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Form '990-PF

Return of Private Foundation

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

OMB No 1545-0052

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Do not enter social security numbers on this form as it may be made public.

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

, 2015, and ending For calendar year 2015 or tax year beginning A Employer identification number Name of foundation CEDAR FAIR CHARITIES, INC. 61-1751812 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) **ONE CEDAR POINT DRIVE** 419-609-5770 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here ▶ ☐ SANDUSKY, OH 44870-5259 Initial return of a former public charity G Check all that apply: ✓ Initial return D 1. Foreign organizations, check here □ Amended return ☐ Final return 2. Foreign organizations meeting the 85% test. ☐ Name change ☐ Address change check here and attach computation E If private foundation status was terminated under H Check type of organization: ✓ Section 501(c)(3) exempt private foundation section 507(b)(1)(A), check here . ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation F If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here end of year (from Part II, col. (c), ightharpoonupline 16) ▶ \$ (Part I, column (d) must be on cash basis.) 70 Part I (d) Disbursements Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal expenses per purposes (cash basis only) ıncome income books the amounts in column (a) (see instructions)) Contributions, gifts, grants, etc., received (attach schedule) 1,025,645 Check ▶ ☐ if the foundation is **not** required to attach Sch. B 2 Interest on savings and temporary cash investments 3 4 Dividends and interest from securities 5a Gross rents Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) . . Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances Less: Cost of goods sold . . . Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 . 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) Accounting fees (attach schedule) Operating and Administrative 63 Other professional fees (attach schedule) 0 က် 17 J<u>u</u>. 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion . . . 20 21 Travel, conferences, and meetings . 22 Printing and publications . . Other expenses (attach schedule) Stmt. 1 1,030 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 1,024,545 1,024,545 Total expenses and disbursements. Add lines 24 and 25 26 1,025,575 1,024,545 Subtract line 26 from line 12: Excess of revenue over expenses and disbursements 70 **Net investment income** (if negative, enter -0-) . Adjusted net income (if negative, enter -0-)

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form **990-PF** (2015)

Part II		Ralance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year	
Fa	ו ניוו	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
\Box	1	Cash-non-interest-bearing	0	70	70	
İ	2	Savings and temporary cash investments				
i	3	Accounts receivable ▶				
		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				
		Pledges receivable ► Less: allowance for doubtful accounts ►				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule) ▶				
		Less: allowance for doubtful accounts ▶				
छ	8	Inventories for sale or use			· · · · · · · · · · · · · · · · · · ·	
Assets	9	Prepaid expenses and deferred charges				
As	10a	Investments—U.S. and state government obligations (attach schedule)				
1	b	Investments—corporate stock (attach schedule)				
	C	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment basis ▶				
	•	Less. accumulated depreciation (attach schedule) ▶			<u> </u>	
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)				
	14	Land, buildings, and equipment: basis ▶				
	• •	Less: accumulated depreciation (attach schedule) ▶	J			
	15	Other coasts (decombs				
	16	Total assets (to be completed by all filers—see the				
		instructions. Also, see page 1, item I)	0	70	70	
	17	Accounts payable and accrued expenses			70	
	18	Grants payable				
Liabilities	19	Deferred revenue		······ · · · · · · · · · · · · · · · ·		
III	20	Loans from officers, directors, trustees, and other disqualified persons				
ab	21	Mortgages and other notes payable (attach schedule)				
Ë	22					
	23	Other liabilities (describe ►) Total liabilities (add lines 17 through 22)	· - -	0		
		Foundations that follow SFAS 117, check here ▶ ✓				
es		and complete lines 24 through 26 and lines 30 and 31.				
Balances	24	Unrestricted		70		
<u>a</u>	25	Temporarily restricted		70		
	26	Permanently restricted				
п	20					
Net Assets or Fun		Foundations that do not follow SFAS 117, check here ► □ and complete lines 27 through 31.				
ō	27	Capital stock, trust principal, or current funds				
3	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
Se	29	Retained earnings, accumulated income, endowment, or other funds				
As	30	Total net assets or fund balances (see instructions)				
et	31	Total liabilities and net assets/fund balances (see				
Z	١٠.	instructions)		70		
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	l	70		
		al net assets or fund balances at beginning of year—Part II, colu	mn (a), line 30 (miles	st agree with		
•		of-year figure reported on prior year's return)			_	
2		er amount from Part I, line 27a			0	
3		er increases not included in line 2 (itemize)			70	
4	Dule	I lines 1, 2, and 3	•	4		
_						
6	Tota	reases not included in line 2 (itemize) ► al net assets or fund balances at end of year (line 4 minus line 5)—l	Part II. column (b) II	ne 30 6		
	, , , ,	a not access or faile balances at end of year (line 4 fillings line 5)—	i aicii, coluillii (b), ii		Form 990-PF (2015)	
					1 OITH 220-F F (2015)	

