<u> </u>				82
Ž.		Cost of goods sold						AMPE	7 5 7 7
8	c Gros	s profit or (loss)							<u> </u>
1	1 Other	r income						<u> </u>	
12	2 Total	I. Add lines 1 throug	jh 11		702,900.	5	2,025.		
13		pensation of officers, dire		, etc	13,715.		0.		0.
		r employee salaries a	-				 	<u> </u>	<u></u>
ν 1! ν 4	b Pens 6a Lega	sion plans, employee		гмт 2	6,134.	-	0.		0.
use ''	_	unting fees		rmt 3	6,820.		0.		0.
XDe		r professional fees		rmt 4	13,375.	1	3,375.		0.
<u>ய்</u> ஓ 17									
i <u>ā</u> 18	8 Taxes	s	S	гмт 5	3,863.		221.		0.
Administrative Expenses	9 Depr	eciation and depletic	on						
[20		ıpancy			4 000				
		el, conferences, and			1,980.		0.		0.
and 2		ting and publications		nwn <i>C</i>	2,292.		0.		0.
ating 2		r expenses I operating and adm		гмт б	4,434.		<u> </u>		<u> </u>
Operating		n operating and adm enses. Add lines 13 i			48,179.	1	3,596.		0.
Ö 2	•	ributions, gifts, gran			445,425.				445,425.
20		l expenses and disb							
		lines 24 and 25			493,604.	1	3,596.		445,425.
2	7 Subt	tract line 26 from line	e 12:						
		ss of revenue over expen			209,296.	<u> </u>	0 400		
		investment income				 3	8,429.	37/3	
	c Adju	sted net income (if r	negative, enter	-0- <u>)</u>	l			N/A	L

For	m 29	0-PF (2015) AR-HALE FAMILY FOUNDATION		34-1	.644337 Page 2
Р	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year (a) Book Value	End of (b) Book Value	year (c) Fair Market Value
	1	Cash - non-interest-bearing			(1)
		Savings and temporary cash investments	1,562,611.	1,184,459.	1,184,459.
		Accounts receivable			
	J	Less; allowance for doubtful accounts			
	4	Pledges receivable			
	*	Less: allowance for doubtful accounts			
	5	Grants receivable		11-12	
	_	Receivables due from officers, directors, trustees, and other	-		
	0	disqualified persons	1		
	7	Other notes and loans receivable			
	′	Less; allowance for doubtful accounts			
	8	Inventories for sale or use			
Assets	_	Prepaid expenses and deferred charges	2,159.	1,519.	1,519.
Ass	9	Investments - U.S. and state government obligations		1,313.	
_		Investments - corporate stock			
		Investments - corporate stock			
		Investments - land, buildings, and equipment basis			
	''				·
	40	Less accumulated depreciation Investments - mortgage loans	· · · · · · · · · · · · · · · · · · ·		
	12 13	Investments - other STMT 7	1,182,671.	1,770,759.	1,893,591.
	14	Land, buildings, and equipment: basis		2777077331	1,000,001.
	1**	Less accumulated depreciation			
	15	Other assets (describe		****	-
	16	Total assets (to be completed by all filers - see the			
	10	Instructions. Also, see page 1, item I)	2,747,441.	2,956,737.	3,079,569.
	17	Accounts payable and accrued expenses		2/330//3/	3707373031
	18	Grants payable			
	19	Deferred revenue		·	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons		•	
Ē	21	Mortgages and other notes payable			
<u>.</u> 2	ı	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
_		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted			
anc	25	Temporarily restricted			
Bali	26	Permanently restricted		· · · · · · · · · · · · · · · · · · ·	
ᅙ		Foundations that do not follow SFAS 117, check here			
Ξ		and complete lines 27 through 31.			
Net Assets or Fund Balances	27	Capital stock, trust principal, or current funds	0.	0.	
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	1
Ass	29	Retained earnings, accumulated income, endowment, or other funds	2,747,441.	2,956,737.	
et	30	Total net assets or fund balances	2,747,441.	2,956,737.	
Z					
	31	Total liabilities and net assets/fund balances	2,747,441.	2,956,737.	
匝	art		alances		
=					
1		net assets or fund balances at beginning of year - Part II, column (a), line	30		0.545.444
	•	st agree with end-of-year figure reported on prior year's return)		1	2,747,441.
		r amount from Part I, line 27a		2	209,296.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		- 4	2,956,737.
		eases not included in line 2 (itemize)	-l (h) l 00	5	2 056 727
6	I ota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	2,956,737. Form 990-PF (2015)
					rum 330-FF (2015)

