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OMB No 1545-0052

2016

# **Return of Private Foundation**

Department of the Treasury

Form 990-PF

Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its instructions is at <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Open to Public Inspection

A Employer describation number  B Education number  B I Electron number (see proxico is)  (SSS) 583 - 180  D I Ferry major rotation, clark free  2. Foreign applications is principle, clark free  3. Foreign applications is principle, clark free  4. Foreign applications is principle, clark free  4. Foreign applications is principle, clark free  5. Foreign applications is principle, clark free  2. Foreign applications is principle, clark free  3. Foreign applications is principle, clark free  4. Foreign applications is principle, clark free  4. Foreign applications is principle, clark free  5. Foreign applications is principle, clark free  4. Foreign applications is principle, clark free  5. Foreign applications is principl	For	caler	ndar year 2016, or tax year beginning 01-01-20	)16 , aı	nd er	nding 12-31-	2016	
Discretions survived and provided in the control of the control	BE	TAGOL	E FAMILY FOUNDATION INC				entification numbe	r
Contribution Control   Contribution   Control   Contro						47-5625163		
Correctional Control C				Room/suite		<b>B</b> Telephone nu	mber (see instruction	ns)
Circle (Section 1) Circle 4241						(513) 563-1400	I	
Final return						<b>C</b> If exemption	application is pendin	g, check here
Address change	<b>G</b> Cl	neck al	Il that apply $\Box$ Initial return $\Box$ Initial return of a	former public charity		<b>D 1.</b> Foreign or	ganızatıons, check h	ere 📘
H Check type of organization								
## Check type of organization ## Che						·		· —
Far market value of all assets at end of large profit of lar		,						
of year (from Part II, col (c), lone (16) = 3,309,702 (Part I, column (d) must be an cash basis )    Part I						4		
of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily expected the amounts in columns (a) (see instructions)    1	of	year <i>(f</i>	from Part II, col (c), ▶\$ 3.308.762 □ Other (specify) _		ıal			
Contributions, gifts, grants, etc., received (ettach schedule)   Contributions, gifts, grants, etc.,	Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Povonuo and				(d) Disbursements
2   Check				expenses per	(b)		• • •	purposes
2   Check		1		217,127				
Sch B		2	<u></u>					
1000   1000		_	Sch B					
10   September		_	<del>-</del>	27.026		27.020		
December		-		27,926		27,926		
100   115,951	enue							
8 Net short-term capital gain			` '	115,951				
8 Net short-term capital gain		ь	Gross sales price for all assets on line 6a					
8 Net short-term capital gain	eve		397,096					
9   Income modifications	~	-				115,951		
10a   Gross sales less returns and allowances		-	· -					
B   Less Cost of goods sold		-	1					
11   Other income (attach schedule)   12   Total. Add lines 1 through 11								
12   Total. Add lines 1 through 11   361,006   143,879		С	Gross profit or (loss) (attach schedule)					
13   Compensation of officers, directors, trustees, etc   0   0   0   0		11	Other income (attach schedule)					
14		12	Total. Add lines 1 through 11	361,006		143,879		
15   Pension plans, employee benefits   16a   Legal fees (attach schedule)   12,201   6,100   6,101		13	Compensation of officers, directors, trustees, etc	C		0		0
16a   Legal fees (attach schedule)   12,201   6,100   6,101     b   Accounting fees (attach schedule)                 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           23   Other expenses (attach schedule)           24   Total operating and administrative expenses.       Add lines 13 through 23               25   Contributions, gifts, grants paid           25   Total expenses and disbursements. Add lines 24 and 25       27   Subtract line 26 from line 12       a   Excess of revenue over expenses and disbursements       b   Net investment income (if negative, enter -0-)         c   Adjusted net income(if negative, enter -0-)         12,201   6,100         5,101             5                   6,100               10,416               12,201                 5                     5		14	Other employee salaries and wages					
Other expenses (attach schedule)	es	15	Pension plans, employee benefits					
Other expenses (attach schedule)	su:	16a	Legal fees (attach schedule)	12,201		6,100		6,101
Other expenses (attach schedule)	X.	b						
Other expenses (attach schedule)	ė.	c	Other professional fees (attach schedule)					
Other expenses (attach schedule)	atıv		Interest					
Other expenses (attach schedule)	Str		, , , , , , , , , , , , , , , , , , , ,	75		0		0
Other expenses (attach schedule)	Ē							
Other expenses (attach schedule)	Act		• •					
Other expenses (attach schedule)	nd.							
26 Total expenses and disbursements. Add lines 24 and 25								
26 Total expenses and disbursements. Add lines 24 and 25	Ē							
26 Total expenses and disbursements. Add lines 24 and 25	era		, ,	12.276		6.100		6.101
26 Total expenses and disbursements. Add lines 24 and 25 6,100 110,416  27 Subtract line 26 from line 12 244,415 244,415 25 244,415 26 26 26 27 28 28 29 29 29 29 29 29 29 29 29 29 29 29 29	o	25	-			-,		
27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)			Total expenses and disbursements. Add lines 24 and	·				
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)		27		116,591		6,100		110,416
disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)				244.415				
c Adjusted net income(if negative, enter -0-)			disbursements					
			·			137,779		
	For				Щ,	Cat No. 113005	, F	

