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# 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.

OMB No 1545-0052 2015

A Employer identification number   34-1826821		al Revenue Service Information about For alendar year 2015 or tax year beginning	rm 990-PF and its separate	, and ending	.gov/iorm990pr.	Open to Public Inspection
Total Name   Total		<del></del>		, and ending	A Employer identification	numher
34 - 18 26 8 21					A Chiployer identification	i number
Recombinate of the continuence					34-1826821	
## ALRORA STREET  City or town, state or province, country, and 2IP or foreign postal code  ### HUDSON, OH 4426  G Check all that apply:			et address)	Room/suite		··· <del>·</del>
## Check all that apply: Install return    Final return   Address change   Name change	_	·				3831
Check all that apply:			postal code		C If exemption application is p	ending, check here
Final return			<del></del>			
Address change	G Ch			rmer public charity	D 1. Foreign organization:	s, check here
Check type of organization:		<b>=</b>			2. Foreign organizations mi	eeting the 85% test
Section 4947(6) (1) nonexempt charable trust					check here and attach co	omputation
Farm market value of all assets at end of year   J Accounting method:   X   Cash   Cash   Accounting method:   X   Cash   Cash   Accounting method:   X   Cash	H Ch					
Contributions and interest from securities   Contributions	ᆜ		· · · · · · · · · · · · · · · · · · ·		under section 507(b)(1	)(A), check here
▶ S         2, 3, 73, 9, 99.9. (Part L. Column (c) must be on cash bass)         (c) Adjusted net mode of process (c) (and (c) may not necess from the local of uncounts in column (a)). (and (c) may not necess from the local of uncounts in column (a)).         (d) Contributions (d) (and (c) may not necess from the local of uncounts in column (a)).         (d) Contributions (d) (and (c) may not necess from the local of uncounts in column (a)).         (d) Contributions (d) (and (c) may not necess from the local of uncounts in column (a)).         (d) Contributions (d) (c) Adjusted net mode from the local of uncounts in column (a).         (d) Contributions (d) Contributions (d) (d) Contributions (d) Contributi		· 1 —	· —	Accrual		
Part II   Analysis of Revenue and Expenses   (a) Revenue and expenses per books   (b) Net investment income   (d) Justice and the consequence of the analysis of Revenue and expenses per books   (b) Net investment income   (d) Justice and the consequence of the analysis of Controllable process   (d) Justice and the expenses per books   (d) N/A   (d) Part   (d)					under section 507(b)(1	)(B), check here
The solar of amounts in column (a)   colum	_		umn (a) must be on cash t	oasis)	ļ	1 11
Check	Par	(The total of amounts in columns (b), (c), and (d) may not				for charitable purposes
Interest on savings and temporary		1 Contributions, gifts, grants, etc., received	33,500.	·	N/A	
Page 2   Page 2   Page 3   P	ľ	- I in the resultation to the charge to drawn out of				
Sa Gross rents		Interest on savings and temporary cash investments				
D   Net rental income or (loss)		4 Dividends and interest from securities	69,060.	69,060.		STATEMENT 1
Salar Net gain or (loss) from sale of assets not on line 10   112,181.	1	5a Gross rents				
		Net rental income or (loss)				
Net strotreterin capital gain			112,181.			
Net strotreterin capital gain	ξļ	b Gross sales price for all assets on line 6a 421,566.			RECE	VED
Net strotreterin capital gain	ě	7 Capital gain net income (from Part IV, line 2)		112,181.	T LILULI	V L U
10a and allowances	~	8 Net short-term capital gain				131
1	1				IZI NOV A B	2016
C Gross profit or (loss)   1 Other income   1,952.   0.   STATEMENT 2		10a and allowances			<u> </u>	181
11 Other income   1,952.   0.   STATEMENT 2		<b>b</b> Less Cost of goods sold			MAKET	
12   Total Add lines 1 through 11   216,693.   181,241.		c Gross profit or (loss)			Harman Strategy	
13   Compensation of officers, directors, trustees, etc   14   Other employee salaries and wages   15   Pension plans, employee benefits   16   Legal fees   b   Accounting fees   STMT   3   4   000   0   0   0   0   0   0   0		11 Other income				STATEMENT 2
14 Other employee salaries and wages   15 Pension plans, employee benefits   16a Legal fees   b Accounting fees   STMT   3   4 ,000	<u></u>	12 Total. Add lines 1 through 11				
15   Pension plans, employee benefits   16a   Legal fees   b   Accounting fees   STMT   3   4   000   0   2   000   0   0   0   0   0		13 Compensation of officers, directors, trustees, etc	0.	0.		0.
16a Legal fees		14 Other employee salaries and wages				
C Other professional fees STMT 4 19,375. 19,375. 0.  It interest 18 Taxes STMT 5 11,255. 1,255. 0.  19 Depreciation and depletion 20 Occupancy 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 6 14,912. 0. 7,558.  24 Total operating and administrative expenses. Add lines 13 through 23 65,742. 20,630. 17,658.  25 Contributions, gifts, grants paid 127,081. 20,630. 127,081.  26 Total expenses and disbursements. Add lines 24 and 25 192,823. 20,630. 144,739.  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 160,611. N/A	"	15 Pension plans, employee benefits				
C Other professional fees STMT 4 19,375. 19,375. 0.  It interest 18 Taxes STMT 5 11,255. 1,255. 0.  19 Depreciation and depletion 20 Occupancy 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 6 14,912. 0. 7,558.  24 Total operating and administrative expenses. Add lines 13 through 23 65,742. 20,630. 17,658.  25 Contributions, gifts, grants paid 127,081. 20,630. 127,081.  26 Total expenses and disbursements. Add lines 24 and 25 192,823. 20,630. 144,739.  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 160,611. N/A	Se .	<del>-</del>				
C Other professional fees STMT 4 19,375. 19,375. 0.  It interest 18 Taxes STMT 5 11,255. 1,255. 0.  19 Depreciation and depletion 20 Occupancy 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 6 14,912. 0. 7,558.  24 Total operating and administrative expenses. Add lines 13 through 23 65,742. 20,630. 17,658.  25 Contributions, gifts, grants paid 127,081. 20,630. 127,081.  26 Total expenses and disbursements. Add lines 24 and 25 192,823. 20,630. 144,739.  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 160,611. N/A	E E					<del></del>
23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	Щ		19,375.	19,375.		ļ <u>0.</u>
23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	ţ.		44 055	<del>- 4 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -</del>		<u> </u>
23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	itra		11,255	1,∠55.	ļ	
23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	֓֞֞֞֞֞֓֓֓֓֓֓֞֓֓֓֓֞֓֞֓֓֓֞֞֓֓֓֞֓֞֓֓֓֡֞֞֞֞֓֡֞֡֞֡֞֡֡֡֡֡֡	_ '	16 200		<del> </del>	0 100
23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	티		10,200.		<del> </del>	8,100.
23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	ا ق			<u> </u>	<del> </del>	
24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	ᇣ	· · · · · · · · · · · · · · · · · · ·	14 010		ļ <u> </u>	7 550
26 Total expenses and disbursements. Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	i ii	·	14,912.	<u> </u>	<del> </del>	1,558.
26 Total expenses and disbursements. Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	ja j		65 742	20 620		17 (50
26 Total expenses and disbursements. Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	ð.			20,030.	<b> </b>	127 001
Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	- 14		121,001.			141,001.
27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	- 1	•	192 822	של אל אל אל	1	144 720
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	-+.		132,023.	20,030.	<del> </del>	144,/33.
b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	[		23 870		}	
c Adjusted net income (if negative, enter -0-)			23,070.	160 611	<del> </del>	<del> </del>
				100,011.		
	523501		e instructions	<u> </u>	1 41.12	Form <b>990-PF</b> (2015)

