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Form 990-PF

Department of the Treasury  
Internal Revenue Service

## Return of Private Foundation

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

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Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No. 1545-0052

2015

Open to Public Inspection

For calendar year 2015 or tax year beginning

, and ending

|                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                 |                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of foundation<br><b>MAAS FAMILY FOUNDATION</b>                                                                                                                                                                                                                                                             |                                                                                                                                                 | A Employer identification number<br><b>46-4225629</b>                                                                                                                       |
| Number and street (or P.O. box number if mail is not delivered to street address)<br><b>200 SALES AVE</b>                                                                                                                                                                                                       | Room/suite                                                                                                                                      | B Telephone number<br><b>(513) 367-4900</b>                                                                                                                                 |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>HARRISON, OH 45030</b>                                                                                                                                                                                                           |                                                                                                                                                 | C If exemption application is pending, check here <input type="checkbox"/>                                                                                                  |
| G Check all that apply:<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Name change |                                                                                                                                                 | D 1. Foreign organizations, check here <input type="checkbox"/><br>2. Foreign organizations meeting the 85% test check here and attach computation <input type="checkbox"/> |
| H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation                                                               |                                                                                                                                                 | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>                                                               |
| I Fair market value of all assets at end of year (from Part II, col (c), line 16)<br><b>\$ 5,239.</b>                                                                                                                                                                                                           | J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____ | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>                                                            |

| Part I Analysis of Revenue and Expenses<br>(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                                                                                                      |  | 1,443,800.                         |                           | N/A                     |                                                             |
| 2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B                                                                 |  |                                    |                           |                         |                                                             |
| 3 Interest on savings and temporary cash investments                                                                                                |  |                                    |                           |                         |                                                             |
| 4 Dividends and interest from securities                                                                                                            |  |                                    |                           |                         |                                                             |
| 5a Gross rents                                                                                                                                      |  |                                    |                           |                         |                                                             |
| b Net rental income or (loss)                                                                                                                       |  |                                    |                           |                         |                                                             |
| 6a Net gain or (loss) from sale of assets not on line 10                                                                                            |  |                                    |                           |                         |                                                             |
| b Gross sales price for all assets on line 6a                                                                                                       |  |                                    |                           |                         |                                                             |
| 7 Capital gain net income (from Part IV, line 2)                                                                                                    |  |                                    | 0.                        |                         |                                                             |
| 8 Net short-term capital gain                                                                                                                       |  |                                    |                           |                         |                                                             |
| 9 Income modifications                                                                                                                              |  |                                    |                           | 100.                    |                                                             |
| 10a Gross sales less returns and allowances                                                                                                         |  |                                    |                           |                         |                                                             |
| b Less Cost of goods sold                                                                                                                           |  |                                    |                           |                         |                                                             |
| c Gross profit or (loss)                                                                                                                            |  |                                    |                           |                         |                                                             |
| 11 Other income                                                                                                                                     |  |                                    |                           |                         |                                                             |
| 12 Total. Add lines 1 through 11                                                                                                                    |  | 1,443,800.                         | 0.                        | 100.                    |                                                             |
| 13 Compensation of officers, directors, trustees, etc.                                                                                              |  |                                    | 0.                        |                         | 0.                                                          |
| 14 Other employee salaries and wages                                                                                                                |  |                                    |                           |                         |                                                             |
| 15 Pension plans, employee benefits                                                                                                                 |  |                                    |                           |                         |                                                             |
| 16a Legal fees STMT 1                                                                                                                               |  | 1,995.                             | 0.                        |                         | 0.                                                          |
| b Accounting fees STMT 2                                                                                                                            |  | 5,720.                             | 0.                        |                         | 0.                                                          |
| c Other professional fees                                                                                                                           |  |                                    |                           |                         |                                                             |
| 17 Interest                                                                                                                                         |  |                                    |                           |                         |                                                             |
| 18 Taxes                                                                                                                                            |  |                                    |                           |                         |                                                             |
| 19 Depreciation and depletion                                                                                                                       |  |                                    |                           |                         |                                                             |
| 20 Occupancy                                                                                                                                        |  |                                    |                           |                         |                                                             |
| 21 Travel, conferences, and meetings                                                                                                                |  |                                    |                           |                         |                                                             |
| 22 Printing and publications                                                                                                                        |  |                                    |                           |                         |                                                             |
| 23 Other expenses STMT 3                                                                                                                            |  | 40.                                | 0.                        |                         | 0.                                                          |
| 24 Total operating and administrative expenses. Add lines 13 through 23                                                                             |  | 7,755.                             | 0.                        |                         | 0.                                                          |
| 25 Contributions, gifts, grants paid                                                                                                                |  | 1,431,163.                         |                           |                         | 1,431,163.                                                  |
| 26 Total expenses and disbursements. Add lines 24 and 25                                                                                            |  | 1,438,918.                         | 0.                        |                         | 1,431,163.                                                  |
| 27 Subtract line 26 from line 12                                                                                                                    |  | 4,882.                             |                           |                         |                                                             |
| a Excess of revenue over expenses and disbursements                                                                                                 |  |                                    |                           |                         |                                                             |
| b Net investment income (if negative enter -0-)                                                                                                     |  |                                    | 0.                        |                         |                                                             |
| c Adjusted net income (if negative enter -0-)                                                                                                       |  |                                    |                           | 100.                    |                                                             |

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LHA For Paperwork Reduction Act Notice, see instructions

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| Part II Balance Sheets                                                                           |                                                                                           | Attached schedules and amounts in the description column should be for end of year amounts only |                                                     |        |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------|--------|
|                                                                                                  |                                                                                           | Beginning of year<br>(a) Book Value                                                             | End of year<br>(b) Book Value (c) Fair Market Value |        |
| Assets                                                                                           | 1 Cash - non-interest-bearing                                                             | 357.                                                                                            | 5,239.                                              | 5,239. |
|                                                                                                  | 2 Savings and temporary cash investments                                                  |                                                                                                 |                                                     |        |
|                                                                                                  | 3 Accounts receivable ▶                                                                   |                                                                                                 |                                                     |        |
|                                                                                                  | Less: allowance for doubtful accounts ▶                                                   |                                                                                                 |                                                     |        |
|                                                                                                  | 4 Pledges receivable ▶                                                                    |                                                                                                 |                                                     |        |
|                                                                                                  | Less: allowance for doubtful accounts ▶                                                   |                                                                                                 |                                                     |        |
|                                                                                                  | 5 Grants receivable                                                                       |                                                                                                 |                                                     |        |
|                                                                                                  | 6 Receivables due from officers, directors, trustees, and other disqualified persons      |                                                                                                 |                                                     |        |
|                                                                                                  | 7 Other notes and loans receivable ▶                                                      |                                                                                                 |                                                     |        |
|                                                                                                  | Less: allowance for doubtful accounts ▶                                                   |                                                                                                 |                                                     |        |
|                                                                                                  | 8 Inventories for sale or use                                                             |                                                                                                 |                                                     |        |
|                                                                                                  | 9 Prepaid expenses and deferred charges                                                   |                                                                                                 |                                                     |        |
|                                                                                                  | 10a Investments - U.S. and state government obligations                                   |                                                                                                 |                                                     |        |
|                                                                                                  | b Investments - corporate stock                                                           |                                                                                                 |                                                     |        |
|                                                                                                  | c Investments - corporate bonds                                                           |                                                                                                 |                                                     |        |
|                                                                                                  | Liabilities                                                                               | 11 Investments land, buildings, and equipment basis ▶                                           |                                                     |        |
| Less: accumulated depreciation ▶                                                                 |                                                                                           |                                                                                                 |                                                     |        |
| 12 Investments - mortgage loans                                                                  |                                                                                           |                                                                                                 |                                                     |        |
| 13 Investments - other                                                                           |                                                                                           |                                                                                                 |                                                     |        |
| 14 Land, buildings, and equipment basis ▶                                                        |                                                                                           |                                                                                                 |                                                     |        |
| Less: accumulated depreciation ▶                                                                 |                                                                                           |                                                                                                 |                                                     |        |
| 15 Other assets (describe ▶)                                                                     |                                                                                           |                                                                                                 |                                                     |        |
| 16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I) |                                                                                           | 357.                                                                                            | 5,239.                                              | 5,239. |
| 17 Accounts payable and accrued expenses                                                         |                                                                                           |                                                                                                 |                                                     |        |
| 18 Grants payable                                                                                |                                                                                           |                                                                                                 |                                                     |        |
| Net Assets or Fund Balances                                                                      | 19 Deferred revenue                                                                       |                                                                                                 |                                                     |        |
|                                                                                                  | 20 Loans from officers, directors, trustees, and other disqualified persons               |                                                                                                 |                                                     |        |
|                                                                                                  | 21 Mortgages and other notes payable                                                      |                                                                                                 |                                                     |        |
|                                                                                                  | 22 Other liabilities (describe ▶)                                                         |                                                                                                 |                                                     |        |
| 23 Total liabilities (add lines 17 through 22)                                                   | 0.                                                                                        | 0.                                                                                              |                                                     |        |
| Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/>                          | 24 Unrestricted                                                                           |                                                                                                 |                                                     |        |
|                                                                                                  | 25 Temporarily restricted                                                                 |                                                                                                 |                                                     |        |
|                                                                                                  | 26 Permanently restricted                                                                 |                                                                                                 |                                                     |        |
|                                                                                                  | Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> |                                                                                                 |                                                     |        |
|                                                                                                  | 27 Capital stock, trust principal, or current funds                                       | 0.                                                                                              | 0.                                                  |        |
|                                                                                                  | 28 Paid-in or capital surplus, or land, bldg., and equipment fund                         | 0.                                                                                              | 0.                                                  |        |
|                                                                                                  | 29 Retained earnings, accumulated income, endowment, or other funds                       | 357.                                                                                            | 5,239.                                              |        |
|                                                                                                  | 30 Total net assets or fund balances                                                      | 357.                                                                                            | 5,239.                                              |        |
| 31 Total liabilities and net assets/fund balances                                                | 357.                                                                                      | 5,239.                                                                                          |                                                     |        |

