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# Form **990-PF**

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

Do not enter social security numbers on this form as it may be made public.
Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf.

For	calendar year 2015 or tax year beginning SEP	16, 2015	, and ending	DEC 31, 2015	5
	ime of foundation	A Employer identificatio	n number		
BETAGOLE FAMILY FOUNDATION INC					
_	ROBERT BETAGOLE	47-5625163	<u> </u>		
	imber and street (or P.O. box number if mail is not delivered to street a	address)	Room/suite	B Telephone number	
	10340 EVENDALE DRIVE			5135631400	)
	ty or town, state or province, country, and ZIP or foreign po	stal code		C If exemption application is i	pending, check here
	CINCINNATI, OH 45241				
G	Check all that apply: X Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	s, check here
	Final return	Amended return		2 Foreign organizations m	eating the 85% test
_	Address change	Name change		Foreign organizations m check here and attach c	omputation
<u> </u>	Check type of organization: X Section 501(c)(3) exe			E If private foundation sta	
<u>_</u>		Other taxable private founda	<del></del>	under section 507(b)(1	)(A), check here
	air market value of all assets at end of year J Accountin	<del>-</del>	Accrual	F If the foundation is in a	
		ner (specify)		under section 507(b)(1	)(B), check here
	\$ 2970338. (Part I, columnart I) Analysis of Revenue and Expenses				
Р	The lotal 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
_		2993753.		L	(cash basis only)
	1 Contributions, gifts, grants, etc., received	4993/33.		N/A	<del> </del>
	2 Check If the foundation is not required to attach Sch B Interest on savings and temporary			<del></del>	<del>                                     </del>
	- Cash investments	3757.	<del></del>		Statement 1
	4 Dividends and interest from securities 5a Gross rents	3737.			Bracement I
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
4	Gross sales price for all			<del> </del>	<del> </del>
Revenue	7 Capital gain net income (from Part IV, line 2)		0.		<del>                                     </del>
ď	8 Net short-term capital gain				
	9 Income modifications				
	Gross sales less returns 10a and allowances		<del></del>		
	b Less Cost of goods sold				<del> </del>
	c Gross profit or (loss)		<del></del>		
	11 Other income				
	12 Total. Add lines 1 through 11	2997510.	0.		
_	13 Compensation of officers, directors, trustees, etc	0.	0.		0.
	14 Other employee salaries and wages	1,1			
	15 Pension plans, employee benefits	/\\\\	<u> </u>		`
303000	16a Legal fees	1.1 2.			
ğ	b Accounting fees	5010			
		/ </td <td></td> <td></td> <td></td>			
9	17 Interest				
1	18 Taxes				
	19 Depreciation and depletion				
Administrative FY	20 Occupancy				
` ₹	21 Travel, conferences, and meetings				
20	22 Printing and publications				
5	23 Other expenses				
į	24 Total operating and administrative	_	_		
) Due rating and	expenses. Add lines 13 through 23	0.	0.	<u> </u>	0.
•	25 Contributions, gifts, grants paid	39560.			39560.
	26 Total expenses and disbursements.	22562	•	1	20562
_	Add lines 24 and 25	39560.	0.		39560.
	27 Subtract line 26 from line 12:	00=====			
	2 Excess of revenue over expenses and disbursements	2957950.			<u> </u>
	b Net investment income (if negative, enter -0-)		0.	,	<u> </u>
	C Adjusted net income (if negative, enter -0-)			N/A	<u>L</u> _

47-5625163

Page 2

Б	Part II Balance Sheets Attached schedules and amounts in the description		Beginning of year	End of year		
뜨	<u>ar t</u>	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash - non-interest-bearing .				
	2	Savings and temporary cash investments		1864197.	1864197.	
	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	<del> </del>		<del></del>	
		Less; allowance for doubtful accounts	į	1		
Ø	8	Inventories for sale or use	<u> </u>			
Assets	9	Prepaid expenses and deferred charges				
As	1	Investments - U.S. and state government obligations		<del></del>		
		Investments - corporate stock	<del></del>			
		Investments - corporate bonds	<del></del>	<del></del>		
	11					
	''	Investments - land, buildings, and equipment basis		j		
	4,	Less accumulated depreciation		<del></del>	<del></del>	
	i	Investments - mortgage loans Investments - other Stmt 2	0.	693600.	1106141	
	13		0.	693000.	1106141.	
	14					
	١	Less accumulated depreciation				
		Other assets (describe				
	16	Total assets (to be completed by all filers - see the				
_	_	instructions. Also, see page 1, item I)	0.	2557797.	2970338.	
	17	Accounts payable and accrued expenses				
	18	Grants payable			į	
es	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
ap	21	Mortgages and other notes payable	T			
3	22	Other liabilities (describe  )				
	1	<del></del>			1	
	23	Total liabilities (add lines 17 through 22)	0.	0.		
		Foundations that follow SFAS 117, check here				
	l	and complete lines 24 through 26 and lines 30 and 31.				
98	24	Unrestricted				
alances		Temporarily restricted				
		Permanently restricted				
5	- "	Foundations that do not follow SFAS 117, check here	<del> </del>		•	
Ξ		and complete lines 27 through 31.				
5	27	Capital stock, trust principal, or current funds	0.	0.		
ets	l.		0.			
SS	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.			
Net Assets or Fund B	29	Retained earnings, accumulated income, endowment, or other funds		2557797.		
ž	30	Total net assets or fund balances	0.	2557797.		
		<b>*</b> 1.10 1.000	,	05555		
	31	Total liabilities and net assets/fund balances	0.	2557797.		
P	art	III Analysis of Changes in Net Assets or Fund B	alances			
		net assets or fund balances at beginning of year - Part II, column (a), line	30	1.1	•	
		st agree with end-of-year figure reported on prior year's return)		1	0.	
		r amount from Part I, line 27a		2	2957950.	
		r increases not included in line 2 (itemize)	<del>_</del>	3	0.	
		lines 1, 2, and 3		4	2957950.	
		eases not included in line 2 (itemize) <u>UNREALIZED GAI</u>		5	400153.	
в	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	2557797.	
					Form <b>990-PF</b> (2015)	

