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#### **Return of Private Foundation**

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

OMB No. 1545-0052

Department of the Treasury listernal Revenue Service

▶ 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. Open to Public Inspection

For calendar year 2015 or tax year beginning 2015, and ending 20 Name of foundation A Employer identification number 34-1836479 **Castele Family Foundation** Number and street (or P O. box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 16103 Lake Avenue 216-221-6358 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here ➤ Lakewood, OH 44107 Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here . . . ▶ ☐ Final return ☐ Amended return 2. Foreign organizations meeting the 85% test. ☐ Address change □ Name change check here and attach computation · · ▶ □ E If private foundation status was terminated under Check type of organization: Section 501(c)(3) exempt private foundation section 507(b)(1)(A), check here . . . . ▶ \_\_\_ Fair market value of all assets at F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here end of year (from Part II, col. (c), Other (specify) line 16) ▶ \$ 19,812 (Part I, column (d) must be on cash basis.) Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal expenses per purposes income income books the amounts in column (a) (see instructions).) (cash basis only) 1 Contributions, gifts, grants, etc., received (attach schedule) 100,000 2 Check ► ☐ If the foundation is **not** required to attach Sch. B 3 Interest on savings and temporary cash investments 38 38 4 Dividends and interest from securities . . . . Gross rents . . . . . . b Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 6a Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) . Net short-term capital gain . . . . Income modifications 10a Gross sales less returns and allowances Less: Cost of goods sold . . . С Gross profit or (loss) (attach schedule) . 11 Other income (attach schedule) . . Total. Add lines 1 through 11 . 12 13 Compensation of officers, directors, trustees, etc. Other employee salaries and wages . 14 Pension plans, employee benefits RECEIVED 15 Ö 16a Legal fees (attach schedule) (J) 4,000 4,000 17 Interest . . . . . Taxes (attach schedule) (see instructions) DEN 18 100 Depreciation (attach schedule) and depletion .... 19 20 21 Travel, conferences, and meetings 22 Printing and publications . . . 23 Other expenses (attach schedule) 1,292 1,292 24 Total operating and administrative expenses. Add lines 13 through 23 . . . . . . . . . . 5,392 5,392 25 Contributions, gifts, grants paid . . . . 89,600 89,600 26 Total expenses and disbursements. Add lines 24 and 25 94,992 94,992 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements 5,104 Net investment income (if negative, enter -0-) . 38 Adjusted net income (if negative, enter -0-) . 14 14 1

0.0	t II	Attached schedules and amounts in the description column	Beginning of year	End o	f year
15.51		Balance Sheets should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash-non-interest-bearing	14,708	19,812	19,812
- [	2	Savings and temporary cash investments			
- 1	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶			
]	4	Pledges receivable ▶			3 7 - 7 4
- }		Less: allowance for doubtful accounts ▶	and the same of th		
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
- )		disqualified persons (attach schedule) (see instructions)			
]	7	Other notes and loans receivable (attach schedule) ▶	} * - <u></u> -		- 1
- 1		Less: allowance for doubtful accounts ▶			
9	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges	<del></del>		<del></del>
AS		Investments—U.S. and state government obligations (attach schedule)	<del></del>		<del></del>
	ь	Investments—corporate stock (attach schedule)	<del></del>		<del></del>
- }		Investments—corporate bonds (attach schedule)			
1	11	Investments—land, buildings, and equipment: basis ▶	7	Ţ., ·	<del></del>
- }	• •	l anne manusculata di alaman distina (estanala a da adulta).			
- 1	12	Investments—mortgage loans			
- 1	13	Investments—other (attach schedule)			<del></del>
- 1	14	Land, buildings, and equipment: basis		115 数	<del></del>
	14	Land, buildings, and equipment: basis ►  Less: accumulated depreciation (attach schedule) ►		<u></u>	<u></u>
- }	15	O	<del></del>		<del></del>
- }	16	Other assets (describe ►)  Total assets (to be completed by all filers—see the	<del></del>		<del></del>
	10	instructions. Also, see page 1, item I)			
-+	17	Accounts payable and accrued expenses	14,708	19,812	19,812
1	18	Grants payable			
es	19	Deferred revenue	<del></del>		-
Liabilities				ļ———	1
Ö	20	Loans from officers, directors, trustees, and other disqualified persons	}	<del> </del>	
<b>!</b>	21	Mortgages and other notes payable (attach schedule)		<del> </del>	
- }	22	Other liabilities (describe ► )  Total liabilities (add lines 17 through 22)		<del> </del>	Ě
-+	23			<del> </del>	
8		Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.			,
Balances		•	}		
ā	24	Unrestricted			
Ba	25	Temporarily restricted			
	26	Permanently restricted			
or Fund		Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			્રેલ કર્ય
=		,			"
S	27	Capital stock, trust principal, or current funds			
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	 	<del></del>	,
SS	29	Retained earnings, accumulated income, endowment, or other funds	14,708		;
=	30	Total net assets or fund balances (see instructions)	14,708	24,655	1
ž	31	Total liabilities and net assets/fund balances (see			i
		ınstructions)	14,708	24,655	<u>i</u>
		Analysis of Changes in Net Assets or Fund Balances	<del>- /</del>	<del></del>	
1		I net assets or fund balances at beginning of year-Part II, colu		·	
		of-year figure reported on prior year's return)			14,708
_	F1-	r amount from Part I, line 27a		2	5,104
3					
_	Othe	er increases not included in line 2 (itemize)		3	
4	Othe Add	er increases not included in line 2 (itemize)		4	19,812
4	Othe Add	er increases not included in line 2 (itemize)		4	19,812