## Part III Analysis of Changes in Net Assets or Fund Balances

|                                                                                                                                                                 |   |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------|
| 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30<br>(must agree with end-of-year figure reported on prior year's return) | 1 | 357.   |
| 2 Enter amount from Part I, line 27a                                                                                                                            | 2 | 4,882. |
| 3 Other increases not included in line 2 (itemize) ▶                                                                                                            | 3 | 0.     |
| 4 Add lines 1, 2, and 3                                                                                                                                         | 4 | 5,239. |
| 5 Decreases not included in line 2 (itemize) ▶                                                                                                                  | 5 | 0.     |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30                                                         | 6 | 5,239. |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| (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) How acquired<br>P - Purchase<br>D - Donation | (c) Date acquired<br>(mo., day, yr.) | (d) Date sold<br>(mo., day, yr.) |
|------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------------------|--------------------------------------|----------------------------------|
| 1a                                                                                                                                 |      |                                                  |                                      |                                  |
| b                                                                                                                                  | NONE |                                                  |                                      |                                  |
| c                                                                                                                                  |      |                                                  |                                      |                                  |
| d                                                                                                                                  |      |                                                  |                                      |                                  |
| e                                                                                                                                  |      |                                                  |                                      |                                  |

  

| (e) Gross sales price | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g) |
|-----------------------|--------------------------------------------|-------------------------------------------------|----------------------------------------------|
| a                     |                                            |                                                 |                                              |
| b                     |                                            |                                                 |                                              |
| c                     |                                            |                                                 |                                              |
| d                     |                                            |                                                 |                                              |
| e                     |                                            |                                                 |                                              |

  

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

  

|                                                                                                                                                                               |                                                                                   |   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---|--|
| 2 Capital gain net income or (net capital loss)                                                                                                                               | { If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7 | 2 |  |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)<br>If gain, also enter in Part I, line 8, column (c)<br>If (loss), enter -0- in Part I, line 8 |                                                                                   | 3 |  |

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

| (a)<br>Base period years<br>Calendar year (or tax year beginning in) | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col. (b) divided by col. (c)) |
|----------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-------------------------------------------------------------|
| 2014                                                                 | 623,571.                                 | 352.                                         | 1,771.508523                                                |
| 2013                                                                 |                                          |                                              |                                                             |
| 2012                                                                 |                                          |                                              |                                                             |
| 2011                                                                 |                                          |                                              |                                                             |
| 2010                                                                 |                                          |                                              |                                                             |

|                                                                                                                                                                                                                        |   |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------|
| 2 Total of line 1, column (d)                                                                                                                                                                                          | 2 | 1,771.508523 |
| 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years                                         | 3 | 1,771.508523 |
| 4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5                                                                                                                                         | 4 | 11,969.      |
| 5 Multiply line 4 by line 3                                                                                                                                                                                            | 5 | 21,203,186.  |
| 6 Enter 1% of net investment income (1% of Part I, line 27b)                                                                                                                                                           | 6 | 0.           |
| 7 Add lines 5 and 6                                                                                                                                                                                                    | 7 | 21,203,186.  |
| 8 Enter qualifying distributions from Part XII, line 4<br>If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.<br>See the Part VI instructions | 8 | 1,431,163.   |

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

|                                                                                                                                                                                                                                      |    |   |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|----|
| 1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1<br>Date of ruling or determination letter _____ (attach copy of letter if necessary-see instructions) |    | 1 | 0. |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b                                                                                    |    |   |    |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)                                                                                                            |    | 2 | 0. |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                          |    | 3 | 0. |
| 3 Add lines 1 and 2                                                                                                                                                                                                                  |    | 4 | 0. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                        |    | 5 | 0. |
| 5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-                                                                                                                                             |    |   |    |
| 6 Credits/Payments                                                                                                                                                                                                                   |    |   |    |
| a 2015 estimated tax payments and 2014 overpayment credited to 2015                                                                                                                                                                  | 6a |   |    |
| b Exempt foreign organizations - tax withheld at source                                                                                                                                                                              | 6b |   |    |
| c Tax paid with application for extension of time to file (Form 8868)                                                                                                                                                                | 6c |   |    |
| d Backup withholding erroneously withheld                                                                                                                                                                                            | 6d |   |    |
| 7 Total credits and payments Add lines 6a through 6d                                                                                                                                                                                 | 7  |   | 0. |
| 8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached                                                                                                                  | 8  |   |    |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed                                                                                                                                                      | 9  |   | 0. |
| 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                                                                                                                                                                  | 11 |   |    |

**Part VII-A Statements Regarding Activities**

|                                                                                                                                                                                                                                                                                                                                               | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?                                                                                                                                                                       |     | X  |
| 1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?<br>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities |     | X  |
| 1c Did the foundation file Form 1120-POL for this year?                                                                                                                                                                                                                                                                                       |     | X  |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:<br>(1) On the foundation \$ 0. (2) On foundation managers. \$ 0.                                                                                                                                                                         |     |    |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.                                                                                                                                                                                                 |     |    |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS?<br>If "Yes," attach a detailed description of the activities                                                                                                                                                                                |     | X  |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes                                                                                                                  |     | X  |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                                                                                |     | X  |
| b If "Yes," has it filed a tax return on Form 990-T for this year?                                                                                                                                                                                                                                                                            |     |    |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?<br>If "Yes," attach the statement required by General Instruction T                                                                                                                                                                          |     | X  |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:<br>• By language in the governing instrument, or<br>• 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?          |     | 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                                                                                                                                                                                                            | X   |    |
| 8a Enter the states to which the foundation reports or with which it is registered (see instructions) OH                                                                                                                                                                                                                                      |     |    |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation                                                                                                                                 | X   |    |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV                                                                                        |     | X  |
| 10 Did any persons become substantial contributors during the tax year? If Yes attach a schedule listing their names and addresses STMT 4                                                                                                                                                                                                     | X   |    |

N/A

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

|                                                                                                                                                                                                                                                                                                                                    | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)                                                                                                                                         |     | X  |
| 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)                                                                                                                                        |     | X  |
| 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?<br>Website address ► N/A                                                                                                                                                                                    | X   |    |
| 14 The books are in care of ► WILLIAM MEIER Telephone no ► (513) 367-4900<br>Located at ► 200 SALES AVE, HARRISON, OH ZIP+4 ► 45030                                                                                                                                                                                                |     |    |
| 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<br>► 15 N/A                                                                                                                                 |     |    |
| 16 At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?<br>See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ► |     | X  |