2,557,797

2,557,797

2,557,797

2,557,797

1,265,620

2,704,354

2,704,354

2,704,354 2,704,354

2,557,797

2,802,212

2,704,354 Form 990-PF (2016)

97,858

244,415

1

2

3

4

5

1,870,028

3,308,762

		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 ▶											
y,	8	Inventories for sale or use											
Assets	9	Prepaid expenses and deferred charges											
As	10a	Investments—U S and state government obligations (attach sche	edul	e)									
	ь	Investments—corporate stock (attach schedule)											
	c	Investments—corporate bonds (attach schedule)											

11

12

13 14

15

16

17

18

19

20

21 22

23

24

25

28 29

31 Part III

Liabilities

Balances

Fund 26

ŏ

Assets 27

Net 30

2

3

4

5

Investments—land, buildings, and equipment basis ▶ \_

Less accumulated depreciation (attach schedule) ▶ \_\_\_

Less accumulated depreciation (attach schedule) ▶ \_\_

Total assets (to be completed by all filers—see the

Accounts payable and accrued expenses . . . . .

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Land, buildings, and equipment basis ▶

instructions Also, see page 1, item I)

Other assets (describe > \_

Other liabilities (describe -

Temporarily restricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) -

Permanently restricted . . .

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . . . . . .

Foundations that do not follow SFAS 117, check here 🕨 🗹

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the 0 040564 number of years the foundation has been in existence if less than 5 years 4 2,951,445 4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5 5 119,722 5 Multiply line 4 by line 3 . . . . . . . . . . . 6 Enter 1% of net investment income (1% of Part I, line 27b) . 6 1,378 7 121,100 8 Enter qualifying distributions from Part XII, line 4 110,416 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

Form 990-PF (2016)	Page <b>7</b>
Part VIII  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "N	ONE".
(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	<b>D</b>
Iotal. Add lines 1 through 3	Form <b>990-PF</b> (2016)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

3

4

5

2

3a 3h

4

5

110.416

110.416

Form 990-PF (2016)

a From 2011. . . . . **b** From 2012. . . . c From 2013. . d From 2014. . . .

e From 2015. . . . .

4 Qualifying distributions for 2016 from Part XII, line 4 🕨 \$ a Applied to 2015, but not more than line 2a **b** Applied to undistributed income of prior years

c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . .

(If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . 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. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must

6 Enter the net total of each column as

be distributed in 2017 . . . . . 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) . . . . . . . . . 8 Excess distributions carryover from 2011 not

9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a . . . .

10 Analysis of line 9 a Excess from 2012. . **b** Excess from 2013. . c Excess from 2014. . d Excess from 2015. . e Excess from 2016. .

applied on line 5 or line 7 (see instructions) . . .

indicated below:

**d** Applied to 2016 distributable amount. . . . e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2016

same amount must be shown in column (a) )

110,416

25,265

9,135

Form **990-PF** (2016)

(d)

Page 9

P	art XIII	Undistr	ibuted I	ncome	(see instru	ctions)
	D. storbooks by		2016 6	Dt	VI I 7	
1	Distributab	ie amount r	or 2016 fro	m Part	XI, line /	
2	Undistribut	ed income,	if any, as o	of the er	nd of 2016	
а	Enter amou	unt for 2015	5 only			
b	Total for pr	nor years	20,	20	_ , 20	

Excess distributions carryover, if any, to 2016

25,265 f Total of lines 3a through e. . . . . . . .