Part	V Capital Gains and	Losses for Tax on Investme	ent Income			
,		ne kind(s) of property sold (e.g., real estate, ise; or common stock, 200 shs. MLC Co.)		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a						
b						
С				<del> </del>		<b> </b>
<u>d</u>				<del> </del>		<del> </del>
<u>e</u>	<del></del>	(f) Depreciation allowed	(a) Cost o	r other basis	(h) C	ain or (loss)
	(e) Gross sales price	(or allowable)		ense of sale		(f) minus (g)
<u>a</u> b		<del></del>		<del></del>	·	
_ <del></del>	<del></del>					
d					·	
е						
	Complete only for assets sho	owing gain in column (h) and owned b	y the foundation	n on 12/31/69		ol. (h) gain minus
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col. (i) I. (j), if any		ot less than -0-) <b>or</b> (from col. (h))
а						
b		<del>-</del>				
<u> </u>	<del></del>					
<u>d</u>		<del>+</del>				
e		I If gain, a	Iso enter in Pa	art I, line 7	<del> </del>	
2	Capital gain net income o		enter -0- in Pa		2	
3	If gain, also enter in Part	n or (loss) as defined in sections I, line 8, column (c) (see instruct	tions). If (loss	), enter -0- in (		
art		er Section 4940(e) for Reduc			3	
/as tl		e this part blank. section 4942 tax on the distribute qualify under section 4940(e). Do			base period?	☐ Yes 🗹 N
1	Enter the appropriate amo	ount in each column for each year	r; see the insti	ructions before m	aking any entries	•
Cale	(a) Base period years endar year (or tax year beginning in	(b) Adjusted qualifying distributions	Net value	(c) of noncharitable-use a	ssets (col. (b	(d) stribution ratio ) divided by col. (c))
	2014	<del></del>	.394		6,344	2.8
	2013		,907		4,151	2.8
	2012	106	,075	1	7,361	6.1
	2011	51	,738	1	3,724	3.8
	2010		,237	11	4,944	2.8
2	Total of line 1, column (d)				. 2	18
3		for the 5-year base period—divided dation has been in existence if less			the   3	
4	Enter the net value of nor	ncharitable-use assets for 2015 fro	om Part X, line	5	. 4	20,0
5	Multiply line 4 by line 3				. 5	74,1
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)			. 6	
7					. 7	74,1
8		ons from Part XII, line 4		-	. 8	94,9
•		ater than line 7, check the box in				

Part \	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see in	struct	lion	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.	- 3.7.	-	1
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)	17.5		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	,	0	
	here ► ✓ and enter 1% of Part I, line 27b	a 29	200	l
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of J Part I, 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		0	
4	Subtitle A (income) 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. If zero or less, enter -0		0	
6	Credits/Payments:	- ,	-	1
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 99	• •	.	1
b	Exempt foreign organizations—tax withheld at source 6b	▼ 4	1	,
C	Tax paid with application for extension of time to file (Form 8868) . 6c		25.2	· .
d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d		99	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached  Tax due, if the total of lines 5 and 8 is more than line 7, enter amount owed		-+	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		-	
10 11	Enter the amount of line 10 to be: Credited to 2016 estimated tax   gg  Refunded   11	<del></del>	99	
	VII-A Statements Regarding Activities		- 0	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	Y	es	No
	participate or intervene in any political campaign?	1a		<b>~</b>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	1b		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	. 1	十	
	published or distributed by the foundation in connection with the activities.	5, fr a	. ].	
С	Did the foundation file Form 1120-POL for this year?	1c		<b>√</b>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			;
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$		1	j
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$			ا الـــــــــــــــــــــــــــــــــــ
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2	-	<u> </u>
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	٠		, 1
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		_
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<del>-</del>
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	}		Í
	By language in the governing instrument, or	,		}
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that			}
	conflict with the state law remain in the governing instrument?	6	<b>✓</b>	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	<u> </u>	<del></del>
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	-	- 1	ļ
1.	Ohio  If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	) .	-	Ì
þ	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			1
^	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	8b	<b>✓</b>	
9	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"	-		ز
	complete Part XIV	9	1	1
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	<u>                                     </u>		<u> </u>
	names and addresses	10		✓

Part	VII-A Statements Regarding Activities (continued)			
,			Ye	s No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)		1	1
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disquality person had advisory privileges? If "Yes," attach statement (see instructions)		2	/
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application. Website address ▶	on? 1	3 /	1
14	The health are in case of h. Dishard T. Contols.	216-2	21-635	 B
	Located at ► 16103 Lake Avenue, Lakewood, OH  ZIP+4 ►		7-1247	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the year <b>\Delta</b> 15			▶ □
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other aution over a bank, securities, or other financial account in a foreign country?		Ye 6	s No ✓
•	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the nan the foreign country ▶		<del>-  </del>	
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<del></del>		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<del></del>	Ye	s No
1a	During the year did the foundation (either directly or indirectly):	<del>-</del>	_	1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	] No   -		
		No		- 1
		No	Į,	
		]No	1	-
	, , ,	]No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	] No	.	
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fall to qualify under the exceptions described in Regulati section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		b	
	Organizations relying on a current notice regarding disaster assistance check here			,
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, were not corrected before the first day of the tax year beginning in 2015?		c	
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a privaperating foundation defined in section 4942(j)(3) or 4942(j)(5)):	/ate .		
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015?	]No	Ì	
		1140	.	
b	If "Yes," list the years ▶ 20 , 20 , 20 . 20  Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a	a)(2)		, }
_	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2	2) to		1 '
	all years listed, answer "No" and attach statement—see instructions.)	ļ	b	1
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.  ▶ 20 , 20 , 20 , 20			
3а	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	]No		
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation	n or		- '
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the laps	e of	}	
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if	1		- \
	foundation had excess business holdings in 2015.)		b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpos		a	
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 20	3450 -	Ь	