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1a During the year did the foundation (either directly or indirectly):<br>(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>(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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |    |
| b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?<br>Organizations relying on a current notice regarding disaster assistance check here<br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1b  |    |
| c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1c  | X  |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))<br>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 before 2015? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," list the years ►<br>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 valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A<br>c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here<br>►                                                                                                                                                                                                                                                                                                                                                                                                                | 2b  |    |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015) N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3b  |    |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4a  | X  |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4b  | X  |

Form 990-PF (2015)

**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 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here

☒

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

X

If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

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

1 List all officers, directors, trustees, foundation managers and their compensation.

| (a) Name and address                                   | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|--------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| ANTHONY A. MAAS<br>200 SALES AVE<br>HARRISON, OH 45030 | EXEC. DIRECTOR/CHAIRPERSON<br>8.00                        | 0.                                        | 0.                                                                    | 0.                                    |
| JEROME T. MAAS<br>200 SALES AVE<br>HARRISON, OH 45030  | SECRETARY/TREASURER<br>1.00                               | 0.                                        | 0.                                                                    | 0.                                    |
| JOHN T. MAAS<br>200 SALES AVE<br>HARRISON, OH 45030    | DIRECTOR<br>1.00                                          | 0.                                        | 0.                                                                    | 0.                                    |
| JOSEPH R. MASS<br>200 SALES AVE<br>HARRISON, OH 45030  | DIRECTOR<br>1.00                                          | 0.                                        | 0.                                                                    | 0.                                    |

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---------------------------------------------------------------|-----------------------------------------------------------|------------------|-----------------------------------------------------------------------|---------------------------------------|
| NONE                                                          |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |

Total number of other employees paid over \$50,000

0

Form 990-PF (2015)





**Part X****Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

|   |                                                                                                             |    |         |
|---|-------------------------------------------------------------------------------------------------------------|----|---------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: |    |         |
| a | Average monthly fair market value of securities                                                             | 1a | 0.      |
| b | Average of monthly cash balances                                                                            | 1b | 12,151. |
| c | Fair market value of all other assets                                                                       | 1c | 0.      |
| d | <b>Total</b> (add lines 1a, b, and c)                                                                       | 1d | 12,151. |
| e | 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  | 12,151. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)   | 4  | 182.    |
| 5 | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5  | 11,969. |
| 6 | <b>Minimum investment return.</b> Enter 5% of line 5                                                        | 6  | 598.    |

**Part XI****Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

|    |                                                                                                           |    |      |
|----|-----------------------------------------------------------------------------------------------------------|----|------|
| 1  | Minimum investment return from Part X, line 6                                                             | 1  | 598. |
| 2a | Tax on investment income for 2015 from Part VI, line 5                                                    | 2a |      |
| b  | 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  | 598. |
| 4  | Recoveries of amounts treated as qualifying distributions                                                 | 4  | 100. |
| 5  | Add lines 3 and 4                                                                                         | 5  | 698. |
| 6  | Deduction from distributable amount (see instructions)                                                    | 6  | 0.   |
| 7  | <b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7  | 698. |

**Part XII****Qualifying Distributions** (see instructions)

|   |                                                                                                                                   |    |            |
|---|-----------------------------------------------------------------------------------------------------------------------------------|----|------------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:                                        |    |            |
| a | Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26                                                     | 1a | 1,431,163. |
| 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 | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4                 | 4  | 1,431,163. |
| 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 | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4                                                             | 6  | 1,431,163. |

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII** Undistributed Income (see instructions)

|                                                                                                                                                                            | (a)<br>Corpus | (b)<br>Years prior to 2014 | (c)<br>2014 | (d)<br>2015 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2015 from Part XI, line 7                                                                                                                       |               |                            |             | 698.        |
| 2 Undistributed income, if any, as of the end of 2015                                                                                                                      |               |                            |             |             |
| a Enter amount for 2014 only                                                                                                                                               |               |                            | 0.          |             |
| b Total for prior years                                                                                                                                                    |               | 0.                         |             |             |
| 3 Excess distributions carryover, if any, to 2015                                                                                                                          |               |                            |             |             |
| a From 2010                                                                                                                                                                |               |                            |             |             |
| b From 2011                                                                                                                                                                |               |                            |             |             |
| c From 2012                                                                                                                                                                |               |                            |             |             |
| d From 2013                                                                                                                                                                |               |                            |             |             |
| e From 2014                                                                                                                                                                | 623,553.      |                            |             |             |
| f Total of lines 3a through e                                                                                                                                              | 623,553.      |                            |             |             |
| 4 Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ 1,431,163.                                                                                                  |               |                            |             |             |
| a Applied to 2014, but not more than line 2a                                                                                                                               |               |                            | 0.          |             |
| b Applied to undistributed income of prior years (Election required - see instructions)                                                                                    |               | 0.                         |             |             |
| c Treated as distributions out of corpus (Election required - see instructions)                                                                                            | 0.            |                            |             |             |
| d Applied to 2015 distributable amount                                                                                                                                     |               |                            |             | 698.        |
| e Remaining amount distributed out of corpus                                                                                                                               | 1,430,465.    |                            |             |             |
| 5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))                                         | 0.            |                            |             | 0.          |
| 6 Enter the net total of each column as indicated below:                                                                                                                   | 2,054,018.    |                            |             |             |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5                                                                                                                          |               |                            |             |             |
| b Prior years' undistributed income. Subtract line 4b from line 2b                                                                                                         |               | 0.                         |             |             |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed |               | 0.                         |             |             |
| d Subtract line 6c from line 6b. Taxable amount - see instructions                                                                                                         |               | 0.                         |             |             |
| e Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount - see instr.                                                                                |               |                            | 0.          |             |
| f Undistributed income for 2015 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016                                                               |               |                            |             | 0.          |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)       | 0.            |                            |             |             |
| 8 Excess distributions carryover from 2010 not applied on line 5 or line 7                                                                                                 | 0.            |                            |             |             |
| 9 Excess distributions carryover to 2016 Subtract lines 7 and 8 from line 6a                                                                                               | 2,054,018.    |                            |             |             |
| 10 Analysis of line 9                                                                                                                                                      |               |                            |             |             |
| a Excess from 2011                                                                                                                                                         |               |                            |             |             |
| b Excess from 2012                                                                                                                                                         |               |                            |             |             |
| c Excess from 2013                                                                                                                                                         |               |                            |             |             |
| d Excess from 2014                                                                                                                                                         | 623,553.      |                            |             |             |
| e Excess from 2015                                                                                                                                                         | 1,430,465.    |                            |             |             |

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

---

N/A

- 1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of 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 income from Part I or the minimum 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

|                |                                                                                                                                                          |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part XV</b> | <b>Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)</b> |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|

**1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

NONE

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

NONE

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

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

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

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

**c Any submission deadlines**

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

**Part XV** Supplementary Information (continued)**3** Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient<br>Name and address (home or business) | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount            |
|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|-------------------|
| <b>a</b> Paid during the year                    |                                                                                                                    |                                      |                                     |                   |
|                                                  |                                                                                                                    |                                      |                                     |                   |
|                                                  |                                                                                                                    |                                      |                                     |                   |
|                                                  |                                                                                                                    |                                      |                                     |                   |
|                                                  |                                                                                                                    |                                      |                                     |                   |
|                                                  |                                                                                                                    |                                      |                                     |                   |
|                                                  |                                                                                                                    |                                      |                                     |                   |
| <b>Total</b>                                     | <b>SEE CONTINUATION SHEET(S)</b>                                                                                   |                                      |                                     | <b>1,431,163.</b> |
| <b>b</b> Approved for future payment             |                                                                                                                    |                                      |                                     |                   |
| NONE                                             |                                                                                                                    |                                      |                                     |                   |
|                                                  |                                                                                                                    |                                      |                                     |                   |
|                                                  |                                                                                                                    |                                      |                                     |                   |
|                                                  |                                                                                                                    |                                      |                                     |                   |
| <b>Total</b>                                     | <b>SEE CONTINUATION SHEET(S)</b>                                                                                   |                                      |                                     | <b>0.</b>         |



|                  |                                                                                                                      |
|------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>Part XVII</b> | <b>Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations</b> |
|------------------|----------------------------------------------------------------------------------------------------------------------|