Part II Balance		Balance Sheets Attached schedules and amounts in the description	Beginning of year		End of year			
<u>-</u>		column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value			
	1	Cash - non-interest-bearing	4,322.	1,340.	1,340.			
	2	Savings and temporary cash investments	57,842.	45,653.	45,653.			
	3	Accounts receivable						
	ļ	Less: allowance for doubtful accounts	,	L				
	4	Pledges receivable ►						
		Less: allowance for doubtful accounts ▶	Ï					
	5	Grants receivable						
	6	Receivables due from officers, directors, trustees, and other						
	ł	disqualified persons	Į.					
	7	Other notes and loans receivable		-				
	•	Less; allowance for doubtful accounts		i				
'n	8	Inventories for sale or use	<del></del>	<del></del>				
Assets	۵	Prepaid expenses and deferred charges			<del></del>			
As	100	Investments - U.S. and state government obligations		<del></del>	<del></del>			
	ı	Investments - corporate stock STMT 7	598,788.	583,537.	752,328.			
		Investments - corporate bonds	330,700.	303,337.	732,320.			
		· · · · · · · · · · · · · · · · · · ·						
	' '	Investments - land, buildings, and equipment basis						
		Less accumulated depreciation						
	1	Investments - mortgage loans	1 461 363	- 1 F1F CFF	1 574 630			
	13	Investments - other STMT 8	1,461,363.	1,515,655.	1,574,638.			
	14	Land, buildings, and equipment basis						
		Less accumulated depreciation						
	l	Other assets (describe						
	16	Total assets (to be completed by all filers - see the						
_	L.,	instructions. Also, see page 1, item I)	2,122,315.	2,146,185.	2,373,959.			
	17	Accounts payable and accrued expenses						
	18	Grants payable						
es	19	Deferred revenue			!			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons						
gp	21	Mortgages and other notes payable						
_	22	Other liabilities (describe )						
	23	Total liabilities (add lines 17 through 22)	0.	0.				
		Foundations that follow SFAS 117, check here			į			
	4	and complete lines 24 through 26 and lines 30 and 31.			i			
ces	24	Unrestricted						
Balance	25	Temporarily restricted						
	26	Permanently restricted						
n d	ĺ	Foundations that do not follow SFAS 117, check here			1			
or Fund		and complete lines 27 through 31.	}					
ō	27	Capital stock, trust principal, or current funds	0.	0.				
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	,			
As	29	Retained earnings, accumulated income, endowment, or other funds	2,122,315.	2,146,185.	1			
et	30	Total net assets or fund balances	2,122,315.	2,146,185.	; ;			
~			<del></del>					
	31	Total liabilities and net assets/fund balances	2,122,315.	2,146,185.				
Ξ								
LP	art	Analysis of Changes in Net Assets or Fund Ba	alances					
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line 3	30					
		st agree with end-of-year figure reported on prior year's return)		11	2,122,315.			
		r amount from Part I, line 27a		2	23,870.			
3	Othe	r increases not included in line 2 (itemize)		3	0.			
		lines 1, 2, and 3	<del></del>	4	2,146,185.			
		eases not included in line 2 (itemize)		5	0.			
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	2,146,185.			
_					Form <b>990-PF</b> (2015)			