Part	(a) List and describe the	e kind(s) of property sold (e.g., real estate, or common stock, 200 shs MLC Co	е,	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
<u>1a</u>						
b						
С						
d		_				
е						
	(e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale					in or (loss) (f) minus (g)
<u>a</u> b			<u> </u>			
				_		
<u>_</u>		-				_
	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·		
е	Complete only for assets show	wing gain in column (h) and owned	by the foundation	on 12/31/69		
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	ss of col (i) (j), if any	col (k), but no	ol (h) gain minus ot less than -0-) or from col (h))
a		·		<u> </u>		
_ b				····		
<u>_</u>				_ _	 	
_ _ d						
				 ·		
<u>е</u> 2	Capital gain net income or	Inot canital inee! (-	ı also enter ın Pa , enter -0- ın Pa			·
3	Net short-term capital gair	or (loss) as defined in sections		-	2	
		I, line 8, column (c) (see instru-), enter -0- ın }	3	
Part		er Section 4940(e) for Redu		let Investmen		
Was t	s," the foundation does not	section 4942 tax on the distribu qualify under section 4940(e). [Oo not complete	this part.		☐ Yes ☐ No
1		unt in each column for each ye	ar; see the instri	uctions before m	akıng any entries.	
Cale	(a) Base penod years endar year (or tax year beginning in)	(b) Adjusted qualifying distribution	ns Net value o	(c) of noncharitable-use a		(d) stribution ratio divided by col (c))
	2014					
	2013					
	2012					
	2011					
	2010					
	Total of line 1, column (d)	for the 5-year base period—div			2 the	
3		lation has been in existence if le				
4	Enter the net value of non-	charitable-use assets for 2015 t	from Part X, line	5	. 4	
5 Multiply line 4 by line 3						
6	Enter 1% of net investmen	nt income (1% of Part I, line 27t	o)		. 6	
7	Add lines 5 and 6				. 7	
8		ns from Part XII, line 4 ater than line 7, check the box i				1% tax rate. See the

Part		instru	uctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		0	
	here ▶ ☐ and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt 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-)		0	
3	Add lines 1 and 2		0	
4	Subtitle A (Income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		0	
6	Credits/Payments			
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a			
b	Exempt foreign organizations—tax withheld at source 6b			
С	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		0	
8	Enter any penalty for underpayment of estimated tax. Check here			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		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 ▶ Refunded ▶ 11			
Part	VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	4-	Yes	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	1a		✓
	Instructions for the definition)?	1b		✓
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.			
С	Did the foundation file Form 1120-POL for this year?	1c		✓
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		√
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	3		✓
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		✓.
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	M	A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		✓
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
_	conflict with the state law remain in the governing instrument?	6	✓	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	/	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶			
	OHIO If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
b			_	
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	✓	ļ
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		<u> </u>	
	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"			,
10	complete Part XIV	9		*
10		1	, ;	
	names and addresses	10	0 DE	<u> </u>