- |   |                                                                                                                                                                                                                                                                                                                                                                                              | Yes   | No |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|
| 1 | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?                                                                                                                                          |       |    |
| a | Transfers from the reporting foundation to a noncharitable exempt organization of:                                                                                                                                                                                                                                                                                                           |       |    |
|   | (1) Cash                                                                                                                                                                                                                                                                                                                                                                                     | 1a(1) | X  |
|   | (2) Other assets                                                                                                                                                                                                                                                                                                                                                                             | 1a(2) | X  |
| b | Other transactions:                                                                                                                                                                                                                                                                                                                                                                          |       |    |
|   | (1) Sales of assets to a noncharitable exempt organization                                                                                                                                                                                                                                                                                                                                   | 1b(1) | X  |
|   | (2) Purchases of assets from a noncharitable exempt organization                                                                                                                                                                                                                                                                                                                             | 1b(2) | X  |
|   | (3) Rental of facilities, equipment, or other assets                                                                                                                                                                                                                                                                                                                                         | 1b(3) | X  |
|   | (4) Reimbursement arrangements                                                                                                                                                                                                                                                                                                                                                               | 1b(4) | X  |
|   | (5) Loans or loan guarantees                                                                                                                                                                                                                                                                                                                                                                 | 1b(5) | X  |
|   | (6) Performance of services or membership or fundraising solicitations                                                                                                                                                                                                                                                                                                                       | 1b(6) | X  |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees                                                                                                                                                                                                                                                                                                             | 1c    | X  |
| d | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. |       |    |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

- b** If "Yes," complete the following schedule

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
| N/A                      |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |

**Sign  
Here**

Under penalties of perjury, I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer or trustee

Date \_\_\_\_\_

of which preparer has any knowledge

**EXECUTIVE**

**DIRECTOR/CHAIR**

Title

May the IRS discuss this return with the preparer shown below (see instr.)?

☒ Yes ☐ No

**Paid  
Preparer  
Use Only**

Print/Type preparer's name

Preparer's signature

Date \_\_\_\_\_

Check ☐  
self-employed

PTIN

KAREN O. CRIM

Firm's name ► RSM US LLP

Firm's address ► 2000 W DOROTHY LN  
DAYTON, OH 45439

P00368385

Firm's EIN ► 42-0714325

Phone no 937 298-0201

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

Name of the organization

MAAS FAMILY FOUNDATION

Employer identification number

46-4225629

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

- ☐ 501(c)( ) (enter number) organization
- ☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- ☐ 527 political organization

Form 990 PF

- ☒ 501(c)(3) exempt private foundation
- ☐ 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**

- ☐ 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, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

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

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

Name of organization

Employer identification number

MAAS FAMILY FOUNDATION

46-4225629

**Part I Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                        |
|------------|--------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1          | JTM PROVISIONS COMPANY INC.<br>200 SALES AVE<br>HARRISON, OH 45030 | \$ 1,443,800.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions) |
|            |                                                                    |                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)            |
|            |                                                                    |                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)            |
|            |                                                                    |                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)            |
|            |                                                                    |                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)            |
|            |                                                                    |                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)            |
|            |                                                                    |                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)            |



Name of organization

Employer identification number

MAAS FAMILY FOUNDATION

46-4225629

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

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|------------------------------|----------------------------------------------|------------------------------------------------|----------------------|
|                              |                                              | \$                                             |                      |
|                              |                                              | \$                                             |                      |
|                              |                                              | \$                                             |                      |
|                              |                                              | \$                                             |                      |
|                              |                                              | \$                                             |                      |
|                              |                                              | \$                                             |                      |
|                              |                                              | \$                                             |                      |
|                              |                                              | \$                                             |                      |
|                              |                                              | \$                                             |                      |
|                              |                                              | \$                                             |                      |
|                              |                                              | \$                                             |                      |

|                               |                                |
|-------------------------------|--------------------------------|
| Name of organization          | Employer identification number |
| <b>MAAS FAMILY FOUNDATION</b> | <b>46-4225629</b>              |

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) ▶ \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed

| (a) No.<br>from<br>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, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |

**Part XV** Supplementary Information (continued)**3a** Grants and Contributions Paid During the Year

| Name and address (home or business)                                                 | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                     | Amount     |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------|------------|
|                                                                                     |                                                                                                           |                                |                                                                      |            |
| ADOPT A CLASS<br>2153 WEST EIGHTH STREET<br>CINCINNATI, OH 45204                    | NONE                                                                                                      | PC                             | EDUCATIONAL SERVICES                                                 | 1,000.     |
| ALWAYS PATRIOTIC<br>P.O. BOX 62<br>AMANDA, OH 43102                                 | NONE                                                                                                      | PC                             | OHIO WOMEN VETERANS CONFERENCE                                       | 1,000.     |
| AMERICAN CANCER SOCIETY<br>2808 READING ROAD<br>CINCINNATI, OH 45206                | NONE                                                                                                      | PC                             | RELAY FOR LIFE/COACHES VS. CANCER FUNDRAISER/RELAY FOR LIFE DONATION | 10,900.    |
| AMERICAN COUNCIL OF THE BLIND<br>P.O. BOX 11114<br>CINCINNATI, OH 45211             | NONE                                                                                                      | PC                             | CHILDREN'S SHOW DONATION                                             | 200.       |
| AMERICAN HUEY 369 ORGANIZATION<br>209 SOUTH BROADWAY<br>PERU, IN 46970              | NONE                                                                                                      | PC                             | VETERAN'S DONATION                                                   | 5,000.     |
| AMY IRONS MEYER FOUNDATION<br>8886 STATE ROAD 350 N<br>AURORA, IN 47001             | NONE                                                                                                      | PC                             | DONATION TO FUND PROGRAMS                                            | 4,000.     |
| ANDY & JORDAN DALTON FOUNDATION<br>59 CAVALIER BLVD. STE. 219<br>FLORENCE, KY 41042 | NONE                                                                                                      | PC                             | FUNDING/PHYSICALLY CHALLENGED CHILDREN                               | 5,000.     |
| <b>Total from continuation sheets</b>                                               |                                                                                                           |                                |                                                                      | 1,431,163. |

**Part XV** Supplementary Information (continued)**3a** Grants and Contributions Paid During the Year

| Name and address (home or business)                                      | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                | Amount   |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------|----------|
|                                                                          |                                                                                                           |                                |                                                 |          |
| ARCHDIOCESE OF CINCINNATI<br>100 EAST 8TH STREET<br>CINCINNATI, OH 45202 | NONE                                                                                                      | PC                             | CATHOLIC SCHOOL BANQUET                         | 7,500.   |
| ATHENAEUM OF OHIO<br>6616 BEECHMONT AVE<br>CINCINNATI, OH 45230          | NONE                                                                                                      | PC                             | CATHOLIC EDUCATION FUND                         | 100,000. |
| AUBREY ROSE FOUNDATION<br>3862 RACE RD<br>CINCINNATI, OH 45211           | NONE                                                                                                      | PC                             | FUNDING FOR CRITICALLY ILL CHILDREN             | 500.     |
| BEAU VITA<br>5202 NORTH BEND ROAD<br>CINCINNATI, OH 45247                | NONE                                                                                                      | PC                             | ADULTS WITH DISABILITIES FUND                   | 500.     |
| BLOC MINISTRIES<br>3952 NORTH BEND ROAD<br>CINCINNATI, OH 45211          | NONE                                                                                                      | PC                             | CONTRIBUTE TO OPERATING FUND/2015 YEAR END GIFT | 82,500.  |
| CATHOLIC MINISTRIES APPEAL<br>P.O. BOX 14150<br>CINCINNATI, OH 45250     | NONE                                                                                                      | PC                             | BISHOP'S ANNUAL APPEAL                          | 5,000.   |
| CENTER FOR RESPITE CARE, INC.<br>P.O. BOX 141301<br>CINCINNATI, OH 45250 | NONE                                                                                                      | PC                             | HEALTH SERVICES FOR THE HOMELESS                | 2,000.   |