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		osses for Tax on In ind(s) of property sold (e.g.		t Income	<b>(b)</b>	How ac - Purch	quired	(c) Date	acquired	(d) Date sold
2-story brick warehouse; or common stock, 200 shs. MLC Co.)			] b	- Purci - Dona	iase tion	(mo., d	ay, yr.)	(mo., day, yr.)		
1a	<u> </u>									
b NO	ONE				<u> </u>					
<u>c</u>	_				╄-					
<u>d</u>					┾					
<u>e</u>	(6)	Depreciation allowed	(a) Co	st or other basis	┸			(h) G	ain or (loss	<u> </u>
(e) Gross sales price	"	(or allowable)		expense of sale					(f) minus	
a										
b										
C										
<u>d</u>	<u> </u>									
e Complete only for assets show	ing gain in	column (h) and owned by t	he foundation	on 12/31/60				(I) Co (C	al (b) as a	
Complete only for assets snow	<del></del>	(j) Adjusted basis		cess of col. (1)				òl. (k), but r	ol. (h) gain not less tha	n -0-) <b>or</b>
(i) F.M.V. as of 12/31/69	•	as of 12/31/69		col. (j), if any				Losses	(from col. (	h))
<u>a</u>	<del>                                     </del>									
b										
C										
d				•						
<u>e</u>	<u> </u>									
2 Capital gain net income or (net o	andal load	If gain, also enter			}	2				
, , ,	•	( (1000), 0		1	)	-				
3 Net short-term capital gain or (keeping fain, also enter in Part I, line 8			d (6):		٦١					
If (loss), enter -0- in Part I, line 8		υ <u>)</u> .			<b>)</b> '	3				
		ection 4940(e) for	Reduced	Tax on Net	t Inv	estm	ent in	come		
(For optional use by domestic priva	te foundati	ons subject to the section 4	940(a) tax or	net investment ir	ncom	e.)				N/A
If section 4940(d)(2) applies, leave	this part bi	ank								
****	·									
Was the foundation liable for the se				•	riod?					Yes No
If "Yes," the foundation does not qu  1 Enter the appropriate amount in					entries	 S.				· <del></del>
(a)	1 02011 0010	(b)	00.00.00.00	loro maning any c	(c			$\neg$	D. L.	(d) oution ratio
Base period years Calendar year (or tax year begini	ning in)	Adjusted qualifying dist	ributions	Net value of no			use asset	s	DIŞTRII col. (b) dı.	oution ratio vided by col. (c))
2014										
2013										
2012										
2011				ļ						
2010				L	_					
2 Total of line 1, column (d)						,		2		
3 Average distribution ratio for the	5-vear ba	se period - divide the total c	n line 2 by 5.	or by the number	r of ve	ears		<del>                                   </del>		
the foundation has been in exist			o <b></b> ,	o. by	,.			3		
		•	<del>-</del>							
4 Enter the net value of noncharita	able-use as	sets for 2015 from Part X, I	ıne 5					4		
5 Multiply line 4 by line 3								5	 	
6 Enter 1% of net investment inco	me (1% of	Part I, line 27b)						6		
7 Addition 5 and 6					7					
7 Add lines 5 and 6										
8 Enter qualifying distributions from Part XII, line 4						··				
If line 8 is equal to or greater that See the Part VI instructions.	an line 7, cl	heck the box in Part VI, line	1b, and com	olete that part usin	ng a 1	% tax r	ate.			