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)	11		1		
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)	40				
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	12 13		/		
13	Malanda adduses N. BMA					
14	Website address ► N/A The books are in care of ► DAVID R. HOFFMAN Telephone no. ► 41	9-609-	5740			
	Located at ► ONE CEDAR POINT DRIVE, SANDUSKY, OH ZIP+4 ► 4	4870-5	259	-		
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					
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority	$\overline{}$	Yes	No		
	over a bank, securities, or other financial account in a foreign country?	16		/		
	the foreign country					
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>				
, and	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):			ļ		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?					
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	'				
	disqualified person?					
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes					
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ✓ No (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)?			į		
	(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)					
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)?	1b	\mathbf{N}	A		
_	Organizations relying on a current notice regarding disaster assistance check here					
С	were not corrected before the first day of the tax year beginning in 2015?	1c		1		
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)):					
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and					
	6e, Part XIII) for tax year(s) beginning before 2015?	1				
_	If "Yes," list the years ► 20 , 20 , 20 , 20, 20					
D	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.)	2b	17	A		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		, <u> </u>			
_	▶ 20 , 20 , 20 , 20					
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?		l	1		
				ł		
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		ŀ			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			l		
	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.)	3b	W	A		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		1		
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			<u> </u>		
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b	l	✓		

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Part	VII-B	Statements Regarding Activities	s for W	/hich Form	4720 I	May Be R	equire	d (conti	nued)	
5a	During th	e year did the foundation pay or incur a	ıny amo	ount to:						711 211 2
		on propaganda, or otherwise attempt t		•	•		•	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?							[8] A. M. H. M.		
	(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							_		
								Yes	✓ No	
		de for any purpose other than religious				-		_	_	
		oses, or for the prevention of cruelty to						☐Yes	✓ No	10 to 10 ft 10 to 10 ft
b		swer is "Yes" to 5a(1)-(5), did any of the							ribed in	2 · · · · · · · · · · · · · · · · · · ·
	Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?						5b			
_	-	tions relying on a current notice regardi	_						▶□	
С		swer is "Yes" to question 5a(4), does t it maintained expenditure responsibility						_		
				_				∐ Yes	∐ No	
6-		attach the statement required by Regula bundation, during the year, receive any					miumo			
6a		sonal benefit contract?		_			HIIIUIIIS	[] Vaa	☑ No	
b	•	oundation, during the year, pay premiur					bonofit	Yes	_	6b ✓
D		o 6b, file Form 8870.	ns, une	City of indirec	Juy, On	a personai	Dellelli	Contract		136 2 32 32 32 32 32 32 32 32 32 32 32 32 3
7a		ne during the tax year, was the foundation	a narty i	to a prohibited	tay sh	elter transac	tion2	☐ Yes	[Z] No	
b		did the foundation receive any proceed								7b
		Information About Officers, Direct								
		and Contractors		•						,
1	List all o	fficers, directors, trustees, foundatio	n mana	agers and th	eir con	npensation	ı (see iı	nstructio	ns).	
		(a) Name and address		e, and average rs per week		mpensation ot paid,		Contribution		(e) Expense account,
		(a) Name and address		ed to position		ter -0-)		erred comp		other allowances
MATTI	IEW A. OU	IMET	DIREC	TOR &						
ONE C	EDAR POI	NT DRIVE, SANDUSKY, OH 44870-5259	PRESI	DENT, 1-5		0			0	0
BRIAN	C. WITHE	ROW	DIREC	TOR &						
		NT DRIVE, SANDUSKY, OH 44870-5259	TREAS	URER ,1-5		0	_		0	0
	RD A. ZIM		DIREC							
		NT DRIVE, SANDUSKY, OH 44870-5259	VP ,1-5	<u> </u>		0			0	0
	ELD E. MIL		DIREC			_			_	_
ONE C		NT DRIVE, SANDUSKY, OH 44870-5259 sation of five highest-paid employed		TARY ,5-10	l so incl	0 udad an li	no 1 .	noo inot	0 uetien	o) If none enter
	"NONE."		es (Otii	er man mo:	se men	uded on n		see 111511		s). Il none, enter
		, ,, , , , ,	••	(b) Title, and a		(3.6		(d) Contrib employee		(e) Expense account,
	(a) Name and	d address of each employee paid more than \$50,00	JU	hours per v devoted to p		(c) Comper	nsation	plans and compen	deferred	other allowances
NONE				ļ				Compan		
NONE										
				1						
										
						İ				
		· · · · · · · · · · · · · · · · · · ·								
				<u> </u>		<u> </u>				
Total	number o	f other employees paid over \$50,000 .				• • • •	·		. ▶	0
		· · · · · · · · · · · · · · · · · · ·								Form 990-PF (2015)

