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Form **990-PF**

Return of Private Foundation

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

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

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

| For | caler | ndar year 2015 or tax year beginning | | , and ending | <u> </u> | |
|--|--------|---|---------------------------------------|------------------------------|--|---|
| Na | me of | foundation | | A Employer identification | number | |
| | | GLORIA AND JOSEPH BAUE | | | 46-4186876 | ; |
| Number and street (or P O box number if mail is not delivered to street address) Room/suite 3038 BAYWOOD DRIVE | | | | | 734-433-19 | 63 |
| Cıt | y or t | own, state or province, country, and ZIP or foreign p | | I | C If exemption application is p | |
| _ | | BROOK ISLAND, SC 29455 | | | | |
| 6 | Jneck | all that apply: Initial return Final return | Amended return | ormer public charity | D 1. Foreign organizations | s, check here |
| | | X Address change | Name change | | 2 Foreign organizations me check here and attach co | eeting the 85% test, |
| H | Check | type of organization: X Section 501(c)(3) ex | | | E If private foundation sta | |
| | Se | ction 4947(a)(1) nonexempt charitable trust | Other taxable private founda | ation | under section 507(b)(1) | |
| I F | air ma | arket value of all assets at end of year 🤳 Account | ng method X Cash | Accrual | F If the foundation is in a | 60-month termination |
| - | | | ther (specify) | | under section 507(b)(1) | |
| | -\$ | 527,510. (Part I, colu Analysis of Revenue and Expenses | r | | | T (4) |
| | art I | (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
| | 1 | Contributions, gifts, grants, etc., received | 175,738. | | N/A | _ |
| | 3 | Check In the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments. | | | | 3 |
| | 4 | Dividends and interest from securities | 10,623. | 10,623 | • | STATEMENT 1 |
| | 5a | Gross rents | | | | |
| | b | Net rental income or (loss) | 70 040 | 1 | * ` ' | *** |
| en | 6a | Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 194,843. | 70,942. | * | | 4 Y |
| Revenue | b | assets on line 6a 154,043. Capital gain net income (from Part IV, line 2) | | 70,942 | , , , , , | |
| æ | 8 | Net short-term capital gain | | (| • | - 18 18 18 18 18 18 18 18 18 18 18 18 18 |
| | 9 | Income modifications | 4 - | | | * * |
| | 10a | | , | | , , <u>, , , , , , , , , , , , , , , , , </u> | ** \$ 29 |
| | t | Less Cost of goods sold | | | | Ø " Y 4, |
| | 1 | Gross profit or: (loss) Other income MAY 1 7 20:5 | 1 | | | ` * |
| | 111 | Other income MAY 1 2010 C Total. Add lines, 1 through 11. | 257,303. | 81,565 | | * |
| _ | 13 | Compensation of officers directors trustees, etc. | 257,505. | 01,303 | | 0. |
| | 14 | Other employee salaries and wages | | | | - |
| | 15 | Pension plans, employee benefits | | | | |
| ses | 16a | Legal fees | | | | |
| Expenses | | Accounting fees STMT 2 | 1,365. | 0 | = | 1,365. |
| _ | | Other professional fees STMT 3 | 3,773. | 3,773 | • | 0. |
| aţi | | Taxes STMT 4 | 3,287. | 242 | | 0. |
| istr | 19 | Depreciation and depletion | 3,207 | 2 4 2 | ` | |
| Ë | 20 | Occupancy | | | | |
| Ad | 21 | Travel, conferences, and meetings | | | | |
| and | 22 | Printing and publications | | | | |
| ing | 23 | Other expenses STMT 5 | 192. | 0 | • | 192. |
| Operating and Administrative | 24 | Total operating and administrative | 8,617. | 4,015 | | 1 557 |
| Ö | 25 | expenses. Add lines 13 through 23 Contributions, gifts, grants paid | 5,000. | 4,013 | • | 1,557. 5,000. |
| | | Total expenses and disbursements | 3,000. | **** | | 3,000. |
| | | Add lines 24 and 25 | 13,617. | 4,015 | | 6,557. |
| | 27 | Subtract line 26 from line 12 | | | | |
| | | Excess of revenue over expenses and disbursements | 243,686. | - <u></u> | | |
| | ı | Net investment income (if negative, enter -0-) | | 77,550 | | |
| | Lc | Adjusted net income (if negative, enter -0-) | L | | N/A | |

| 1 | Total net assets or fund balances at beginning of year - Part II, column (a), line 30 | | | | |
|---|---|------|---|---|----------|
| | (must agree with end-of-year figure reported on prior year's return) | | | | 357,183. |
| 2 | Enter amount from Part I, line 27a | | 2 | | 243,686. |
| 3 | Other increases not included in line 2 (itemize) | | 3 | | 0. |
| 4 | Add lines 1, 2, and 3 | | 4 | | 600,869. |
| 5 | Decreases not included in line 2 (itemize) ► SEE STATEME | 1T 6 | 5 | · | 63,212. |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 | | 6 | | 537,657. |