BETAGOLE FAMILY FOUNDATION INC

Part VII   Excise Tax Based on Investment Income (Section 14940(a), 4940(b), or 4946 - see instructions)		990-PF (2015)			5625			Page 4
Date of ruling or determination letter:    A content content of the content of the section 4940(e) requirements in Part V, check here	Pa	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e),	or 4	948	- see i	nstru	ctio	ns)_
b Domestic foundations that meet the section 4947(a) requirements in Part V, check here ▶ □ and enter 1% of Part I, line to 27h.  • All other domestic foundations enter 2% of line 27h. Exempl foreign organizations enter 4% of Part I, line 12, col. (b).  • 2 Tax under section 511 (domestic section 4947(a) (1) trusts and taxable foundations only. Others enter -0-)  • 3 Add lines 1 and 2  • 3 Add lines 1 and 2  • 4 Sublible A (income) tax (domestic section 4947(a) (1) trusts and taxable foundations only. Others enter -0-)  • 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-  • 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-  • 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-  • 5 Cordist/Payments;  • 2 2016 estimated tax payments and 2014 overpayment credited to 2015  • 5 Exempt foreign organizations - tax withheld at Source  • 1 Total credits and payments. Add lines 54 trivrough 64  • 6 Ed  • 6 Ed  • 6 Ed  • 7 O.  • 6 Ed  • 7 Total credits and payments. Add lines 54 trivrough 64  • 8 Enter any pensity for underpayment of estimated tax. Check here □ If Form 2220 is attached  • 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount everald  • 10 Civerpayment. If line 1's is more than line 1's income than line 7, enter amount everald  • 10 Civerpayment. If line 1's is more than line 1's lines 5 and 8, where the amount of line 10 to be: Credited to 2016 estimated tax ▶  • Part VIII-A I Statements Regarding Activities  • 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 pothtoal campagin?  • 1b of spend more than \$100 during the year (either director) or of the activities  • 1a During the tax year, did the foundation attempt to influence any national, state, or local large-distributions for the definition?  • 1b of the toundation life Foundation attempt to influence any national,	1a	Exempt operating foundations described in section 4940(d)(2), check here   and enter "N/A" on line 1.						
of Part I, line 27h  • All other domestic toundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, cot (b).  2 Tax under section 51 (domestic section 4947(a)(1) trusts and tixable foundations only. Others enter 40-)  3 Add lines 1 and 2  3 O.  4 O.  5 Add lines 1 and 2  5 Subditle A (nome) tax (domestic section 4947(a)(1) trusts and tixable foundations only. Others enter 40-)  5 Tax based on investment income. Subtract line 4 from line 3.1 zero or less, enter 40-  5 Credits/Payments;  2 2015 sestimated tax payments and 2014 overpayment credied to 2015  5 Exempt foreign organizations - study withheld at some 50 tile (Form 8869)  6 Exempt foreign organizations - study withheld at 50 tile 5 tile		Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	ł		i			
a All other domestic foundations enter 2% of tine 27b. Exempt foreign organizations enter 4% of Part I, line 12, cot. (b).  2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter 40-)  3 O.  3 O.  4 Subtité à (norme) bax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter 40-)  5 Tax based on investment incensi. Subtractifier 4 from line 3.1 tzero or less, enter -0-  5 Condis-Payments;  2 2015 estimated bax payments and 2014 overpayment credided to 2015  5 Exempt foreign organizations - tax withheld at source  6 Tax paid with application for extension of time to file (Form 8868)  6 Enter any pastily for underpayment of estimated tax. Check here ☐ if Form 2220 s attached  7 Total credits and payments. And lines 6 at through 6d  8 Enter any pastily for underpayment of estimated tax. Check here ☐ if Form 2220 s attached  9 Tax doe. If the total of lines 5 and 6 is more than line 7, enter amount ower and the control of the 10 to	b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1%	· [	_1_	<u></u>			<u>0.</u>
2 and under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 dod lines 1 and 2 4 Subilitie A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on livestineal tincome. Subtract line 4 from line 3.1 zero or less, enter -0- 5 Todis based on livestineal tincome. Subtract line 4 from line 3.1 zero or less, enter -0- 5 Todis registary or organizations - 1 tax withhiled 4 source 6 Tox paid with application for extension of time to file (Form 8868) 6 Extempt foreign organizations - 1 tax withhiled 4 source 6 Tax paid with application for extension of time to file (Form 8868) 6 Extempt foreign organizations - 1 tax enter in the file (Form 8868) 7 Todai credits and payments. Add lines 8a through 8d 7 Totai credits and payments. Add lines 8a through 8d 7 Totai credits and payments. Add lines 8a through 8d 8 Enter any peasity for underpayment of estimated tax. Note there is 10 to the credited to 2016 estimated tax.  10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overgal 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overgal 11 Part VII-A   Statements Hegarding Activities 1 a During the tax year, did the foundation attempt to influence any automatic state, or local legislation or did it participate or intervene in any optical campaign? 1 but spend more than 5100 during the year (either directly or midnectly) for political purposes (see instructions for the definition)?  1 the answer is 1'ses to 10 are 18, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in the year?  1 the Amount (fray) of tax on publical expenditures (section 4955) imposed during the year?  1 the Amount (fray) of tax on publical expenditures (section 4955) imposed during the year?  1 the foundation in Fermi 122-POL for this year?  2 the foundation managers. So 1 or 10, attach a detailed description of the ac		of Part I, line 27b	ł					
3 O O O O O O O O O O O O O O O O O O O	C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			1			
4 Subbitle A (mocme) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  5 Tax based on inventment income. Subtract line 4 from line 3, it zero or less, enter -0-  5 Credits-Pyments:  a 2015 estimated tax payments and 2014 overpayment credited to 2015  b Exempt foreign organizations - tax withheld at source  6 Tax paid with application for extension of time to file (Form 8668)  6 Beckup withholding erroreceusly withheld  7 Total credits and payments. Add lines 6a through 6d  8 Total credits and payments. Add lines 6a through 6d  8 Total credits and payments. Add lines 6a through 6d  8 Total credits and payments. Add lines 6a through 6d  8 Total credits and payments. Add lines 6a through 6d  8 Total credits and payments. Add lines 6a through 6d  8 Total credits and payments. Add lines 6a through 6d  8 Total credits and payments. Add lines 6a through 6d  8 Total credits and payments. Add lines 6a through 6d  8 Total credits and payments. Add lines 6a through 6d  8 Total credits and payments. Add lines 6a through 6d  8 Total credits and payments. Add lines 6a through 6d  8 Total credits and payments. Add lines 6a through 6d  8 Total credits and payments. Add lines 6a through 6d  8 Total credits and payments. Add lines 6a through 6d  9 Total credits and payments. Add lines 6a through 6d  9 Total credits and payments. Add lines 6a through 6d  10 Overpayment. If in a 7' is more than the total of lines 5 and 8, enter the amount owerpaid  10 Total credits and payments. Add lines 6a through 6d  11 Enter the amount of line 10 the Credited to 2016 sestimated tax. Payments of the definition?  1 If the answers * 'se' or 10 a or 10, antach a detailed description of the activities and copies of any materials published or distributed by the foundation in connectron with the activities  1 Did the foundation file Form 1120-POL for this year?  1 Total credits and payments of the pay	2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	ļ	2				
5 Tub based on Investment Income. Subtract line 4 from line 3. If zero or less, enter-0-6. Credits/Payments. 2 2015 estimated tax payments and 2014 overpayment credited to 2015  5 Exempt foreign organizations - tax withheld at source  1 Tax paid with application for extension of time to file (Form 8868)  6 Backup withholding erroneously withheld  7 Total credits and payments. Add lines 6 a through 8d  8 Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached  8 Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached  8 Inter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached  9 Tax due, if the total of lines 5 and 8 is more than line 7, enter amount of were  10 Overpayment. If time 7 is more than the total of lines 5 and 8, enter the amount of were 10 to 10 be. Credited to 2016 estimated tax. In 10 to 10 be. Credited tax. In 10 to 10 be. Credited tax. In 10 be. Credited tax. In 1	3	Add lines 1 and 2						
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b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 8a through 6d 7 Total credits and payments. Add lines 8a through 6d 7 Total credits and payments. Add lines 8a through 6d 7 Total credits and payments. Add lines 8a through 6d 8 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpald 11 Part VII-A   Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any optical campaign? 1a During the tax year, did the foundation influence any national, state, or local legislation or did it participate or intervene in any optical campaign? 1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 1b If the answer is "Yes" to 1 ar 1b. attach a detailed descoption of the activities and copies of any materials published or distributed by the foundation in connection with the activities 1 of the foundation in Connection with the activities 2 of the foundation in Connection with the activities 3 Has the foundation his Part 1120-POL for this year? 1 If "Yes," attach a detailed descaption of the activities 3 Has the foundation have unrelated business gross income of \$1,000 or more during the year?  1 If "Yes," statch the statement required by General Instruction T  4 Au Did the foundation have unrelated business gross income of \$1,000 or more during the year?  1 If "Yes," attach the statement required by General Instruction T  5 A Was three a diquidation, termination, dissolution, or substantial contraction during the year?  1 If "Yes," attach the statement required by General Instruc	-		ł		i			
c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneusby withheld 8 for a state of the critical and payments. Add lines 5a through 6d 7 Total credits and payments. Add lines 5a through 6d 7 Total credits and payments. Add lines 5a through 6d 8 for a state of the critical of lines 5 and 8 is more than the rotal of lines 5 and 8, enter the amount overpaid 9 Tax due. If the total of lines 5 and 8 is more than the rotal of lines 5 and 8, enter the amount overpaid 11 Center the amount of line 10 to be; Credited to 2016 estimated tax ▶    Part VII-A   Statements Regarding Activities   Part VII-A   Statements Regarding Activities   Tax 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?   Tax did the foundation may be year (either directly or indirectly) for political purposes (see instructions for the definition)?   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					1			
d Backup withholding erroneously withhold 7 Total credits and payments. Add lines 8 a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here					ł			
7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here					1			
8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than the total of lines 5 and 8, is more than the total of lines 5 and 8, is more than the total of lines 5 and 8, is more than the total of lines 5 and 8, is more than the total of lines 5 and 8, is more than the total of lines 5 and 8, is more than the total of lines 5 and 8, is more than the total of lines 5 and 8, is more than the 10 to be: Credited to 2018 estimated tax ▶ Refunded ▶ 11    Part VII-A   Statements Regarding Activities				_	ł			_
9 Tax due. If the lotal of lines 5 and 8 is more than line 7, enter amount owed  10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  11 Enter the amount of line 10 to be; Credited to 2016 estimated tax ▶ Refunded ▶ 11    Part VIII-A   Statements Regarding Activities   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?  b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?  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  c Did the foundation lie Form 1120-PDL for this year?  d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.  (1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0.  2 Has the foundation megaged in any activities that have not previously been reported to the IRS?  If "Yes," attach a detailed description of the activities  3 Has the foundation make any classified description of the activities  4 But the foundation have unrelated business gross income of \$1,000 or more during the year?  If "Yes," attach have unrelated business gross income of \$1,000 or more during the year?  If "Yes," attach have unrelated business gross income of \$1,000 or more during the year?  If "Yes," attach the statement required by General Instruction 7  A ret the requirements of section 50fe() (retaining to sections 4941 through 4945) satisfied attact conflict with the state law remain in the governing instrument, or  9 by state legislation that effectively amends the governing instrument so that no manadatory directions that conflict with the state law remain the governing instrument, or  9 by state legislation that effectively amends the governing instrument so that no manadatory dire	7				<u> </u>			<u> </u>
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11   Enter the amount of line 10 to be: Credited to 2016 estimated tax	9		. 🏲		<u> </u>			<u> </u>
Part VII-A   Statements Regarding Activities			<b>•</b>		<u> </u>			
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orn	m 990-PF (2015) % ROBERT BETAGOLE	47-5625	163		Page 5
Pi	art 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)		11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory of	orivileaes?			
	If "Yes," attach statement (see instructions)	Ĭ	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	•	13	X	
	Website address ► N/A	'			<b>-</b>
14	The books are in care of W. PATRICK STULL Telephone no.	<b>▶</b> 513-55	4-2	808	
	Located at > 10340 EVENDALE DRIVE, CINCINNATI, OH	ZIP+4 ▶45	241		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			_	$\Box$
	•	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,			Yes	No
	securities, or other financial account in a foreign country?	J	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the				
	foreign country				
Pa	art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required				<u> </u>
_	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1:	a During the year did the foundation (either directly or indirectly):				
		es 🗓 No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	00 (22 110			ł
		es 🗓 No			
	· · · · · · · · · · · · · · · · · · ·	es X No			ļ
		es 🛣 No			
		62 (47) MO			
	(5) Transfer any income or assets to a disqualified person (or make any of either available	es X No			
	. ,	es Las No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		1		1
	if the foundation agreed to make a grant to or to employ the official for a period after	es 🗓 No			
		es La_ No			l
	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	NT / 7			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	N/A	1b		<del>                                     </del>
	Organizations relying on a current notice regarding disaster assistance check here				
	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				7.
_	before the first day of the tax year beginning in 2015?		1c_	_	X
2	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)):				ĺ
	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				
	• • • • • • • • • • • • • • • • • • • •	es X No			i
	If "Yes," list the years				ļ
	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				ł
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attack				
	statement - see instructions.)	N/A	2b		
(	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
	<b>-</b>				]
3	Ba Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	[			
	during the year?	es X No			1
-	<b>b</b> If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons af	ter			[
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to or	dispose			Ì
	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				1
	Form 4720, to determine if the foundation had excess business holdings in 2015.)	N/A	3b	L	
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		Х