Par	t VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Em and Contractors (continued)	ployees,
3	Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONI	Ξ."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON	E	
Tota	I number of others receiving over \$50,000 for professional services	:
Par	t IX-A Summary of Direct Charitable Activities	
- 4	TIX A Summary of Direct Ghamable Activities	
	st the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ganizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	AMERICAN RED CROSS	
	DONATION OF PARK TICKETS TO THE ORGANIZATION.	
		984,495
2	BOYS AND GIRLS CLUB	
	CASH DONATION TO THE ORGANIZATION.	
		27,850
3	AUTISM SOCIETY	
	DONATION OF PARK TICKETS TO THE ORGANIZATION.	
		4,600
4	BILL WILSON CENTER	
	CASH DONATION TO THE ORGANIZATION.	
		4,200
	t IX-B Summary of Program-Related Investments (see instructions)	
D	escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	NONE	
_		
2	•••••••••••••••••••••••••••••••••••••••	
_		
	other program-related investments. See instructions	
3		
Tak	1. Add bean 4. About the O	
100	il. Add lines 1 through 3	

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Part		ign foun	dations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly four market value of accuration	1a	
b	Average of monthly cash balances	1b	0
C	Fair market value of all other assets (see instructions)	1c	14
d	Total (add lines 1a, b, and c)	1d	
e	Reduction claimed for blockage or other factors reported on lines 1a and	\$***Z	14
·	1c (attach detailed explanation)	2	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see	3	14
•	instructions)	4	_
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5	6	14
Part			one 1
rare	and certain foreign organizations check here ► and do not complete this part.)	ouridati	Olis
1	Minimum investment return from Part X, line 6	1	
2a	- · · · · · · · · · · · · · · · · · · ·	<u> </u>	
b	Income tax for 2015. (This does not include the tax from Part VI.)	- 1	
c	Add lines 2a and 2b	2c	•
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	1
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	 	
-	line 1	7	
		1 1	1
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	1,024,545
b	Program-related investments—total from Part IX-B	1b	
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:		
а	Suitability test (prior IRS approval required)	За	
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	1,024,545
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		.,,,,,,,,
	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,024,545
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g wheth	

Part	Unaistributea income (see instruction	ons)			
1	Distributable amount for 2015 from Part XI, line 7	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
_				·	
2	Undistributed income, if any, as of the end of 2015				
a	Enter amount for 2014 only				
b	Total for prior years: 20,20,20				
3	Excess distributions carryover, if any, to 2015:				
а	From 20100				
b	From 2011				
C	From 2012				
d	From 2013 0				
е	From 2014 0				
f	Total of lines 3a through e	0			,
4	Qualifying distributions for 2015 from Part XII,			<u> </u>	
	line 4: ► \$ 1,024,545				
а	Applied to 2014, but not more than line 2a .				'
b	Applied to undistributed income of prior years				
	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election		·		
	required—see instructions)				
d	Applied to 2015 distributable amount				
e	Remaining amount distributed out of corpus	1 024 544			1
5	Excess distributions carryover applied to 2015	1,024,544			
•	(If an amount appears in column (d), the same	0			0
	amount must be shown in column (a), the same				
6	Enter the net total of each column as				ļ ļ
U	indicated below:				
_					ı
a	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,024,544			
b	Prior years' undistributed income. Subtract line 4b from line 2b				į.
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed		<u> </u>		
d	Subtract line 6c from line 6b. Taxable				'
	amount—see instructions				
е	Undistributed income for 2014. Subtract line				
	4a from line 2a. Taxable amount-see				
	instructions				
f	Undistributed income for 2015. Subtract lines				_
	4d and 5 from line 1. This amount must be				
	distributed in 2016				
7	Amounts treated as distributions out of corpus				1
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				ı
	required—see instructions)	o			
8	Excess distributions carryover from 2010 not				Ī
	applied on line 5 or line 7 (see instructions).	o			
9	Excess distributions carryover to 2016.				ı
	Subtract lines 7 and 8 from line 6a	1,024,544			
10	Analysis of line 9:	1,021,044			1
а	Excess from 2011				İ
b	Excess from 2012 0				
c	Excess from 2013 0				
d	Excess from 2014 0				'
A	Excess from 2015 1,024,544	ŀ			i i
_	1,524,544				