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| Part IV Capital Gains | and Losse | es for lax on in | vestmen | tincome | | | | | |
|--|------------------|---|------------------|--------------------------------------|---------------|---------------------------------|----------------------|--|---------------------------------------|
| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | | | | | (b) | Row acq - Purcha - Donati | luired ase ion | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
| 1a SEE EXHIBIT A | | | | | | D |) (| 08/14/14 | 01/30/15 |
| b SEE EXHIBIT A | | - | | | | D |) 7 | VARIOUS | 01/30/15 |
| c CAPITAL GAINS | DIVIDE | NDS | | | | | | | |
| d | | | | | 1 | | | | |
| e | | | | | | | | | · · · · · · · · · · · · · · · · · · · |
| (e) Gross sales price | | eciation allowed allowable) | | st or other basis expense of sale | | | · | (h) Gain or (loss (e) plus (f) minus | |
| a 3,688. | | | - | 2,93 | 31. | | | | 757. |
| b 185,422. | | | | 120,97 | | | | | 64,452. |
| c 5,733. | | | | <u>-</u> | | | | | 5,733. |
| d | - | | | | \neg | | | | |
| e | | | | | | | | | |
| Complete only for assets shown | ra dain in colui | nn (h) and owned by t | he foundation | on 12/31/69 | \dashv | | | Gaine (Col. (h) gain | minue |
| (i) F.M.V. as of 12/31/69 | (j) Ac | fjusted basis of 12/31/69 | (k) Ex | cess of col (i) | | | col. | Gains (Col (h) gain (k), but not less tha Losses (from col (| n -0-) or |
| a | | | | | | | | | 757. |
| b | | | | | \rightarrow | | | | 64,452. |
| C | | | | | \dashv | | | | 5,733. |
| d | | | | | | | | <u> </u> | 3,733. |
| | | | | | | | | | |
| 2 Capital gain net income or (net ca | unital loss) | If gain, also enter | | | } | 2 | | | 70,942. |
| 3 Net short-term capital gain or (los | | If (loss), enter -0- n sections 1222(5) an | | 1 | | - | | | 70,542. |
| If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 | | | | | | 3 | | N/A | |
| Part V Qualification U | nder Sect | tion 4940(e) for | Reduced | Tax on Net | Ínv | estme | ent Inco | | |
| (For optional use by domestic private | e foundations s | subject to the section 4 | 940(a) tax on | net investment in | come | . 1 | | | |
| | | , | | | | , | | | |
| If section 4940(d)(2) applies, leave the | his part blank | | | | | | | | |
| Was the foundation liable for the sec | tion AQA2 tay o | in the dictributable am | ount of any ve | ar in the bace nor | rınd2 | | | | Yes X No |
| If "Yes," the foundation does not qual | | | | | iour | | | | TES [A_] NO |
| 1 Enter the appropriate amount in | | | | | ntrioc | | | | ·· |
| | | (b) | ati dettoria del | ore making any e | | | | T | (d) |
| (a) Base period years Calendar year (or tax year beginnii | ng in) A | djusted qualifying dist | | Net value of no | (c) nchar | utable-us | | (col. (b) div | oution ratio rided by col. (c)) |
| 2014 | | | 6,605. | | | | ,726 | | .029523 |
| 2013 | | | 0. | | | 89 | 777. | • | .000000 |
| 2012 | | | | | | | | | |
| 2011 | | | | | | | | | |
| 2010 | | | | | | | | | |
| 2 Total of line 1, column (d) | - · · | | | | | | | 2 | .029523 |
| 3 Average distribution ratio for the state the foundation has been in existent | | | n line 2 by 5, | or by the number | of ye | ars | | 3 | .014762 |
| | | • | _ | | | | | | |
| 4 Enter the net value of noncharitab | le-use assets f | or 2015 from Part X, I | ine 5 | | | | | 4 | 531,038. |
| 5 Multiply line 4 by line 3 | | | | | | | | 5 | 7,839. |
| 6 Enter 1% of net investment incom | ne (1% of Part | l, line 27b) | | | | | | 6 | 776. |
| 7 Add lines 5 and 6 | | | | | | | | 7 | 8,615. |
| 8 Enter qualifying distributions from | n Part XII. line | 4 | | | | | | 8 | 6,557. |
| If line 8 is equal to or greater than See the Part VI instructions. | - | | 1b, and comp | lete that part usin | g a 19 | % tax rat | te. | | 2,00 |
| | | | | | | | | | Orm 000 DE (0045) |
| 523521 11-24-15 | | | | | | | | ł | orm 990-PF (2015) |