	ALE FAMILY FOUN	DATION,	INC.				4-164		Page 3
					3 ATTACE	HED S'	~~~~~~		
(a) List and descri	be the kind(s) of property sold (e.g.	., real estate,		(p)	low acquired - Purchase	(c) Date (mo., d	acquired	(d) Dat (mo., d	
2-story brick warehouse; or common stock, 200 shs. MLC (<u>D</u>	- Donation	(1110., u	ay, y/	(1110., 0	
la				-					
<u>b</u>				-		<u> </u>			
<u>c</u>				├					
				┼					
<u>e</u>		T		<u> Т</u>		#1. O			
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale				ain or (loss) s (f) minus (
a						_			
<u>b</u>									
C									
d		↓		_					
e 368,251.			352,83	3.					<u>,418.</u>
Complete only for assets showing	gain in column (h) and owned by	the foundation	on 12/31/69				ol. (h) gain		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any	j	C(not less than (from col. (I		
a									
b									
C									
d									
е		l						15	,418.
2 Capital gain net income or (net cap	oital loss) { If gain, also ente	r ın Part I, lıne)- ın Part I, lıne	7 7	}	2			15	,418.
3 Net short-term capital gain or (loss	•							_	
If gain, also enter in Part I, line 8, of the lift (loss), enter -0- in Part I, line 8		iu (0).		}			N/A		
Party Qualification Ur	nder Section 4940(e) for	Reduced	Tax on Net	Inve	stment Inc	ome			
(For optional use by domestic private									
(1 of optional use by domestic private	Tournations subject to the section -	1010(a) tax 011	not invostment in	001110	•)				
If section 4940(d)(2) applies, leave th	ıs part blank.								
Was the foundation liable for the secti	on 4942 tax on the distributable an	nount of any ve	ar in the hase per	Shor				Yes	X No
If "Yes," the foundation does not quali				.00					<u></u>
1 Enter the appropriate amount in e				ntries.	-				
	(b)			(c)				(d) ution ratio	
(a) Base period years Calendar year (or tax year beginnin		stributions	Net value of no		ritable-use asset	s	Distrib (col. (b) divi	ution ratio	(c))
2014	9 11 / 1	3,800.		2	,537,170		(001. (b) aiv		53095
2013		7,561.			,258,21				07049
2012		9,848.			,514,79				44158
2012		0,747.			867,34				56039
2010		4,092.			783,69				53903
20,10		74,0520			700705			• • • •	22203
C. Total of line 1 column (d)						2		1.4	34244
2 Total of line 1, column (d)3 Average distribution ratio for the 5	Savear hace period - divide the total	on line 2 hv F	or by the number	of vo	are	-			
the foundation has been in existen		on mic z by J,	or by the number	oi ye	uro	3		. 21	36849
the foundation has been in existen	ice il less tilali 5 years					•		• 21	20042
4 Enter the net value of noncharitable	e-use assets for 2015 from Part X,	line 5				4		2,948	,846.
5 Multiply line 4 by line 3				5		845	<u>,8</u> 74.		
6 Enter 1% of net investment incom	e (1% of Part I, line 27b)					6			384.
7 Add lines 5 and 6						7		846	,258.
8 Enter qualifying distributions from	ı Part XII, line 4					8		445	<u>,425.</u>
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, line	e 1b, and comp	olete that part usir	ng a 1	% tax rate.				

Form 990-PF (2015) AR-HALE FAMILY FOUNDATION, INC.		<u> 34-1644</u>	1337	Page 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4		48 - see ii	nstructi	ons)
1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/i				
Date of ruling or determination letter: (attach copy of letter if necessary-				
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%			769.
of Part I, line 27b				
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others ent	ter -0-)	2		0.
3 Add lines 1 and 2		3		769.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others en	nter -0-)	4		0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5		769.
6 Credits/Payments:	1 1 510			
a 2015 estimated tax payments and 2014 overpayment credited to 2015	1,519.			
b Exempt foreign organizations - tax withheld at source				I
c Tax paid with application for extension of time to file (Form 8868)				ŀ
d Backup withholding erroneously withheld 6d	1		1	,519.
7 Total credits and payments. Add lines 6a through 6d		7		, 313.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		9		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		10		750.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2016 estimated tax	750 . Refunded	11		0.
Part VII-A Statements Regarding Activities	7 5 0 1 Netulided			
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation of	r did it participate or intervene	ın	TY	es No
any political campaign?			1a	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	e instructions for the definition	?	1b	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copie				
distributed by the foundation in connection with the activities.	· · · · · · · · · · · · · · · · · · ·		1	1
c Did the foundation file Form 1120-POL for this year?			1c	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
(1) On the foundation. ▶ \$ \$ \$	0.	,		ŀ
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax	imposed on foundation			
managers. ► \$0 .				
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	X
If "Yes," attach a detailed description of the activities				
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument	ent, articles of incorporation, o			
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		37/3	4a	Х
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b	-
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5	X
If "Yes," attach the statement required by General Instruction T.				
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 direct 	one that conflict with the etate	law		
	ions that commet with the state	iaw	6	$-+$ \mathbf{x}
remain in the governing instrument? 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete	Port II and (a) and Port VI			x 1
Politine foundation have at least \$0,000 in assets at any time during the year. If Yes, Complete	Part II, Col. (c), and Part AV		 	-
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	x
9 Is the foundation claiming status as a private operating foundation within the meaning of section 49	942(j)(3) or 4942(j)(5) for cale	ndar		\top
year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," comple			9	X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing			10	X
		Fo	orm 990 -	PF (2015)

