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For calendar year 2016, or tax year beginning 01-01-2016, and ending 12-31-2016

Name of foundation MAAS FAMILY FOUNDATION		A Employer identification number 46-4225629	
Number and street (or P O box number if mail is not delivered to street address) 200 SALES AVE		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code HARRISON, OH 45030		B Telephone number (see instructions) (513) 367-4900	
G Check all that apply <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 8,351	J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	2,050,000			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	2,050,000	0		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)	481	0		0
	b Accounting fees (attach schedule)	2,500	0		0
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications	174	0		0
	23 Other expenses (attach schedule)	3,062	0		0
	24 Total operating and administrative expenses. Add lines 13 through 23	6,217	0		0
	25 Contributions, gifts, grants paid	2,040,671			2,040,671
	26 Total expenses and disbursements. Add lines 24 and 25	2,046,888	0		2,040,671
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	3,112			
	b Net investment income (if negative, enter -0-)		0		
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing	5,239	8,351	8,351
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	5,239	8,351	8,351	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds	0	0	
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	5,239	8,351	
30	Total net assets or fund balances (see instructions)	5,239	8,351		
31	Total liabilities and net assets/fund balances (see instructions) .	5,239	8,351		

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	5,239
2	Enter amount from Part I, line 27a	2	3,112
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	8,351
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	8,351

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a			

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

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

2 Capital gain net income or (net capital loss) <div style="float: right; font-size: small;"> { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div>	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

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

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

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

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

☐ Yes ☐ No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2015			
2014			
2013			
2012			
2011			


2 Total of line 1, column (d)	2	
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	
5 Multiply line 4 by line 3	5	
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	
7 Add lines 5 and 6	7	
8 Enter qualifying distributions from Part XII, line 4	8	

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 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 here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	0
c	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-)	2	0
3	Add lines 1 and 2.	3	0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	0
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	0
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ Refunded ▶	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>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</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
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		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	No
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? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
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	No
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ OH _____		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> 	10	Yes

Part VII-A Statements Regarding Activities (continued)

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		No
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)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	13	Yes	
14	The books are in care of ► WILLIAM MEIER Telephone no ► (513) 367-4900			

Located at **►** 200 SALES AVE HARRISON OH ZIP+4 **►** 45030

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ► 15			
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes," enter the name of the foreign country ►	16	Yes	No

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

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

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016? <input type="checkbox"/>	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/>	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 ► 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016). <input type="checkbox"/>	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2016?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a During the year did the foundation pay or incur any amount to (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/> c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," attach the statement required by Regulations section 53.4945–5(d)	5b		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" to 6b, file Form 8870	6b		No
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b		

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

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
ANTHONY A MAAS 200 SALES AVE HARRISON, OH 45030	EXEC DIRECTOR/CHAIRPERSON 8 00	0	0	0
JEROME T MAAS 200 SALES AVE HARRISON, OH 45030	SECRETARY/TREASURER 1 00	0	0	0
JOHN T MAAS 200 SALES AVE HARRISON, OH 45030	DIRECTOR 1 00	0	0	0
JOSEPH R MAAS 200 SALES AVE HARRISON, OH 45030	DIRECTOR 1 00	0	0	0
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				
Total number of other employees paid over \$50,000. ▶				0

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. ►		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ►	0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	34,666
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	34,666
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	34,666
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	520
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	34,146
6	Minimum investment return. Enter 5% of line 5.	6	1,707

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

1	Minimum investment return from Part X, line 6.	1	1,707
2a	Tax on investment income for 2016 from Part VI, line 5.	2a	
b	Income tax for 2016 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	1,707
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	1,707
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	1,707

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	2,040,671
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	2,040,671
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	2,040,671

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				1,707
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2016				
a From 2011.				
b From 2012.				
c From 2013.				
d From 2014.				623,553
e From 2015.				1,430,465
f Total of lines 3a through e.	2,054,018			
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ <u>2,040,671</u>				
a Applied to 2015, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2016 distributable amount.				1,707
e Remaining amount distributed out of corpus	2,038,964			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	4,092,982			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	4,092,982			
10 Analysis of line 9				
a Excess from 2012.				
b Excess from 2013.				
c Excess from 2014.				623,553
d Excess from 2015.				1,430,465
e Excess from 2016.				2,038,964