| Form 990-PF (2015) THE GLORIA AND JOSEPH BAUER FOUNDATION [Part VI] Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4 | | 46-418 948 - see | | | Page 4 |
|--|----------------------|---------------------|--------|----------|----------|
| 1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. | 1 | | | | |
| Date of ruling or determination letter: (attach copy of letter if necessary-see instruction | ns) | | | | |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% | , | 1 | | 1,5 | 51. |
| of Part I, line 27b | ĺ | | | | |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. | (b) | | | | Ì |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | (0) | 2 | | | - n . |
| 3 Add lines 1 and 2 | • | 3 | | 1,5 | 51 |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | | 4 | | <u> </u> | 0. |
| | | | | 1,5 | |
| 5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- | | 5 | | 1,5 | <u> </u> |
| 6 Credits/Payments: | 1 520 | | | | |
| a 2015 estimated tax payments and 2014 overpayment credited to 2015 | 1,520. | | | | |
| b Exempt foreign organizations - tax withheld at source | | | | | |
| c Tax paid with application for extension of time to file (Form 8868) | | | | | |
| d Backup withholding erroneously withheld | | _ | | 4 - | المح |
| 7 Total credits and payments. Add lines 6a through 6d | | 7 | | 1,5 | |
| 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | | 8 | | | 14. |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | • | 9 | | | 45. |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | ▶ | 10 | | | |
| 11 Enter the amount of line 10 to be: Credited to 2016 estimated tax | Refunded > | 11 | | | |
| Part VII-A Statements Regarding Activities | | | | | |
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it particip | ate or intervene | เม | | Yes | No |
| any political campaign? | | | 1a | | Х |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions f | or the definition |)? | 1b | | <u> </u> |
| If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any ma | enals publishe | ed or | | | |
| distributed by the foundation in connection with the activities | | | | | |
| c Did the foundation file Form 1120-POL for this year? | | | 1c | _ | X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | 1.5 | | 1 |
| (1) On the foundation. ► \$ (2) On foundation managers. ► \$ | 0. | | ` * | | l |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on f | oundation | | | | |
| managers. ► \$ 0 . | | | | | İ |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? | | | 2 | | X |
| If "Yes," attach a detailed description of the activities | | | | | |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of | incorporation, o | г | | | |
| bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | | 3 | | X |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | | 4a | | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | | N/A | 4b | | |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | 5 | | X |
| If "Yes," attach the statement required by General Instruction T | | | | | |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | | 1 |
| By language in the governing instrument, or | | | | | |
| By state legislation that effectively amends the governing instrument so that no mandatory directions that confl | ct with the state | law | | | |
| remain in the governing instrument? | | | 6 | | X |
| 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 | Х | |
| | | | | | |
| 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 de | signate) | | | | |
| of each state as required by General Instruction G? If "No," attach explanation | - , | | 8b | х | |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 49 | 42(ı)(5) for cale | ndar | | | |
| year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV | 101. | • | 9 | | Х |
| 10 Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and | addresses | | 10 | | X |
| , and the second | | E. | rm 990 |)_DE | |

| Part VII-A Statements Regarding Activities (continued) | 40 41000 | | гауе |
|--|--------------------|---------------|----------|
| 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 the meaning of | ľ | 1'6 | SINO |
| section 512(b)(13)? If "Yes," attach schedule (see instructions) | | 11 | x |
| 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory | | | +== |
| If "Yes," attach statement (see instructions) | · · · | 12 | X |
| 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | | 13 X | |
| Website address ►N/A | _ | | |
| | . ► 734-433 | | |
| Located at ► 3038 BAYWOOD DR, SEABROOK ISLAND, SC | ZIP+4 ▶ 294 | 55-6 | 149 |
| 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | | | ▶∟ |
| and enter the amount of tax-exempt interest received or accrued during the year | 15 | N/A | |
| At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, | <u></u> | Ye | |
| securities, or other financial account in a foreign country? | | 16 | <u> </u> |
| See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the | İ | | |
| Fart VII₂B 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. | | ∄∜Ye | s No |
| 1a During the year did the foundation (either directly or indirectly): | - | | +110 |
| | res X No | | |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | , | * | |
| | res X No | × 1 | |
| | res X No | 1 | X. |
| | res X No | (,9) | |
| (5) Transfer any income or assets to a disqualified person (or make any of either available | | | 44 |
| | res X No | | 1 7 7 |
| (6) Agree to pay money or property to a government official? (Exception. Check "No" | ,3 | | |
| if the foundation agreed to make a grant to or to employ the official for a period after | | | Ala. |
| | res X No | | 187 |
| b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | ils Listen | 1 3 |
| section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? | | 1b | |
| Organizations relying on a current notice regarding disaster assistance check here | ▶□ □ | | 4.37. |
| 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 | | , | 1 |
| 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 | ng | | |
| | es 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 | t | | |
| valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attack | - 1 | | |
| statement - see instructions) | N/A 2 | 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. | | | |
| <u> </u> | | | |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | |
| | 'es X No | | |
| b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons at | | | |
| May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to or | | | |
| of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule (| | | |
| Form 4720, to determine if the foundation had excess business holdings in 2015) | N/A 3 | lb | |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | | la | X |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpos | | | |
| had not been removed from jeopardy before the first day of the tax year beginning in 2015? | | Ь | <u> </u> |
| | | 90-PI | |