orm 990-PF (2015) AR - HALE FAMILY FOUNDATION			<u>34-16443.</u>	3 / Page 6			
Part VII-B Statements Regarding Activities for Which Fo	orm 4720 May Be Re	equired _{(contini}	ued)				
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))?	Ye	s X No				
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,							
any voter registration drive?	• , •		s X No	1			
(3) Provide a grant to an individual for travel, study, or other similar purposes?	•		s X No				
(4) Provide a grant to an organization other than a charitable, etc., organization		٠٠	,,,				
• •	described in Section		es X No				
4945(d)(4)(A)? (see instructions)			S ZZ NU				
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or to		r•				
the prevention of cruelty to children or animals?			es X No				
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er the exceptions described i	n Regulations					
section 53.4945 or in a current notice regarding disaster assistance (see instruc	tions)?		N/A	5b			
Organizations relying on a current notice regarding disaster assistance check he							
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	om the tax because it maintai	ned					
expenditure responsibility for the grant?	N	I/A 🔲 Ye	s 🔲 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 p			ļ				
a personal benefit contract?	•••		s X No				
b Did the foundation, during the year, pay premiums, directly or indirectly, on a per	ersonal benefit contract?			Sb X			
	organia denont contract?		F'	~ - ^ -			
If "Yes" to 6b, file Form 8870.	nalter transaction?		es X No				
7a At any time during the tax year, was the foundation a party to a prohibited tax sl		Y6		76			
b If 'Yes,' did the foundation receive any proceeds or have any net income attribut		annoro Highly	. N/A.	/D			
Part VIII Information About Officers, Directors, Truste Paid Employees, and Contractors	es, roundation Mai	iagers, nigniy					
List all officers, directors, trustees, foundation managers and their c		(c) Compensation	(d) Contributions to	/ \ F			
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid.	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other			
(a) Name and address	to position	enter -0-)	compensation	allowances			
SEE STATEMENT 8		13,715.	0.	0.			
		<u> </u>					
<u> </u>							
2 Compensation of five highest-paid employees (other than those incl	· · · - · - · · · · · · · · · · · · · ·	enter "NONE."	(d) contraction (
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances			
(a) Name and address of each employee paid more than 400,000	devoted to position	(C) Compensation	and deferred compensation	allowances			
NONE		-					
							
	-	1					
			 - 				
		-	ļ				
Total number of other employees paid over \$50,000			•	0			
			Form	990-PF (2015)			

Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)		
Five highest-paid independent contractors for professional services. If none, enter	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensatio
NONE		
otal number of others receiving over \$50,000 for professional services		•
PartiX:A Summary of Direct Charitable Activities		
ust the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers proc	stical information such as the duced, etc.	Expenses
N/A		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on	1 lines 1 and 2.	Amount
N/A		
		i
Il other program-related investments. See instructions.		
All other program-related investments. See instructions.		

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	A consequently for any lateralise of population	1a	1,620,217.
b	A constant the second s	1b	1,620,217. 1,373,535.
_	Fair market value of all other assets	1c	
		1d	2,993,752.
	Reduction claimed for blockage or other factors reported on lines 1a and		
•	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,993,752.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	44,906.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,948,846.
6	Minimum investment return. Enter 5% of line 5	6	147,442.
_	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	nd certain	
<u> </u>	foreign organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	147,442.
2a	Tax on investment income for 2015 from Part VI, line 5	1	
b	Income tax for 2015. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	769.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	146,673.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	146,673.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	146,673.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	\vdash	445 405
a		1a	445,425.
b		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	· · · · · · · · · · · · · · · · · · ·	3b	41-40-
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	445,425.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	1	_
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	445,425.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies f	or the section