Р	age	£

Part	VII-B	Statements Regarding Activities	for W	hich Form	4720 I	May Be R	equire	<b>d</b> (contii	nued)_		
5a	_	e year did the foundation pay or incur a	-		/	4045(-)	\ <u>0</u>	П <b>у</b>	[7] N.		
	• •	on propaganda, or otherwise attempt to nce the outcome of any specific public		•	•		-	☐ Yes	✓ No		
	• •	ly or indirectly, any voter registration dri		•			•	☐ Yes	✓ No		
		de a grant to an individual for travel, stu						☐ Yes	✓ No		m 2 6
		de a grant to an organization other than n 4945(d)(4)(A)? (see instructions)						Yes	☑ No	. J. 7. 7.	
		de for any purpose other than religious,							٠.٠٠	,	
		ses, or for the prevention of cruelty to o						☐Yes	✓ No		
b		swer is "Yes" to 5a(1)-(5), did any of the one section 53.4945 or in a current notice							ibed in	5b	
	-	ions relying on a current notice regardit	•	-					▶ 🗀		=
C		wer is "Yes" to question 5a(4), does to							_		
		it maintained expenditure responsibility attach the statement required by Regula						Yes	∐ No	1	,
6a		pundation, during the year, receive any					emiums				
	•	onal benefit contract?						☐ Yes	✓ No		
b		oundation, during the year, pay premium o 6b, file Form 8870.	ns, dire	ctly or indired	ctly, on	a personal	benefit	contract	? .	6b	
7a		e during the tax year, was the foundation a	a party t	o a prohibited	I tax she	elter transac	tion?	Yes	✓ No		_ :
b		did the foundation receive any proceeds								7b	
Part		Information About Officers, Direction Contractors	tors, i	rustees, F	ounda	tion Mana	agers,	Hignly F	'ald El	npioy	ees,
1		fficers, directors, trustees, foundation	mana	gers and th	eir con	pensation	(see in	nstructio	ns).		
		(a) Name and address	(b) Title	and average		mpensation ot paid,		Contribution yee benefit			ense account, allowances
			devote	ed to position	en	ter -0-)	and defe	erred compe	nsation	Other	allowarices
		See attached									
											<del></del>
							Ì				
2		sation of five highest-paid employee	s (oth	er than tho	se incl	uded on li	ne 1 —	see instr	uctions	s). If n	one, ente
	"NONE."	· · · · · · · · · · · · · · · · · · ·	<del>-</del>	<del>,</del>		<del></del>					
	(a) Name and	address of each employee paid more than \$50,00	0	(b) Title, and a		(c) Compe	nsation	(d) Contrib employee plans and	benefit	(e) Expe	ense account, allowances
	· ·			devoted to p	osition ———			compen		Other	allowarices
				<u> </u>							
					.,						<del></del>
		None									
	<del></del>				<del></del>						
										!	
Total	number of	other employees paid over \$50,000 .		<u> </u>			<u></u>		. ▶		
										Form <b>9</b> 9	90-PF (2015

Part V	Information About Officers, Directors, Trustees, Foundation Ma and Contractors (continued)	nagers, Highly Paid Em	ployees,
3 1	Five highest-paid independent contractors for professional services (see instruc	tions). If none, enter "NON	= "
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
<del></del>		<del></del>	<del></del>
<del></del>			
	None		
T. A. I	050 000 (		
i otal ni	umber of others receiving over \$50,000 for professional services	<u>, , , , , , , , , , , , , , , , , , , </u>	<del></del>
Part I	X-A Summary of Direct Charitable Activities		
List the	e foundation's four largest direct charitable activities during the tax year. Include relevant statistical in zations and other beneficiaries served, conferences convened, research papers produced, etc	formation such as the number of	Expenses
1			
'	None		
		***************************************	
2 —			
3			
4			
		,	ı.
D-11	V D		
Part I	X-B Summary of Program-Related Investments (see instructions) the the two largest program-related investments made by the foundation during the tax year on lines 1 as		Amount
1	the tire two targest program-related investments made by the foundation during the tax year of lines i a	NU 2.	Amoun
٠	None		:
2		<del></del>	_ <del></del>
All oth	ner program-related investments. See instructions	<del></del>	
3			
Tatal /	ldd lines 1 through 2		
rotal, A	Add lines 1 through 3	<u> </u>	5 000- DE (0045)

Form 99	0-PF (2015)		Page 8
Part	X Minimum Investment Return (All domestic foundations must complete this part. Fore	ign foundations,	,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	0
þ	Average of monthly cash balances	1b	20,334
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	20,334
е	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	
3	Subtract line 2 from line 1d	3	20,334
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see	1 . 1	
	instructions)	4	305
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	20,029
6	Minimum investment return. Enter 5% of line 5	6	1,001
Part .		oundations	
	and certain foreign organizations check here ▶ □ and do not complete this part.)	<del>T : T</del>	
1	Minimum investment return from Part X, line 6	1	1,001
2a	<del></del>		
þ	Income tax for 2015. (This does not include the tax from Part VI.) 2b		
C	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,001
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,001
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	_	
	line 1	7	1,001
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	<b>张</b> 连	<del></del> -
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	94,992
b	Program-related investments—total from Part IX-B	1b	0.11002
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:	7.4	
а	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	94,992
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	94,992
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating	ng whether the fo	undation
	qualifies for the section 4940(e) reduction of tax in those years.	<del></del>	
		Form 990-	PF (2015)