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

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

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

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

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

a The name, address, and telephone number or email address of the person to whom applications should be addressed

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

c Any submission deadlines

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

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	2,040,671
b <i>Approved for future payment</i>				
Total			3b	0

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities.					
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal Add columns (b), (d), and (e).		0		0	0
13 Total. Add line 12, columns (b), (d), and (e).			13		0

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Part XVII

- | | Yes | No |
|-------|-----|----|
| 1a(1) | | No |
| 1a(2) | | No |
| 1b(1) | | No |
| 1b(2) | | No |
| 1b(3) | | No |
| 1b(4) | | No |
| 1b(5) | | No |
| 1b(6) | | No |
| 1c | | No |

[illegible]

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

(a) Name of organization	(b) Type of organization	(c) Description of relationship


May the IRS discuss this return with the preparer shown below (see instr)? ☒ Yes ☐ No

Print/Type preparer's name KAREN O CRIM	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00368385
Firm's name ▶ RSM US LLP				Firm's EIN ▶ 42-0714325
Firm's address ▶ 2000 W DOROTHY LN DAYTON, OH 45439				Phone no (937) 298-0201

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ADOPT A CLASS 2153 WEST EIGHTH STREET CINCINNATI, OH 45204	NONE	PC	EDUCATIONAL SERVICES	1,000
A KID AGAIN 777-G DEARBORN PARK LANE COLUMBUS, OH 43085	NONE	PC	DONATION TO HELP FUND EVENTS FOR FAMILIES WITH AN ILL CHILD	500
ALS ASSOCIATION 1275 K STREET NW SUITE 250 WASHINGTON, DC 20005	NONE	PC	MEDICAL RESEARCH	5,100
AMERICAN CANCER SOCIETY 2808 READING ROAD CINCINNATI, OH 45206	NONE	PC	RELAY FOR LIFE/COACHES VS CANCER FUNDRAISER/RELAY FOR LIFE DONATION	10,000
AMERICAN COUNCIL OF THE BLIND PO BOX 11114 CINCINNATI, OH 45211	NONE	PC	CHILDREN'S SHOW DONATION	200
Total ▶ 3a				2,040,671

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN FILM INSTITUTE 2021 NORTH WESTERN AVENUE LOS ANGELES, CA 90027	NONE	PC	GENERAL SUPPORT	5,000
AMERICAN HUEY 369 ORGANIZATION 209 SOUTH BROADWAY PERU, IN 46970	NONE	PC	VETERAN'S DONATION	10,000
AMERICAN LEGION 700 N PENNSYLVANIA ST INDIANAPOLIS, IN 46206	NONE	PC	GENERAL SUPPORT	500
ANDY & JORDAN DALTON FOUNDATION 59 CAVALIER BLVD STE 219 FLORENCE, KY 41042	NONE	PC	FUNDING/PHYSICALLY CHALLENGED CHILDREN	5,000
ANIMAL AGRICULTURE ALLIANCE 2101 WILSON BLVD SUITE 810-B ARLINGTON, VA 22201	NONE	PC	GENERAL SUPPORT	1,000
Total ▶ 3a				2,040,671

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ARCHDIOCESE OF CINCINNATI 100 EAST 8TH STREET CINCINNATI, OH 45202	NONE	PC	CATHOLIC SCHOOL BANQUET	2,500
ATHENAEUM OF OHIO 6616 BEECHMONT AVE CINCINNATI, OH 45230	NONE	PC	CATHOLIC EDUCATION FUND	50,000
AUBREY ROSE FOUNDATION 3862 RACE RD CINCINNATI, OH 45211	NONE	PC	FUNDING FOR CRITICALLY ILL CHILDREN	500
BE CONCERNED INC 1100 W PIKE ST COVINGTON, KY 41011	NONE	PC	GENERAL SUPPORT	250
BLOC MINISTRIES 3952 NORTH BEND ROAD CINCINNATI, OH 45211	NONE	PC	CONTRIBUTE TO OPERATING FUND/2016 YEAR END GIFT	135,000
Total ▶ 3a				2,040,671