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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,	· · · · · · · · · · · · · · · · · · ·	·		444.4
line 7				146,673.
2 Undistributed income, if any, as of the end of 2015				İ
a Enter amount for 2014 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2015:			·-	 .
a From 2010 394, 998.				
b From 2011 187,545.				
c From 2012 295, 150.				
d From 2013 355, 055.				
e From 2014 287,581.				
f Total of lines 3a through e	1,520,329.			
4 Qualifying distributions for 2015 from				·
Part XII, line 4: ▶\$ 445, 425.				
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		· · -		146,673.
e Remaining amount distributed out of corpus	298,752.			
5 Excess distributions carryover applied to 2015	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				:
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,819,081.			
b Prior years' undistributed income. Subtract		_		
line 4b from line 2b	- <u>-</u> -	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			0.	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must be distributed in 2016				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	394,998.			
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a	1,424,083.			
10 Analysis of line 9:				
a Excess from 2011 187,545.				
b Excess from 2012 295,150.]		1	
c Excess from 2013 355,055.				j
d Excess from 2014 287,581.				
e Excess from 2015 298,752.		<u> </u>		5 000 DE (00/5)

523581 11-24-15

Form **990-PF** (2015)

orm 990-PF (2015) AR – HALE	FAMILY F	OUNDATION,	INC.		.644337 Page 10
Part XIV Private Operating For	oundations (s	ee instructions and f	Part VII-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination lette	er that it is a private ope	erating		
foundation, and the ruling is effective for	r 2015, enter the da	te of the ruling	▶ [
b Check box to indicate whether the found	lation is a private of	perating foundation des	cribed in section	4942(j)(3) or	4942(<u>j)(</u> 5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 yea		
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					<u> </u>
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c	ļ				
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:	-				
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income	1			105.000	
Part XV Supplementary Info			only if the founda	ition nad \$5,000 or m	ore in assets
1 Information Regarding Foundation		Abon 00/ of the to	4-1 4444444	l hu tha faundation hafare the a	lana of any toy
a List any managers of the foundation where year (but only if they have contributed in the contributed in				by the foundation before the c	lose of any tax
_ , , , , ,	more than wo,000).	(000 0001011 007 (0)(2).	1		
NONE b List any managers of the foundation when	100/ or mor	a of the stock of a corn	oration (or an aqually larg	us partial of the awarehin of a	nartnarchin or
other entity) of which the foundation ha			oration (or an equally larg	je portion or the ownership or a	partifership of
NONE	J				
2 Information Regarding Contribut	ion, Grant, Gift,	Loan, Scholarship,	etc Programs:	- , - , - , - , - , - , - , - , - , - ,	
Check here In the foundation of the foundation makes gifts, grants, etc.	only makes contribi	utions to preselected ch	arıtable organizations and		
a The name, address, and telephone num					
SEE STATEMENT 9		·			
b The form in which applications should	he submitted and ir	iformation and material	s they should include:	.	
	—-———	TOT TRACTOR AND TRACTION			
c Any submission deadlines:					
d Any restrictions or limitations on award	ls, such as by geog	raphical areas, charitab	le fields, kinds of institution	ons, or other factors:	
523601 11-24-15					Form 990-PF (2015)

Form 990-PF (2015) AR-HALE FAMILY FOUN.

Part XV | Supplementary Information (continued) AR-HALE FAMILY FOUNDATION, INC.

3 Grants and Contributions Paid During the Yea		Pavment		
Recipient	If recipient is an individual,		Durnage of grant or	
Name and address (home or business)	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
Paid during the year				
ALLEN LIMA LEADERSHIP		NON PROFIT	FUND OPERATIONS	
				2,100.
APOLLO CAREER CENTER		schoor	FUND OPERATIONS	
				250.
ASSUMPTION HIGH SCHOOL		SCHOOL	FUND OPERATIONS	10,000.
			 	10,000.
AVA MARTA COUCOL OF LAW		NON PROFIT	FUND OPERATIONS	,
AVA MARIA SCHOOL OF LAW		NON PROFIT	FUND OFERATIONS	1,250.
				<u> </u>
BIG BROTHERS BIG SISTERS OF OK		NON PROFIT	FUND OPERATIONS	
			<u> </u>	15,000.
	TINUATION SHEE	<u>T(S)</u>	<u>▶ 3a</u>	445,425.
b Approved for future payment				
NONE		ļ.		
				
	<u> </u>			
		1	<u> </u>	
Total			> 3b	0.

Page 12

Part XVI-A	Analysis of Income-Producing Activ	ities
1 01 ()(4)	randigolo or middinio i roddonig riodr	

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ed by section 512, 513, or 514	(e)	
•	(a) Business	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income	
1 Program service revenue:	code	Amount	code	Amount	Tunction income	
a						
b	_					
C	_					
d						
e		-			 	
f	_					
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments						
4 Dividends and interest from securities			14	36,607.		
5 Net rental income or (loss) from real estate:						
a Debt-financed property					<u> </u>	
b Not debt-financed property		•			···	
6 Net rental income or (loss) from personal						
property						
7 Other investment income						
8 Gain or (loss) from sales of assets other						
than inventory			18	15,418.		
9 Net income or (loss) from special events				,		
10 Gross profit or (loss) from sales of inventory					·	
11 Other revenue:						
a						
b		-				
c						
d			1 1			
	_					
12 Subtotal. Add columns (b), (d), and (e)	_	0).	52,025.	0.	
13 Total. Add line 12, columns (b), (d), and (e)				13	52,025.	
(See worksheet in line 13 instructions to verify calculations	.)					
1000 House to House to House to to House to to House to H	·					