1 2 a b 3 a	Distributable amount for 2015 from Part XI, line 7	2	(b) Years prior to 2014	(c) 2014	(d) 2015 1,001
a b 3 a	Undistributed income, if any, as of the end of 2015:  Enter amount for 2014 only	2	0	0	1,001
a b 3 a	Enter amount for 2014 only	2	0	0	
b 3 a	Total for prior years: 20,20,20 Excess distributions carryover, if any, to 2015: From 2010	2	0	0	<u> </u>
3 a	Excess distributions carryover, if any, to 2015: From 2010	2	0		
а	From 2010        318,49         From 2011        51,05         From 2012        105,20         From 2013        93,19         From 2014        98,57	2		, , ,	r
	From 2011	2	, å ,		i
	From 2012        105,20         From 2013        93,19         From 2014        98,57	7		<i>i</i> ,	,
b	From 2013 93,19 From 2014 98,57	<b>⊣</b> . 1			´- }
C	From 2014 98,57	. i			· -
d		<b>⊣</b> . 1	. ~		
e	〒 - 4 - 1 - 4 ビュー・ ハー - 41 1		* *	ر د	1
f 4	<b>Total</b> of lines 3a through e	666,531	·	- 	
7	P 4 5 6	1	*	•	•
_	Applied to 2014, but not more than line 2a.				
	Applied to 2014, but not more than line 2a.  Applied to undistributed income of prior years	<u> </u>		0	
	(Election required—see instructions)		0		t
С	Treated as distributions out of corpus (Election				
•	required—see instructions)	0	· ;		ļ
ď	Applied to 2015 distributable amount			<del></del>	1,001
e	Remaining amount distributed out of corpus	93,991	<del></del>	<del>,</del>	1,001
5	Excess distributions carryover applied to 2015	93,991	<del></del>	<del></del>	
•	(If an amount appears in column (d), the same		<del></del>	<del></del>	<del></del>
	amount must be shown in column (a).)				!
6	Enter the net total of each column as	` '	,		
	indicated below:	<u>t</u>			
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	760,522		,	1
	Prior years' undistributed income. Subtract		<del></del>		
	line 4b from line 2b	-	0	ŧ	,
С	Enter the amount of prior years' undistributed		 	·	
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a) tax has been previously assessed		_	,	
d	Subtract line 6c from line 6b, Taxable	- '	0	·	<del></del>
4	amount—see instructions		o		
е	Undistributed income for 2014. Subtract line		. '		
	4a from line 2a. Taxable amount-see		*		
	instructions		, ,	0	<u> </u>
f	Undistributed income for 2015. Subtract lines	1	-		
	4d and 5 from line 1. This amount must be		,		
_	distributed in 2016		<u> </u>		0
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section	1	***	!	
	170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)	1			
8	Excess distributions carryover from 2010 not	0			
0	applied on line 5 or line 7 (see instructions) .	1		į	
9	Excess distributions carryover to 2016.	318,495		<del></del>	
4	Subtract lines 7 and 8 from line 6a	1	64		
10	Analysis of line 9:	442,027		<del> </del>	
a	Excess from 2011	2		1	
a b	Excess from 2012	→ .	`	}	
C	Excess from 2013				
d	Excess from 2014	_		1	}
e	Excess from 2015 93,99	_			

Form 99	00-PF (2015)					Page <b>10</b>
Part	XIV Private Operating Founda	tions (see inst	ructions and Part	VII-A, question 9	9)	
1a	If the foundation has received a ruling					
	foundation, and the ruling is effective for				L	10) 57 4040(15)
b	Check box to indicate whether the four		te operating founda		ection   4942(j	)(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part 1 or the minimum	Tax year		Prior 3 years	1,000	(e) Total
	investment return from Part X for	(a) 2015	(b) 2014	(c) 2013	(d) 2012	<del> </del>
_	each year listed			<del> </del>	<del> </del>	<del> </del>
b	85% of line 2a		<del>- </del> -	<del> </del>	<del> </del>	<del> </del>
С	Qualifying distributions from Part XII, line 4 for each year listed				1	
a	Amounts included in line 2c not used directly	<u> </u>		<del> </del>	<del> </del>	<del> </del>
a	for active conduct of exempt activities			1		
	Qualifying distributions made directly			<del> </del>	<del> </del>	<del> </del>
8	for active conduct of exempt activities.			}	}	
	Subtract line 2d from line 2c					Ì
3	Complete 3a, b, or c for the		+	<del> </del>	<del> </del>	
	alternative test relied upon:				}	
а	"Assets" alternative test - enter:			1	}	}
	(1) Value of all assets				j	J
	(2) Value of assets qualifying under					
_	section 4942(j)(3)(B)(i)			1	<u> </u>	
þ	"Endowment" alternative test—enter 2/3 of minimum investment return shown in			1	Ì	
С	Part X, line 6 for each year listed "Support" alternative test—enter:			<del></del>	<del></del>	
				}	}	
	(1) Total support other than gross investment income (interest,		1	1	}	
	dividends, rents, payments on			1	1	
	securities loans (section 512(a)(5)), or royalties)				<u> </u>	
	(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				1	
	an exempt organization	<u></u>		<u> </u>	<u> </u>	
	(4) Gross investment income	<u> </u>		<del></del>	<del></del>	<u> </u>
Part	- · · · · · · · · · · · · · · · · · · ·			the foundation I	had \$5,000 or n	nore in assets at
	any time during the year-		ons.)			
}	Information Regarding Foundation List any managers of the foundation	_	hutad mara than 2	94 of the total con	tributions roccius	d by the foundation
а	before the close of any tax year (but of					
	boloto the oldes of any tax your (but t	only it alloy flavo		40,000). (000	000.0.1.001 (0)(2),	
b	List any managers of the foundation	who own 10%	or more of the sto	ock of a corporation	on (or an equally I	arge portion of the
	ownership of a partnership or other e					•
2	Information Regarding Contribution	n, Grant, Gift, L	oan, Scholarship,	etc., Programs:		
	Check here ► ☑ if the foundation					
	unsolicited requests for funds. If the		es gifts, grants, etc.	. (see instructions)	to individuals or	organizations under
	other conditions, complete items 2a,					
а	The name, address, and telephone no	umber or e-mail	address of the pers	son to whom appli	cations should be	addressed:
b	The form in which applications should	d he submitted a	and information and	f materials they sh	ould include:	<del></del>
-	is which applications should	_ JO JUNIMITOU 6	and information disc	a.ciiais ilicy 311	Jaia mologo.	
	Any submission deadlines:					
				<del></del>		<del></del>
d	Any restrictions or limitations on au factors:	wards, such as	by geographical a	areas, charitable f	nelds, kinds of in	stitutions, or other