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**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?

## BETAGOLE FAMILY FOUNDATION INC

Form 990-PF (2015)			47-5625	163	Page 6
Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)		
.5a During the year did the foundation pay or incur any amount to:				$\Box$	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Yo	es 🛣 No 📗		
(2) Influence the outcome of any specific public election (see section 4955); or	to carry on, directly or indire			- {	- {
any voter registration drive?	•		s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y <sub>0</sub>	es 🗶 No	- 1	- {
(4) Provide a grant to an organization other than a charitable, etc., organization	described in section		<b></b>	1	
4945(d)(4)(A)? (see instructions)	•		es 🗶 No	- {	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f				Ì
the prevention of cruelty to children or animals?			es 🗶 No	- {	- }
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	•	n Regulations	/-		
section 53.4945 or in a current notice regarding disaster assistance (see instru	,		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check hi			▶∟∟ ∣		Ì
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr				- 1	
expenditure responsibility for the grant?	. <b>N</b>	Γ/A	es L No		İ
If "Yes," attach the statement required by Regulations section 53 4945			ļ	ļ	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	ay premiums on				İ
a personal benefit contract?	-	Ye	es 🗓 No	ļ	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		[	6b	<u> </u>
If "Yes" to 6b, file Form 8870				1	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No	<u> </u>	
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
Part VIII Information About Officers, Directors, Trusto	ees, Foundation Ma	magers, Highly	1		
Paid Employees, and Contractors					
1 List all officers, directors, trustees, foundation managers and their	(b) Title, and average	(c) Compensation	(d) Contributions to	1 70	) Expense
(a) Name and address	hours per week devoted	(If not paid,	(d) Contributions to employee benefit plan and deferred		ount, other
	to position	enter -0-)	compensation	a	llowances
				1	
See Statement 4		0.	0		0.
see scatement 4				<del>'  -</del>	<del></del>
				1	
	<del> </del>	<del>                                     </del>		+	
		ł		1	
	<del></del>	<del>  -                                   </del>	<del></del>	<del> </del>	
		ł		1	
				Į.	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE "	L		
	(b) Title, and average		(d) Contributions to	le	) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plan and deferred	s   ačo	ount, other llowances
NONE	devoted to position	<del> </del>	compensation	<del>-                                     </del>	ilowances
NONE		ļ		1	
				+	
				1	
				+-	
	<del></del>	<del></del>	<del> </del> -	+-	
		<del> </del>		+	
T. L. Laureha of other ampleuses and a 050 000	<del></del>	L	<u> </u>		0
Total number of other employees paid over \$50,000			Eor	m <b>QQ</b> O.	PF (2015)

## BETAGOLE FAMILY FOUNDATION INC

	<u>7-5625:</u>	163 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
NONE		<del></del>
<del></del>	<del></del>	
<del></del>		
<del>_</del>		
<del></del>	J	
		<del>-</del>
	[	
Total number of others receiving over \$50,000 for professional services		0
Part IX-A   Summary of Direct Charitable Activities	<u> </u>	
<del></del>		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 N/A		
) 1/A	$\dashv$	
	$\dashv$	
^		· · —
2	$\dashv$	
	$\dashv$	
0	+-	
3		
	<del></del>	
4		
Part IX-B   Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A	<del></del>	Amount
I N/A		
2		
<u> </u>	$\dashv$	
All other program related investments. Can instructions	$-\!\!\!+\!\!\!-\!\!\!\!-$	
All other program-related investments. See instructions.		
3		
<del></del>		
T 11 1 1 1 2		
Total, Add lines 1 through 3	<u> </u>	0.
	Forr	n <b>990-PF</b> (2015)