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).	
		_

Form **990-PF** (2015)

Form 990-PF (2015) Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

1	Did the or	ganization directly or indir	rectly engage in any o	f the following	with any other organization	n described in secti	on 501(c) of		Yes	No
		•			, relating to political organi		. ,			
a	Transfers	from the reporting founda	ation to a noncharitab	le exempt orga	anization of:					
	(1) Cash							1a(1)		X
	(2) Other	assets						1a(2)		X
b	Other tran	sactions:								
	(1) Sales	of assets to a noncharital	ble exempt organizati	on				1b(1)		_ <u>X</u>
	(2) Purch	nases of assets from a nor	ncharitable exempt or	ganization				1b(2)		X
	(3) Renta	al of facilities, equipment,	or other assets					1b(3)		<u> </u>
	(4) Reim	bursement arrangements						1b(4)		<u>X</u>
		s or loan guarantees						1b(5)		<u>X</u>
		rmance of services or me	•	-				1b(6)		<u>X</u>
	-	f facilities, equipment, ma	-					1c_		<u>X</u>
d							narket value of the goods, oth		ets,	
		is given by the reporting to i) the value of the goods, (u iess man iair market vaiu	e in any transaction	or sharing arrangement, sho	w III		
(2):	<u>`</u>	(b) Amount involved			exempt organization	(d) Description	of transfers, transactions, and sha	ring arra	ngemen	-
(4)	1110 110	(b) Amount involved	(b) Name of	N/A	oxompt organization	(u) baseription	or tarsiers, transactions, and site	ung and	ngemen	
				H/A		 				
				-			**			
-			· · · · · · · · · · · · · · · · · · ·							
					- 10		· · · · · · · · · · · · · · · · · · ·		_	
							<u> </u>			
				_						
										
		 		<u> </u>	-					
2a		-			or more tax-exempt organi	zations described		٦.,	T-G-	1
		501(c) of the Code (other		(3)) or in secti	on 5277] Yes	Δ] No
<u> </u>	IT "Yes," co	omplete the following sch (a) Name of org			(b) Type of organization	 	(c) Description of relationship	<u> </u>		
_		N/A	janization		(b) Type of Organization		(v) Description of relationship			
		11/12			*					
										
						<u> </u>				
				-						
	Under	penalties of perjury declare t	that I have examined this	return, including	accompanying schedules and st	atements, and to the be	st of my knowledge	ne IRS d	scuss th	is
Si	gn 🔪	elief, it is true, coffect, and con	Aplete Declaration of prep	parer (other than	taxpayer) is based on all information	tion of which preparer ha	return	with the	prepare	r I
He	re	Mot	& teller			PRESI		Yes		No
	Sign	nature of officer or trystee			Date	Title			_	
		Print/Type preparer's na		Preparer's si	gnature A	Date	Check If PTIN			
_		MARK J. MC	KINLEY,	Mary	Mulky 14		self- employed			
Pa		CPA		MARK J		08/25/16	P00			
	eparer	Firm's name ► REA	& ASSOCI	ATES,	INC.		Firm's EIN ► 34-13	101:	24	
Us	e Only	<u> </u>								
		Firm's address ► 25					450.00			
		LI LI	MA, OH 45	806			Phone no. 419-33			
							For	ո 99 0	1-PF ((2015)

523622 11-24-15

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

OMB No 1545-0047

2015

Name of the organization

Employer identification number

AF	R-HALE FAMILY FOUNDATION, INC.	34-1644337
Organization type (check o	one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note. Only a section 501(c)	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e See instructions
General Rule		
_	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	
Special Rules		
sections 509(a)(1) any one contribute	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount, line 1 Complete Parts I and II.	or 16b, and that received from
year, total contribu	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or eductively to children or animals. Complete Parts I, II, and III	
year, contributions is checked, enter purpose. Do not c	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a section	ore than \$1,000 If this box s, charitable, etc.,
but it must answer "No" or	that is not covered by the General Rule and/or the Special Rules does not file Schedule En Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fort the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

AR-HALE	FAMILY	FOUNDATION,	INC.
•			

34-1644337

Part I	Contributors (see instructions). Use duplicate copies of Part I	ıf addıtıonal space ıs needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AMERICAN TRIM 1005 WEST GRAND AVENUE LIMA, OH 45801	\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
523452 10-2		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2015)

Employer identification number

AR-HALE FAMILY FOUNDATION, INC.