Part )	Supplementary Information (con	tinued)		· · · · · · · · · · · · · · · · · · ·	
3.	Grants and Contributions Paid During	the Year or Approv	ed for Fut	ure Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager	J	Purpose of grant or contribution	Amount
	Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a	Paid during the year				
	See Attached Schedule				89,600
	·				
	Total	<u> </u>		· · · · · · · · · · · · · · · · · · ·	3a 89,60
	Approved for future payment				03,00
	Total			<u> </u>	

	t XVI						
Ente	r gros	s amounts unless otherwise indicated.	Unrelated bu	isiness income	Excluded by section	on 512, 513, or 514	(e)
4	Drogs	vara porvigo rovanua:	(a) Business code	(b) Amount	(c) Exclusion code	<b>(d)</b> Amount	Related or exempt function income (See instructions.)
'	a	am service revenue:	<u> </u>	<del></del>	<del> </del>	<del></del>	<del></del>
	ь —		<del> </del>		<del> </del>		<del></del>
			<b> </b>				
	d -		<u> </u>		1	<del> </del>	
	e	<del></del>			<del>   </del>		<del></del>
	f		<del></del>	<del></del>	<del> </del>	<del></del>	<del></del>
	g Fe	ees and contracts from government agencies			<del> </del>		<del></del>
2		bership dues and assessments			1		
3		st on savings and temporary cash investments			14	38	
4		ends and interest from securities					
5	Net re	ental income or (loss) from real estate:	1 1 2 W	· 大學 養養	· 新年、李献 、	) <u>w</u> [] + = ,	
		ebt-financed property					
	b N	ot debt-financed property					
6	Net re	ental income or (loss) from personal property					
7	Other	investment income					
8		or (loss) from sales of assets other than inventory		·	<u> </u>		
9		ncome or (loss) from special events		, <del></del>	<u> </u>	<del></del>	
10		s profit or (loss) from sales of inventory		·			
11	Other	revenue: a			<del> </del>		
	b _				<del></del>	<del></del>	
	c _				ļ	<del></del>	<u> </u>
	d _					<del></del>	
	e _	otal. Add columns (b), (d), and (e)			Alberta Service (1995) Sept.	<del></del>	
12	Subto	otal Add columns (b) (d) and (e)	1 3 3		<b>解门数广观</b>	38	l.
		A 111 40 00 00 00 00 00 00 00 00 00 00 00 00					<del></del>
13	Total	. Add line 12, columns (b), (d), and (e)			· · · · · ·	13	38
13 See	Total works	. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation	 ns.)				<del></del>
13 See Pa	Total works rt XV	<ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	38
13 See Pa	Total works	. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	38
13 See Pa	Total works rt XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	38
13 See Pa	Total works rt XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	38
13 See Pa	Total works rt XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	38
13 See Pa	Total works rt XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	38
13 See Pa	Total works rt XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	38
13 See Pa	Total works rt XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	38
13 See Pa	Total works rt XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	38
13 See Pa	Total works rt XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	38
13 See Pa	Total works rt XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	38
13 See Pa	Total works rt XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	38
13 See Pa	Total works rt XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	38
13 See Pa	Total works rt XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	38
13 See Pa	Total works rt XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	38
13 See Pa	Total works rt XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	38
13 See Pa	Total works rt XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	38
13 See Pa	Total works rt XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	38
13 See Pa	Total works rt XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	38
13 See Pa	Total works rt XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	38
13 See Pa	Total works rt XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	38
13 See Pa	Total works rt XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	38
13 See Pa	Total works rt XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	38
13 See Pa	Total works rt XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	38