	and Losses for Tax on II		Income	TEST					
	ribe the kind(s) of property sold (e.g arehouse; or common stock, 200 sh			(D) H	ow acc Purch Donat	ase (c	) Date at (mo., da		(d) Date sold (mo., day, yr.)
1a PUBLICLY TRADE				U-	Dollar	IION			
b PUBLICLY TRADE				<del> </del>	Ē				
c CAPITAL GAINS						<del></del>			
d				<del>                                     </del>					
e				1					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				(h) Gain or (loss) (e) plus (f) minus (g)		
a 93,256.			94,17	8.		<del>""</del>		**	-922.
ь 328,026.			215,20	7.		<del> </del>			112,819.
c 284.									284.
d		<u> </u>	<u> </u>						
e Complete only for assets shown	ng gain in column (h) and owned by	the foundation	on 12/31/69	_+		(I) G	aine (Cr	ol. (h) gain	mittie
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (i)			cál. (k	c), but no	ot less that from col. (	n -0-) <b>or</b>
a	<del></del>	<del>                                     </del>		$\dashv$		<del></del>			-922.
b		<b> </b>		$\dashv$					112,819.
C				_					284.
d									
е									
2 Capital gain net income or (net ca	apital loss) { If gain, also enter-0			}	2				112,181.
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8,		nd (6):						_	
if (loss), enter -0- in Part I, line 8	Column (C).				3			N/A	
Part V Qualification U	Inder Section 4940(e) for	r Reduced	Tax on Net	Inve	stm	ent Inco	me		
(For optional use by domestic private	e foundations subject to the section	4940(a) tax on	net investment in	icome.	)				
If section 4940(d)(2) applies, leave t	his part blank.								
,,,,,,,	·								
Was the foundation liable for the sec			•	riod?					Yes X No
If "Yes," the foundation does not qua  1 Enter the appropriate amount in				ntries		<del> </del>	-		
Base period years	(b)		Net value of no	(c)	table-i	ica accate	Ī ,	Distrit	(d) oution ratio
Calendar year (or tax year beginni	my m)		Net value of the				<u> </u>	col. (b) an	rided by col. (c))
2014		6,976.				4,988. 9,537.	ļ		.045783
2013		7,247.				1,662.	<del> </del>		.054340
2012		5,654.				5,596.			.048563
2010		3,034.				$\frac{3,390}{2,130}$ .	<del> </del>		.045227
			<u> </u>				T	-	
2 Total of line 1, column (d)							2		.284777
3 Average distribution ratio for the	5-year base period - divide the total	on line 2 by 5,	or by the number	of yea	irs				
the foundation has been in existe	nce if less than 5 years						3		.056955
4 Enter the net value of noncharital	ole-use assets for 2015 from Part X,	line 5					4		<u>2,497,287.</u>
							f		1.40 000
5 Multiply line 4 by line 3							5		142,233.
6 Enter 1% of net investment incor	ne (1% of Part I, line 27b)						6		1,606.
	· ,								
7 Add lines 5 and 6							7		143,839.
8 Enter qualifying distributions from	n Part XII, line 4						_ 8		144,739.
If line 8 is equal to or greater that See the Part VI instructions.	n line 7, check the box in Part VI, line	e 1b, and comp	plete that part usin	ng a 1%	6 tax ra	ate.			
<del></del>	<del></del>								Form <b>990-PF</b> (2015)
523521 11-24-15									roin <b>330°FF</b> (2015)