(Election required—see instructions). . . . .

25.265

25,265

0

(a)

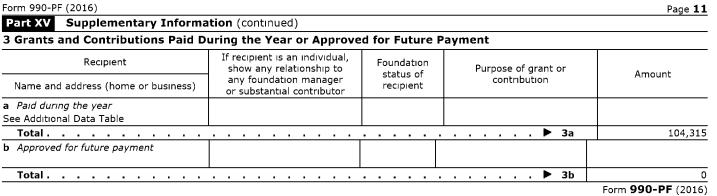
Corpus

(b)

Years prior to 2015

(c)

2015



nter gross	amounts unless otherwise indicated	Unrelated bu	isiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
_	n service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	function income (See instructions )
g Fees	and contracts from government agencies					
	rship dues and assessments					
	st on savings and temporary cash					
	nds and interest from securities			14	27,928	
	ital income or (loss) from real estate				•	
	financed property					
	ebt-financed property					
5 Net re	ental income or (loss) from personal property					
	nvestment income	<u> </u>				
	or (loss) from sales of assets other than			14	115,951	
	ory			14	115,951	
	profit or (loss) from sales of inventory					
	revenue a					
	1.5.111					
2 Subtota	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)		0	1	143,879	143,879
See works	heet in line 13 instructions to verify calculatio	ns)		13	<b>.</b>	143,673
	-B Relationship of Activities to th		ment of Exem	pt Purposes		
_ine No. ▼	Explain below how each activity for which the accomplishment of the foundation's ex instructions )					
	SECURITIES SOLD TO MAKE QUALIFIED CON	NTRIBUTIONS				

. ,	
Ш	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

	alfu XVIII	Exempt Organi	zations										
1	Did the ord	ganization directly or in Code (other than sectio	directly enga	ge in a	any of the zations) o	e following with a or in section 527,	ny , rel	other organizatio	n described in secti organizations?	ion 501		Yes	No
		from the reporting foun								一			
	<b>(1)</b> Cash.					<sup>.</sup>				. 1	a(1)		No
	<b>(2)</b> Other	rassets								. 1	a(2)		No
_	Other tran												
		of assets to a nonchar	•	-							b(1)		No
	• •	nases of assets from a n					•				b(2)		No
		al of facilities, equipmer	-				•				b(3)		No
		bursement arrangemen s or loan guarantees.					•				b(4) b(5)		No No
		mance of services or m									b(6)		No
	. ,	facilities, equipment, n			-					<b>—</b>	1c		No
	-	wer to any of the above											110
	of the goo	ds, other assets, or ser	vices given b	y the r	reporting	foundation If th	e fo	oundation receive	d less than fair mar	ket value			
	ın any trar	nsaction or sharing arra	ngement, sh	ow in d	column (d	d) the value of th	ne g	goods, other asse	ts, or services recei	ived			
(a)	Line No	(b) Amount involved	(c) Name of	noncha	rıtable exe	mpt organization		(d) Description of	transfers, transactions	, and sharin	g arra	ngemen	nts
<b>2</b> a	Is the four	ndation directly or indire	ectly affiliated	d with,	or relate	d to, one or mor	e ta	ax-exempt organi	zations				
		in section 501(c) of the								🗆	Yes	<b>✓</b> N	lo
b	If "Yes," co	omplete the following so	hedule										
		(a) Name of organization	n		(1	<b>b)</b> Type of organıza	ation	1	(c) Description	n of relations	ship		
	Unde	er penalties of perjury,	I declare tha	t I hav	e examin	ed this return, in	nclu	ıdıng accompanyı	ng schedules and st	tatements	and	to the	best
	of m	ly knowledge and belief	, it is true, co										
Sig	J''	ch preparer has any kno	wledge			ı							
He	re 👠 📑	*****				2017-11-13		*****		May the IRS with the pre			
		Signature of officer or ti	ustee			Date		Title		(see instr )?	· —		
		1			. –		$\neg$		<b>_</b>	<u> </u>			
		Print/Type preparer's	name	Prepa	arer's Sigi	nature		Date	Check if self-	PTIN			
									employed ▶ □	P	00420	933	
Pa	id							2017-11-13	' '				
	.a eparer	Eirm's name > DELG	DITTE TAX LL	D									
	e Only	Thin Shamer BEE	νιι⊏ IAX LL	.୮						Fırm's EIN	▶86	-10697	772
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			NCINNATI, O	П 16.	202					Phone no	(513	784-	7100
			INCLINIVATI, U	11 432	202								