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CANCER SUPPORT COMMUNITY 734 15TH STREET NW SUITE 300 WASHINGTON, DC 20005	NONE	PC	GENERAL SUPPORT	6,000
CATHOLIC MINISTRIES APPEAL PO BOX 14150 CINCINNATI, OH 45250	NONE	PC	BISHOP'S ANNUAL APPEAL	5,000
CATHOLIC COMMUNITY FOUNDATION FOR THE ARCHDIOCESE OF CINCINNATI 100 E 8TH STREET CINCINNATI, OH 45202	NONE	PC	GENERAL SUPPORT	310,000
CENTER FOR RESPITE CARE INC PO BOX 141301 CINCINNATI, OH 45250	NONE	PC	HEALTH SERVICES FOR THE HOMELESS	2,000
CHRISTMAS FOR JESUS' POOR 2139 NEEB RD CINCINNATI, OH 45233	NONE	PC	FEED THE HUNGRY FUND/COMMUNITY OUTREACH SERVICES	1,000
Total 				2,040,671
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHRIST'S LOVING HANDS (LOVE INC) PO BOX 607 HARRISON, OH 45030	NONE	PC	COMMUNITY OUTREACH SERVICES	200
CHURCH OF THE TRANSFIGURATION 1 E 29TH ST NEW YORK, NY 10016	NONE	PC	GENERAL SUPPORT	1,000
CINCINNATI GOLDEN GLOVES FOR YOUTH 2334 BOUDINOT AVENUE CINCINNATI, OH 45238	NONE	PC	GENERAL SUPPORT	5,000
CINCINNATI ZOO 3400 VINE ST CINCINNATI, OH 45220	NONE	PC	GENERAL SUPPORT	1,000
CINCY CUSTOM STREET MACHINES 5338 TEABERRY CT CINCINNATI, OH 45238	NONE	PC	LAUREN HILL BENEFIT	2,500
Total ▶ 3a				2,040,671

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CISE 100 E EIGHTH ST CINCINNATI, OH 45202	NONE	PC	SCHOLARSHIP FUND	7,000
CITIZENS FOR COMMUNITY VALUES 11175 READING ROAD SUITE 103 CINCINNATI, OH 45241	NONE	PC	FUNDRAISER, DONATION, COMMUNITY AWARENESS	20,000
CITY GOSPEL MISSION 1947 AUBURN AVENUE CINCINNATI, OH 45219	NONE	PC	MEALS, SHELTER, SERVICES FOR THE HOMELESS	1,000
CITY OF HARRISON 300 GEORGE STREET HARRISON, OH 45030	NONE	PC	SHOP WITH A COP	1,000
CITY OF REFUGE 5599 S PROSPECT ST RAVENNA, OH 44266	NONE	PC	COMMUNITY OUTREACH SERVICES	3,250
Total 3a				2,040,671


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
COVINGTON CATHOLIC HIGH SCHOOL 1600 DIXIE HWY PARK HILLS, KY 41011	NONE	PC	SCHOLARSHIP FUND	8,495
CRIME STOPPERS PO BOX 64066 VIRGINIA BEACH, VA 23467	NONE	PC	GENERAL FUNDING	5,000
CROSSROAD HEALTH CENTER 5 EAST LIBERTY STREET CINCINNATI, OH 45202	NONE	PC	CLIMB FOR CROSSROAD BENEFIT/HEALTH SERVICES FOR THE NEEDY	3,000
CRU 100 LAKE HART DRIVE ORLANDO, FL 32832	NONE	PC	GENERAL SUPPORT	500
DAN BEARD COUNCIL 10078 READING ROAD CINCINNATI, OH 45241	NONE	PC	2016 FRIENDS OF SCOUTING DONATION	9,000
Total ▶ 3a				2,040,671

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DISABLED VETERANS NATIONAL FOUNDATION 1020 19TH STREET NW 475 WASHINGTON, DC 20036	NONE	PC	ASSIST DISABLED VETERANS	115
DUCKS UNLIMITED INC ONE WATERFOWL WAY MEMPHIS, TN 38120	NONE	PC	GENERAL SUPPORT	5,000
ELDER HIGH SCHOOL 3900 VINCENT AVENUE CINCINNATI, OH 45205	NONE	PC	GRANT FOR TWO STUDENTS/PASSPORT CONTINUES CAMPAIGN/SPORTS SPONSORSHIP/SCHOLARSHIP FUND	41,500
ENGINEERS WITHOUT BORDERS USA 1031 33RD STREET SUITE 210 DENVER, CO 80205	NONE	PC	GENERAL SUPPORT	5,000
FOOD FOR THE POOR INC 6401 LYONS ROAD COCONUT CREEK, FL 33073	NONE	PC	GENERAL SUPPORT	15
Total 3a				2,040,671