523561 11-24-15

% ROBERT BETAGOLE

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	e 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	368714.
b	Average of monthly cash balances	1b	621399.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	990113.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	1 2	0.
3	Subtract line 2 from line 1d	3	990113.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	14852.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	975261.
6	Minimum investment return. Enter 5% of line 5 Adjusted for Short Tax Period	6	14295.
P	<b>art XI</b> Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here  and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	14295.
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015. (This does not include the tax from Part VI.)	1	
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	14295.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	14295.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	14295.
Р	Qualifying Distributions (see instructions)	. <u></u>	
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	39560.
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	<del></del>
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	39560.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5_	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6_	39560.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies for th	e section

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				14295.
2 Undistributed income, if any, as of the end of 2015				14273.
a Enter amount for 2014 only			0.	
b Total for prior years:				
b rotal for prior years.		0.		
3 Excess distributions carryover, if any, to 2015:				<u> </u>
a From 2010				
b From 2011				
c From 2012				
d From 2013				
e From 2014				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2015 from				
Part XII, line 4: ►\$ 39560.				
a Applied to 2014, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior			0.	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				<del></del>
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount				14295.
e Remaining amount distributed out of corpus	25265.			14273.
5 Excess distributions carryover applied to 2015	23203.	<u> </u>		0.
(If an amount appears in column (d), the same amount must be shown in column (a))			,	
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	25265.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously		0.	!	
assessed	<del></del>			
d Subtract line 6c from line 6b. Taxable		0.		
amount - see instructions		· ·		
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	ĺ	•		0.
7 Amounts treated as distributions out of				<del> </del>
corpus to satisfy requirements imposed by	ĺ			
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010		<del> </del>		<del> </del>
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016.		<u> </u>		<del></del>
Subtract lines 7 and 8 from line 6a	25265.			
10 Analysis of line 9;	232031		<b>-</b>	<del>                                     </del>
a Excess from 2011				
b Excess from 2012	1			
c Excess from 2013	ľ			
d Excess from 2014	İ			
e Excess from 2015 25265.			ĺ	
622691 11-24 16			<u></u>	Form <b>990-PF</b> (2015)

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

🛄 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:

## ROBERT BETAGOLE

PO BOX 621137, CINCINNATI, OH 45262

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:

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Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation status of Purpose of grant or contribution show any relationship to Amount any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year ARTSWAVE РC GENERAL SUPPORT 20 EAST CENTRAL PARKWAY, STE 200 CINCINNATI, OH 45202 500. CINCINNATI CHILDREN'S HOSPITAL Ьc GENERAL SUPPORT 3333 BURNET AVE. 1000. CINCINNATI, OH 45229 HEBREW UNION COLLEGE ÞС GENERAL SUPPORT BROOKDALE CENTER NEW YORK, NY 10012 1000. JEWISH FEDERATION OF CINCINNATI ₽C GENERAL SUPPORT 8499 RIDGE RD. CINCINNATI, OH 45236 5340. ÞC JEWISH FEDERATION OF SARASOTA GENERAL SUPPORT 580 MCINTOSH RD. SARASOTA, FL 34232 5000. See continuation sheet(s) 39560. ▶ 3a Total **b** Approved for future payment None Total 0.

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Enter gross amounts unless otherwise indicated.		business income		led by section 512, 513, or 514	(e)	
	(a) Business	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income	
Program service revenue:	code		COCO			
<u>a</u>	- <del>   </del>		<del>}                                    </del>			
b	_		╁—╁			
c	_		₩			
d	_		<b> </b>			
e	_		<del>     </del>			
f	_		$\coprod$			
g Fees and contracts from government agencies						
Membership dues and assessments						
Interest on savings and temporary cash				·		
Investments	<del>                                     </del>		14	3757.		
Dividends and interest from securities	<del>  -  </del>	<del></del>	14	3/3/1		
Net rental income or (loss) from real estate:	<b>}</b>	<del></del>	<del>                                     </del>			
a Debt-financed property			<del></del>			
<b>b</b> Not debt-financed property			L			
Net rental income or (loss) from personal						
property	<del> </del>	<del></del>	<del>}                                    </del>			
Other investment income	<u> </u>		╁─┤			
Gain or (loss) from sales of assets other	- 1 - 1		1 1			
than inventory	<u> </u>		1			
Net income or (loss) from special events			<b> </b>			
Gross profit or (loss) from sales of inventory			$\sqcup$			
Other revenue:	1 1		i i			
a						
b	_					
C						
d						
e						
Subtotal. Add columns (b), (d), and (e)		0.		3757.		
Total. Add line 12, columns (b), (d), and (e)				13	375	
ee worksheet in line 13 instructions to verify calculations.	.)			_		
Part XVI-B Relationship of Activities		nnlishment of E	romni	Purnoses		
<del></del>						
ine No. Explain below how each activity for which in			contrib	uted importantly to the accom	plishment of	
the foundation's exempt purposes (other th	an by providing fund	is for such purposes).				
				<del></del> _		
				<del></del>		
		<del></del>			<del></del>	
	<del></del>	<del></del> -			<del></del>	
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<del></del>					<del></del>	
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523621 11-24-15

# Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

	Exchipt Organ								
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of									No
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?									
Transfers from the reporting foundation to a noncharitable exempt organization of:									
(1) Cash									
(2) Other	assets .						1a(2)		Х
<b>b</b> Other tran	sactions;								
(1) Sales	of assets to a noncharita	ble exempt organiza	tion				15(1)		X
(2) Purci	hases of assets from a no	ncharitable exempt	organization				1b(2)		X
	al of facilities, equipment,	-	•		•		1b(3)		X
٠.	bursement arrangements		•				1b(4)		Х
	s or loan guarantees						1b(5)		X
= =	rmance of services or me	embership or fundra	isina solicitatio	ns			1b(6)		X
• •	f facilities, equipment, ma	•	•				10	$\vdash$	x
				dule. Column (b) should al	ways show the fair r	narket value of the o	nods, other ass	sets.	
	-		_	ed less than fair market valu				,	
	i) the value of the goods,				•		•		
(a)Line no	(b) Amount involved			exempt organization	(d) Description	of transfers, transaction	ons, and sharing ar	rangeme	ents
	···	<u> </u>	N/A	· · · · · · · · · · · · · · · · · · ·					
					+				
			_		•	<del></del>			
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			···						
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				<del> </del>					
		<del> </del>			<del>                                     </del>				_
		-							
			***		-				
		-	_		•				
2a Is the fou	ndation directly or indirec	tly affiliated with, or	related to, one	or more tax-exempt organ	zations described	-			
	501(c) of the Code (othe	•	,				Yes	X	□No
	omplete the following sch	•	,,(0,, 0, 000.			-			
	(a) Name of org			(b) Type of organization		(c) Description of re	lationship		
	N/A			,,,,,			· ·		
							-		
		-							
					1		-		
				I ng accompanying schedules and			C May the Town	dino: '=	thio
Sign and b	elief, it is true, correct, and coi	mplete Declaration of p	reparer (other tha	n taxpayer) is based on all inform	mation of which prepare	r has any knowledge	May the IHS return with the shown below	ie prepar	rer
Here	Themes, W	stock		ميرايدا يرا	Secuite	n. Hanne	Yes	· -	
Sigi	nature of officer or trustee	)		Date	Title	7/ 1000301			
	Print/Type preparer's na		Preparer's s		Date	Check   if	PTIN		
		-				self- employed			
Paid	REITMAN-DEINI	_EIN	1/4.6	(1)	11-14-16		P0042093	33	
Preparer	Firm's name ▶ DET		- muel	<del></del>		Firm's EIN			
Use Only	DEI	OITTE TAX	ĿĹΡ			86-106	8772		
	Firm's address ▶ 25	0 E 5TH ST	ਾ ਤਾਦ	1900		+			
				1500,		Phone no. 51	3-784-71	0.0	
	C1	<u>NCINNATI. C</u>	OH 45202			Trilone no. 31	Form <b>99</b>	_	(2015)
							101111 93	V-1-1-	(2013)

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or show any relationship to Foundation Amount contribution any foundation manager status of Name and address (home or business) or substantial contributor recipient PC GENERAL SUPPORT ISAAC M. WISE TEMPLE 720 PLUM STREET 5000. CINCINNATI OH 45202 CINCINNATI ZOO AND BOTANICAL GARDEN РC GENERAL SUPPORT 3400 VINE STREET 3000. CINCINNATI, OH 45220 ÞС GENERAL SUPPORT UNITED WAY OF GREATER CINCINNATI 2400 READING ROAD 10000. CINCINNATI, OH 45202 РC GENERAL SUPPORT AMERICAN RED CROSS 2025 E STREET, NW 1000. WASHINGTON, DC 20006 CEDAR VILLAGE PC GENERAL SUPPORT 5467 CEDAR VILLAGE DR. 1000. MASON, OH 45040 GENERAL SUPPORT AMERICAN JEWISH COMMITTEE ÞС 105 W 4TH ST, UNTI 1008 500. CINCINNATI, OH 45202 РC GENERAL SUPPORT ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE 200. NEW YORK, NY 10158 ÞС GENERAL SUPPORT HOSPICE OF CINCINNATI 4360 COOPER RD. 250. CINCINNATI, OH 45242 GENERAL SUPPORT HEARING SPEECH AND DEAF CENTER PC 2825 BURNET AVE #330 100. CINCINNATI, OH 45219 GENERAL SUPPORT CENTER FOR HOLOCAUST AND HUMANITY ÞС EDUCATION 8401 MONTGOMERY RD 250. CINCINNATI, OH 45236 26720. Total from continuation sheets

% ROBERT BETAGOLE

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor TENDER MERCIES GENERAL SUPPORT PC 27 WEST 12TH STREET CINCINNATI, OH 45202 200. SALVATION ARMY РC GENERAL SUPPORT PO BOX 596 CINCINNATI, OH 45201 100. YMCA FOUNDATION OF SARASOTA ÞС GENERAL SUPPORT 1084 S BRIGGS AVE SARASOTA, FL 34237 1000. ALZHEIMER'S ASSOCATION OF GREATER ÞС GENERAL SUPPORT CINCINNATI 644 LINN STREET, SUITE 1026 100. CINCINNATI, OH 45203 AMERICAN CANCER SOCIETY ÞС GENERAL SUPPORT 250 WILLIAMS STREET NW 100. ATLANTA GA 30303 AMERICAN HEART ASSOCIATION GENERAL SUPPORT 7272 GREENVILLE AVE DALLAS, TX 75231 100. AMERICAN LUNG ASSOCATION GENERAL SUPPORT 5900 WILCOX PLACE 100. DUBLIN, OH 43016 WCET GENERAL SUPPORT PC 1223 CENTRAL PARKWAY 200. CINCINNATI, OH 45214 CINCINNATI PUBLIC RADIO GENERAL SUPPORT 1223 CENTRAL PARKWAY CINCINNATI, OH 45214 200. GENERAL SUPPORT LEUKENIA & LYMPHOMA SOCIETY 1311 MAMARONECK AVENUE WHITE PLAINS, NY 10605 100. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient WORLD WILDLIFE FUND PC GENERAL SUPPORT 1250 24TH STREET, NW WASHINGTON, DC 20037 200. HUMANE SOCIETY PC GENERAL SUPPORT 1255 23RD STREET, NW, SUITE 450 WASHINGTON, DC 20037 50. ROTARY FOUNDATION PC GENERAL SUPPORT 1560 SHERMAN AVE. 150. EVANSTON, IL 60201 PC FREESTORE-FOODBANK GENERAL SUPPORT 1141 CENTRAL PARKWAY CINCINNATI, OH 45202 250. AMERICAN DIABETES ASSOCIATION PC GENERAL SUPPORT 2451 CRYSTAL DRIVE, SUITE 900 ARLINGTON, VA 22202 100. AMERICAN KIDNEY FOUNDATION PC GENERAL SUPPORT 11921 ROCKVILLE PIKE 100. ROCKVILLE, MD 20852 JEWISH NATIONAL FUND PC GENERAL SUPPORT 42 EAST 69TH STREET NEW YORK, NY 10021 250. SPCA CINCINNATI PC GENERAL SUPPORT 11900 CONREY RD. 100. CINCINNATI, OH 45249 ARTHRITIS FOUNDATION PC GENERAL SUPPORT 1355 PEACHTREE ST NE, STE 600 100. ATLANTA, GA 30309 B'NAI B'RITH PC GENERAL SUPPORT 1120 20TH ST. NW, SUITE 300 N WASHINGTON, DC 20036 120. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount contribution status of any foundation manager Name and address (home or business) or substantial contributor recipient TALBERT HOUSE PC GENERAL SUPPORT 2600 VICTORY PARKWAY CINCINNATI, OH 45206 200. AMERICAN JEWISH JOINT DISABILITY GENERAL SUPPORT 711 THIRD AVENUE NEW YORK, NY 10017 100. BIRTHRIGHT ISREAL FOUNDATION PC GENERAL SUPPORT 33 EAST 33RD ST, 7TH FLOOR NEW YORK, NY 10016 250. PC GENERAL SUPPORT LIGHTHOUSE YOUTH SERVICES 401 EAST MCMILLAN STREET 100. CINCINNATI, OH 45206 RONALD MCDONALD HOUSE PC GENERAL SUPPORT 350 ERKENBRECHER AVENUE CINCINNATI, OH 45229 100. HALOM HOUSE PC GENERAL SUPPORT 4680 HUNT RD 100. CINCINNATI, OH 45242 CYSTIC FIBROSIS FOUNDATION PC GENERAL SUPPORT 6931 ARLINGTON RD, 2ND FLOOR BETHESDA, MD 20814 100. PC GENERAL SUPPORT SHELTER HOUSE 411 GEST STREET, SUITE 1 100. CINCINNATI, OH 45203 FLORIDA STUDIO THEATER GENERAL SUPPORT 1241 NORTH PALM AVENUE SARASOTA, FL 34236 250. BOYS AND GIRLS CLUB OF CINCINNATI PC GENERAL SUPPORT 600 DALTON AVE. 100. CINCINNATI, OH 45203 Total from continuation sheets