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (d) (b) (c) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation 979 SH CHUBB LIMITED 2016-01-19 2016-01-20 500 SH CREDIT ACCEPT CORP 2016-01-28 2016-07-15 **NVIDIA CORP** 2010-07-09 2016-12-19 250 SH CREDIT ACCEPT CORP 2016-07-29 2016-08-05 250 SH CREDIT ACCEPT CORP 2016-07-29 2016-12-07 77 SH WESTERN DIGITAL CORP 2016-05-13 2016-05-13 069 SH CHARTER COMMUNICATIONS 2013-05-06 2016-05-20 515 SH CHUBB CORP 2007-11-27 2016-01-19 2014-01-15 485 SH SANDISK CORP 2016-05-13 360 SH TIME WARNER CABLE 2013-05-06 2016-05-20 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 108 109 -1 96,990 85,508 11,482 11,703 1,118 10,585 51,491 44,879 6,612 49,991 44,879 5,112 27 28 -1 7 15 8 66,823 26,971 39,852 36,991 35,137 1,854 36,000 17,706 18,294 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any -1 11,482 10,585 6,612 5,112 -1 8 39,852 1,854 18,294

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (c) (d) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) How acquired Date acquired Date sold P—Purchase (mo , day, yr ) (mo, day, yr) D-Donation 375 SH TOWERS WATSON & CO 2011-07-05 2016-01-05 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) <b>(h)</b> (e) plus (f) minus (g)					
46,957		24,803	22,154					
Form 990PF Part IV - Capital	orm 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I							
Complete only for assets show	Gains (Col (h) gain minus							

46,957		24,803	22,154
Form 990PF Part IV - Capital (	Gains and Losses for Tax on	Investment Income - Colum	ns i - I
Complete only for assets show	ing gain in column (h) and owned b	y the foundation on 12/31/69	Gains (Col (h) gain minus
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col(ı) <b>(k)</b> over col(յ), ıf any	col (k), but not less than -0-) <b>or</b> (I) Losses (from col (h))

22,154	24,865		40,337
nns i - I	Investment Income - Colum	Gains and Losses for Tax on	Form 990PF Part IV - Capital
Gains (Col (h) gain minus	y the foundation on 12/31/69	ving gain in column (h) and owned b	Complete only for assets show
col (k), but not less than -0-) or (I) Losses (from col (h))	Excess of col(ı) <b>(k)</b> over col( <u>j</u> ), ıf any	Adjusted basis <b>(j)</b> as of 12/31/69	(i) F M V as of 12/31/69
I	1		

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation ROBERT BETAGOLE DIRECTOR/PRESIDENT/CHAIRMA 0.00 90 LIGHTHOUSE POINT DR LONGBOAT KEY, FL 34428 MARTY BETAGOLE DIRECTOR 0.00 101 HARBOR GREEN DRIVE BELLEVIEW, KY 41073 RICHARD BETAGOLE DIRECTOR 0 00 2953 WOLD AVENUE CINCINNATI, OH 45206 10HN BETAGOLE DIRECTOR 0 00 161 LINDEN DRIVE WYOMING, OH 45215 MARYANN BETAGOLE VICE PRESIDENT 0.00 90 LIGHTHOUSE POINT DR

SECRETARY/TREASURER

0 00

LONGBOAT KEY, FL 34428

7988 KENILWORTH LANE CINCINNATI, OH 45242

W PATRICK STULL

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount

Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	
a Paid during the year				
ALZHEIMER'S ASSOCIATION OF GREATER CINCINNATI 644 LINN STREET SUITE 1026 CINCINNATI, OH 45203		PC	GENERAL SUPPORT	150
AMERICAN CANCER SOCIETY 2808 READING RD CINCINNATI, OH 45206		PC	GENERAL SUPPORT	100
AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DRIVE SUITE 900 ARLINGTON, VA 22202		PC	GENERAL SUPPORT	100
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231		PC	GENERAL SUPPORT	100
AMERICAN JEWISH COMMITTEE 105 W 4TH ST UNTI 1008		PC	GENERAL SUPPORT	750

CINCINNATI, OH 45202

104,315 Total .