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FOUNDATION FIGHTING BLINDNESS 977 LAKEVIEW PARKWAY 140 VERNON HILLS, IL 60061	NONE	PC	CHARITABLE DONATION	100
FRIENDS OF HARRISON FIRE AND POLICE 10490 NEW HAVEN ROAD HARRISON, OH 45030	NONE	PC	GENERAL SUPPORT	1,000
GREATER CINN BEHAVIORAL HEALTH SVCS 1501 MADISON ROAD CINCINNATI, OH 45206	NONE	PC	SUBSTANCE ABUSE COUNSELING	3,000
GREEN BERET FOUNDATION 14402 BLANCO RD SUITE 101 SAN ANTONIO, TX 78216	NONE	PC	GENERAL SUPPORT	1,000
GUILLAIN-BARRE' SYNDROME 104 1/2 FOREST AVE NARBETH, PA 19072	NONE	PC	DONATION FOR MEDICAL RESEARCH	5,000
Total ► 3a				2,040,671


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HABILITAT INC PO BOX 801 Kaneohe, HI 96744	NONE	PC	GENERAL SUPPORT	5,000
HAMILTON COUNTY FIRE CHIEFS ASSOCIATION 200 HARRISON AVE HARRISON, OH 45030	NONE	PC	FIRE INVESTIGATION UNIT/2016 YEAR END GIFT	2,000
HAMILTON COUNTY POLICE ASSOCIATION 10500 READING RD CINCINNATI, OH 45241	NONE	PC	PROGRAM FUNDING	5,000
HANK MUELLER EVSF 212 OVERLOOK LANE N BEND, OH 45052	NONE	PC	VETERANS SCHOLARSHIP FUND	500
HARRISON ATHLETIC BOOSTERS 9860 WEST RD HARRISON, OH 45030	NONE	PC	GENERAL SUPPORT	5,000
Total ▶ 3a				2,040,671


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HARRISON MAYOR'S FUND 300 GEORGE STREET HARRISON, OH 45030	NONE	PC	COMMUNITY OUTREACH SERVICES	5,000
HEALTH RESOURCE CENTER 2347 VINE STREET 2ND FLOOR CINCINNATI, OH 45219	NONE	PC	NURSING CARE FOR LOW INCOME ADULTS	20,000
HEARTBEAT INTERNATIONAL 5000 ARLINGTON CENTRE BLVD COLUMBUS, OH 43220	NONE	PC	RIGHT TO LIFE DONATION	20,000
HOME CITY ICE CHARITABLE GOLF OUTING 6045 BRIDGETOWN ROAD CINCINNATI, OH 45248	NONE	PC	EDUCATION/INNER CITY CHILDREN	1,000
JESUIT SPIRITUAL CENTER 5361 S MILFORD RD MILFORD, OH 45150	NONE	PC	GENERAL SUPPORT	3,000
Total 				2,040,671
3a				


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JOE NUXHALL MIRACLE LEAGUE 9 MARCEL CT FAIRFIELD, OH 45014	NONE	PC	CONTRIBUTION TO PROGRAMS FOR CHILDREN WITH DISABILITIES	2,500
JOSEPH HOUSE PO BOX 14608 CINCINNATI, OH 45250	NONE	PC	VETERAN'S SERVICES	1,000
LA SALLE HIGH SCHOOL 3091 N BEND RD CINCINNATI, OH 45239	NONE	PC	GENERAL SUPPORT/AUCTION	4,500
MARCH OF DIMES 1275 MAMARONECK AVE WHITE PLAINS, NY 10605	NONE	PC	GENERAL SUPPORT	500
MARIEMONT COMMUNITY CHURCH 3908 PLAINVILLE RD CINCINNATI, OH 45227	NONE	PC	GENERAL SUPPORT	200
Total ▶ 3a				2,040,671