| orm 990-PF (2015) THE GLORIA AND JOSEPH BA | | | 46-41868 | 76 Page 6 | | | | |
|---|---|--|--|------------------------------|--|--|--|--|
| Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued) | | | | | | | | |
| 5a During the year did the foundation pay or incur any amount to: | | | | | | | | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | 1 4945(e))? | Y | es X No | | | | | |
| (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, | | | | | | | | |
| any voter registration drive? | | | | | | | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes? | | | | | | | | |
| (4) Provide a grant to an organization other than a charitable, etc., organizatio | | | | | | | | |
| 4945(d)(4)(A)? (see instructions) | 4440.1544 111 30011011 | | es X No | | | | | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or adventional aurages or i | | es (21) NO | | | | | |
| | or educational purposes, or i | | es X No | | | | | |
| the prevention of cruelty to children or animals? | danaharan baraharan barah | | es 🕰 NO | | | | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und | • | in Regulations | 37 / 3 | | | | | |
| section 53 4945 or in a current notice regarding disaster assistance (see instru | , | | N/A | 5b | | | | |
| Organizations relying on a current notice regarding disaster assistance check h | | | | | | | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for | | . — | | | | | | |
| expenditure responsibility for the grant? | N | I/A L Y | es No | | | | | |
| If "Yes," attach the statement required by Regulations section 53 494 | 5-5(d) | | | | | | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on | | | | | | | |
| a personal benefit contract? | | Y | es 🗶 No | | | | | |
| 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 | | | - | Andrea gregorie | | | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | helter transaction? | Y | es X No | | | | | |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu | stable to the transaction? | | N/A | 7b | | | | |
| Part VIII Information About Officers, Directors, Trust | | nagers, Highl | | | | | | |
| Paid Employees, and Contractors | | | • | | | | | |
| List all officers, directors, trustees, foundation managers and their | compensation. | | | | | | | |
| | (b) Title, and average hours per week devoted | (c) Compensation | (d) Contributions to employee benefit plans and deferred | (e) Expense account, other | | | | |
| (a) Name and address | nours per week devoted to position | (If not paid, enter -0-) | and deferred compensation | account, other allowances | | | | |
| JOSEPH BAUER | CHAIRMAN OF T | | PRE | | | | | |
| 3038 BAYWOOD DR | | , | | | | | | |
| SEABROOK ISLAND, SC 29455-6149 | 2.00 | 0. | 0. | 0. | | | | |
| GLORIA BAUER | VICE PRESIDEN | | 1 1 | | | | | |
| 3038 BAYWOOD DR | | 1, 2201121 | | | | | | |
| SEABROOK ISLAND, SC 29455-6149 | 2.00 | 0. | 0. | 0. | | | | |
| | DIRECTOR | | | | | | | |
| 56 WEST 38TH STREET | DIRECTOR | | | | | | | |
| VEW YORK, NY 20018 | 2.00 | 0. | 0. | 0. | | | | |
| VEW TORK, NI 20010 | 2.00 | ļ | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Compensation of five highest-paid employees (other than those inc | luded on line 1) If none | antor "NONE " | | | | | | |
| | (b) Title, and average | THE HONE. | (d) Contributions to | (e) Expense | | | | |
| (a) Name and address of each employee paid more than \$50,000 | hours per week | (c) Compensation | (d) Contributions to employee benefit plans and deterred | aċcount, other | | | | |
| NONE | devoted to position | 1 | compensation | allowances | | | | |
| NONE | | | | | | | | |
| | | | | | | | | |
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| | | L | <u> </u> | | | | | |
| otal number of other employees paid over \$50,000 | | | | 0 | | | | |
| | | | Form | 990-PF (2015) | | | | |

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|---|-----------------|----------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) | | |
| 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." | | |
| (a) Name and address of each person paid more than \$50,000 (b) Type of service | | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| · | | |
| Total number of others receiving over \$50,000 for professional services | | 0 |
| Part IX:A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the | $\overline{}$ | |
| number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | E | xpenses |
| 1 N/A | | |
| | | |
| | - | |
| 2 | | <u>-</u> |
| | \dashv | |
| | - | |
| 3 | | |
| 3 | \dashv | |
| | | |
| | | |
| 4 | - | |
| | \dashv | |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | <i>j</i> | Amount |
| 1 N/A | | |
| | \dashv | |
| | | |
| 2 | | |
| | | |
| | \dashv | |
| All other program-related investments. See instructions. | + | |
| 3 | | |
| | \dashv | |
| | \dashv | |
| Total. Add lines 1 through 3 | <u> </u> | 0. |
| | Form | 990-PF (2015) |

| _ | m 990-PF (2015) THE GLORIA AND JUSEPH BAUER FOUNDATION | 40-41808/0 | Page 8 |
|-----|---|-----------------------------|-------------|
| LF | Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations | ndations, see instructions) | |
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes; | , Zĝ | |
| а | Average monthly fair market value of securities | 1a 532 | ,505. |
| | Average of monthly cash balances | 1b 6 | ,620. |
| C | Fair market value of all other assets | 1c | 0. |
| d | Total (add lines 1a, b, and c) | 1d 539 | ,125. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) 1e 0. | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 539 | ,125. |
| 4 | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) | | ,087. |
| 5 | Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4. | | ,038. |
| 6 | Minimum investment return Enter 5% of line 5 | | ,552. |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an | | |
| - | foreign organizations check here and do not complete this part.) | | |
| 1 | Minimum investment return from Part X, line 6 | 1 26 | ,552. |
| 2a | Tax on investment income for 2015 from Part VI, line 5 2a 2, 551. | | |
| - b | | mm4:5# | |
| C | Add lines 2a and 2b | 2c 1 | ,551. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | | ,001. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 25 | ,001. |
| 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 25 | ,001. |
| P | art XII Qualifying Distributions (see instructions) | · | |
| | addinging Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| а | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a ⁻ 6, | ,557. 0. |
| 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 6, | ,557. |
| 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 | 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | | ,557. |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of | jualifies for the section | |
| | 4940(e) reduction of tax in those years | | |