Part	OO-PF (2015) XIV Private Operating Founda	tions (see instr	uctions and Par	t VII-A guestion 9	<u> </u>	Page 10
	If the foundation has received a ruling				<u> </u>	
···	foundation, and the ruling is effective for	-				N/A
b	Check box to indicate whether the fou		_)(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	T'	Prior 3 years		
	income from Part I or the minimum investment return from Part X for each year listed	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
b	85% of line 2a					
С	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					
е	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.					
а	"Assets" alternative test-enter:		<u> </u>			
	(1) Value of all assets					
	(2) Value of assets qualifying under		1			
b	section 4942(j)(3)(B)(i)					
С	"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	<u> </u>				<u> </u>
Part				the foundation h	ad \$5,000 or m	iore in assets at
	any time during the year-		ns.)			
1	Information Regarding Foundation			204 - 6 11 1-1-1 1		
а	List any managers of the foundation					by the foundation
	before the close of any tax year (but	orny ii tiley have t	contributed thore	(11a11 \$5,000) (See S	ection 307 (a)(2).)	
N/A b	List any managers of the foundation ownership of a partnership or other e			•	•	arge portion of the
N1/A	ownership of a partitership of other e	indity) of willow the	e louridation has i	a 1070 or greater little	51631.	
N/A 2	Information Regarding Contributio	n Grant Gift Lo	an Scholarshin	etc Programs		
_	Check here ► ☑ If the foundation unsolicited requests for funds. If the	only makes con	tributions to pres	selected charitable		
	other conditions, complete items 2a,		- J, yrunio, ett	(555 //151/551/5/15) [- marridudio of C	gameations under
<u>а</u>	The name, address, and telephone n		address of the per	son to whom applic	ations should be	addressed:
	•		·	• •		
N/A						
b	The form in which applications shoul	d be submitted a	nd information an	d materials they sho	uld include:	

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

N/A

N/A

c Any submission deadlines:

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual show any relationship to Recipient Foundation Purpose of grant or status of Amount any foundation manager contribution Name and address (home or business) recipient or substantial contributor Paid during the year **AFE FOUNDATION** 1611 S. MELROSE DRIVE #152, VISTA, CA 92081 PC 1,000 **BOYS AND GIRLS CLUB OF AMERICA** 1275 PEACHTREE ST. NE, ATLANTA, GA 30309 PC 27,850 **BILL WILSON CENTER** PO BOX 210A, SANTA CLARA, CA 95052 PC 4,200 **AMERICAN RED CROSS** 995 E. BROAD STREET, COLUMBUS, OH 43205 PC 984,495 THE CLEVELAND POPS ORCHESTRA 24000 MERCANTILE RD, UNIT #8, CLEVELAND, OH 44122 PC 1,200 SANDUSKY CENTRAL CATHOLIC SCHOOL 410 WEST JEFFERSON SREET, SANDUSKY, OH 44870 NC 1,200 **AUTISM SOCIETY** 4340 EAST-WEST HWY, STE 350, BETHESDA, MD 20814 PC 4,600 За 1,024,545 Approved for future payment N/A Total 0