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905	NONE	PC	DONATION FOR MEDICAL RESEARCH	10,000
MDA - CINCINNATI 1080 NIMITZVIEW DR 208 CINCINNATI, OH 45230	NONE	PC	MEDICAL RESEARCH	500
MERCY NEIGHBORHOOD MINISTRIES INC 1602 MADISON ROAD CINCINNATI, OH 45206	NONE	PC	TASTE OF THE NEIGHBORHOOD FUNDRAISER/COMMUNITY OUTREACH SERVICES	2,000
MOTHER OF MERCY 3036 WERK ROAD CINCINNATI, OH 45211	NONE	PC	EDUCATION FUND/THEATRE FUND/2016 YEAR END GIFT	101,250
MOUNT SAINT JOSEPH UNIVERSITY 5701 DELHI ROAD CINCINNATI, OH 45233	NONE	PC	ANNUAL SCHOLARSHIP	1,920
Total ▶ 3a				2,040,671

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NATIONAL FIRE SAFETY COUNCIL PO BOX 378 MICHIGAN CENTER, MI 49254	NONE	PC	GENERAL SUPPORT	300
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	PC	GENERAL SUPPORT	2,500
OHIO PHARMACISTS FOUNDATION 2674 FEDERATED BLVD COLUMBUS, OH 43235	NONE	PC	GENERAL SUPPORT	1,000
OLDENBURG ACADEMY PO BOX 200 OLDENBURG, IN 47036	NONE	PC	CATHOLIC SCHOOL DONATION	1,000
ORDER OF MALTA PO BOX 10023 UNIONDALE, NY 11555	NONE	PC	ANNUAL CONTRIBUTION	6,300
Total ▶ 3a				2,040,671


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
OUR DAILY BREAD 1730 RACE STREET CINCINNATI, OH 45202	NONE	PC	GRAND SLAM GALA FUNDRAISER	5,000
OUR LADY OF VICTORY 808 NEEB RD CINCINNATI, OH 45233	NONE	PC	FESTIVAL DONATION/GENERAL SUPPORT	1,500
OUR LADY OF VISITATION 3172 SOUTH ROAD CINCINNATI, OH 45248	NONE	PC	SCHOLARSHIP FUND/PARISH DONATION/YEAR OF MERCY DONATION	16,000
PATHWAYS TO HOME 9141 KILBY RD HARRISON, OH 45030	NONE	PC	COMMUNITY OUTREACH SERVICES (FORMERLY STAY)	3,000
PDSNOKI 1205 LINNEMAN ROAD CINCINNATI, OH 45238	NONE	PC	GENERAL SUPPORT	1,000
Total 				2,040,671
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
POLICE AND FIRE RETIREES 9891 MONTGOMERY ROAD 220 CINCINNATI, OH 45242	NONE	PC	FUNDRAISER FOR POLICE/FIRE RETIREES WIDOWS/WIDOWERS	200
PREGNANCY CARE CENTER OF SE INDIANA 62 DOUGHTY RD 5 LAWRENCEBURG, IN 47025	NONE	PC	PREGNANCY OUTREACH, RIGHT TO LIFE DONATION	2,000
PREGNANCY CENTER EAST 3944 EDWARDS ROAD CINCINNATI, OH 45209	NONE	PC	BANQUET FOR LIFE FUNDRAISER	1,000
PREGNANCY CENTER WEST 4900 GLENWAY AVENUE CINCINNATI, OH 45238	NONE	PC	ASSISTANCE FOR PREGNANT WOMEN FUND	5,000
PRESENTATION MINISTRIES 3230 MCHENRY AVENUE CINCINNATI, OH 45211	NONE	PC	CATHOLIC PUBLICATIONS	1,200
Total 				2,040,671
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PRICE HILL WILL 3724 ST LAWRENCE AVE CINCINNATI, OH 45205	NONE	PC	GENERAL SUPPORT	250
PRIESTS FOR LIFE PO BOX 236695 COCOA, FL 32923	NONE	PC	GENERAL SUPPORT	10,000
PROKIDS 2605 BURNET AVENUE CINCINNATI, OH 45219	NONE	PC	DONATION/PROVIDE PERMANENT HOMES FOR CHILDREN	110,000
PROSPECT HOUSE 682 HAWTHORNE AVE CINCINNATI, OH 45205	NONE	PC	GENERAL SUPPORT	1,500
PXE INTERNATIONAL INC 4301 CONNECTICUT AVENUE NW SUITE 404 WASHINGTON, DC 20008	NONE	PC	MEDICAL RESEARCH FUNDING	50,000
Total 				2,040,671
3a				