Form **990-PF** (2015)

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2014 | (c) 2014 | (d) 2015 |
|---|---|---|--|--|
| 1 Distributable amount for 2015 from Part XI, | | | *************************************** | |
| line 7 | - | , | | 25,001. |
| 2 Undistributed income, if any, as of the end of 2015 | | | | |
| a Enter amount for 2014 only | | | 1,888. | - |
| b Total for prior years | , | | 7.1007 | |
| , ,, | | 0. | | |
| 3 Excess distributions carryover, if any, to 2015: | * | | | |
| a From 2010 | i i | á. | | ; |
| b From 2011 | | ' | | · |
| c From 2012 | **** · | |).j | , ; |
| d From 2013 | * * * * | , | 3 3 | , *** |
| e From 2014 | | · . | × *. | |
| f Total of lines 3a through e | 0. | * * * | | |
| 4 Qualifying distributions for 2015 from | | | 1.2.1 | |
| Part XII, line 4: ►\$ 6,557. | | | + | Service Control of the
| a Applied to 2014, but not more than line 2a | | , <u>* </u> | 1,888. | |
| b Applied to undistributed income of prior | | _ | in a single of the single of t | |
| years (Election required - see instructions) | ¥ 3 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | 0. | | |
| c Treated as distributions out of corpus | | , , , , , , , , , , , , , , , , , , , | | |
| (Election required - see instructions) | 0. | | ```\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | 4.550 |
| d Applied to 2015 distributable amount | <u> </u> | 2 200 2 20 2 20 2 | , m , m | 4,669. |
| e Remaining amount distributed out of corpus | 0. | | \$\4\ \ | <u> </u> |
| 5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount | 0. | * | Ž., 5, | U. |
| must be shown in column (a)) | * | | | |
| 6 Enter the net total of each column as indicated below: | | | \$ 2. s | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 0. | · · · | | 7. |
| b Prior years' undistributed income. Subtract | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | . 8 , VM | , and the second |
| line 4b from line 2b | \$ 2 / \ \$ \ | 0. | , ` , | , , , |
| c Enter the amount of prior years' undistributed income for which a notice of | *** | | * £5 | * ~ |
| deficiency has been issued, or on which | , , | | | / · |
| the section 4942(a) tax has been previously | * * | ٥ | | · |
| assessed | , , | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | 0. | | • |
| amount - see instructions e Undistributed income for 2014. Subtract line | | 0. | | |
| 4a from line 2a. Taxable amount - see instr. | | * , , | 0. | |
| f Undistributed income for 2015. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2016 | | | | 20,332. |
| 7 Amounts treated as distributions out of | | | | 20,3321 |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) (Election | | | | |
| may be required - see instructions) | 0. | | | |
| 8 Excess distributions carryover from 2010 | | | | |
| not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2016 | | · · · · · · · · · · · · · · · · · · · | | <u></u> |
| Subtract lines 7 and 8 from line 6a | 0. | | | |
| 10 Analysis of line 9 ⁻ | | | | |
| a Excess from 2011 | | | | |
| b Excess from 2012 | | | | |
| c Excess from 2013 | | | | |
| dExcess from 2014 | | | | |
| e Excess from 2015 | | | | |

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Form **990-PF** (2015)