За

Form 990PF Part XV Line 3 - Grant	ts and Contributions Paid	During the	Year or Approved for Future	Payment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
AMERICAN JEWISH JOINT DISABILITY 711 THIRD AVENUE NEW YORK, NY 10017		PC	GENERAL SUPPORT	100
AMERICAN KIDNEY FOUNDATION 11921 ROCKVILLE PIKE ROCKVILLE, MD 20852		PC	GENERAL SUPPORT	100
AMERICAN LUNG ASSOCIATION 5900 WILCOX PLACE DUBLIN, OH 43016		PC	GENERAL SUPPORT	100
AMERICAN RED CROSS 2025 E STREET NW WASHINGTON, DC 20006		PC	GENERAL SUPPORT	1,000
ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE		PC	GENERAL SUPPORT	200

NEW YORK, NY 10158

За

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	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
ARTSWAVE 20 EAST CENTRAL PARKWAY STE 200 CINCINNATI, OH 45202		PC	GENERAL SUPPORT	525	
B'NAI B'RITH 1120 20TH ST NW SUITE 300 N WASHINGTON, DC 20036		PC	GENERAL SUPPORT	120	
BIRTHRIGHT ISREAL FOUNDATION 33 EAST 33RD ST 7TH FLOOR NEW YORK, NY 10016		PC	GENERAL SUPPORT	250	
CEDAR VILLAGE 5467 CEDAR VILLAGE DR MASON, OH 45040		PC	GENERAL SUPPORT	1,125	
CENTER FOR HOLOCAUST AND HUMANITY EDUCATION 8401 MONTGOMERY RD CINCINNATI, OH 45236		PC	GENERAL SUPPORT	300	
Total				104,315	

		T		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
CINCINNATI CHILDREN'S HOSPITAL 3333 BURNET AVE CINCINNATI, OH 45229		PC	GENERAL SUPPORT	1,000
CINCINNATI PUBLIC RADIO 1223 CENTRAL PARKWAY CINCINNATI, OH 45214		PC	GENERAL SUPPORT	200
CINCINNATI ZOO AND BOTANICAL GARDEN 3400 VINE STREET CINCINNATI, OH 45220		PC	GENERAL SUPPORT	5,030
CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON RD 2ND FLOOR BETHESDA, MD 20814		PC	GENERAL SUPPORT	100
FLORIDA STUDIO THEATER 1241 NORTH PALM AVENUE SARASOTA, FL 34236		PC	GENERAL SUPPORT	500

За

104,315

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year FREESTORE-FOODBANK PC GENERAL SUPPORT 750 1141 CENTRAL PARKWAY CINCINNATI, OH 45202 HEARING SPEECH AND DEAF CENTER PC **GENERAL SUPPORT** 100 100 475 4360 COOPER RD CINCINNATI, OH 45242

PC

GENERAL SUPPORT

100

104,315

2825 BURNET AVE 330 CINCINNATI, OH 45219			
HEBREW UNION COLLEGE BROOKDALE CENTER NEW YORK, NY 10012	PC	GENERAL SUPPORT	1,10
HOSPICE OF CINCINNATI	PC	GENERAL SUPPORT	4

**HUMANE SOCIETY** 

Total .

За

1255 23RD STREET NW SUITE 450 WASHINGTON, DC 20037

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	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
ISAAC M WISE TEMPLE 720 PLUM STREET CINCINNATI, OH 45202		PC	GENERAL SUPPORT	5,425
JEWISH FEDERATION OF CINCINNATI 8499 RIDGE RD CINCINNATI, OH 45236		PC	GENERAL SUPPORT	52,085
JEWISH FEDERATION OF SARASOTA 580 MCINTOSH RD SARASOTA, FL 34232		PC	GENERAL SUPPORT	5,000
JEWISH NATIONAL FUND 42 EAST 69TH STREET NEW YORK, NY 10021		PC	GENERAL SUPPORT	250
LEUKENIA & LYMPHOMA SOCIETY 1311 MAMARONECK AVENUE		PC	GENERAL SUPPORT	100