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
REACH OUT PREGNANCY CENTER 10150 HARRISON AVENUE SUITE 8 HARRISON, OH 45030	NONE	PC	ANNUAL FUNDRAISING BANQUET/RIGHT TO LIFE DONATION/	12,000
RELAY FOR LIFE PO BOX 22718 OKLAHOMA CITY, OK 73123	NONE	PC	AMERICAN CANCER SOCIETY WALK	1,000
RETIREMENT FUND FOR RELIGIOUS 3211 FOURTH STREET NE WASHINGTON, DC 20017	NONE	PC	NATIONAL ANNUAL APPEAL FUND	5,000
RIGHT TO LIFE OF GREATER CINCINNATI 1802 W GALBRAITH ROAD CINCINNATI, OH 45239	NONE	PC	EVENING FOR LIFE 2016	2,000
RUAH WOODS 6675 WESSELMAN RD CINCINNATI, OH 45248	NONE	PC	PROGRAM FUNDING/2016 YEAR END GIFT	400,000
Total ▶ 3a				2,040,671

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SACRED HEART AUTO LEAGUE 6050 HWY 161 WALLS, MS 38680	NONE	PC	GENERAL SUPPORT	10
SAINT ALOYSIUS CHURCH 3350 CHAPEL RD SHANDON, OH 45063	NONE	PC	CATHOLIC COMMUNITY SERVICES	2,000
SCHOOL OF FAITH 13240 CRAIG ST OVERLAND PARK, KS 66213	NONE	PC	GIFT FOR OPERATING FUND	76,500
SETON HIGH SCHOOL 3901 GLENWAY AVE CINCINNATI, OH 45205	NONE	PC	ATHLETIC SCHOLARSHIP FUND/SPRING FUNDRAISER/SCHOLARSHIP FUND	10,600
SHELTON-REID INC PO BOX 498073 CINCINNATI, OH 45249	NONE	PC	COMMUNITY OUTREACH SERVICES	5,000
Total ▶ 3a				2,040,671

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SINAI SHRINE TEMPLE #59 1647 CLAYTON AVE CINCINNATI, OH 45206	NONE	PC	SPRING EVENT	300
ST CECILIA CONGREGATION 801 DOMINICAN DRIVE NASHVILLE, TN 37228	NONE	PC	EDUCATION FUND	12,500
ST JOHN THE BAPTIST CHURCH 509 HARRISON AVE HARRISON, OH 45030	NONE	PC	GENERAL SUPPORT	275,000
ST JOSEPH CHURCH PO BOX 219 25 EAST HARRISON AVENUE NORTH BEND, OH 45052	NONE	PC	RELIGIOUS EDUCATION FUND	5,000
ST JOSEPH'S INDIAN SCHOOL PO BOX 326 CHAMBERLAIN, SD 57326	NONE	PC	MEALS FOR THE POOR AND HUNGRY/CLOTHING FOR THE POOR	30
Total 				2,040,671
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST JUDE PARISH 5924 BRIDGETOWN ROAD CINCINNATI, OH 45248	NONE	PC	SPEECH CONTEST FUNDRAISER	2,086
ST JUDE SCHOOL 5940 BRIDGETOWN RD CINCINNATI, OH 45248	NONE	PC	FOR ADVANCEMENT OF EDUCATION/CATHOLIC SCHOOL DONATION	1,400
ST MARY'S CATHOLIC SCHOOL 211 FOURTH STREET AURORA, IN 47001	NONE	PC	GENERAL SUPPORT	10,000
ST THOMAS THE APOSTLE CHURCH 4453 WARREN-SHARON RD VIENNA CENTER, OH 44473	NONE	PC	DONATION FOR WELL	5,000
ST VINCENT DE PAUL 58 PROGRESS PARKWAY MARYLAND HEIGHTS, MO 63043	NONE	PC	GENERAL SUPPORT	1,000
Total ▶ 3a				2,040,671