Par	LA	Analysis of Income-Producing Ac	THE THE THE THE THE THE THE THE THE THE				
Ente	r gro	ss amounts unless otherwise indicated.	Unrelated bu	isiness income	Excluded by secti	on 512, 513, or 514	(e)
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
1	Pro	gram service revenue:	Business code	Amount	Exclusion code	Amount	(See instructions.)
	а	<u>. </u>					
	Ь						
	C						*
	ď						
	e						
	f						
	g	Fees and contracts from government agencies		-			
2	Mei	mbership dues and assessments					
3	Inte	rest on savings and temporary cash investments					
4	Div	dends and interest from securities					
5	Net	rental income or (loss) from real estate:					
	а	Debt-financed property					
	b	Not debt-financed property					
6	Net	rental income or (loss) from personal property					
7	Oth	er investment income					
8	Gai	n or (loss) from sales of assets other than inventory					
9	Net	income or (loss) from special events					
10		ss profit or (loss) from sales of inventory					
11	Oth	er revenue: a					
	b						
	С						
	d						
	e						
		ototal. Add columns (b), (d), and (e)					
13	Tot	al. Add line 12, columns (b), (d), and (e)				13	<u> </u>
13 (See	Tot wor	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation	ns.)_			13	
13 (See Pal	Tot wor	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A	ns.) Accomplishm	ent of Exemp	ot Purposes		
13 (See Pal Lin	Tot wor	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A	ns.) Accomplishm	ent of Exemp	ot Purposes		mportantly to the
13 (See Pal Lin	Tot wor it X e No	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A	ns.) Accomplishm	ent of Exemp	ot Purposes		mportantly to the ctions.)
13 (See Pal Lin	Tot wor it X e No	ksheet in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm	ent of Exemp	ot Purposes		mportantly to the ctions.)
13 (See Pal Lin	Tot wor it X e No	ksheet in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm	ent of Exemp	ot Purposes		mportantly to the ctions.)
13 (See Pal Lin	Tot wor it X e No	ksheet in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm	ent of Exemp	ot Purposes		mportantly to the ctions.)
13 (See Pal Lin	Tot wor it X e No	ksheet in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm	ent of Exemp	ot Purposes		mportantly to the ctions.)
13 (See Pal Lin	Tot wor it X e No	ksheet in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm	ent of Exemp	ot Purposes		mportantly to the ctions.)
13 (See Pal Lin	Tot wor it X e No	ksheet in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm	ent of Exemp	ot Purposes		mportantly to the
13 (See Pal Lin	Tot wor it X e No	ksheet in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm	ent of Exemp	ot Purposes		mportantly to the
13 (See Pal Lin	Tot wor it X e No	ksheet in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm	ent of Exemp	ot Purposes		mportantly to the
13 (See Pal Lin	Tot wor it X e No	ksheet in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm	ent of Exemp	ot Purposes		mportantly to the
13 (See Pal Lin	Tot wor it X e No	ksheet in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm	ent of Exemp	ot Purposes		mportantly to the ctions.)
13 (See Pal Lin	Tot wor it X e No	ksheet in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm	ent of Exemp	ot Purposes		mportantly to the ctions.)
13 (See Pal Lin	Tot wor it X e No	ksheet in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm	ent of Exemp	ot Purposes		mportantly to the ctions.)
13 (See Pal Lin	Tot wor it X e No	ksheet in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm	ent of Exemp	ot Purposes		mportantly to the ctions.)
13 (See Pal Lin	Tot wor it X e No	ksheet in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm	ent of Exemp	ot Purposes		mportantly to the ctions.)
13 (See Pal Lin	Tot wor it X e No	ksheet in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm	ent of Exemp	ot Purposes		mportantly to the ctions.)
13 (See Pal Lin	Tot wor it X e No	ksheet in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm	ent of Exemp	ot Purposes		mportantly to the ctions.)
13 (See Pal Lin	Tot wor it X e No	ksheet in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm	ent of Exemp	ot Purposes		mportantly to the ctions.)
13 (See Pal Lin	Tot wor it X e No	ksheet in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm	ent of Exemp	ot Purposes		mportantly to the ctions.)
13 (See Pal Lin	Tot wor it X e No	ksheet in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm	ent of Exemp	ot Purposes		mportantly to the ctions.)
13 (See Pal Lin	Tot wor it X e No	ksheet in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm	ent of Exemp	ot Purposes		mportantly to the ctions.)
13 (See Pal Lin	Tot wor it X e No	ksheet in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm	ent of Exemp	ot Purposes		mportantly to the ctions.)