| | | EPH BAUER F | | | 86876 Page 10 | | | | |
|--|-----------------------------|------------------------------|----------------------------|-----------------------------|--|--|--|--|--|
| Part XIV Private Operating F | | | A, question 9) | N/A | | | | | |
| 1 a If the foundation has received a ruling of | | | | | | | | | |
| foundation, and the ruling is effective for | r 2015, enter the date of t | the ruling | ▶ | | | | | | |
| b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5) | | | | | | | | | |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | | | | | |
| income from Part I or the minimum | (a) 2015 | (b) 2014 | (c) 2013 | (d) 2012 | (e) Total | | | | |
| investment return from Part X for | | | | | | | | | |
| each year listed | | | | | | | | | |
| b 85% of line 2a | | | | | | | | | |
| c Qualifying distributions from Part XII, | | | | | | | | | |
| line 4 for each year listed | | | | | | | | | |
| d Amounts included in line 2c not | | | | | | | | | |
| used directly for active conduct of | | | | | | | | | |
| exempt activities | | | | | | | | | |
| e Qualifying distributions made directly | _ | | | | | | | | |
| for active conduct of exempt activities. | | | | | | | | | |
| Subtract line 2d from line 2c | | | | | | | | | |
| 3 Complete 3a, b, or c for the | | | | | | | | | |
| alternative test relied upon: | | | | | | | | | |
| a "Assets" alternative test - enter: (1) Value of all assets | | | | | | | | | |
| , | | | | | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | | | | | |
| b "Endowment" alternative test - enter | | | | | | | | | |
| 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | | | | | |
| c "Support" alternative test - enter: | | | | | | | | | |
| (1) Total support other than gross | | | | | | | | | |
| investment income (interest, | | | | | | | | | |
| dividends, rents, payments on | | | | | | | | | |
| securities loans (section 512(a)(5)), or royalties) | | | | | | | | | |
| (2) Support from general public | | | | - | | | | | |
| and 5 or more exempt | | | | | | | | | |
| organizations as provided in section 4942(j)(3)(B)(III) | | | | | | | | | |
| (3) Largest amount of support from | | | | | | | | | |
| an exempt organization | | | | | | | | | |
| (4) Gross investment income | - | | | | | | | | |
| Part XV Supplementary Info | rmation (Comple | te this part only | if the foundation | had \$5,000 or me | ore in assets | | | | |
| at any time during t | | | | • | | | | | |
| 1 Information Regarding Foundatio | n Managers: | | | | | | | | |
| a List any managers of the foundation who | | | ributions received by the | foundation before the clo | se of any tax | | | | |
| year (but only if they have contributed m | iore man 45,000). (See S | ection 507(u)(z).) | | | | | | | |
| SEE STATEMENT 7 b List any managers of the foundation who | n own 10% or more of th | e stock of a corporation / | or an equally large ports | on of the ownership of a p | artnership or | | | | |
| other entity) of which the foundation has | | | or all equally large porti | on or the ownership or a p | arthership or | | | | |
| NONE | | | | | | | | | |
| 2 Information Regarding Contributi | on, Grant, Gift, Loan, | Scholarship, etc., Pr | ograms: | | - · · · · · · · · · · · · · · · · · · · | | | | |
| Check here $ ightharpoonup oxed{X}$ if the foundation o | | | | | | | | | |
| the foundation makes gifts, grants, etc. | (see instructions) to indiv | viduals or organizations u | nder other conditions, c | omplete items 2a, b, c, and | 1 d. | | | | |
| a The name, address, and telephone numl | ber or e-mail address of t | he person to whom apple | cations should be addre | ssed: | | | | | |
| | | | | | | | | | |
| b The form in which applications should b | e submitted and informat | tion and materials they sh | ould include: | | | | | | |
| | | | | | | | | | |
| c Any submission deadlines; | | | | | | | | | |
| d Any restrictions or limitations on awards | s, such as by geographica | al areas, charitable fields, | kınds of institutions, or | other factors: | | | | | |
| | | | | | | | | | |
| 50000 0.4.5 | | | | | Form 000 DE (2015) | | | | |

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▶ 3b

| Enter gross amounts unless other | erwise indicated. | Unrelated t | usiness income | | by section 512, 513, or 514 | (e) |
|---|---------------------------------------|---------------------------------------|---------------------------------------|--|-----------------------------|-----------------------------------|
| - | i was indicated. | (a) Business code | (b) Amount | Exclu- sion code | (d) Amount | Related or exempt function income |
| 1 Program service revenue | | code | | code | | |
| <u>a</u> | | _ | | + | | |
| b | | _ | | + | | |
| <u> </u> | | | | + | | |
| d | | _ | | + + | | |
| e | <u> </u> | | | ╄ | | |
| · · · · · · · · · · · · · · · · · · · | <u> </u> | _ | | + | | |
| g Fees and contracts from g | • | <u> </u> | | + | | |
| 2 Membership dues and assess | | | | | | |
| 3 Interest on savings and temp investments | orary cash | | | | | |
| 4 Dividends and interest from s | ecurities | | · | 14 | 10,623. | |
| 5 Net rental income or (loss) from | om real estate: | | | | , | |
| a Debt-financed property | | | | | | |
| b Not debt-financed propert | ν | | | | | |
| 6 Net rental income or (loss) fro | | | - | | | |
| property | om poroona. | | | | | |
| 7 Other investment income | | | | | | |
| 8 Gain or (loss) from sales of a | ssets other | | | | | |
| than inventory | | | | 18 | 70,942. | |
| 9 Net income or (loss) from spi | ecial events | | | + | , , , , , , , , | |
| 10 Gross profit or (loss) from sa | | | *** | 1 | | |
| 11 Other revenue: | y | | | + +- | | |
| a | | | | | | |
| b | | | | + | | |
| c | | _ | | | | |
| d | | | | + + | | |
| e | | - - | · | + | | |
| 12 Subtotal Add columns (b), (c | (a) hnc (f | - | 0. | | 81,565. | 0. |
| 13 Total. Add line 12, columns (| | L | | 1 1 | 13 | 81,565. |
| (See worksheet in line 13 instruc | | ١ | | | ··· | 01/000. |
| | onship of Activities | | polishment of F | xemot P | urnoses | |
| | w each activity for which in | | <u> </u> | | | Note that the state of |
| | exempt purposes (other th | | | Contributet | i importantly to the accomp | mstiment of |
| | | | , , , , , , , , , , , , , , , , , , , | | | - |
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|-----------|-------------|-------------|-------------|--------|--------------|-------------|---------------|-------------|------|---|
| Part XVII | Information | Regarding 7 | Transfers ' | To and | Transactions | s and Relat | tionships Wit | h Noncharit | able | |
| | Exempt Orga | anizations | | | | | | | | |