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
STEPPING STONES 5650 GIVEN ROAD CINCINNATI, OH 45243	NONE	PC	NO PERSON LEFT BEHIND FUND	2,500
THE FRIARS CLUB 4300 VINE STREET CINCINNATI, OH 45217	NONE	PC	GENERAL SUPPORT	2,500
THE HARRISON VILLAGE HISTORICAL SOCIETY 115 N WALNUT ST HARRISON, OH 45030	NONE	PC	SPONSOR DUES 2016	100
THE LEUKEMIA & LYMPHOMA SOCIETY 771 WARDS CORNER ROAD LOVELAND, OH 45140	NONE	PC	SPRING BENEFIT FUNDING	1,000
THE NATIONAL CATHOLIC REGISTER PO BOX 100699 IRONDALE, AL 35210	NONE	PC	GENERAL SUPPORT	250
Total ▶ 3a				2,040,671

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE NATIONAL KIDNEY FOUNDATION 30 EAST 33RD STREET NEW YORK, NY 10016	NONE	PC	GENERAL FUNDING	200
THE SHIELD INC 7149 RIDGE RD CINCINNATI, OH 45237	NONE	PC	PROGRAM FUNDING	1,000
THERAPY MISSIONS INC 35 ANN DR EAST GREENWICH, RI 02818	NONE	PC	THERAPEUTIC SERVICES	4,000
UC FOUNDATION PO BOX 670544 CINCINNATI, OH 45221	NONE	PC	OHIO INNOCENCE PROJECT	5,000
UNDERGROUNDZONE MINISTRIES INC 1140 SMILEY AVE CINCINNATI, OH 45240	NONE	PC	DONATION TO FUND PROGRAMS/DONATION FOR BUILDING REPAIRS AND MAINTENANCE	90,650
Total 				2,040,671
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
VIETNAM VETERANS OF SWST OHIO PO BOX 11564 CINCINNATI, OH 45211	NONE	PC	CHILDREN'S BENEFIT TO RAISE FUNDS	200
WESLEY COMMUNITY SERVICES 2091 RADCLIFF DR CINCINNATI, OH 45204	NONE	PC	HOME CARE, MEALS ON WHEELS	1,000
WILLIAMS SYNDROME ASSOCIATION 570 KIRTS BLVD 223 TROY, MI 48084	NONE	PC	DONATION FOR MEDICAL RESEARCH	5,000
WORLD VISION PO BOX 9716 FEDERAL WAY, WA 98063	NONE	PC	GENERAL SUPPORT	10,000
WOUNDED WARRIOR PROJECT 209 E MECHANIC ST AURORA, IN 47001	NONE	PC	FAMILIES OF WOUNDED SOLDIERS FUND	1,000
Total ▶ 3a				2,040,671

TY 2016 Accounting Fees Schedule**Name:** MAAS FAMILY FOUNDATION**EIN:** 46-4225629

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	2,500	0		0

TY 2016 Legal Fees Schedule**Name:** MAAS FAMILY FOUNDATION**EIN:** 46-4225629

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	481	0		0

TY 2016 Other Expenses Schedule**Name:** MAAS FAMILY FOUNDATION**EIN:** 46-4225629**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK CHARGES	292	0		0
OTHER EXPENSES	2,770	0		0

**TY 2016 Substantial Contributors
Schedule****Name:** MAAS FAMILY FOUNDATION**EIN:** 46-4225629**Name****Address**

JTM PROVISIONS COMPANY INC

200 SALES DRIVE
HARRISON, OH 45030

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 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 2016

Name of the organization MAAS FAMILY FOUNDATION	Employer identification number 46-4225629
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Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, 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
MAAS FAMILY FOUNDATION**Employer identification number**
46-4225629**Part I** **Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JTM PROVISIONS COMPANY INC 200 SALES AVE HARRISON, OH45030	\$ 2,050,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Employer identification number

46-4225629

Part II	Noncash Property
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[illegible]

Name of organization MAAS FAMILY FOUNDATION	Employer identification number 46-4225629
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Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed

(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, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____