**Total from continuation sheets**

15

**Part XV** Supplementary Information (continued)**3a** Grants and Contributions Paid During the Year

| Name and address (home or business)                                                   | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                 | Amount  |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------|---------|
|                                                                                       |                                                                                                           |                                |                                                  |         |
| CHRISTMAS FOR JESUS' POOR<br>2139 NEEB RD<br>CINCINNATI, OH 45233                     | NONE                                                                                                      | PC                             | FEED THE HUNGRY FUND/COMMUNITY OUTREACH SERVICES | 1,000.  |
| CINCINNATI CONCOURS<br>347 STANLEY AVENUE 1 WEST<br>CINCINNATI, OH 45226              | NONE                                                                                                      | PC                             | SPONSORSHIP/KIDS ARTHRITIS FUNDRAISER            | 500.    |
| CISE<br>100 E. EIGHTH ST.<br>CINCINNATI, OH 45202                                     | NONE                                                                                                      | PC                             | SCHOLARSHIP FUND                                 | 6,500.  |
| CITIZENS FOR COMMUNITY VALUES<br>11175 READING ROAD SUITE 103<br>CINCINNATI, OH 45241 | NONE                                                                                                      | PC                             | FUNDRAISER, DONATION, COMMUNITY AWARENESS        | 15,000. |
| CITY GOSPEL MISSION<br>1947 AUBURN AVENUE<br>CINCINNATI, OH 45219                     | NONE                                                                                                      | PC                             | MEALS, SHELTER, SERVICES FOR THE HOMELESS        | 1,000.  |
| CITY OF REFUGE<br>5599 S PROSPECT ST.<br>RAVENNA, OH 44266                            | NONE                                                                                                      | PC                             | COMMUNITY OUTREACH SERVICES                      | 3,000.  |
| COLLEGE OF MOUNT ST. JOSEPH<br>5701 DELHI ROAD<br>CINCINNATI, OH 45233                | NONE                                                                                                      | PC                             | ANNUAL SCHOLARSHIP BENEFIT                       | 1,920.  |
| <b>Total from continuation sheets</b>                                                 |                                                                                                           |                                |                                                  |         |

**Part XV** Supplementary Information (continued)

| 3a Grants and Contributions Paid During the Year                                          |                                     | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                               | Amount |
|-------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------|--------|
| Recipient                                                                                 | Name and address (home or business) |                                                                                                           |                                |                                                                |        |
| COVENANT HOUSE<br>461 EIGHTH AVENUE<br>NEW YORK, NY 10001                                 |                                     | NONE                                                                                                      | PC                             | DONATION FOR HOMELESS YOUTH                                    | 25.    |
| CROSSROAD HEALTH CENTER<br>5 EAST LIBERTY STREET<br>CINCINNATI, OH 45202                  |                                     | NONE                                                                                                      | PC                             | CLIMB FOR CROSSROAD BENEFIT/HEALTH SERVICES FOR THE NEEDY      | 3,000. |
| CSMF, INC.<br>P.O. BOX 4005<br>GOLDEN, CO 80402                                           |                                     | NONE                                                                                                      | PC                             | CHILDREN WITH SPECIAL NEEDS                                    | 100.   |
| CUPID CHARITIES<br>3457 RINGSBY CT. UNIT 205<br>DENVER, CO 80216                          |                                     | NONE                                                                                                      | PC                             | DONATE TO CUPID'S UNIDIE RUN                                   | 300.   |
| DAN BEARD COUNCIL<br>10078 READING ROAD<br>CINCINNATI, OH 45241                           |                                     | NONE                                                                                                      | PC                             | 2015 FRIENDS OF SCOUTING DONATION                              | 9,000. |
| DIOCESAN PUBLICATIONS INC.<br>P.O. BOX 3250<br>DUBLIN, OH 43016                           |                                     | NONE                                                                                                      | PC                             | 232-09-12 OLIVISITATION PUBLICATION/ST. TERESA WEEKLY BULLETIN | 1,487. |
| DISABLED VETERANS NATIONAL FOUNDATION<br>1020 19TH STREET NW #475<br>WASHINGTON, DC 20036 |                                     | NONE                                                                                                      | PC                             | ASSIST DISABLED VETERANS                                       | 25.    |
| <b>Total from continuation sheets</b>                                                     |                                     |                                                                                                           |                                |                                                                |        |

**Part XV** Supplementary Information (continued)

| 3a Grants and Contributions Paid During the Year                                       |                                     | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                                       | Amount  |
|----------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------|---------|
| Recipient                                                                              | Name and address (home or business) |                                                                                                           |                                |                                                                                        |         |
| ELDER HIGH SCHOOL<br>3900 VINCENT AVENUE<br>CINCINNATI, OH 45205                       |                                     | NONE                                                                                                      | PC                             | GRANT FOR TWO STUDENTS/PASSPORT CONTINUES CAMPAIGN/SPORTS SPONSORSHIP/SCHOLARSHIP FUND | 58,700. |
| ELDER ICE HOCKEY<br>3900 VINCENT AVENUE<br>CINCINNATI, OH 45205                        |                                     | NONE                                                                                                      | PC                             | TOURNAMENT FUNDRAISER                                                                  | 1,500.  |
| FOLDS OF HONOR FOUNDATION<br>5800 PATRIOT DRIVE<br>OWASSO, OK 74055                    |                                     | NONE                                                                                                      | PC                             | VETERAN'S SERVICES                                                                     | 1,000.  |
| FOUNDATION FIGHTING BLINDNESS<br>977 LAKEVIEW PARKWAY #140<br>VERNON HILLS, IL 60061   |                                     | NONE                                                                                                      | PC                             | CHARITABLE DONATION                                                                    | 100.    |
| FRIENDS OF HARRISON FIRE AND POLICE<br>10490 NEW HAVEN ROAD<br>HARRISON, OH 45030      |                                     | NONE                                                                                                      | PC                             | GENERAL SUPPORT                                                                        | 1,000.  |
| GCCWC<br>P.O. BOX 223<br>CLEVES, OH 45002                                              |                                     | NONE                                                                                                      | PC                             | CHARITABLE DONATION                                                                    | 1,000.  |
| GREATER CINCINNATI ENERGY ALLIANCE<br>200 W 4TH STREET STE 600<br>CINCINNATI, OH 45202 |                                     | NONE                                                                                                      | PC                             | CONSERVATION DONATION                                                                  | 1,000.  |
| <b>Total from continuation sheets</b>                                                  |                                     |                                                                                                           |                                |                                                                                        |         |

**Part XV** Supplementary Information (continued)

| 3a Grants and Contributions Paid During the Year |                                                                                    | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                      | Amount |
|--------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------|--------|
| Recipient                                        | Name and address (home or business)                                                |                                                                                                           |                                |                                                       |        |
|                                                  | GREATER CINN. BEHAVIORAL HEALTH SVCS.<br>1501 MADISON ROAD<br>CINCINNATI, OH 45206 | NONE                                                                                                      | PC                             | SUBSTANCE ABUSE COUNSELING                            | 3,000. |
|                                                  | GUILLEIN-BARRE' SYNDROME<br>104 1/2 FOREST AVE.<br>NARBETH, PA 19072               | NONE                                                                                                      | PC                             | DONATION FOR MEDICAL RESEARCH                         | 2,000. |
|                                                  | GUNS N HOSES SWO<br>P.O. BOX 14841<br>CINCINNATI, OH 45250                         | NONE                                                                                                      | PC                             | FUNDRAISER FOR WIDOWS/CHILDREN OF POLICE/FIREFIGHTERS | 2,500. |
|                                                  | HABILITAT, INC.<br>P.O. BOX 801<br>KANEBOHE, HI 96744                              | NONE                                                                                                      | PC                             | GENERAL SUPPORT                                       | 1,000. |
|                                                  | HAMILTON COUNTY POLICE ASSOCIATION<br>10500 READING RD<br>CINCINNATI, OH 45241     | NONE                                                                                                      | PC                             | PROGRAM FUNDING                                       | 5,000. |
|                                                  | HANK MUELLER EVSF<br>212 OVERLOOK LANE<br>N BEND, OH 45052                         | NONE                                                                                                      | PC                             | VETERANS SCHOLARSHIP FUND                             | 500.   |
|                                                  | HARRISON FURY BASEBALL<br>P.O. BOX 326<br>HARRISON, OH 45030                       | NONE                                                                                                      | PC                             | EQUIPMENT FUNDING                                     | 500.   |
| <b>Total from continuation sheets</b>            |                                                                                    |                                                                                                           |                                |                                                       |        |