% ROBERT BETAGOLE 47-5625163 Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to any foundation manager or substantial contributor Amount status of Name and address (home or business) recipient MULTIPLE SCLEROSIS SOCIETY PC GENERAL SUPPORT 733 THIRD AVENUE 100. NEW YORK, NY 10017 GENERAL SUPPORT SLOAN KETTERING CANCER CENTER PC 1275 YORK AVENUE NEW YORK, NY 10065 100. MOTHERS AGAINST DRUNK DRIVERS PC GENERAL SUPPORT 511 E. JOHN CARPENTER FREEWAY 100. IRVING, TX 75062 PC GENERAL SUPPORT MUSCULAR DYSTROPHY 222 S. RIVERSIDE PLAZA, SUITE 1500 CHICAGO, IL 60606 100.

Total from continuation sheets

## 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.lrs.gov/form990.

OMB No 1545-0047

2015

	ETAGOLE FAMILY FOUNDATION INC ROBERT BETAGOLE	47-5625163							
	Organization type (check one):								
Filers of:	Filers of: Section:								
Form 990 or 990-EZ									
4947(a)(1) nonexempt chantable trust <b>not</b> treated as a private foundation									
	527 political organization								
Form 990-PF	<b>X</b> 501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private foundation								
	501(c)(3) taxable private foundation								
· · · · ·	is covered by the <b>General Rule</b> or a <b>Special Rule</b> . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions							
General Rule									
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributo								
Special Rules									
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a tor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount, line 1 Complete Parts I and II.	a, or 16b, and that received from							
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from outions of more than \$1,000 exclusively for religious, chantable, scientific, literary, or edu cruelty to children or animals. Complete Parts I, II, and III								
year, contribution is checked, enter purpose Do not d	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from as exclusively for religious, charitable, etc., purposes, but no such contributions totaled in here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the <b>General Rule</b> applies to this organization because ole, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000 If this box is, charitable, etc.,							

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

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

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

Name of organization BETAGOLE FAMILY FOUNDATION INC % ROBERT BETAGOLE

Employer identification number

47-5625163

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	POBERT BETAGOLE  90 LIGHTHOUSE POINT DRIVE  LONGBOAT KEY, FL 34428	s1093753.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	POBERT BETAGOLE  90 LIGHTHOUSE POINT DRIVE  LONGBOAT KEY, FL 34428	s1900000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

# BETAGOLE FAMILY FOUNDATION INC

**% ROBERT BETAGOLE** 

47-5625163

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.
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art II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	SEE ATTACHED		
_   -		\$\$	12/14/15
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$	
(a) No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-  -  -			
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. om art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		**************************************	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			
53 10-26-1	<del></del>	\$	90, 990-EZ, or 990-PF) (2

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Name of organization

Employer Identification number

	LE FAMILY FOUNDATION I: RT BETAGOLE			47-5625163					
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religious. Use duplicate copies of Part III if addition	columns (a) through (e) and the follow s, chantable, etc., contributions of \$1,000 or	ving line entry. For organiz	zations					
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held					
.									
	Transferee's name, address, a	(e) Transfer of gift		transferor to transferee					
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held					
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held					
	Transferee's name, address, a	(e) Transfer of gift	sfer of gift  Relationship of transferor to transferee						
n) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held					
<del>-</del>									
	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee					
_									

Form 990-PF	Dividends	and Inter	rest	from	Secur	ities 	St	atement	_1
Source	Gross Amount	Capita Gains Dividend	s R		a) enue Books	(b) Net Inve ment Inc		(c) Adjust Net Inc	
FIDELITY	3757.		0.		3757.		0.		
To Part I, line 4	3757.		0.		3757.		0.		
Form 990-PF		Other Investments						atement	2
Description			aluat Metho		Воо	k Value	Fē	ir Marke Value	t
FIDELITY Z70-131938	_	COSI	,		693600.		1106141.		
Total to Form 990-P	F, Part II,	line 13				693600.		11061	41.
Form 990-PF		Substantia rt VII-A,			butors		St	atement	3
Name of Contributor		Addı	cess						
ROBERT BETAGOLE			LIGHT SBOAT						

	st of Officers, Di d Foundation Manag		State	ement 4
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	
ROBERT BETAGOLE 90 LIGHTHOUSE POINT DR LONGBOAT KEY, FL 34428	DIRECTOR/PRESID	DENT/CHAIRM 0.	AN 0.	0.
MARTY BETAGOLE 101 HARBOR GREEN DRIVE BELLEVIEW, KY 41073	DIRECTOR 0.00	0.	0.	0.
RICHARD BETAGOLE 2953 WOLD AVENUE CINCINNATI, OH 45206	DIRECTOR 0.00	0.	0.	0.
JOHN BETAGOLE 161 LINDEN DRIVE WYOMING, OH 45215	DIRECTOR 0.00	0.	0.	0.
MARYANN BETAGOLE 90 LIGHTHOUSE POINT DR LONGBOAT KEY, FL 34428	VICE PRESIDENT 0.00	0.	0.	0.
W. PATRICK STULL 7988 KENILWORTH LANE CINCINNATI, OH 45242	SECRETARY/TREAS	SURER 0.	0.	0.
Totals included on 990-PF, Page	6, Part VIII	0.	0.	0.