Part	XVII		n Regarding Tr ganizations	ansfers	To and Tr	ansactio	ns and	Relationshi	ps With	Noncha	ritabl	е	<u> </u>
1	ın sec	e organization d	directly or indirect e Code (other tha								275	Yes	No *
а			oorting foundation			-		of:			10/1	. v. v. v. v. v. v. v. v. v. v. v. v. v.	
		her assets .									1a(1) 1a(2)		-
b		transactions:								• •	14(2)	₩ · p^	5.8
			a noncharitable e	exempt o	rganization						1b(1)		-
			ets from a noncha	•	_						1b(2)		-
			, equipment, or of								1b(3)		<u> </u>
			rrangements								1b(4)		7
		ans or loan gua									1b(5)		1
		_	ervices or membe								1b(6)	_	1
С			quipment, mailing	-	-						1c		1
d		-	of the above is "				_				v the	fair m	arket
			ther assets, or se										
	value	ın any transactıd	on or sharing arra	ngement	t, show in co	lumn (d) tl	ne value d	of the goods,	other asse	ets, or se	rvices	recei	ved.
(a) Line	eno (t) Amount involved	(c) Name of no	nchantable	exempt organiz	zation	(d) Desc	nption of transfe	rs, transactio	ns, and sha	ring am	angeme	ents
		. <u>. </u>											
								-					
	 									-			
							ļ	-					
	·						-						
													
2a b	descr	ibed in section 5	ectly or indirectly 501(c) of the Code following sched	e (other t						_] Yes	· 🗸	No
		(a) Name of organ	nization		(b) Type of	organization			(c) Description	on of relation	nship		
												_	
				[_							
•			declare that I have examination of preparer (other							my knowled	lge and	belief, it	is true,
Sign Here		ature of officer or tru	Mheo EV	P	Bate	1/ L	RECTOR	& SECRETAR	ŭ	May the IF with the p	reparer	shown	below
Paid Prep	aror	Print/Type preparer	r's name	Prep	arer's signature			Date		k I If	TIN		
	Only	Firm's name ►							Firm's EIN	<u> </u>			
		Firm's address ▶							Phone no				

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

2015

Employer identification number

CEDAR I	FAIR CHARITIES, INC.	61-1751812					
Organization type (check one):							
Filers o	f:	Section:					
Form 990 or 990-EZ		☐ 501(c)() (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private fou	indation				
		☐ 527 political organization					
Form 99	90-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundary	tion				
		501(c)(3) taxable private foundation					
Note. O	ions.	'), (8), or (10) organization can check boxes for both the General Rule a	ınd a Special Rule. See				
Genera	i Hule						
7		filing Form 990, 990-EZ, or 990-PF that received, during the year, cont or property) from any one contributor. Complete Parts I and II. See instr ontributions.					
Special	Rules						
	regulations under se	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 3 ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 991) that received from any one contributor, during the year, total contributor the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1	90 or 990-EZ), Part II, line utions of the greater of (1)				
	contributor, during t	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that the year, total contributions of more than \$1,000 exclusively for religious hal purposes, or for the prevention of cruelty to children or animals. Cor	s, charitable, scientific,				
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							

Name of organization

Employer identification number

CEDAR FAIR CHARITIES, INC.

61-1751812

CEDAR FAIR CHARITIES, INC. Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Person \square 1 CEDAR FAIR, L.P. **Payroll** П 2,100 Noncash ONE CEDAR POINT DRIVE (Complete Part II for noncash contributions.) SANDUSKY, OH 44870-5259 (d) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person 2 MICHIGAN'S ADVENTURE, INC. Payroll **7** Noncash 9,000 ONE CEDAR POINT DRIVE (Complete Part II for noncash contributions.) SANDUSKY, OH 44870-5259 (d) (b) (c) (a) Name, address, and ZIP + 4 Total contributions Type of contribution No. Person MILLENNIUM OPERATIONS LLC 3 **Payroll** Noncash **7** 787,050 ONE CEDAR POINT DRIVE (Complete Part II for noncash contributions) SANDUSKY, OH 44870-5259 (b) (c) (d) (a) Total contributions Name, address, and ZIP + 4 Type of contribution No. Person CEDAR FAIR SOUTHWEST, INC. **Payroll** $\overline{\mathbf{V}}$ 102,695 Noncash ONE CEDAR POINT DRIVE (Complete Part II for noncash contributions) SANDUSKY, OH 44870-5259 (d) (a) (b) (c) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Person \square __5 KINGS ISLAND COMPANY, INC. **Payroll** П \square Noncash ONE CEDAR POINT DRIVE (Complete Part II for noncash contributions.) SANDUSKY, OH 44870-5259 (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions)