**Part XV** Supplementary Information (continued)**3a** Grants and Contributions Paid During the Year

| Name and address (home or business)                                                  | Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution    | Amount  |
|--------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------|---------|
|                                                                                      |           |                                                                                                           |                                |                                     |         |
| HARRISON KIWANIS CLUB<br>590 RING ROAD<br>HARRISON, OH 45030                         |           | NONE                                                                                                      | PC                             | PROGRAM FUNDING                     | 100.    |
| HARRISON MAYOR'S FUND<br>300 GEORGE STREET<br>HARRISON, OH 45030                     |           | NONE                                                                                                      | PC                             | COMMUNITY OUTREACH SERVICES         | 1,000.  |
| HEALTH RESOURCE CENTER<br>2347 VINE STREET 2ND FLOOR<br>CINCINNATI, OH 45219         |           | NONE                                                                                                      | PC                             | NURSING CARE FOR LOW INCOME ADULTS  | 20,000. |
| HEARTBEAT INTERNATIONAL<br>5000 ARLINGTON CENTRE BLVD.<br>COLUMBUS, OH 43220         |           | NONE                                                                                                      | PC                             | RIGHT TO LIFE DONATION              | 20,000. |
| HOLY CROSS HIGH SCHOOL<br>5144 DIXIE HIGHWAY<br>LOUISVILLE, KY 40216                 |           | NONE                                                                                                      | PC                             | BENEFACTOR CLUB DONATION            | 1,000.  |
| HOME CITY ICE CHARITABLE GOLF OUTING<br>6045 BRIDGETOWN ROAD<br>CINCINNATI, OH 45248 |           | NONE                                                                                                      | PC                             | EDUCATION/INNER CITY CHILDREN       | 1,000.  |
| HOSPICE OF CINCINNATI<br>4360 COOPER ROAD STE 300<br>CINCINNATI, OH 45242            |           | NONE                                                                                                      | PC                             | DONATION IN MEMORY OF FAMILY MEMBER | 500.    |
| <b>Total from continuation sheets</b>                                                |           |                                                                                                           |                                |                                     |         |

**Part XV** Supplementary Information (continued)**3a** Grants and Contributions Paid During the Year

| Recipient<br>Name and address (home or business)                            | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                        | Amount |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------|--------|
|                                                                             |                                                                                                                    |                                      |                                                            |        |
| JOE NUXHALL MIRACLE LEAGUE<br>9 MARCEL CT.<br>FAIRFIELD, OH 45014           | NONE                                                                                                               | PC                                   | CONTRIBUTION TO PROGRAMS FOR CHILDREN WITH<br>DISABILITIES | 500.   |
| JOSEPH HOUSE<br>P.O. BOX 14608<br>CINCINNATI, OH 45250                      | NONE                                                                                                               | PC                                   | VETERAN'S SERVICES                                         | 1,000. |
| JTM FOOD GROUP<br>200 SALES AVENUE<br>HARRISON, OH 45030                    | NONE                                                                                                               | PC                                   | GENERAL SUPPORT                                            | 3,335. |
| JUNIOR ACHIEVEMENT<br>644 LINN ST. SUITE 1024<br>CINCINNATI, OH 45203       | NONE                                                                                                               | PC                                   | SPRING FUNDRAISING EVENT                                   | 8,550. |
| LITTLE SISTERS OF THE POOR<br>476 RIDDLE RD.<br>CINCINNATI, OH 45220        | NONE                                                                                                               | PC                                   | SPAGHETTI DINNER FUNDRAISER                                | 200.   |
| LIVING HOPE TRANSITIONAL HOMES<br>3765 EBENEZER RD.<br>CINCINNATI, OH 45248 | NONE                                                                                                               | PC                                   | TRANSITIONAL SERVICES FOR DOMESTIC VIOLENCE VICTIMS        | 1,000. |
| LOVE INC.<br>P.O. BOX 607<br>HARRISON, OH 45030                             | NONE                                                                                                               | PC                                   | COMMUNITY OUTREACH SERVICES                                | 2,000. |

Total from continuation sheets

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**Part XV** Supplementary Information (continued)**3a** Grants and Contributions Paid During the Year

| Name and address (home or business)                                              | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                  | Amount  |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------|---------|
|                                                                                  |                                                                                                           |                                |                                                                   |         |
| MADCAP PUPPETS<br>3316 GLENMORE AVENUE<br>CINCINNATI, OH 45211                   | NONE                                                                                                      | PC                             | HATS OFF CAPITAL CAMPAIGN                                         | 2,000.  |
| MALTA HUMAN SERVICES<br>1011 FIRST AVENUE NO. 1350<br>NEW YORK, NY 10022         | NONE                                                                                                      | PC                             | CHARITABLE DONATION                                               | 1,000.  |
| MAYO CLINIC<br>200 FIRST STREET SW<br>ROCHESTER, MN 55905                        | NONE                                                                                                      | PC                             | DONATION FOR MEDICAL RESEARCH                                     | 10,000. |
| MDA - CINCINNATI<br>1080 NIMITZVIEW DR. #208<br>CINCINNATI, OH 45230             | NONE                                                                                                      | PC                             | MEDICAL RESEARCH                                                  | 1,000.  |
| MERCY HIGH SCHOOL<br>3036 WERK ROAD<br>CINCINNATI, OH 45211                      | NONE                                                                                                      | PC                             | SPRING FUNDRAISER/CONTRIBUTION TO SUPPORT YOUNG WOMEN'S EDUCATION | 2,500.  |
| MERCY NEIGHBORHOOD MINISTRIES, INC.<br>1602 MADISON ROAD<br>CINCINNATI, OH 45206 | NONE                                                                                                      | PC                             | TASTE OF THE NEIGHBORHOOD FUNDRAISER/COMMUNITY OUTREACH SERVICES  | 2,000.  |
| MISHPACHAH, INC.<br>348 WESTERN ROW ROAD<br>MASON, OH 45040                      | NONE                                                                                                      | PC                             | DEAD SERIOUS ABOUT LIFE FUNDRAISER                                | 200.    |
| <b>Total from continuation sheets</b>                                            |                                                                                                           |                                |                                                                   |         |

**Part XV** Supplementary Information (continued)**3a** Grants and Contributions Paid During the Year

| Name and address (home or business)                                     | Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                        | Amount  |
|-------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------|---------|
|                                                                         |           |                                                                                                           |                                |                                                                         |         |
| MOTHER OF MERCY<br>3036 WERK ROAD<br>CINCINNATI, OH 45211               |           | NONE                                                                                                      | PC                             | MERCYBALL FUNDRAISER/CENTENNIAL CAMPAIGN<br>DONATION/2015 YEAR END GIFT | 45,000. |
| NAMI FOUNDATION<br>3803 N. FAIRFAX DR, SUITE 100<br>ARLINGTON, VA 22203 |           | NONE                                                                                                      | PC                             | RESEARCH DONATION                                                       | 3,750.  |
| OASIS<br>6005 GIVEN RD<br>CINCINNATI, OH 45243                          |           | NONE                                                                                                      | PC                             | FUNDING FOR OLDENBURG ACADEMY ATHLETICS                                 | 1,000.  |
| OLDENBURG ACADEMY<br>P.O. BOX 200<br>OLDENBURG, IN 47036                |           | NONE                                                                                                      | PC                             | CATHOLIC SCHOOL DONATION                                                | 1,000.  |
| ORDER OF MALTA<br>P.O. BOX 10023<br>UNIONDALE, NY 11555                 |           | NONE                                                                                                      | PC                             | ANNUAL CONTRIBUTION                                                     | 3,000.  |
| OUR DAILY BREAD<br>1730 RACE STREET<br>CINCINNATI, OH 45202             |           | NONE                                                                                                      | PC                             | GRAND SLAM GALA FUNDRAISER                                              | 5,000.  |
| OUR LADY OF VISITATION<br>3172 SOUTH ROAD<br>CINCINNATI, OH 45248       |           | NONE                                                                                                      | PC                             | SCHOLARSHIP FUND/PARISH DONATION/YEAR OF MERCY<br>DONATION              | 21,750. |