Part	XVII		n Regarding Tranganizations	sfers To and Tra	ansaction	s and R	elationsh	ips W	ith N	lonchar	itabl	е	
1	ın sect	organization d	firectly or indirectly e Code (other than	engage in any of th section 501(c)(3) or	e following ganization	with any s) or in sec	other orga	nizatio relating	n des	scribed olitical	1	Yes	No
а	(1) Ca	sh	porting foundation to								1a(1)		<u></u>
b	Other 1	ner assets . transactions:	a noncharitable exe					• •		Ì	1a(2) 1b(1)		✓ 
	(2) Pu	rchases of asse	ets from a noncharit equipment, or other	able exempt organi	zation .			 	· ·		1b(2) 1b(3)		1
	(5) Loa	ans or loan guar	rrangements			<i></i>			• • • •		1b(4) 1b(5) 1b(6)		✓ ✓
	Sharing If the a	g of facilities, ed answer to any d	quipment, mailing li of the above is "Ye	sts, other assets, or s," complete the fo	paid emp	loyees . hedule. C	 olumn <b>(b)</b> :	 should	 I alwa	[ ays show	1c the	fair m	√ narket
(a) Line	value i		ther assets, or servi on or sharing arrang		umn (d) th	e value of		other	asse	ts, or ser	vices	recei	ved.
	(-)		(0, 1000)										
	_												
									·				
	In the	foundation dire	ectly or indirectly at	filiated with or rel	ated to o	o or more	tay-ayam	ent org		tions			
b	descri	bed in section 5	501(c) of the Code ( following schedule	other than section 5							] Yes	; []	No
		(a) Name of organ	nization	(b) Type of	organization			(c) Des	criptio	of relation	ship		
			declare that I have examin						best of	my knowled	ge and	belief, i	it is true,
Sign Here	) [	ture of officer or true	Costile	II-11-16		easurer	er nas any kni			May the IP with the pi (see instruc	reparer	shown	below
Paid Prep		Print/Type preparer	r's name	Preparer's signature			Date		self-e	mployed	TIN		
Use	Oilly F	Firm's name ► Firm's address ►						Firm's Phone	EIN ▶		QC	n-Pr	(2015)

#### Schedule B

(Form 990, <del>9</del>90-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

OMB No 1545-0047

► 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.

2016

Name of	the organization			Employer identification number			
Castele	Family Foundation	34-1836479					
Organiz	zation type (check o	one):					
Filers o	f:	Section:					
Form 990 or 990-EZ		☐ 501(c)(	] 501(c)( ) (enter number) organization				
		4947(a)(1) n	onexempt charitable trust not treated as a private for	undation			
		☐ 527 political	organization				
Form 99	90-PF	✓ 501(c)(3) ex	empt private foundation				
		☐ 4947(a)(1) n	onexempt charitable trust treated as a private founda	ation			
		☐ 501(c)(3) tax	able private foundation				
	-		eneral Rule or a Special Rule.				
Note: Construct		(7), (8), or (10) orga	nization can check boxes for both the General Rule	and a Special Rule. See			
Genera	l Rule		•				
Ø		or property) from a	90-EZ, or 990-PF that received, during the year, cor any one contributor. Complete Parts I and II. See inst				
Specia	l Rules			·			
	regulations under s 13, 16a, or 16b, ar	sections 509(a)(1) and that received fro	tion 501(c)(3) filing Form 990 or 990-EZ that met the sand 170(b)(1)(A)(vi), that checked Schedule A (Form 9m any one contributor, during the year, total contributor 990, Part VIII, line 1h, or (ii) Form 990-EZ, line	990 or 990-EZ), Part II, line utions of the greater of (1)			
	contributor, during	the year, total con	ion 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that tributions of more than \$1,000 exclusively for religiou or the prevention of cruelty to children or animals. Co	s, charitable, scientific,			
For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
990-EZ	n: An organization th , or 990-PF), but it n	hat isn't covered b nust answer "No"	y the General Rule and/or the Special Rules doesn't on Part IV, line 2, of its Form 990; or check the box o	file Schedule B (Form 990, on line H of its Form 990-EZ or on			

chedule B (i diff aso, aso-cz., dr aso-rr) (2010)	rage
ame of organization	Employer identification number
astele Family Foundation	34-1836479
Part I Contributors (See instructions). Use duplicate copies of Part I if additional space	is needed.

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
	Seven C's Plus, Ltd  16103 Lake Avenue  Lakewood, OH 44107	\$ 100,000	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					
(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					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person					

### . THE CASTELE FAMILY FOUNDATION 34-1836479 ATTACHMENT TO FORM 990-PF 2015

PART 1 LINE 18 (TAXES)	
SECTION 4940 TAX	100
PART 1 LINE 16C (OTHER PROFESSIONAL FEES):	
SEVEN C'S, INC (A MANAGEMENT COMPANY) FOR ALL ACCOUNTING, TAX, AND GRANT MANAGEMENT SERVICES PER CONTRACTUAL AGREEMENT	4,000
PART 1 LINE 23 (OTHER EXPENSES).	
BANK CHARGES FILING FEES TO THE ATTORNEY GENERAL AND	71
SECRÈTARY OF STATE OF THE STATE OF OHIO TAX PUBLICATIONS	25 0
ASSOCIATION OF SMALL FOUNDATIONS DUES OFFICE EXPENSES	750 446
	1,292

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#### THE CASTELE FAMILY FOUNDATION 34-1836479 ATTACHMENT TO FORM 990-PF 2015

PART VIII (1) (INFORMATION ABOUT OFFICERS, DIRECTORS, TRUSTEES AND FOUNDATION MANAGERS)

Α	В	С	D	Ε	
RICHARD T CASTELE 16103 LAKE AVENEUE LAKEWOOD OHIO 44107	MEMBER, TRUSTEE, CHAIRMAN,TREASURER 1 HOUR PER WEEK	LESS THAN \$1,000	0	0	
JOHN T CASTELE 28846 WOODMILL DRIVE WESTLAKE, OHIO 44145	MEMBER, TRUSTEE, VICE PRESIDENT, SECRETARY MINIMAL TIME SPENT	MINIMAL	0	0	
MARY KAY BINDER 529 MANORBROOK DRIVE CHAGRIN FALLS, OHIO 44022	MEMBER, TRUSTEE, PRESIDENT 5 HOURS PER WEEK	APPROXI- MATELY \$3,000	0	0	