JEWISH FEDERATION OF SARASOTA 580 MCINTOSH RD SARASOTA, FL 34232	PC	GENERAL SUPPORT	5,00
JEWISH NATIONAL FUND 42 EAST 69TH STREET	PC	GENERAL SUPPORT	25

WHITE PLAINS, NY 10605

Total . . За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year LIGHTHOUSE YOUTH SERVICES PC GENERAL SUPPORT 100 401 EAST MCMILLAN STREET CINCINNATI, OH 45206 MOTHERS AGAINST DRUNK DRIVERS PC **GENERAL SUPPORT** 100

511 E JOHN CARPENTER FREEWAY IRVING, TX 75062			
MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE NEW YORK, NY 10017	PC	GENERAL SUPPORT	100
MUSCULAR DYSTROPHY 222 S RIVERSIDE PLAZA SUITE 1500 CHICAGO, IL 60606	PC	GENERAL SUPPORT	100
RONALD MCDONALD HOUSE	PC	GENERAL SUPPORT	100

350 ERKENBRECHER AVENUE CINCINNATI, OH 45229

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or Amount Recipient show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ROTARY FOUNDATION PC GENERAL SUPPORT 2.570 1560 SHERMAN AVE EVANSTON, IL 60201 SALVATION ARMY PO BOX 596 PC GENERAL SUPPORT 100 CINCINNATI, OH 45201 SLOAN KETTERING CANCER CENTER PC GENERAL SUPPORT 100 1275 YORK AVENUE NEW YORK, NY 10065 SPCA CINCINNATI 11900 CONREY RD PC GENERAL SUPPORT 200

PC

GENERAL SUPPORT

200

104,315

CINCINNATI, OH 45249

2600 VICTORY PARKWAY CINCINNATI, OH 45206

Total . . . . . . .

TALBERT HOUSE

### Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

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

	or substantial contributor			
a Paid during the year				
TENDER MERCIES 27 WEST 12TH STREET CINCINNATI, OH 45202		PC	GENERAL SUPPORT	200

WEST 4333 SENTENAL BARKWAY	200	CENERAL CURRORT	300
UNITED WAY OF GREATER CINCINNATI 2400 READING ROAD CINCINNATI, OH 45202	PC	GENERAL SUPPORT	20,000
CINCINNATI, OH 45202			

CINCINNATI, OH 45202			
WCET 1223 CENTRAL PARKWAY CINCINNATI, OH 45214	PC	GENERAL SUPPORT	200
WORLD WILDLIFE FUND	PC	GENERAL SUPPORT	200

CINCINNATI, OH 45214	PC	GENERAL SUPPORT	200
WORLD WILDLIFE FUND 1250 24TH STREET NW WASHINGTON, DC 20037	PC	GENERAL SUPPORT	200

WORLD WILDLIFE FUND 1250 24TH STREET NW WASHINGTON, DC 20037	PC	GENERAL SUPPORT	200
ANIMAL LEGAL DEFENSE FUND	PC	GENERAL SUPPORT	100

WASHINGTON, DC 20037			
ANIMAL LEGAL DEFENSE FUND 525 EAST COTATI COTATI. CA 94931	PC	GENERAL SUPPORT	100

ANIMAL LEGAL DEFENSE FUND 525 EAST COTATI COTATI, CA 94931	PC	GENERAL SUPPORT	100
Total		•	104 315

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CINCINNATI PARKS FOUNDATION PC GENERAL SUPPORT 250 421 OAK ST CINCINNATI, OH 45219 CIVIC GARDEN CENTER PC 100 GENERAL SUPPORT 50

2715 READING ROAD CINCINNATI, OH 45206			
CONTEMPORARY ARTS CENTER 44 E 6TH ST CINCINNATI, OH 45202	PC	GENERAL SUPPORT	250
DROP-IN CENTER 411 GEST ST	PC	GENERAL SUPPORT	100