34-1644337

Padu	Noncash Property (see instructions) Use duplicate copies of Part II if a	additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Employer identification number

AR-HAL	E FAMILY FOUNDATION, I	NC.		34-1644337
Part III	Exclusively religious, charitable, etc., con the year from any one contributor. Complete	columns (a) through (e) and the follows	ING line entry For organizations	
	completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	s, charitable, etc., contributions of \$1,000 or les	ss for the year (Enter this info once)	▶ \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
			_	
		(e) Transfer of gift		
-	Transferee's name, address, a	and ZIP + 4	Relationship of trans	sferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
}		(e) Transfer of gift		
-	Transferee's name, address, a	and ZIP + 4	Relationship of trans	sferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
-		(e) Transfer of gift	, l	
-	Transferee's name, address, a	and ZIP + 4	Relationship of trans	sferor to transferee
(a) Na				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
		(e) Transfer of gift	1	
_	Transferee's name, address, a	and ZIP + 4	Relationship of trans	sferor to transferee

Part V Capital Gains and Los	ses for Tax on Investment Income			_	
(a) List and	describe the kind(s) of property sold ick warehouse; or common stock, 20	d, e.g., real estate, 10 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a FIFTH THIRD			P	VARIOUS	12/31/15
b FIFTH THIRD			P		12/31/15
c WELLS FARGO 944	16		P	VARIOUS	12/31/15
d WELLS FARGO 770	9		P	VARIOUS	12/31/15
e WELLS FARGO 770	<u> </u>		P	VARIOUS	12/31/15
CAPITAL GAINS I	DIVIDENDS				
g					
h		_			
1					
k					
<u>m</u>					
n					
0					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		Gain or (loss) lus (f) minus (g)	
a 199,649.		204,214.			<4,565.>
b 57,903.		60,787.			<2,884.>
c 67,479.	<u></u>	67,494.			<15.>
d 286.		308.			<22.>
e 34,347.		20,030.			14,317.
f 8,587.					8,587.
g					
<u>h</u>					
1					
					
<u>k</u>					
1					
<u>m</u>					
<u>n</u>					
0		he foundation on 19/91/69			 -
Complete only for assets snowing	ng gain in column (h) and owned by t			ses (from col. (h)) of col. (h) gain ovei	
(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		ot less than "-0-")	
a					<4,565.>
<u>b</u>					<2,884.>
<u>C</u>					<15.>
<u>d</u>					<22.>
<u>e</u>					14,317. 8,587.
f					0,307.
<u>g</u>	_				
<u>h</u>	-	-			
<u> </u>			-		
<u>k</u>			•		
<u>K</u>	· · · · · · · · · · · · · · · · · · ·	 			
		 			
n					
0					
	apital loss) { If gain, also enter If (loss), enter If (l	in Part I, line 7			15 /10
Capital gain net income or (net ca Net short-term capital gain or (los If gain, also enter in Part I, line 8.	ss) as defined in sections 1222(5) and		2		15,418.

If (loss), enter "-0-" in Part I, line 8

Supplementary Information 3 Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to **Amount** contribution any foundation manager status of Name and address (home or business) or substantial contributor recipient BITTERSWEET AT BETTY'S FARM NON PROFIT FUND OPERATIONS 5,000. BUCKEYE INST FOR PUBLIC POL SOL NON PROFIT FUND OPERATIONS 2,500. CAMPUS CRUSADE SCHOOL FUND OPERATIONS 8,000. CATHOLIC CAMPUS MINISTRY NON PROFIT FUND OPERATIONS 250. NON PROFIT FUND OPERATIONS CATHOLIC LEAGUE 500. COVENANT HOUSE CHURCH FUND OPERATIONS 500. SCHOOL CUMBERLAND COLLEGE FUND OPERATIONS 1,000. CHURCH FUND OPERATIONS DIOCESE OF TOLEDO 1,250. EQUESTRIAN THERAPY NON PROFIT FUND OPERATIONS 1,500. FAMILY SCHOLAR HOUSE NON PROFIT FUND OPERATIONS 5,000. 416,825. Total from continuation sheets

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to status of recipient **Amount** any foundation manager Name and address (home or business) or substantial contributor FOCUS ON THE FAMILY NON PROFIT FUND OPERATIONS 500. FOOD FOR THE POOR NON PROFIT FUND OPERATIONS 1,000. NON PROFIT FUND OPERATIONS FRIEDMAN FOUNDATION 1,000. NON PROFIT FUND OPERATIONS HABITAT FOR HUMANITY 250. NON PROFIT FUND OPERATIONS HEARTBEAT OF LIMA 6,450. NON PROFIT FUND OPERATIONS HENRI NOUWEN SOCIETY 250. NON PROFIT FUND OPERATIONS HEUSER HEARING AND LAN. ACADEMY 2,500. school FUND OPERATIONS HOPE RURAL SCHOOL 1,500. INTERFAITH WORKER JUSTICE NON PROFIT FUND OPERATIONS 500. NON PROFIT FUND OPERATIONS JBTM GIFTING 32,000. Total from continuation sheets