| 1 | Did the | organization directly or indir | rectly engage in any of the followin | g with any other organization | i described in section | on 501(c) of | i | Yes | No |
|------------|----------------|---|---|----------------------------------|---|---------------------------------------|--------------|----------------------|------------|
| | the Cod | le (other than section 501(c) |)(3) organizations) or in section 52 | 7, relating to political organiz | rations? | | | | |
| а | Transfe | rs from the reporting founda | ation to a noncharitable exempt or | ganization of: | | | | | |
| | (1) Cas | sh | | | | + | 1a(1) | _ | X |
| | (2) Oth | ner assets | | | | | 1a(2) | | X |
| b | Other tr | ransactions: | | | | | | | |
| | (1) Sal | les of assets to a noncharital | ble exempt organization | | | | 1b(1) | | X |
| | (2) Pui | rchases of assets from a nor | ncharitable exempt organization | | | | 1b(2) | | X |
| | (3) Rei | ntal of facilities, equipment, (| or other assets | | | | 1b(3) | | Х |
| | (4) Rei | imbursement arrangements | | | | | 1b(4) | | X |
| | | ans or loan guarantees | | | | | 1b(5) | _ | Х |
| | | - | mbership or fundraising solicitatio | ns | | | 1b(6) | | X |
| c | | | uling lists, other assets, or paid em | | | | 1c | | X |
| | - | | "Yes," complete the following sche | · - | avs show the fair m | ا arket value of the goods. ot! | | ets. | |
| _ | | | oundation. If the foundation receive | | | | | U.O, | |
| | | | other assets, or services received. | | , | ,,, | | | |
| (a)L | ne no | (b) Amount involved | (c) Name of noncharitable | exempt organization | (d) Description | of transfers, transactions, and sh | arıng arı | angeme | nts |
| <u>.,,</u> | | | N/A | | (-, | | | | |
| | | | | | <u> </u> | | | | |
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| | | | l | | J | | | | |
| 2a | | = | tly affiliated with, or related to, one | . • | itions described | _ | 7 | | ٦ |
| | | , , | r than section 501(c)(3)) or in sect | ion 527? | | <u> </u> | _ Yes | X | No |
| <u>b</u> | If "Yes," | complete the following sche | | | | | | | |
| | | (a) Name of org | anization | (b) Type of organization | (| c) Description of relationship |) | | |
| | | N/A | | | | | | | |
| | | · | | | | | | | |
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| | | | | | | · · · · · · · · · · · · · · · · · · · | | | |
| | land | | that I have examined this return, includin nglete. Declaration of preparer (other than | | | may t | he IRS d | | |
| Sig | 3n 🕟 | A (MA) | Wee . | 4 | Lion of William prepare | | with the | prepare (see inst | er tr}? |
| He | re | | | 1/2 12/16 | PRESID | ENT X | Yes | |] No |
| | Si | ignature of officer or trustee | | Date | Title | | | _ | |
| | | Print/Type preparer's na | rme Preparer'e si | gnature | Date | Check if PTIN | | | |
| | | | (/) | 7/12 | _/. /. | self- employed | | | |
| Pa | id | DAVID M. R | EAPE, CPA | LIKT IM | 5/4/16 | P00 | | | |
| | epare | 111111111111111111111111111111111111111 | NI & PANICHI, Í | NC. | | Firm's EIN ► 34-13 | 223 | 09 | |
| Us | e Only | y | | | | | | | |
| | | Firm's address ▶ 25 | 201 CHAGRIN BLV | D. #200 | • | | | | |
| | | , | EVELAND, OH 441 | | | Phone no. (216)8 | 31- | 717 | 1 |
| _ | | | | <u></u> | | | m 990 | | |
| | | | | | | | | | |

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2015

Employer identification number Name of the organization THE GLORIA AND JOSEPH BAUER FOUNDATION 46-4186876 Organization type (check one) Filers of: Section: Form 990 or 990-EZ ____ 501(c)() (enter number) organization 4947(a)(1) nonexempt chantable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** I For an organization described in section 501(c)(3) filing Form 990 or 990 EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or, 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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)

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

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

THE GLORIA AND JOSEPH BAUER FOUNDATION

46-4186876

| Part I | Contributors (see instructions) Use duplicate copies of Part I if additi | onal space is needed | |
|------------|--|-----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | GLORIA & JOSEPH BAUER 3038 BAYWOOD DRIVE SEABROOK ISLAND, SC 29455 | - - * <u>175,138.</u> | Person Payroll Noncash X (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Occupiete 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) 990, 990-EZ, or 990-PF) (2015) |