14031110 142387 5EN0KJ

ICF FOUNDATION

Part VI   Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)		1990-PF (2015) JOHN D. ONG			82682		Page 4
Damestic oundations that meet the section 4940(e) requirements in Part V, check here   ► Mail and enter 1% of Part I, line 27b.  All other domestic boundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, cot. (b).  Tax unider section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  All other domestic boundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, cot. (b).  Tax unider section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  All other domestic boundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, cot. (b).  Tax unider section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  Tax unider section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  Tax unider section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  Tax unider section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  Tax unider section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  Tax unider section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  Tax unider section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  Tax unider section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  Tax unider section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  Tax unider section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  Tax unider section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  Tax unider section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  Tax unider section 511 (domestic secti	Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e	), or 49	48 - s	ee inst	ucti	ons)
b Domestic foundations that meet the section of 940(e) requirements in Part V, check here ► ■ and enter 1% of Part I, time 27b. c Part Inter 27b c Part Inter	1a		)	l			1
of Part I, line 27b c All other domestic boundations enter 2% of line 27b. Exampt foreign organizations enter 4% of Part I, line 12, col. (b).  2 Tau under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  3 Add lines 1 and 2  4 Subbitia A (incomin) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  5 Tax based on investment income. Subtract line 4 from line 3.1 zero or less, enter -0-  5 Tax based on investment income. Subtract line 4 from line 3.1 zero or less, enter -0-  5 Credits-Pignonetts;  a 2015 sehmated tax payments and 2014 overpayment orded to 2015  5 Exempt toreign organizations: but withheld at source  6 Tax paid with application for extension of time to file (Form 8668)  6 Exempt toreign organizations: but withheld at source  6 Tax paid with application for extension of time to file (Form 8668)  6 Exter any penalty for underspayment of estimated tax. Check here I of Form 2220 is attached  9 Tax die. If the total of lines 5 and 8 is more than line 7, enter amount overed  9 Tax die. If the total of lines 5 and 8 is more than line 7, enter amount overed  9 Tax die. If the total of lines 5 and 8 is more than line 7, enter amount overed  9 Tax die. If the total of lines 5 and 8 is more than line 7, enter amount overed  9 Tax die. If the total of lines 5 and 8 is more than line 7, enter amount overed  9 Tax die. If the total of lines 5 and 8 is more than line 7, enter amount overed  9 Tax die. If the total of lines 5 and 8 is more than line 7, enter amount overed  10 Overpayment I line 7 is more than line 10 to line 10 bet Credited to 2016 estimated tax.  11 Earth the amount of line 10 to line 10 bet Credited to 2016 estimated tax.  12 Lines the amount of line 10 to line 10 bet Credited to 2016 estimated tax.  13 Lines the amount of line 10 to line 10 bet Credited to 2016 estimated tax.  14 Lines the amount of line 10 to line 10 bet Credited to 2016 estimated tax.  15 Lines the amount of line 10 to line 10 between 10 be					-	٠	ا ۔۔۔ ۔۔۔ا
c All other domestic foundations enter 2% of Part J, line 12, col. (b).  2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  3 Add lines 1 and 2  4 Subtible A (income) lax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  5 Tax based on investment income. Subtract line 4 from line 3.1 (tract or less, enter -0-)  5 Tax based on investment income. Subtract line 4 from line 3.1 (tract or less, enter -0-)  5 Tax based on investment income. Subtract line 4 from line 3.1 (tract or less, enter -0-)  5 Tax based on investment income. Subtract line 4 from line 3.1 (tract or less, enter -0-)  5 Lempt teregin organizations - tax withheld at source  6 Tax paid with application for extension of time to file (Form 8868)  6 Backup withholding erroreously withheld  7 Total credits and payments. Add lines 58 through 60  8 Enter any penalty for underspayment of estimated tax. Check here □ if Form 2220 is attached  9 Tax due, If the Idad of lines 5 and 3 is more than line 7, enter amount of were a line of the 10 lines 5 and 3 is more than line 7, enter amount of were 10 lines 5 and 3 is more than line 7, enter amount of were 10 lines 5 and 3 is more than line 7, enter amount of were 10 lines 5 and 3 is more than line 7, enter amount of were 10 lines 5 and 5 is more than line 7, enter amount of were 10 lines 5 and 5 is more than line 7, enter amount of were 10 lines 5 and 5 is more than line 7, enter amount of were 10 lines 5 and 5 is more than 4 lines 6 and 5 is more than 10 lines 5 and 5 is more	b	• • • • • • • • • • • • • • • • • • • •	<b>P</b>	1		1,	606.
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d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation. ▶ \$ 0	c	•				-	-\ <del>-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\</del>
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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?  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, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes  4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?  5 If "Yes," has it field a tax return on Form 990-T for this year?  6 Was there a liquidation, termination, dissolution, or substantial contraction during the year?  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?  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  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  9 is the foundation claiming status as a private operating foundation within the meaning of section 4942(i)(3) or 4942(i)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV  9 X  10 Did any persons become substantial contributors during the tax year? in "Yes," attach a schedule listing their names and addresses	u		n		1		)
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11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)  12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)  13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  Website address ► N/A  14 The books are in care of ► M. KATHERINE C. ONG-LANDINI Telephone no. ►330-65  Located at ►9 AURORA STREET, SUITE 2, HUDSON, OH  15 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-PF in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the year  16 At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?  See the instructions for exceptions and filling requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►  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.	11 12 13 55-31 1236	X 831	X X
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and enter the amount of tax-exempt interest received or accrued during the year  16 At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?  See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country  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.			
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securities, or other financial account in a foreign country?  See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country  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.	$\overline{}$	/ <u>A</u>	
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country  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.	16	Yes	
foreign country ►  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.			X
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.	1	ì	
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	┸——		
	<del></del>	<del></del> .	
4. During the year did the foundation (aither directly or indirectly):	$\vdash$	Yes	No
1a During the year did the foundation (either directly or indirectly):  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No			(
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	1 1		1
a disqualified person?			i
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1 1		l
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			ĺ
(5) Transfer any income or assets to a disqualified person (or make any of either available	1 1		
for the benefit or use of a disqualified person)?			l
(6) Agree to pay money or property to a government official? (Exception. Check "No"	1 1	ı	ĺ
if the foundation agreed to make a grant to or to employ the official for a period after	1 1		l
termination of government service, if terminating within 90 days.)	) ]		ĺ
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			l
section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	1b		
Organizations relying on a current notice regarding disaster assistance check here			
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	_	- [	
before the first day of the tax year beginning in 2015?	1c		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	1 1		
before 2015? Yes X No			
If "Yes," list the years			
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			l
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	- a.	-	
statement - see instructions.)  N/A	2b		├
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			l
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
during the year?			
b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after			1
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			1
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.			l
Form 4720, to determine if the foundation had excess business holdings in 2015.)  N/A	3b		İ
r anni i rea, to determine il trie regriggiori ndu GACGAS DUSHICAS HOIGHIUS III EU 13 I	4a		x
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			$\overline{}$
· · · · · · · · · · · · · · · · · · ·		l	1
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4b		x

Part VII-B   Statements Regarding Activities for Which I	Form 4720 May Be F	Required (continu	ued)		
5a During the year did the foundation pay or incur any amount to:					1
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	` ''	• —	es X No		· ·
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire				ļ
any voter registration drive?			es X No	- 1	- } :
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	s X No	į	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			1	1
4945(d)(4)(A)? (see instructions)		•	es 🗶 No	ĺ	.
(5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals?	or educational purposes, or f		es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations		- [	
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?	•	N/A	5b	1
Organizations relying on a current notice regarding disaster assistance check h	ere		▶□ [		$\neg$
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	rom the tax because it maintai	ned	_		
expenditure responsibility for the grant?	N	/A 🔲 Ye	es 🔲 No 📗		l l
If "Yes," attach the statement required by Regulations section 53 494		,			1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	• •		ļ		- [ .
a personal benefit contract?	, , , , , , , , , , , , , , , , , , , ,	Y	es X No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870				-	<del>                                     </del>
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	☐ Ye	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
Part VIII Information About Officers, Directors, Trust		nagers, Highl			
Paid Employees, and Contractors			•		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) acco	Expense ount, other owances
<del></del>			Compensation	+	
SEE STATEMENT 9	1	0.	l o	_]	0.
		<del>                                     </del>	<u>_</u>	+-	<del></del>
<del></del>		1			
<del></del>	1	ľ			
		<del> </del>		+	
			]		
	Ì	1	]		
		<del> </del>	<del></del>	+	
	1	1	ì		
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none	enter "NONE."	<u> </u>	—	
	(b) Title, and average		(d) Contributions to		Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	s acco	ount, other owances
NONE	acvoted to position	<del> </del>	compensation	-	
NONE	1	Ĭ	1		
				+	
	1	1		1	
	<del> </del>	<del> </del>	<del> </del>	+	
	1	1	1	1	
		<del> </del>	<del> </del>	+	
	1		1	1	
	<del></del>	<del> </del>	<b> </b>	<u> </u>	
	-		1	1	
	L	L	<u> </u>	_L	
Total number of other employees paid over \$50,000				000	0
			For	m 990-i	PF (2015)

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
NONE	
	0
2	
<del></del>	•
	]

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

Amount

O .

All other program-related investments. See instructions.