DROP-IN CENTER 411 GEST ST PC CINCINNATI, OH 45203 EASTER SEALS 2901 GILBERT AVENUE PC GENERAL SUPPORT 100

CINCINNATI, OH 45206

Total . . . 104,315 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or Amount Recipient show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year JEWISH FAMILY SERVICES PC. GENERAL SUPPORT 200 8487 RIDGE RD CINCINNATI, OH 45236 MARCH OF DIMES 10806 KENWOOD RD PC GENERAL SUPPORT 100 CINCINNATI, OH 45242 MAYERSON JCC 8485 RIDGE RD PC GENERAL SUPPORT 200 CINCINNATI, OH 45236 MOLDAW RESIDENCES PC GENERAL SUPPORT 100 899 E CHARLESTON RD PALO ALTO, CA 94303 MOTE MARINE LABORATORY PC GENERAL SUPPORT 110

7678 15 ST E

SARASOTA, FL 34243 Total . . . . . . . 104,315

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
a Paid during the year				
PRO KIDS 2605 BURNETT AVE CINCINNATI, OH 45219		PC	GENERAL SUPPORT	250
ROCKDALE TEMPLE 8501 RIDGE RD CINCINNATI, OH 45236		PC	GENERAL SUPPORT	25
UC FOUNDATION 51 GOODMAN DR CINCINNATI, OH 45221		PC	GENERAL SUPPORT	100
VALLEY TEMPLE 145 SPRINGFIELD PIKE CINCINNATI, OH 45215		PC	GENERAL SUPPORT	25
WALNUT HILLS HIGH SCHOOL 3250 VICTORY PKWY CINCINNATI, OH 45207		PC	GENERAL SUPPORT	100
Total				104,315

За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year WNKU PC 100 GENERAL SUPPORT 301 LANDRUM ACADEMIC CENTER

HIGHLAND HEIGHTS, KY 41076			
WVXU 1223 CENTRAL PARKWAY CINCINNATI, OH 45214	PC	GENERAL SUPPORT	100
YMCA 1105 ELM ST CINCINNATI, OH 45202	PC	GENERAL SUPPORT	500

Total . 3a 104,315

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491317017627
TY 2016 Investments - Other S	Schedule	
Name: E	BETAGOLE FAMIL	Y FOUNDATION INC

% ROBERT BETAGOLE

FIDELITY Z73-982822

3,736

340

70 ROBERT	DETAGOLL		
<b>EIN:</b> 47-5625163			
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
FIDELITY Z70-131938	AT COST	1,147,470	1,665,682
FIDELITY Z73-982849	AT COST	117,810	200,610

AT COST

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data	-	DLN	l: 93491317017627
TY 2016 Legal Fees Schedu	ıle			
_				
	% ROBERT E		ON INC	
E	<b>IN:</b> 47-5625163			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
	12,201	6,100		6,101

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491317017627			
TY 2016 Other Decreases Schedule						
Name:	BETAGOLE FA	MILY FOUNDATION INC				
	% ROBERT BE	TAGOLE				
EIN:	47-5625163					
De	escription		Amount			
UNREALIZED GAINS/LOSSES			97,858			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491317017627
TY 2016 Substantial Contribut Schedule	tors	
	BETAGOLE FAMILY FO % ROBERT BETAGOLI 47-5625163	
Name		Address
ROBERT BETAGOLE		90 LIGHTHOUSE POINT DRIVE LONGBOAT KEY, FL 34228
MARTY BETAGOLE		101 HARBOR GREEN DR APT 402 BELLEVUE, KY 41073
RICHARD BETAGOLE		2953 WOLD AVENUE CINCINNATI, OH 45206

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLI	N: 93491317017627
TY 2016 Taxes Schedule				
Name	: BETAGOLE F	AMILY FOUNDATI	ON INC	
	% ROBERT E	BETAGOLE		
EIN	: 47-5625163			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Federal Income Tax	75	0		0