Name of organization Employer identification number CEDAR FAIR CHARITIES, INC. 61-1751812

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

Part II	Holicasti Froperty (see instructions). Ose duplicate of		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
+	AMUSEMENT PARK TICKETS		
2	AMODEMENT AND TOTAL O		
		\$ 7,000	VARIOUS
(a) No.	-	(c)	
from	(b)	FMV (or estimate)	(d)
Part I	Description of noncash property given	(see instructions)	Date received
	AMUSEMENT PARK TICKETS		
3			
		\$ 766,000	VARIOUS
		····· ^{\$} -	••••••••••••••••••••••••••••••••••••••
			•
(a) No. from	(b)	(c) FMV (or estimate)	(d)
Part I	Description of noncash property given	(see instructions)	Date received
_		, , , , , , , , , , , , , , , , , , ,	
	AMUSEMENT PARK TICKETS		
4			
			V4 DIOLIC
		94,495	VARIOUS
			<u>.</u>
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
	AMUSEMENT PARK TICKETS		
5			
		\$ 124,000	VADIOUS
		\$ 124,000	VARIOUS
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
		,	
		\$ \$.	
		- 	
(a) No.	(b)	(c)	(d)
from Part I	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
raili		(See maddetions)	
			_
		\$.	•••••

Name of organization

Part III

Employer identification number

		ions completing Part III, er	nter the total	Complete columns (a) through (e) and of exclusively religious, charitable, etc., ee instructions.) ► \$				
	Use duplicate copies of Part III if add	-	ion once. oc	,				
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
Part I								
		,						
		(e) Transfer of g	ift					
-	Transferee's name, address, ar	nd ZIP + 4	Relation	ship of transferor to transferee				
			•••••					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
-		(e) Transfer of g	ıift					
	Transferee's name, address, a			nship of transferor to transferee				
Ī								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
-	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relation	nship of transferor to transferee				
ļ	•••••	·						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
}	(e) Transfer of gift							
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
Ţ								

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or

EIN: 61-1751812 YEAR ENDING: DECEMBER 31, 2015

STATEMENT ATTACHED TO AND MADE PART OF FORM 990-PF

	` '	Revenue and ses per books
Part I, Line 1, Contributions		
Cedar Fair, L.P.	\$	2,100
Michigan's Adventure, Inc.	\$	9,000
Millennium Operations LLC	\$	787,050
Cedar Fair Southwest, Inc.	\$	102,695
Kings Island Company, Inc.	\$	124,800
Total Contributions		1,025,645
Part I, Line 23, Other Expenses		
Start Up Costs		940
Bank Service Charges		90
Total Other Expenses		1,030

Stmt 1

EIN: 61-1751812 YEAR ENDING: DECEMBER 31, 2015

Part X, Line 1b, Average of Monthly Cash Balances

KEYBANK CASH SCHEDULE

-	Cash Ending Balance		onthly		
-	_		onthly		
Rajanco E	Balance		Monthly		
Dalance L		Av	erage		
\$ 0 \$	0	\$	0		
\$ 0 \$	0	\$	0		
\$ 0 \$	0	\$	0		
\$ 0 \$	0	\$	0		
\$ 0 \$	0	\$	0		
\$ 0 \$	0	\$	0		
\$ 0 \$	0	\$	0		
\$ 0 \$	0	\$	0		
\$ 0 \$	60	\$	30		
\$ 60 \$	60	\$	60		
\$ 60 \$	15	\$	38		
\$ 15 \$	70	\$	43		
		\$	171 /4		
		\$	14		

Stmt 2

EIN: 61-1751812 YEAR ENDING: DECEMBER 31, 2015

STATEMENT ATTACHED TO AND MADE PART OF FORM 990-PF

Part V-II-A, Line 10, Substantial Contributors

Cedar Fair, L.P.		\$ 2,100
Michigan's Adventure, Inc.		\$ 9,000
Millennium Operations LLC		\$ 787,050
Cedar Fair Southwest, Inc.		\$ 102,695
Kings Island Company, Inc.		\$ 124,800
	Total	1,025,645

Stmt 3