**Total from continuation sheets**

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**Part XV** Supplementary Information (continued)**3a** Grants and Contributions Paid During the Year

| Name and address (home or business)                                               | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                    | Amount |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------|--------|
|                                                                                   |                                                                                                           |                                |                                                     |        |
| PATHWAYS TO HOME<br>9141 KILBY RD<br>HARRISON, OH 45030                           | NONE                                                                                                      | PC                             | COMMUNITY OUTREACH SERVICES (FORMERLY STAY)         | 1,500. |
| PINECREST ACADEMY<br>955 PEACHTREE PKWY<br>CUMMING, GA 30041                      | NONE                                                                                                      | PC                             | MISSION TRIP FUNDING                                | 500.   |
| POLICE AND FIRE RETIREES<br>9891 MONTGOMERY ROAD #220<br>CINCINNATI, OH 45242     | NONE                                                                                                      | PC                             | FUNDRAISER FOR POLICE/FIRE RETIREES WIDOWS/WIDOWERS | 100.   |
| PREGNANCY CARE CENTER OF SE INDIANA<br>62 DOUGHTY RD #5<br>LAWRENCEBURG, IN 47025 | NONE                                                                                                      | PC                             | PREGNANCY OUTREACH, RIGHT TO LIFE DONATION          | 2,000. |
| PREGNANCY CENTER EAST<br>3944 EDWARDS ROAD<br>CINCINNATI, OH 45209                | NONE                                                                                                      | PC                             | BANQUET FOR LIFE FUNDRAISER                         | 500.   |
| PREGNANCY CENTER WEST<br>4900 GLENWAY AVENUE<br>CINCINNATI, OH 45238              | NONE                                                                                                      | PC                             | ASSISTANCE FOR PREGNANT WOMEN FUND                  | 5,000. |
| PRESENTATION MINISTRIES<br>3230 MCHENRY AVENUE<br>CINCINNATI, OH 45211            | NONE                                                                                                      | PC                             | CATHOLIC PUBLICATIONS                               | 1,200. |
| <b>Total from continuation sheets</b>                                             |                                                                                                           |                                |                                                     |        |

**Part XV** Supplementary Information (continued)

| 3a Grants and Contributions Paid During the Year                                        |                                     | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                   | Amount  |
|-----------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------|---------|
| Recipient                                                                               | Name and address (home or business) |                                                                                                           |                                |                                                    |         |
| PROKIDS<br>2605 BURNET AVENUE<br>CINCINNATI, OH 45219                                   |                                     | NONE                                                                                                      | PC                             | DONATION/PROVIDE PERMANENT HOMES FOR CHILDREN      | 50,000. |
| PXE INTERNATIONAL, INC.<br>4301 CONNECTICUT AVENUE NW SUITE 404<br>WASHINGTON, DC 20008 |                                     | NONE                                                                                                      | PC                             | MEDICAL RESEARCH FUNDING                           | 50,000. |
| RAC/UNION ADOPT-A-UNIT<br>1843 MT. ZION ROAD<br>UNION, KY 41091                         |                                     | NONE                                                                                                      | PC                             | SUPPORT OUR TROOPS                                 | 1,000.  |
| REACH OUT PREGNANCY CENTER<br>10150 HARRISON AVENUE SUITE 8<br>HARRISON, OH 45030       |                                     | NONE                                                                                                      | PC                             | ANNUAL FUNDRAISING BANQUET/RIGHT TO LIFE DONATION/ | 15,000. |
| RELAY FOR LIFE<br>P.O. BOX 22718<br>OKLAHOMA CITY, OK 73123                             |                                     | NONE                                                                                                      | PC                             | AMERICAN CANCER SOCIETY WALK                       | 1,000.  |
| RETIREMENT FUND FOR RELIGIOUS<br>3211 FOURTH STREET NE<br>WASHINGTON, DC 20017          |                                     | NONE                                                                                                      | PC                             | NATIONAL ANNUAL APPEAL FUND                        | 5,000.  |
| RIGHT TO LIFE OF GREATER CINCINNATI<br>1802 W. GALBRAITH ROAD<br>CINCINNATI, OH 45239   |                                     | NONE                                                                                                      | PC                             | EVENING FOR LIFE 2015                              | 1,000.  |
| <b>Total from continuation sheets</b>                                                   |                                     |                                                                                                           |                                |                                                    |         |

**Part XV** Supplementary Information (continued)**3a** Grants and Contributions Paid During the Year

| Name and address (home or business)                                    | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                             | Amount   |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------|----------|
|                                                                        |                                                                                                           |                                |                                                              |          |
| RUAH WOODS<br>6675 WESSELMAN RD.<br>CINCINNATI, OH 45248               | NONE                                                                                                      | PC                             | PROGRAM FUNDING/2015 YEAR END GIFT                           | 405,000. |
| SAINT ALOYSIUS CHURCH<br>3350 CHAPEL RD<br>SHANDON, OH 45063           | NONE                                                                                                      | PC                             | CATHOLIC COMMUNITY SERVICES                                  | 2,000.   |
| SCHOOL OF FAITH<br>13240 CRAIG ST.<br>OVERLAND PARK, KS 66213          | NONE                                                                                                      | PC                             | GIFT FOR OPERATING FUND                                      | 62,500.  |
| SETON HIGH SCHOOL<br>3901 GLENWAY AVE<br>CINCINNATI, OH 45205          | NONE                                                                                                      | PC                             | ATHLETIC SCHOLARSHIP FUND/SPRING FUNDRAISER/SCHOLARSHIP FUND | 14,150.  |
| SHELTON-REID, INC.<br>P.O. BOX 498073<br>CINCINNATI, OH 45249          | NONE                                                                                                      | PC                             | COMMUNITY OUTREACH SERVICES                                  | 5,000.   |
| SINAI SHRINE TEMPLE #59<br>1647 CLAYTON AVE<br>CINCINNATI, OH 45206    | NONE                                                                                                      | PC                             | SPRING EVENT                                                 | 300.     |
| ST. CECILIA CONGREGATION<br>801 DOMINICAN DRIVE<br>NASHVILLE, TN 37228 | NONE                                                                                                      | PC                             | EDUCATION FUND                                               | 10,000.  |
| <b>Total from continuation sheets</b>                                  |                                                                                                           |                                |                                                              |          |

**Part XV** Supplementary Information (continued)**3a** Grants and Contributions Paid During the Year

| Name and address (home or business)                                               | Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                      | Amount   |
|-----------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------|----------|
|                                                                                   |           |                                                                                                           |                                |                                                       |          |
| ST. JOHN THE BAPTIST CHURCH<br>509 HARRISON AVE<br>HARRISON, OH 45030             |           | NONE                                                                                                      | PC                             | GENERAL SUPPORT                                       | 125,000. |
| ST. JOSEPH CHURCH<br>P.O. BOX 219 25 EAST HARRISON AVENUE<br>NORTH BEND, OH 45052 |           | NONE                                                                                                      | PC                             | RELIGIOUS EDUCATION FUND                              | 5,000.   |
| ST. JOSEPH'S INDIAN SCHOOL<br>P.O. BOX 326<br>CHAMBERLAIN, SD 57326               |           | NONE                                                                                                      | PC                             | MEALS FOR THE POOR AND HUNGRY/CLOTHING FOR THE POOR   | 48.      |
| ST. JUDE PARISH<br>5924 BRIDGETOWN ROAD<br>CINCINNATI, OH 45248                   |           | NONE                                                                                                      | PC                             | SPEECH CONTEST FUNDRAISER                             | 15,546.  |
| ST. JUDE SCHOOL<br>5940 BRIDGETOWN RD.<br>CINCINNATI, OH 45248                    |           | NONE                                                                                                      | PC                             | FOR ADVANCEMENT OF EDUCATION/CATHOLIC SCHOOL DONATION | 1,700.   |
| ST. MARY'S CATHOLIC SCHOOL<br>211 FOURTH STREET<br>AURORA, IN 47001               |           | NONE                                                                                                      | PC                             | GENERAL SUPPORT                                       | 5,000.   |
| ST. THOMAS THE APOSTLE CHURCH<br>4453 WARREN-SHARON RD<br>VIENNA CENTER, OH 44473 |           | NONE                                                                                                      | PC                             | DONATION FOR WELL                                     | 1,500.   |