Form **990-PF** (2015)

▶

Total. Add lines 1 through 3

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations,	see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	<u>'</u>	
а	Average monthly fair market value of securities	1a	2,445,444. 89,873.
	Average of monthly cash balances	1b	89,873.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,535,317.
е	Reduction claimed for blockage or other factors reported on lines 1a and	[3]	
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,535,317.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	38,030.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,497,287.
6	Minimum investment return. Enter 5% of line 5	6	124,864.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations at foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	124,864.
2a	Tax on investment income for 2015 from Part VI, line 5 2a 1,606.	MAC.	
b	Income tax for 2015. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	1,606.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	123,258.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	123,258.
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	123,258.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	<b>FERC</b>	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	144,739.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	144,739.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	1,606. 143,133.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	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 foi	r the section

Form **990-PF** (2015)

ICF FOUNDATION JOHN D. ONG

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
Distributable amount for 2015 from Part XI.	00,600			
line 7				123,258.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
b Total for prior years:				
	}	0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010	:			
<b>b</b> From 2011				
c From 2012				
dFrom 2013 24,319.			'	
eFrom 2014			,	
f Total of lines 3a through e	24,319.			
4 Qualifying distributions for 2015 from				
Part XII, line 4: ►\$ 144,739.				
a Applied to 2014, but not more than line 2a		ì	· 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				123,258.
e Remaining amount distributed out of corpus	21,481.			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a) )  6 Enter the net total of each column as				
indicated below:	45 000			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	45,800.			
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		0.		
assessed 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 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.			j
8 Excess distributions carryover from 2010				<del></del>
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016.				<u> </u>
Subtract lines 7 and 8 from line 6a	45,800.			
10 Analysis of line 9:	·	·······		<del></del>
a Excess from 2011				
b Excess from 2012				
c Excess from 2013 24,319.				
d Excess from 2014				
e Excess from 2015 21,481.	l	<u></u>	<u> </u>	Form <b>900 DE</b> (2015)

Form **990-PF** (2015)

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

523601 11-24-15

JUNE 30 OF EACH APPLICATION YEAR

YES, SEE ATTACHED APPLICATION GUIDELINES

Part XV Supplementary Informat  3 Grants and Contributions Paid During the	<del></del>	Payment		
Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year				
ALICE LLOYD COLLEGE	NONE	PC	SUPPORT FOR THE CAMPUS	
100 PURPOSE ROAD			CENTER AND STRATEGIC	
PIPPA PASSES, KY 41844	<del>-                                    </del>	<del> </del>	GROWTH INITIATIVE	15,000
Thissonia biograp of outo			7.22227 OR WWD 2015	
EPISCOPAL DIOCESE OF OHIO 2230 EUCLID AVENUE	NONE	₽C	SUPPORT OF THE 2015 PLANTING FOR TOMORROW	
CLEVELAND, OH 44115			- GROWING IN FAITH	
			TODAY CAMPAIGN	27,500
FORT LIGONIER ASSOCIATION	NONE	PC	SUPPORT OF FORT	
200 SOUTH MARKET STREET	\[ \text{\tin}\text{\tetx{\text{\text{\texi}\text{\text{\texi}\text{\text{\text{\text{\ti}\tint{\text{\text{\text{\text{\texi}\tint{\tiint{\text{\texit}\titt{\text{\ti}\tinttit{\text{\ti}\text{\text{\texit{\tet		LIGONIER ASSOCIATION	
LIGONIER, PA 15658		<del> </del>	SMITH BOOK PROJECT	2,500
FOUNDATION FOR APPALACHIAN OHIO	NONE	₽C	SUPPORT OF THE	
35 PUBLIC SQUARE		}	LEADERSHIP 100	
NELSONVILLE, OH 45764			CAMPAIGN	8,000
HUDSON COMMUNITY FOUNDATION	NONE	₽C	SUPPORT FOR MUSIC FROM	
49 EAST MAIN STREET	1		THE WESTERN RESERVE	
HUDSON, OH 44236		<u> </u>	ENDOWMENT FUND	25,000
Total SEE of Approved for future payment	CONTINUATION SHE	ET(S)	▶ 3a	127,081
RAINBOW BABIES AND CHILDREN'S	NONE	PC	SUPPORT FOR THE	
HOSPITAL			PEDIATRIC	
11100 EUCLID AVENUE	İ		OPHTHALMOLOGY FUND	
CLEVELAND, OH 44106		<del>                                     </del>		10,000
Total			<b>▶</b> 3b	10,000
	<del></del>			m <b>990-PF</b> (201

#### ICF FOUNDATION JOHN D. ONG

Part XVI-A	<b>Analysis of Income-Producing Activities</b>

nter gross amounts unless otherwise indicated.	Unrelate	d business income		ed by section 512, 513, or 514	(e)
I Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a	<del>  3000</del>		+ +		
<u> </u>	h		+ +	<del></del>	
b	<del></del>		+ +		
4	<del></del>		+ $+$		
<u> </u>	F		+		<del></del>
	<del></del>	<del></del>		<del></del>	<del></del>
Econ and contracts from accomment accompany	<del></del>	<del></del>			
g Fees and contracts from government agencies	<del></del>		+		
Membership dues and assessments	<del> </del>	<del></del>	+ +	<del></del>	
Interest on savings and temporary cash	1		1 1		
investments	<b></b>				
Dividends and interest from securities	<b> </b>		14	69,060.	
Net rental income or (loss) from real estate:	L		+		
a Debt-financed property	<u> </u>		$\bot$		
b Not debt-financed property	<b></b>		$\bot$		
Net rental income or (loss) from personal					
property					
Other investment income			01		
Gain or (loss) from sales of assets other	1 1		1 1		
than inventory			18	112,181.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory			$\top$		
Other revenue:			$\top$		
a NONDIVIDEND DISTRIBUTION	1 1		14	1,952.	
b			7 7		
C					
d					
e					
Subtotal. Add columns (b), (d), and (e)		0		183,193.	
Total. Add line 12, columns (b), (d), and (e)	<del></del>			13	183,19
e worksheet in line 13 instructions to verify calculations.)				·	
art XVI-B Relationship of Activities to	the Acco	omplishment of E	exempt	Purposes	
ne No.   Explain below how each activity for which incon					olishment of
the foundation's exempt purposes (other than b				,,,,,,,	
	<del>-</del>				
					<del></del>
	<del>"</del>				
		<del></del>			
<del></del>					<del></del>
<del></del>					
<del></del>				<del></del>	<del></del>
<del></del>		· ———	<del></del>		<del></del>