ALL ACCOUNTING, LEGAL AND GRANTS MANAGEMENT SERVICES ARE PROVIDED BY A MANAGEMENT COMPANY, SEVEN C'S INC. THE INDIVIDUALS LISTED ABOVE ARE ALL OWNERS OF THE MANAGEMENT COMPANY ALONG WITH FIVE OTHER FAMILY MEMBERS. THE INDIVIDUALS ABOVE ARE ALSO EMPLOYEES OF THE MANAGEMENT COMPANY. THE COMPENSATION NOTED ABOVE IS THE ESTIMATE OF THE AMOUNT OF COMPENSATION PAID BY THE MANAGEMENT COMPANY TO THE INDIVIDUALS FOR THEIR TIME SPENT ON THE ACTIVITIES OF THE FOUNDATION

THIS COMPENSATION MEETS THE EXCEPTION TO THE RULES OF SELF DEALING PURSUANT TO REG 53 4941(d) -3C IN THAT THE SERVICES PERFORMED ARE REASONABLE AND NECESSARY IN THE MANAGEMENT OF THE FOUNDATION AND ARE NOT EXCESSIVE.

#### THE CASTELE FAMILY FOUNDATION 34-1836479 ATTACHMENT TO FORM 990-PF 2015

PART XV(3)(a) (GRANTS PAID DURING THE YEAR)

NAME AND ADDRESS OF RECIPIENT	INDIVIDUAL'S RELATIONSHIP	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT	AMOUNT
JEWISH FAMILY SERVICE ASSOCIATION OFCLEVELAND 3659 S GREEN ROAD SUITE 322 BEACHWOOD OHIO 44122	N/A	PUBLIC	ANNUAL CAMPAIGN	1,250
ORDER OF THE HOLY SEPULCHRE OF JERUSALEM 939 LONGMEADOW COURT LAKE BARRINGTON IL 60010	N/A	PUBLIC	GENERAL SUPPORT	600
SAINT MICHAELS PARISH 432 E FIREWEED PALMER ALAISKA 99645	N/A	PUBLIC	BUILDING FUND FOR STAINED GLASS WINDOWS	5,000
LAKEWOOD DIVISION OF YOUTH 12900 MADISON AVE LAKEWOOD OHIO 44107	N/A	PUBLIC	H2O SUMMER SERVICE CAMP	1,500
CHRIST CHILD SOCIETY OF CLEVELAND 6753 STATE ROAD PARMA OHIO 44134	N/A	PUBLIC	LIBRARY PROGRAM	1,000
ST MARTIN DEPORRES HIGH SCHOOL 8111 LAUSCHE AVENUE CLEVELAND OH 44103	N/A	PUBLIC	PRINCIPAL'S EMERGENCY FUND	1,500
METRO CATHOLIC SCHOOL 3555 WEST 54TH ST CLEVELAND OHIO 44102	N/A	PUBLIC	PRINCIPAL'S EMERGENCY FUND	1,500
ARCHBISHOP LYKE SCHOOL 18230 HARVARD AVENUE CLEVELAND OH 44128	N/A	PUBLIC	PRINCIPAL'S EMERGENCY FUND	1,500
ST FRANCIS SCHOOL 7206 MYRON AVENUE CLEVELAND OH 44103	N/A	PUBLIC	PRINCIPAL'S EMERGENCY FUND	1,500
ST ADELBERT CATHOLIC SCHOOL 2345 EAST 83RD STREET CLEVELAND OH 44104	N/A	PUBLIC	PRINCIPAL'S EMERGENCY FUND	1,500
CATHOLIC SOCIAL SERVICES 3710 EAST 20TH AVENUE ANCHORAGE AK 99508	N/A	PUBLIC	BROTHER FRANCIS SHELTER	2,150
PALMER FOOD BANK PO BOX 2421 PALMER ALASKA 99645	N/A	PUBLIC	GENERAL SUPPORT	1,700
DANBURY FOOD SHARE PROGRAM INC 541 S CHURCH ROAD MARBLEHEAD OHIO 43440	N/A	PUBLIC	GENERAL SUPPORT	2,000
MEDINA HEALTH MINISTRIES 970 E WASHINGTON ST SUITE 104 MEDINA OHIO 44256	N/A	PUBLIC	GENERAL SUPPORT	1,000
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD SUITE 300 JACKSONVILLE FLA 32256	N/A	PUBLIC	GENERAL SUPPORT	1,000
CATHOLIC CHARITIES CATHOLIC DIOCESE OF CLEVELAND 1404 EAST NINTH STREET CLEVELAND OHIO 44114	N/A	PUBLIC	GENERAL SUPPORT	2,500
MATHEWS LENDING LIBRARY 15528 MADISON AVE LAKEWOOD OHIO 44107	N/A	PUBLIC	GENERAL SUPPORT	2,500