																				_			_	_	
12/14/2015	12/14/2015	12/14/2015	12/14/2015	12/14/2015	12/14/2015	12/14/2015	12/14/2015	12/14/2015	12/14/2015	12/14/2015	12/14/2015	12/14/2015	12/14/2015	12/14/2015	12/14/2015	12/14/2015	12/14/2015	12/14/2015	12/14/2015	12/14/2015	12/14/2015	12/14/2015	•	12/14/2015	
46,720.80	40,094.75	53,241.50	73,953 00	48,235.60	25,760.20	36,311 25	29,530 25	67,130 25	37,491.20	12,690.50	36,736 00	12,193.25	52,590.00	50,498 60	35,034 50	55,836.60	35,233.00	57,774.15	36,345 90	41,568.75	49,417.50	64,713.60	46,209 00	48,442.80	1,093,752.95
420	575	650	006	460	190	575	1,075	515	280	425	1,400	425	1,000	445	1,025	870	1,100	315	485	375	375	360			
111.24	69.73	81.91	82.17	104.86	135 58	63 15	27.47	130.35	64 64	29.86	26 24	28 69	52.59	113 48	34 18	64.18	32 03	183.41	74.94	110.85	131.78	179.76	42.20	66.36	
112.48	69.83	81.43	82.15	104.96	135.53	62 82	27.74	130.54	65.04	29.92	26.49	28.42	52 55	113 61	34.47	64 27	32.18	184.18	75.33	111.03	130.50	178.81	42 43	67.55	
109.79	69.23	80.86	80.86	103.08	134 16	62 48	27.16	129.62	63 91	29.51	25.96	28.14	51.94	112.57	33.88	63.60	31.84	182.36	74.43	109.67	129 92	177.87	41.84	65.04	
112 68	70 22	82.96	83.48	106.64	137.00	63.82	27.77	131.08	65.37	30.21	26.52	29.23	53.23	114.38	34.48	64.76	32.21	184.45	75.44	112.03	133.64	181.65	42.56	67 68	
36,240.00	33,942.19	20,244.58	34,168.46	20,028.03	14,907.40	34,974.66	24,971.64	26,970.55	34,893.03	11,131.56	34,971.86	8,493.24	25,307.40	24,036.00	34,476 39	29,968.63	35,095.50	24,318.00	35,136 85	19,949.44	24,803.10	34,655.90	35,014.27	34,901.01	693,599.69
APPLE INC	ARCH CAPITAL GROUP COM STK USD0.01	ASSURANT INC	ALASKA AIR GROUP INC	AMERIPRISE FINL INC COM	ANTHEM INC COM	AVERY DENNISON CORP	CA INC COM	CHUBB CORP	CELANESE CORP DEL COM SER A	COMPUTER SCIENCES CORP	CISCO SYS INC COM	CSRA INC COM	DISCOVER FINL SVCS	DST SYSTEMS INC	INTEL CORP	JPMORGAN CHASE & CO	PFIZER INC	EVEREST RE GROUP LTD COM	SANDISK CORP	TRAVELERS COS INC COM	TOWERS WATSON & CO COM CLASS A	TIME WARNER CABLE INC COM	US BANCORP DEL COM NEW	VALERO ENERGY CORP	
			ALK	AMP	ANTM	₩	ర	Z70131938 CB	Z70131938 CE	၁၄၁	CSCO	CSRA	DFS									Z70131938 TWC	Z70131938 USB	-	
	APPLE INC 36,240.00 112.68 109.79 112.48 111.24 420 46,720.80 1	APPLE INC 36,240.00 112 68 109.79 112.48 111.24 420 46,720.80 1 ARCH CAPITAL GROUP COM STK USD0.01 33,942.19 70 22 69.23 69.83 69.73 575 40,094.75 1	APPLE INC ARCH CAPITAL GROUP COM STK USD0.01 33,942.19 70 22 69.23 69.83 69.73 575 40,094.75 1 ASSURANT INC 20,244.58 82.96 80.86 81.43 81.91 650 53,241.50 1	APPLE INC ARCH CAPITAL GROUP COM STK USD0.01 33,942.19 70.22 69.23 69.83 69.73 575 40,094.75 1 ASSURANT INC ALASKA AIR GROUP INC 34,168.46 83.48 80.86 82.15 82.17 900 73,953.00 1	APPLE INC ARCH CAPITAL GROUP COM STK USD0.01 33,942.19 70.22 69.23 69.83 69.73 575 40,094.75 1 ASSURANT INC ALASKA AIR GROUP INC 34,168.46 83.48 80.86 82.15 82.17 900 73,953.00 1 AMERIPRISE FINL INC COM 20,028.03 106.64 103.08 104.96 104.86 460 48,235.60 1	ARCH CAPITAL GROUP COM STK USD0.01 33,942.19 70.22 69.23 69.83 69.73 575 40,094.75 1 ASSURANT INC 20,244.58 82.96 80.86 81.43 81.91 650 53,241.50 1 AMERIPRISE FINL INC COM 20,028.03 106.64 103.08 104.96 104.86 460 48,235.60 1 ANTHEM INC COM 14,907.40 137.00 134.16 135.53 135.58 190 25,760.20 1	APPLE INC ARCH CAPITAL GROUP COM STK USD0.01 ASSURANT INC ALASKA AIR GROUP INC AMERIPRISE FINL INC COM AMERIPRISE FINL INC COM ANTHEM INC COM AVERY DENNISON CORP ASSURANT SA, 240.094.75 ASSURANT SA, 240.094.75 ASSURANT SA, 240.094.75 ASSURANT SA, 260.29 B0.86 B0.83 B0.86 B1.43 B1.91 B0.97 B1.91 B0.94.75 B0.94.75 B0.94.75 B0.96 B1.43 B1.91 B0.97 B1.91 B0.97 B1.91 B0.97 B1.91 B0.97 B1.91 B0.97 B1.91 B0.97 B0.97 B0.94 B0.96 B0.98 B0.98 B0.98 B0.98 B0.98 B0.98 B0.98 B0.99 B1.91 B0.97 B0.97 B0.99 B0.99 B0.99 B0.99 B0.99 B0.99 B0.99 B0.99 B0.99 B0.99 B0.99 B0.99 B0.99 B0.90 B	APPLE INC ARCH CAPITAL GROUP COM STK USD0.01 ASSURANT INC ALASKA AIR GROUP INC AMERIPRISE FINL INC COM AMERIPRISE FINL INC COM ANTHEM INC COM AVERY DENNISON CORP ASSURANT SOLOR OF TAXABLE ST. 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