**Total from continuation sheets**

27



**Part XV** Supplementary Information (continued)**3a** Grants and Contributions Paid During the Year

| Recipient<br>Name and address (home or business)                             | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                               | Amount |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------|--------|
|                                                                              |                                                                                                                    |                                      |                                                                   |        |
| STEPPING STONES<br>5650 GIVEN ROAD<br>CINCINNATI, OH 45243                   | NONE                                                                                                               | PC                                   | NO PERSON LEFT BEHIND FUND                                        | 2,500. |
| SUNFLOWER REVOLUTION FUND<br>234 GOODMAN STREET<br>CINCINNATI, OH 45219      | NONE                                                                                                               | PC                                   | CONTRIBUTION FOR PARKINSON'S RESEARCH                             | 250.   |
| TEEN CHALLENGE CINCINNATI<br>P.O. BOX 249<br>MILFORD, OH 45150               | NONE                                                                                                               | PC                                   | DONATION TO SPRING FUNDRAISER                                     | 5,000. |
| THE CATHOLIC TELEGRAPH<br>P.O. BOX 630354<br>CINCINNATI, OH 45263            | NONE                                                                                                               | PC                                   | ROE VS. WADE PUBLICATION DONATION/LIFE WHAT A<br>BEAUTIFUL CHOICE | 1,777. |
| THE CENTER FOR FAMILY SOLUTIONS<br>400 NORTH ERIE HWY<br>HAMILTON, OH 45011  | NONE                                                                                                               | PC                                   | COMMUNITY OUTREACH SERVICES                                       | 2,000. |
| THE CINCINNATI GOLDEN GLOVES<br>2334 BOUDINOT AVENUE<br>CINCINNATI, OH 45238 | NONE                                                                                                               | PC                                   | PREVENTATIVE EDUCATION PROGRAM                                    | 3,000. |
| THE ELDER CLASSIC<br>3900 VINCENT AVENUE<br>CINCINNATI, OH 45205             | NONE                                                                                                               | PC                                   | FACULTY DEVELOPMENT FUND                                          | 5,000. |
| <b>Total from continuation sheets</b>                                        |                                                                                                                    |                                      |                                                                   |        |

**Part XV** Supplementary Information (continued)**3a** Grants and Contributions Paid During the Year

| Name and address (home or business)                                                  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|--------|
|                                                                                      |                                                                                                           |                                |                                  |        |
| THE HARRISON KNIGHTS OF COLUMBUS<br>206 GEORGE STREET<br>HARRISON, OH 45030          | NONE                                                                                                      | PC                             | BENEFIT DONATION                 | 100.   |
| THE HARRISON VILLAGE HISTORICAL SOCIETY<br>115 N. WALNUT ST.<br>HARRISON, OH 45030   | NONE                                                                                                      | PC                             | SPONSOR DUES 2015                | 300.   |
| THE LEUKEMIA & LYMPHOMA SOCIETY<br>771 WARDS CORNER ROAD<br>LOVELAND, OH 45140       | NONE                                                                                                      | PC                             | SPRING BENEFIT FUNDING           | 500.   |
| THE SHIELD, INC.<br>7149 RIDGE RD<br>CINCINNATI, OH 45237                            | NONE                                                                                                      | PC                             | PROGRAM FUNDING                  | 1,000. |
| THE SONNY EDRICH MEM SCHOLARSHIP FUND<br>3900 VINCENT AVENUE<br>CINCINNATI, OH 45205 | NONE                                                                                                      | PC                             | SCHOLARSHIP FUND                 | 100.   |
| THERAPY MISSIONS INC.<br>35 ANN DR<br>EAST GREENWICH, RI 02818                       | NONE                                                                                                      | PC                             | THERAPEUTIC SERVICES             | 3,000. |
| THREE RIVERS ACCLAIM DRAMA<br>56 COOPER AVE.<br>CLEVES, OH 45002                     | NONE                                                                                                      | PC                             | SCHOOL DONATION                  | 200.   |
| <b>Total from continuation sheets</b>                                                |                                                                                                           |                                |                                  |        |

**Part XV** Supplementary Information (continued)**3a** Grants and Contributions Paid During the Year

| Name and address (home or business)                                           | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                        | Amount   |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------|----------|
|                                                                               |                                                                                                           |                                |                                                                         |          |
| THREE VALLEY CONSERVATION TRUST<br>6715 RINGWOOD ROAD 1 2<br>OXFORD, OH 45056 | NONE                                                                                                      | PC                             | DONATION TO CONSERVATION FUND                                           | 250.     |
| UC FOUNDATION/PHARMACY<br>P.O. BOX 670544<br>CINCINNATI, OH 45221             | NONE                                                                                                      | PC                             | EDUCATION FUNDING                                                       | 300.     |
| UNDERGROUNDZONE MINISTRIES INC.<br>1140 SMILEY AVE<br>CINCINNATI, OH 45240    | NONE                                                                                                      | PC                             | DONATION TO FUND PROGRAMS/DONATION FOR BUILDING REPAIRS AND MAINTENANCE | 105,000. |
| VIETNAM VETERANS OF SWST OHIO<br>P.O. BOX 11564<br>CINCINNATI, OH 45211       | NONE                                                                                                      | PC                             | CHILDREN'S BENEFIT TO RAISE FUNDS                                       | 200.     |
| WAVEZA MOVEMENT<br>P.O. BOX 58520<br>CINCINNATI, OH 45258                     | NONE                                                                                                      | PC                             | KENYA ORPHANAGE DONATION                                                | 1,300.   |
| WESLEY COMMUNITY SERVICES<br>2091 RADCLIFF DR.<br>CINCINNATI, OH 45204        | NONE                                                                                                      | PC                             | HOME CARE, MEALS ON WHEELS                                              | 1,000.   |
| WESTWOOD WORKS<br>3315 DARTMOUTH DR.<br>CINCINNATI, OH 45211                  | NONE                                                                                                      | PC                             | YMCA FUNDRAISER                                                         | 500.     |
| <b>Total from continuation sheets</b>                                         |                                                                                                           |                                |                                                                         |          |

**Part XV** Supplementary Information (continued)**3a** Grants and Contributions Paid During the Year

| Name and address (home or business)                                                                                           | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                               | Amount    |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------|-----------|
|                                                                                                                               |                                                                                                           |                                |                                                                |           |
| Recipient<br>Name and address (home or business)<br>WHITEWATER VALLEY ELEMENTARY<br>10800 CAMPBELL ROAD<br>HARRISON, OH 45030 | NONE                                                                                                      | PC                             | AFTER SCHOOL PROGRAM FUNDING                                   | 900.      |
| WILLIAMS SYNDROME ASSOCIATION<br>570 KIRTS BLVD. #223<br>TROY, MI 48084                                                       | NONE                                                                                                      | PC                             | DONATION FOR MEDICAL RESEARCH                                  | 2,000.    |
| WOMEN'S CLUB LACROSSE PROGRAM<br>2600 CLIFTON AVE.<br>CINCINNATI, OH 45221                                                    | NONE                                                                                                      | PC                             | SPRING FUNDRAISER                                              | 200.      |
| WOUNDED WARRIOR PROJECT<br>209 E MECHANIC ST.<br>AURORA, IN 47001                                                             | NONE                                                                                                      | PC                             | REPLACES CHECK 1181 12/15/14/FAMILIES OF WOUNDED SOLDIERS FUND | 100.      |
| YWCA OF GREATER CINCINNATI<br>898 WALNUT ST.<br>CINCINNATI, OH 45202                                                          | NONE                                                                                                      | PC                             | DOMESTIC VIOLENCE SHELTER DONATION                             | 2,000.    |
|                                                                                                                               |                                                                                                           |                                |                                                                |           |
|                                                                                                                               |                                                                                                           |                                |                                                                |           |
|                                                                                                                               |                                                                                                           |                                |                                                                |           |
| <b>Total from continuation sheets</b>                                                                                         |                                                                                                           |                                |                                                                | <b>31</b> |

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|-------------|------------|-----------|---|
| FORM 990-PF | LEGAL FEES | STATEMENT | 1 |
|-------------|------------|-----------|---|

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| DESCRIPTION                | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| LEGAL FEES                 | 1,995.                       | 0.                                |                               | 0.                            |
| TO FM 990-PF, PG 1, LN 16A | 1,995.                       | 0.                                |                               | 0.                            |

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|             |                 |           |   |
|-------------|-----------------|-----------|---|
| FORM 990-PF | ACCOUNTING FEES | STATEMENT | 2 |
|-------------|-----------------|-----------|---|

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| DESCRIPTION                  | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| ACCOUNTING FEES              | 5,720.                       | 0.                                |                               | 0.                            |
| TO FORM 990-PF, PG 1, LN 16B | 5,720.                       | 0.                                |                               | 0.                            |

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|-------------|----------------|-----------|---|
| FORM 990-PF | OTHER EXPENSES | STATEMENT | 3 |
|-------------|----------------|-----------|---|

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| DESCRIPTION                 | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| BANK CHARGES                | 40.                          | 0.                                |                               | 0.                            |
| TO FORM 990-PF, PG 1, LN 23 | 40.                          | 0.                                |                               | 0.                            |

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FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS  
PART VII-A, LINE 10

STATEMENT 4

NAME OF CONTRIBUTOR

ADDRESS

JTM PROVISIONS COMPANY INC.

200 SALES DRIVE  
HARRISON, OH 45030