#### THE CASTELE FAMILY FOUNDATION 34-1836479 ATTACHMENT TO FORM 990-PF 2015

#### PART XV(3)(a) (GRANTS PAID DURING THE YEAR).

NAME AND ADDRESS OF RECIPIENT	INDIVIDUAL'S RELATIONSHIP	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT	AMOUNT
CLEVELAND CENTRAL CATHOLIC HIGH SCHOOL 8550 BAXTER AVENUE CLEVELAND OHIO 44105	N/A	PUBLIC	A BEACON OF HOPE CAMPAIGN	3,000
ST IGNATIUS HIGH SCHOOL 1911 LORAIN AVENUE CLEVELAND OHIO 44113	N/A	PUBLIC	MARION MALL PROJECT	3,000
RECOVERY RESOURCES CLEVELAND OHIO	N/A	PUBLIC	GENERAL SUPPORT	1,000
LIFE ACT 29425 CHAGRIN BLVD SUITE 203 CLEVELAND OHIO 44122	N/A	PUBLIC	ANNUAL FUND	3,000
MAGGIE'S PLACE PO BOX 347364 PARMA OHIO 44134	N/A	PUBLIC	ZECHARIAH HOUSE	1,000
FRANCISCAN FRIARS 5000 COLERAIN AVENUE CINCINNATI OH 45223	N/A	PUBLIC	ST ANTHONY SHIRINE	1,250
FORDHAM PREPATORY SCHOOL 441 EAST FORDHAM RD BRONX NY 10458	N/A	PUBLIC	ANNUAL FUND	2,500
OBLATES OF ST FRANCES DE SALES 1600 BRINCKLE AVENUE WILMINGTON DELAWARE 19806	N/A	PUBLIC	FOREIGN MISSIONS	3,000
YOUTH CHALLENGE 800 SHARON DRIVE WESTLAKE, OHIO 44145	N/A	PUBLIC	ANNUAL FUND	3,500
MAGNIFICAT HIGH SCHOOL 20770 HILLIARD BLVD ROCKY RIVER OH 44116	N/A	PUBLIC	ANNUAL FUND	1,000
LEGAL AID SOCIETY OF CLEVELAND 1223 WEST SIXTH STREET CLEVELAND OHIO 44113	N/A	PUBLIC	ANNUAL CAMPAIGN	500
ST ANGELA MERICI CATHOLIC CHURCH 20970 LORAIN ROAD FAIRVIEW PARK OHIO 44126	N/A	PUBLIC	TECHNOLOGY FUNDRAISING INITIATIVE	2,500
GOD LOVE WE DELIVER 166 AVENUE OF THE AMERICAS NEW YORK NY 10013	N/A	PUBLIC	GENERAL SUPPORT	5,000
YWCA OF GREATER CLEVELAND 4019 PROPECT AVENUE CLEVELAND OHIO 44103	N/A	PUBLIC	GENERAL SUPPORT	1,000
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND OHIO 44106	N/A	PUBLIC	STUDENT - RUN FREE CLINIC ,	1,500
MIDDLEBURG EARLY EDUCATION CENTER 7171 PEARL RD MIDDLEBURG HEIGHTS OH 44130	N/A	PUBLIC	GENERAL SUPPORT	1,500
COMMUNITY WEST FOUNDATION 20545 CNETER RIDGE ROAD SUITE 448 CLEVELAND OHIO 44116	N/A	PUBLIC	MOLL CANCER CENTER CARING CONTINUES FUND	2,500

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# THE CASTELE FAMILY FOUNDATION 34-1836479 ATTACHMENT TO FORM 990-PF 2015

#### PART XV(3)(a) (GRANTS PAID DURING THE YEAR)

NAME AND ADDRESS OF RECIPIENT	INDIVIDUAL'S RELATIONSHIP	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT	AMOUNT
BELLFAIRE JCB ONE POLLOCK CIRCLE 22001 FAIRMOUNT BLVD CLEVELAND OH 44118	N/A	PUBLIC	HOMELESS YOUTH PROGRAM	3,000
MY HOUSE PO BOX 870536 WASILLA AK 99687	N/A	PUBLIC	GENERAL SUPPORT	1,650
PRAYERS FROM MARIA CHILDRENS GLIOMA CANCER FOUNDATION 20226 DETROIT RD ROCKY RIVER OHIO 44116	N/A	PUBLIC	GENERAL SUPPORT	3,500
MERCYHURST UNIVERSITY 501 EAST 38TH STREET ERIE PA 16546	N/A	PUBLIC	AUSTISM INITIATIVE	3,000
WELCOME HOUSE 802 SHARON DRIVE WESTLAKE OHIO 44145	N/A	PUBLIC	GENERAL SUPPORT	1,000
CAMP IMAGINE PO BOX 26 AVON LAKE OHIO 44012	N/A	PUBLIC	SUMMER ACTIVITY PROGRAM	500
THE MSA COALITION 9935-D REA ROAD #212 CHARLOTTE NC 28277	N/A	PUBLIC	GENERAL SUPPORT	2,000
MONTESSORI DEVELOPMENT PARTNERS 13693 BUTTERNUT ROAD BURTON OHIO 44021	N/A	PUBLIC	STONEBROOK MONTESSORI PROJECT	5,000
BOY SCOUTS OF AMERICA GREATER CLEVELAND COUNCIL 2241 WOODLAND AVE CLEVELAND OHIO 44115	N/A	PUBLIC	GENERAL SUPPORT	500
CLEVELAND CENTRAL CATHOLIC HIGH SCHOOL 6550 BAXTER AVENUE CLEVELAND OHIO 44105	N/A	PUBLIC	PRINCIPAL'S EMERGENCY FUND	1,500
FRIENDS OF CASA OF GEAUGA COUNTY PO BOX 21 NOVELTY OH 44072	N/A	PUBLIC	GENERAL SUPPORT	1,500

TOTAL

89,600