Part XV Supplementary Information				
3 Grants and Contributions Paid During the		, 		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
EADERSHIP INSTITUTE		NON PROFIT	FUND OPERATIONS	
	-			1,000
LIMA LIFE TEEN		NON PROFIT	FUND OPERATIONS	
_ _				300
LIMA MEMORIAL FOUNDATION		NON PROFIT	FUND OPERATIONS	
				15,000
LIMA RESCUE MISSION		NON PROFIT	FUND OPERATIONS	
		<u> </u>		600
LIMA SYMPHONY		NON PROFIT	FUND OPERATIONS	5,000
				,
LITTLE SISTERS OF THE POOR		NON PROFIT	FUND OPERATIONS	1,500
MARIANISTS		NON PROFIT	FUND OPERATIONS	
ENTANTS 13		NON TROIT		250
MERCY UNLIMITED, INC.		NON PROFIT	FUND OPERATIONS	
<u></u>		-		10,000
MISSION TEACHING FOUNDATION		NON PROFIT	FUND OPERATIONS	
	-			1,000
OUR DAILY BREAD		NON PROFIT	FUND OPERATIONS	
Total from continuation sheets		1		10,000

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation status of Purpose of grant or contribution show any relationship to **Amount** any foundation manager Name and address (home or business) recipient or substantial contributor PARENTS TELEVISION COUNCIL NON PROFIT FUND OPERATIONS 1,000. SALVATION ARMY NON PROFIT FUND OPERATIONS 750. FUND OPERATIONS NON PROFIT SERRA INTERNATIONAL 500. NON PROFIT FUND OPERATIONS SERVANT LEADERSHIP 500. NON PROFIT FUND OPERATIONS SISTERS OF NOTRE DAME 1,250. FUND OPERATIONS SOCIETY FOR PROPAGATION OF FAITH NON PROFIT 275. NON PROFIT FUND OPERATIONS SOCIETY OF THE PRECIOUS BLOOD 500. school FUND OPERATIONS ST. ANN SCHOOL 2,500. SCHOOL FUND OPERATIONS ST. FRANCIS SCHOOL 36,000. NON PROFIT FUND OPERATIONS STAGE ONE FAMILY THEATER 14,450. Total from continuation sheets

PartXV Supplementary Information				
3 Grants and Contributions Paid During the Ye		_		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Contribution	
THE SMILE TRAIN		NON PROFIT	FUND OPERATIONS	750.
THOMAS MORE LAW		NON PROFIT	FUND OPERATIONS	
		 	-	2,500.
UNIVERSITY OF DAYTON		UNIVERSITY	FUND OPERATIONS	
				100,000.
UNIVERSITY OF LOUISVILLE VOICE CARE		UNIVERSITY	FUND OPERATIONS	50,000.
UNIVERSITY OF NOTRE DAME		UNIVERSITY	FUND OPERATIONS	
				55,000.
VATICAN OBSERVATORY		NON PROFIT	FUND OPERATIONS	
				1,000.
		NON PROFIE	EIND ODERAMIONS	
WEST OHIO FOOD BANK		NON PROFIT	FUND OPERATIONS	500.
			1	
WTLW		NON PROFIT	FUND OPERATIONS	250.
YMCA OF GREATER LOUISVILLE		NON PROFIT	FUND OPERATIONS	
	<u> </u>	-		10,000.
FAMILY & CHILDREN'S PLACE		NON PROFIT	FUND OPERATIONS	
				5,000.
Total from continuation sheets				

Supplementary Information 3 Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation status of Purpose of grant or contribution show any relationship to **Amount** any foundation manager or substantial contributor Name and address (home or business) recipient ST. CHARLES CHURCH CHURCH FUND OPERATIONS 1,000. VARGHESE KURIAN, INDIA PARISH CHURCH FUND OPERATIONS 2,000. SCHOOL ST. JOHNS HIGH SCHOOL FUND OPERATIONS 15,000. Total from continuation sheets