Form **990-PF** (2015)

523621 11-24-15

Part XVII	Information Re Exempt Organ		sfers To a	and Transactions a	and Relationsl	nips With Noncha	ritable	
1 Did the or	<del></del>		of the followin	g with any other organization	an described in section	on 501(c) of	TV	s No
						און און און און און און און און און און		3 140
	from the reporting founda			7, relating to political organ	iizativii5*			
(1) Cash	nom the reporting lounds	ilion to a nonchania	nie eveiliht oli	yanızatıon ot.			10/1)	X
(2) Other	accate						1a(1) 1a(2)	$\frac{1}{X}$
<b>b</b> Other tran							14(2)	+
		hle evernt organizat	"OD				16/1)	х
• •	of assets to a noncharital nases of assets from a nor						1b(1)	$\frac{1}{X}$
• •	il of facilities, equipment, i		ryanization				1b(2) 1b(3)	$\frac{X}{X}$
		JI Ulliel assets					<del> </del>	$\frac{x}{x}$
	bursement arrangements s or loan guarantees						1b(4)	$\frac{1}{x}$
	rmance of services or me	mberchin or fundras	eina colicitatio	ine			1b(5) 1b(6)	$\frac{x}{x}$
	f facilities, equipment, mai		=				10(0)	$+\frac{x}{x}$
				ployees dule. Column (b) should al	wave chaw the fair of	arket value of the goods		<u> </u>
				ed less than fair market valu				
	l) the value of the goods, (			od 1000 tildir fall fildiret valt	ic in any transaction	or snaring arrangement t		
	(b) Amount involved			e exempt organization	(d) Description	of transfers, transactions, and	sharing arrange	ments
(-,	(0)	<del></del>	N/A	- gamzadon	(2) 2000 (3)	or (12)-010; 12)-010; 214		
<del>-, -</del>					<del>-                                    </del>	<del></del>		
					<del></del>			
		<del></del>			<del></del>	<del></del>		
	-			<del></del>	<del></del>			
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		·			<del></del>			
		<del></del>		<del></del>	<del></del>	· · · · · · · · · · · · · · · · · · ·		
		<del></del>		<del></del>	+			
2a is the four	ndation directly or indirect	dy affiliated with or i	elated to one	or more tax-exempt organ	izatione described			
	501(c) of the Code (other			• =	zadono desembed	Г	Yes [	X No
	emplete the following sch		(0)) 01 111 3001	3011 027 :				III
<u> </u>	(a) Name of org			(b) Type of organization	T	c) Description of relations	hin	
<del></del>	N/A		<del>-</del>	(b) Type of organization	<u> </u>			
<del></del>	21/22				<u> </u>	<del></del>		
		<del></del>	<del></del>			<del></del>		
		<del></del>			<del></del>			
					<del>                                     </del>		<del></del>	
Under	penalties of perjury, I declare t	that I have examined thi	s return, includir	I g accompanying schedules and	statements, and to the	best of my knowledge		
				n taxpayer) is based on all inform		has any knowledge ret	ly the IRS discus urn with the prep	parer
Here	Katherina C	Dra-20	notine	11/13/206	SECRET	ADV She	X Yes	— I
\ <del>\ _ /</del>	nature of officer or trustee	- F 0 0 -		Date	Title		&∟Yes L	No
	Print/Type preparer's na	me	Preparer's s		T Date	Check   if PTIN		
	RAYMOND MC		1	44 - 43 ABA		self- employed		
Paid	CPA	OIMCIIII,	1	me -CIA	11/10/2016		105890	5
Preparer	Firm's name ► HPM	PARTMERC	LLC		<u> </u>	Firm's EIN ► 27-1		
Use Only	THITS HATTE FIFT	TWITTING	יייי			I IIIII S LIN P 21 - I	100031	
<b>-</b> ,	Firm's address > 60	O SUPERTO	RAVE	SUITE 1000				
		EVELAND,				Phone no. (216)	687-0	700
		_ 1	A11 44T				orm <b>990-P</b>	
						· ·	2.111 JUU-1	. (EUIU)

Part XV Supplementary Informat  Grants and Contributions Paid During th		<del></del>		<del></del>
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
OHIO HISTORY CONNECTION	NONE	₽C (	FUNDING FOR	
300 E, 17TH AVENUE		1	RESTORATION OF QUAKER	
COLUMBUS, OH 43211			YEARLY MEETING HOUSE	
			IN MOUNT PLEASANT,	25,000
OLD TRAIL SCHOOL	NONE	₽C	SUPPORT OF THE ANNUAL	
PO BOX 827	1012	ľ	FUND	
BATH, OH 44210		1	1 3.12	2,500
<del></del>		<u> </u>		
RAINBOW BABIES AND CHILDREN'S	NONE	PC	SUPPORT FOR THE	
HOSPITAL			PEDIATRIC	
11100 EUCLID AVENUE			OPHTHALMOLOGY FUND	40.00
CLEVELAND, OH 44106			<del> </del>	10,000
SAINT LUKE'S PARISH	NONE	PC	SUPPORT OF MINISTRIES	
1864 POST ROAD DARIEN, CT 06820			1	1,500
DARIEN, CI 00020	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
SMITH COLLEGE	NONE	PC	SMITH COLLEGE MUSEUM	
33 ELM STREET NORTHAMPTON, MA 01063			OF ART ANNUAL APPEAL	2,000
		<del></del>	<del>                                     </del>	
THE AMERICAN SCHOOL IN LONDON	NONE	₽C	SUPPORT OF NEW	
FOUNDATION	ł		FRONTIERS CAMPAIGN	
15 ROSZEL RD	· ·			
PRINCETON, NJ 08543		<u> </u>	<del> </del>	500
THE HOTCHKISS SCHOOL	NONE	PC	2015-2016 HOTCHKISS	
11 INTERLAKEN ROAD			PARENTS FUND	1,000
LAKEVILLE, CT 06039		<del>                                     </del>	<del> </del>	1,000
THE OHIO UNIVERSITY FOUNDATION	NONE	PC	HOWARD H. & MARY E.	
PO BOX 869 ATHENS, OH 45701			SCHUPP SCHOLARSHIP	400
ATREMS, OR 43701		<del>-</del>	<del>                                     </del>	400
TOUR COMPANY NO CONTRACTOR	VONT			
ZOAR COMMUNITY ASSOCIATION PO BOX 621	NONE	PC	GENERAL SUPPORT	
ZOAR, OH 44697				6,181
Total from continuation sheets		<u> </u>	<del></del>	49,081