efile GRAPHIC print - I	O NOT PROCESS As Filed Data -		DLN: 93491317017627
Schedule B	Schedule of Contri	ibutors	OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ ► Information about Schedule B (Form 990, 990-EZ, o <u>www.irs.gov/form99</u>	or 990-PF) and its instructions is	2016
Name of the organizat BETAGOLE FAMILY FOUN		Emp	oloyer identification number
% ROBERT BETAGOLE	-li -u)	47-5	5625163
Organization type (che	ck one)		
Filers of:	Section:		
Form 990 or 990-EZ	501(c)( ) (enter number) organization		
	4947(a)(1) nonexempt charitable trust <b>not</b> tre	eated as a private foundation	
	☐ 527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated	d as a private foundation	
	501(c)(3) taxable private foundation		
	ation filing Form 990, 990-EZ, or 990-PF that received, or property) from any one contributor. Complete Parts I at		
Special Rules			
under sections a received from a	ion described in section 501(c)(3) filing Form 990 or 990 09(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A by one contributor, during the year, total contributions of the 1h, or (II) Form 990-EZ, line 1 Complete Parts I and I	(Form 990 or 990-EZ), Part II, the greater of <b>(1)</b> \$5,000 or <b>(2)</b>	line 13, 16a, or 16b, and that
during the year,	ion described in section 501(c)(7), (8), or (10) filing Forr total contributions of more than \$1,000 exclusively for re the prevention of cruelty to children or animals. Comple	eligious, charitable, scientific, lit	
during the year, If this box is che purpose Do no	ion described in section 501(c)(7), (8), or (10) filing Forr contributions exclusively for religious, charitable, etc., picked, enter here the total contributions that were receive complete any of the parts unless the <b>General Rule</b> app ble, etc., contributions totaling \$5,000 or more during th	urposes, but no such contributi ed during the year for an <i>exclus</i> blies to this organization becaus	ions totaled more than \$1,000 sively religious, charitable, etc , se it received nonexclusively
990-EZ, or 990-PF), bu	n that is not covered by the General Rule and/or the Sp it <b>must</b> answer "No" on Part IV, line 2, of its Form 990, orm 990PF, Part I, line 2, to certify that it does not meet	or check the box on line H of it	ts
For Paperwork Reduction for Form 990, 990-EZ, or 99	Act Notice, see the Instructions Cat No 306 0-PF	Schedule B (F	Form 990, 990-EZ, or 990-PF) (2016)

schedule B (For	m 990, 990-EZ, or 990-PF) (2016)		Pag	ge z
Name of organia BETAGOLE FAMIL' % ROBERT BETAC	Y FOUNDATION INC	Employer identification 47-5625163	number	
Part I	Contributors (see instructions) Use duplicate copies of Part I if a	dditional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contri	bution
1	RICHARD BETAGOLE		Person Payroll	
	2953 WOLD AVENUE	\$ 15,109	Noncash	<b>✓</b>
	CINCINNATI, OH45206		(Complete Part II for r contributions)	noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contri	bution
	MARTY BETAGOLE		Person	
2	101 HARBOR GREEN DR APT 402		Payroll	
		\$ 202,018	Noncash	<b>✓</b>
	BELLEVUE, KY41073		(Complete Part II for r contributions)	noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contri	bution
			Person	
-			Payroll	
		\$	Noncash	
			(Complete Part II for r contributions)	noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contri	bution
			Person	
-			Payroll	
		\$	Noncash	
			(Complete Part II for r contributions )	noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contri	bution
			Person	
-			Payroll	
		<u>\$</u>	Noncash	
			(Complete Part II for r contributions )	noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contri	bution
			Person	
-			Payroll	
		\$	Noncash	
			(Complete Part II for r contributions )	noncash

Schedule B (Forr	m 990, 990-EZ, or 990-PF) (2016)		Page 3
Name of organiz	zation Y FOUNDATION INC	Employer identification number	
% ROBERT BETAG	GOLE	47-5625163	
Part II	Noncash Property		
(a) No.from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	See attached	\$ 15 109	2016-12-19
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	See attached	\$ 202 018	2016-12-22
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule B (Form	990, 990-EZ, or 990-PF) (2016)		Page <b>4</b>
Name of organizat BETAGOLE FAMILY F % ROBERT BETAGO	OUNDATION INC		Employer identification number 47-5625163
than \$1 organiz the year	,000 for the year from any one contributor	r. Complete columns (a) through exclusively religious, charictions.) ▶ \$	d in section 501(c)(7), (8), or (10) that total more ugh <b>(e) and</b> the following line entry. For table, etc., contributions of <b>\$1,000 or less</b> for
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 F	Relationship of transferor to transferee
(a)	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
No.from Part I		(c) 03e 01 giit	(u) Description of now gift is field
	Transferee's name, address, and	(e) Transfer of gift	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
	Transferee's name, address, and	(e) Transfer of gift	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
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
			Schedule B (Form 990, 990-EZ, or 990-PF) (2016)