FORM 990-PF DIVIDEN	DS AND INTER	REST FROM SECUR	RITIES S'	PATEMENT 1
GROSS SOURCE AMOUNT	CAPITAI GAINS DIVIDENI	REVENUE	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
FIFTH THIRD 13,09		13,062.		
WELLS FARGO 32,09	6. 8,55 ——————	23,545.	23,545.	
TO PART I, LINE 4 45,19	8,58	36,607.	36,607.	
FORM 990-PF	LEGAI	, FEES	S	PATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	6,134.	0.		0.
mo my 000 pe po 1 131 163	6,134.	0.		0.
TO FM 990-PF, PG 1, LN 16A				
FORM 990-PF	ACCOUNT		Si	PATEMENT 3
			(C) ADJUSTED NET INCOME	PATEMENT 3
FORM 990-PF	ACCOUNTI (A) EXPENSES	(B) NET INVEST- MENT INCOME	(C) ADJUSTED	CHARITABLE
FORM 990-PF DESCRIPTION	ACCOUNTI (A) EXPENSES PER BOOKS 6,820	(B) NET INVEST- MENT INCOME	(C) ADJUSTED	(D) CHARITABLE PURPOSES
FORM 990-PF DESCRIPTION ACCOUNTING FEES	ACCOUNTI (A) EXPENSES PER BOOKS 6,820	(B) NET INVEST- MENT INCOME 0.	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FORM 990-PF DESCRIPTION ACCOUNTING FEES TO FORM 990-PF, PG 1, LN 16E	ACCOUNTI (A) EXPENSES PER BOOKS 6,820	(B) NET INVEST- MENT INCOME 0.	(C) ADJUSTED NET INCOME	CHARITABLE PURPOSES 0.
FORM 990-PF DESCRIPTION ACCOUNTING FEES TO FORM 990-PF, PG 1, LN 16E FORM 990-PF	ACCOUNTI (A) EXPENSES PER BOOKS 6,820 6,820 OTHER PROFES (A) EXPENSES	(B) NET INVEST- MENT INCOME 0. 0. SSIONAL FEES (B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME ST	(D) CHARITABLE PURPOSES 0. 0. TATEMENT 4 (D) CHARITABLE

FORM 990-PF	TAXES		STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
REAL ESTATE TAXES	3,002.	0.		0.	
EXCISE TAX BASED ON INVESTMENT INCOME FOREIGN TAXES	640. 221.	0. 221.		0. 0.	
TO FORM 990-PF, PG 1, LN 18	3,863.	221.		0.	
=	-				
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 6	
FORM 990-PF DESCRIPTION	OTHER E (A) EXPENSES PER BOOKS	XPENSES (B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	TATEMENT 6 (D) CHARITABLE PURPOSES	
	(A) EXPENSES	(B) NET INVEST- MENT INCOME 0. 0. 0. 0.	(C) ADJUSTED	(D) CHARITABLE	

FORM 990-PF OTHER	INVESTMENTS	STATEMENT 7	
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
SECURITIES	FMV	1,770,759.	1,893,591.
TOTAL TO FORM 990-PF, PART II, LINE 1	3	1,770,759.	1,893,591.

FORM 990-PF	PART VIII - TRUSTEES	I - LIST OF OFFICERS, DIRECTORS PEES AND FOUNDATION MANAGERS			STATEMENT 8		
NAME AND ADDRESS		TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT		
ARLENE F. HAWK		PRESIDENT 1.00	0.	0.	0.		
TIM HAWK		VICE PRESIDENT 1.00	0.	0.	0.		
BRYAN HAWK		CHAIRMAN 1.00	0.	0.	0.		
MARK MCKINLEY		TREASURER 1.00	0.	0.	0.		
BEVERLY PRUETER		SECRETARY 1.00	13,715.	0.	0.		
MICHELLE HEIT		DIRECTOR 1.00	0.	0.	0.		
JEFFREY HAWK		DIRECTOR 1.00	0.	0.	0.		
JANET HAWK		DIRECTOR 1.00	0.	0.	0.		
LEO HAWK		DIRECTOR 1.00	0.	0.	0.		
MATTHEW HAWK		DIRECTOR 1.00	0.	0.	0.		

AR-HALE FAMILY FOUNDATION, INC.			34-1644337	
MARK HAWK	DIRECTOR 1.00	0.	0.	0.
MEAGHAN HEIT	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	5, PART VIII	13,715.	0.	0.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 9

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MRS. BEVERLY PRUETER, AR-HALE FAMILY FOUNDATION P.O. BOX 210 LIMA, OH 45802

TELEPHONE NUMBER

(419) 331-1040

FORM AND CONTENT OF APPLICATIONS

ALL APPLICATIONS THAT MEET THE FOUNDATION MISSION AND GEOGRAPHIC PREFERENCES WILL BE ACCEPTED FOR CONSIDERATION, IF USING THE FOUNDATION APPLICATION. THE MISSION STATEMENT AND GEOGRAPHIC PREFERENCES ARE INCLUDED ON APPLICATION FORM, WHICH SHOULD BE REQUESTED FROM THE ORGANIZATION.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

ONLY RESTRICTIONS ARE THOSE IMPOSED BY INTERNAL REVENUE CODE IN ORDER TO MAINTAIN EXEMPT STATUS OF THE FOUNDATION.