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

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

Attach to Form 990, 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

**Employer identification number** 

	CF FOUNDATION OHN D. ONG	34-1826821
Organization type (check of		34 1020021
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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	
	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ale See instructions.
General Rule		
· ·	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling or one contributor. Complete Parts I and II See instructions for determining a contributor	• • •
Special Rules		
sections 509(a)(1) any one contribute	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 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	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from utions of more than \$1,000 exclusively for religious, chantable, scientific, literary, or educ cruelty to children or animals Complete Parts I, II, and III.	
year, contributions is checked, enter l purpose Do not c	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from secularized for religious, charitable, etc., purposes, but no such contributions totaled makere the total contributions that were received during the year for an exclusively religious complete any of the parts unless the <b>General Rule</b> applies to this organization because rule, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000 If this box s, charitable, etc.,
but it must answer "No" or	hat is not covered by the General Rule and/or the Special Rules does not file Schedule In Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fit 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 ICF FOUNDATION JOHN D. ONG

Employer identification number

34-1826821

Part I	Contributors (see instructions). Use duplicate copies of Part I	ıf addıtional space ıs needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOHN & MARY ONG  9 AURORA STREET, SUITE 2  HUDSON, OH 44236	ss	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
523452 10-2	6.15	\$Schedule B (Form	Person Payroll Noncash (Complete Part II for noncash contributions.)  990, 990-EZ, or 990-PF) (2015)

Name of organization
ICF FOUNDATION

JOHN D. ONG

Employer identification number

34-1826821

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<del></del>		- - - - \$	
(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
<del></del>		- - - - - - - - - -	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
523453 10-2	6-15	-   -   -   \$   Schedule B (Form	990, 990-EZ, or 990-PF) (2015)

FORM 990-PF	DIVIDENDS	AND INTER	REST	FROM SECU	RITIES S	TATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAI GAINS DIVIDENI		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	
GOLDMAN SACHS #020-52751-1 GOLDMAN SACHS	18,581.	1'	70.	18,411	. 18,411.	
#020-55459-8	50,763.	13	L <b>4.</b>	50,649	50,649.	
TO PART I, LINE 4	69,344.	28	34.	69,060	69,060.	
FORM 990-PF		OTHER :	INCO	ME	S	TATEMENT
DESCRIPTION			RE		(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
NONDIVIDEND DISTRIB	UTION	<del></del>	-	1,952.	0.	
TOTAL TO FORM 990-P	F, PART I,	LINE 11 =		1,952.	0.	
FORM 990-PF		ACCOUNT	ING	FEES	S	TATEMENT
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLI PURPOSES
TAX RETURN PREPARAT	ION FEES	4,000	. —	0.		2,000
TO FORM 990-PF, PG	 1, LN 16B	4,000	<u> </u>	0.	<del></del>	2,000

FORM 990-PF	OTHER PROFES	SIONAL FEES	S	TATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAE PURPOSE	
GOLDMAN SACHS MANAGEMENT FEES PNC BANK FEES	19,086.	19,086.			0.
TO FORM 990-PF, PG 1, LN 160	19,375.	19,375.			0.
FORM 990-PF	TAX	ES	S	PATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAE PURPOSE	
FOREIGN TAXES PAID FEDERAL TAX PAID	1,255. 10,000.	1,255.			0.
TO FORM 990-PF, PG 1, LN 18	11,255.	1,255.			0.
FORM 990-PF	OTHER E	XPENSES	S'	PATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
PRINTING & COPYING OFFICE CLEANING INTERNET/COMMUNICATIONS OFFICE SUPPLIES FEDEX OHIO FILING FEES INSURANCE OTHER ADMINISTRATIVE EXPENSES UTILITIES	565. 675. 3,224. 1,413. 526. 200. 1,026. 5,169. 2,114.	0. 0. 0. 0. 0.		33 1,61 70 26 20	07. 63. 00. 13.
TO FORM 990-PF, PG 1, LN 23	14,912.	0.		7,55	58.