Name of organization

Employer identification number

THE GLORIA AND JOSEPH BAUER FOUNDATION

46-4186876

| Part II | Noncash Property (see instructions) Use duplicate copies of Property | art 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 |
| | MARKETABLE SECURITIES | | |
| | | \$\s175,138. | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | s | 30. 990-EZ. or 990-PF) (2015 |

| Name of orga | anization | | Employer identification number | | | | | | | |
|---------------------------|--|--|---|--|--|--|--|--|--|--|
| | ORIA AND JOSEPH BAUER | FOUNDATION | 46-4186876 | | | | | | | |
| Part III | the year from any one contributor. Complete | columns (a) through (e) and the folk | ed in section 501(c)(7), (8), or (10) that total more than \$1,000 for lowing line entry. For organizations | | | | | | | |
| | completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition | is, charitable, etc., contributions of \$1,000 or ial space is needed | or less for the year (Enter this info once) | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | (e) Transfer of gi | ift | | | | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | | | | | |
| , | | | | | | | | | | |
| (a) No. | | | | | | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | | | |
| | | | | | | | | | | |
| - | | | | | | | | | | |
| | (e) Transfer of gift | | | | | | | | | |
| - | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | | | | | |
| | | | | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | | | |
| <u> </u> | | | | | | | | | | |
| - | | | | | | | | | | |
| | (e) Transfer of gift | | | | | | | | | |
| <u> </u> | Transferee's name, address, at | nd ZIP + 4 | Relationship of transferor to transferee | | | | | | | |
| | | | | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | (e) Transfer of gift | | | | | | | | | |
| L | Transferee's name, address, an | nd ZIP + 4 | Relationship of transferor to transferee | | | | | | | |
| : | | | | | | | | | | |
| | | | | | | | | | | |

| FORM 990-PF | |] | DIV: | IDENDS | S AND | INTER | EST F | ROM SECUR | ITIES | ST | ATEMENT | 1 |
|-------------------------------|-----|----|----------|-------------|-------------|---------------------------|-------|----------------------------|-----------------------|------------------------|--------------------------|-----|
| SOURCE | | | | OSS DUNT | (| APITAL GAINS VIDEND | | (A) REVENUE ER BOOKS | NET I | B) NVEST- INCOME | (C) ADJUST NET INC | |
| MERRILL LYNCH | | | 10 | 5,356. | • | 5,73 | 3. | 10,623. | 1 | 0,623. | | |
| TO PART I, LINE | 4 | | 10 | 6,356. | - - - | 5,73 | 3. | 10,623. | 10 | 0,623. | | |
| FORM 990-PF | | | | | ACC | COUNTI | NG FE | ES | | SI | 'ATEMENT | 2 |
| DESCRIPTION | | | | | EXPE | A) NSES BOOKS | NET | (B) INVEST- INCOME | (C ADJU: NET II | STED | (D) CHARITA PURPOS | |
| ACCOUNTING FEES | | | | | 1 | 1,365. | | 0. | | | 1,3 | 65. |
| TO FORM 990-PF, | PG | 1, | LN | 16B | 1 | 1,365. | | 0. | | | 1,3 | 65. |
| FORM 990-PF | - | | | ro | THER I | PROFES | SIONA | L FEES | | ST | 'АТЕМЕ N Т | 3 |
| DESCRIPTION | | | | | EXPE | A) NSES BOOKS | NET | (B) INVEST- INCOME | (C ADJU: NET II | STED | (D) CHARITA PURPOS | |
| INVESTMENT FEES | | | | | 3 | 3,773. | | 3,773. | | | | 0. |
| TO FORM 990-PF, | PG | 1, | LN | 16C | 3 | 3,773. | | 3,773. | | | | 0. |
| FORM 990-PF | | | <u> </u> | | • | TAX | ES | | | ST | 'ATEMENT | 4 |
| DESCRIPTION | | | | | EXPEN | A) NSES BOOKS | NET : | (B) INVEST- INCOME | (C ADJUS NET II | STED | (D) CHARITA PURPOS | |
| FOREIGN TAX FEDERAL EXCISE | XAT | | | | 3 | 242. 3,045. | | 242. | | | | 0. |
| | | | | | | | | | | | | |
| TO FORM 990-PF, | PG | 1, | LN | 18 | 3 | 3,287. | | 242. | | | | 0. |

| | OTHER E | XPENSES | S' | TATEMENT 5 |
|--------------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| OHIO REGISTRATION FEES PRINTING COST | 100. 92. | 0. | | 100. |
| TO FORM 990-PF, PG 1, LN 23 | 192. | 0. | | 192. |
| | | CRITC OR RIDKIN I | באַד.אַאורדים פי | тапемеми 6 |
| | ED IN NEI AD | SETS OR FUND I | BALANCES S' | TATEMENT 6 |
| DESCRIPTION | - | - | BALANCES S' | AMOUNT |
| | OF DONATED S | - | BALANCES S' | |

NAME OF MANAGER

JOSEPH BAUER GLORIA BAUER