FORM 990-PF	CORPORATE STOCK			STATEMENT
DESCRIPTION	•	BOOK VA	LUE	FAIR MARKET VALUE
APPLE INC			,889.	28,631
BOEING COMPANY			,024.	23,568
PRUDENTIAL FINANCIAL INC			,710.	30,366
COSTCO WHOLESALE CORP			,901.	27,132
EXXON MOBIL CORP			,279.	24,788
HONEYWELL INTL INC			,818.	19,678
JPMORGAN CHASE & CO			453.	35,260
NIKE CLASS B			, 433.	22,808
SCHLUMBERGER LTD		•	0.	22,000
		1 (	,316.	22,106
EMC CORPORATION MASS				
GENERAL ELECTRIC CO			2,576.	24,257
ALPHABET INC CMN CLASS A			0,012.	24,896
AMERICAN TOWER CORP			1,510.	27,478
DEVON ENERGY CORP		20	,063.	11,072
QUALCOMM INC			0.	10.000
VIACOM INC			,141.	13,923
ABBOTT LABORATORIES			,532.	30,135
AMAZON.COM INC			,477.	20,953
BANK OF AMERICA CORP		30	0,019.	34,502
EBAY INC			0.	C
MICROSOFT CORP		10	,835.	18,586
UNITEDHEALTH GROUP INC			0.	C
WAL-MART STORES INC			5,218.	21,874
WHOLE FOODS MARKET INC		38	3,725.	26,833
AMERICAN INTL GROUP INC		20	),886.	25,532
COLGATE-PALMOLIVE CO		22	2,631.	23,184
FIRSTENERGY CORP		22	2,271.	20,815
GAP INC		2!	5,712.	15,018
GOOGLE INC CMN CLASS C			0.	C
INTEL CORP		14	1,093.	19,016
INTERCONTINENTAL EXCHANGE INC			L,007.	14,094
MYLAN INC			5,143.	15,788
PFIZER INC			7,614.	29,181
VERIZON COMMUNICATIONS INC			3,288.	22,001
E.I. DU PONT DE NEMOURS & CO CMN			1,146.	13,187
PROCTER & GAMBLE COMPANY CMN			1,489.	16,358
STARBUCKS CORP CMN			L,750.	14,467
WALGREENS BOOTS ALLIANCE INC CMN			9,191.	18,904
ALLERGAN PLC CMN			5,044.	15,937
ADDEAGAN FOC CEIN			, U44 •	
TOTAL TO FORM 990-PF, PART II, L	INE 10B	583	3,537.	752,328

FORM 990-PF	OTHER	INVESTMENTS		STATI	EMENT	8
DESCRIPTION		VALUATION METHOD	BOOK VALUE		MARKE'	т
ISHARES MSCI EAFE INDEX FUND		COST	303,37	 1.	388,4	33.
GS CORE FIXED INCOME FUND		COST	553,84		561,1	
GS HIGH YIELD FLOATING RATE FI	D	COST	118,14		111,4	
GS HIGH YIELD FUND		COST		0.		0.
VANGUARD FTSE EMERGING MKTS		COST	93,09		76,6	
ISHARES U.S. REAL ESTATE ETF		COST	51,22	1.	60,9	65.
SPDR DJ WILSHIRE INT'L REAL E	STATE	COST	E1 26	<b>-</b>	50 E	0.4
ETF HARTFORD EMERGING MARKETS LOCA	AT.	COST	51,26	J.	50,5	04.
DEBT FUND		CODI	52,81	8.	39,6	99.
GS TACTICAL TILT IMPLEMENTATION	ON	COST	<b>5</b> _,5_		,-	
FUND			200,95	3.	198,7	96.
EATON VANCE INCOME FUND OF BO	STON	COST	90,93		86,9	
TOTAL TO FORM 990-PF, PART II	, LINE 1	L3	1,515,65	5. 1	,574,6	38.
FORM 990-PF PART VIII - TRUSTEES						
		TITLE AND		EMPLOYEE BEN PLAN CONTRIB	EXPEN	
NAME AND ADDRESS  JOHN D. ONG 9 AURORA STREET, SUITE 2	1	TITLE AND	COMPEN- SATION	BEN PLAN	EXPEN	
NAME AND ADDRESS  JOHN D. ONG 9 AURORA STREET, SUITE 2 HUDSON, OH 44236	PI	TITLE AND AVRG HRS/WK RESIDENT/TRUS 2.00	COMPEN- SATION TEE	BEN PLAN CONTRIB	EXPEN	NT ——
NAME AND ADDRESS  JOHN D. ONG 9 AURORA STREET, SUITE 2	PI	TITLE AND AVRG HRS/WK RESIDENT/TRUS	COMPEN- SATION TEE	BEN PLAN CONTRIB	EXPEN	NT ——
NAME AND ADDRESS  JOHN D. ONG 9 AURORA STREET, SUITE 2 HUDSON, OH 44236  MARY LEE ONG 9 AURORA STREET, SUITE 2	PE	TITLE AND AVRG HRS/WK RESIDENT/TRUS 2.00 ICE PRESIDENT	COMPEN- SATION TEE	CONTRIB  0.	ACCOU	0.
NAME AND ADDRESS  JOHN D. ONG 9 AURORA STREET, SUITE 2 HUDSON, OH 44236  MARY LEE ONG 9 AURORA STREET, SUITE 2 HUDSON, OH 44236  JOHN F. H. ONG 9 AURORA STREET, SUITE 2	PI V:	TITLE AND AVRG HRS/WK RESIDENT/TRUS 2.00 ICE PRESIDENT 1.00 RUSTEE	COMPEN- SATION TEE 0.	CONTRIB  0.	ACCOU	0. 0.
NAME AND ADDRESS  JOHN D. ONG 9 AURORA STREET, SUITE 2 HUDSON, OH 44236  MARY LEE ONG 9 AURORA STREET, SUITE 2 HUDSON, OH 44236  JOHN F. H. ONG 9 AURORA STREET, SUITE 2 HUDSON, OH 44236	PI V:	TITLE AND AVRG HRS/WK RESIDENT/TRUS 2.00 ICE PRESIDENT 1.00 RUSTEE 1.00	COMPEN- SATION TEE 0.	CONTRIB  0.	ACCOU	0. 0.
NAME AND ADDRESS  JOHN D. ONG 9 AURORA STREET, SUITE 2 HUDSON, OH 44236  MARY LEE ONG 9 AURORA STREET, SUITE 2 HUDSON, OH 44236  JOHN F. H. ONG 9 AURORA STREET, SUITE 2 HUDSON, OH 44236  RICHARD P. B. ONG 9 AURORA STREET, SUITE 2	PI V:	TITLE AND AVRG HRS/WK RESIDENT/TRUS 2.00 ICE PRESIDENT 1.00 RUSTEE 1.00 REASURER	COMPEN- SATION  TEE  0.  0.	BEN PLAN CONTRIB  0.  0.	ACCOU	0. 0.

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 10

NAME OF MANAGER

JOHN D. ONG MARY LEE ONG