Department of the Treasury

EXTENDED TO MAY 15, 2018 Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.

	calenúar year 2016 or tax year beginning	JUL 1	, 2016	, and ending	JUN 30, 201	7
	ame of foundation	001	., 2020	,	A Employer identificatio	
	THE ALPAUGH FOUNDATION				31-6314074	<u> </u>
	mber and street (or PO box number if mail is not delivered	i to street add	ress)	ì	B Telephone number	226
	525 VINE STREET			1925	513-621-18	
	ty or town, state or province, country, and ZIP or to CINCINNATI, OH _45202	oreign posta	ii code		G If exemption application is	pending, check here
	Check all that apply: Initial return		Initial return of a for	mer public charity	D 1. Foreign organization	s, check here
) " (Final return		Amended return	mor public charty		
	Address change		Name change		Foreign organizations m check here and attach or	eeting the 85% test, computation
H (Check type of organization: X Section 501	(c)(3) exem	pt private foundation	Ø V	 E If private foundation st	atus was terminated
	Section 4947(a)(1) nonexempt charitable trus		er taxable private founda	tion	under section 507(b)(1	
l Fa	Fair market value of all assets at end of year J	Accounting i		Accrual	F If the foundation is in a	
	from Part II, col (c), line 16)	Other	(specify)		under section 507(b)(1	1)(B), check here
	5,041,256. (Par art Analysis of Revenue and Expenses	t I, column				(d) D-1
Pa	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) in necessarily equal the amounts in column (a))	nay not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
			1,255,539.		N/A	(cash basis only)
	1 Contributions, gifts, grants, etc., received 2 Check Title foundation is not required to attach	Sch B	±,200,000.		41/ #2	
	Interest on savings and temporary cash investments	~/	46.	46.		STATEMENT 1
	4 Dividends and interest from securities	X \square	109,949.	109,949.		STATEMENT 2
	5a Gross rents	<i>y</i>				
	b Net rental income or (loss)				<u>"</u>	<u> </u>
ē	6a Net gain or (loss) from sale of assets not on line 10		1,111,394.	`		
Revenue	b Gross sales price for all 1,640,2	01.		1 111 204		
Rev	7 Capital gain net income (from Part IV, line 2)	-		1,111,394.		
	8 Net short-term capital gain 9 Income modifications					
	Gross sales less returns 10a and allowances				,	
	b Less Cost of goods sold					
	c Gross profit or (loss)					
300 8	11 Other income					
	12 Total Add lines 1 through 11		2,476,928.	<u>1,221,389</u> .	ļ	
න ⊜	13 Compensation of officers, directors, trustees, etc	<u> </u> -	0.	0.	ļ	0.
<u> </u>	14 Other employee salaries and wages	-				
∭ Ses	15 Pension plans, employee benefits					
~ ~	b Adam GENED STMT	3	3,099.	1,550.	<u> </u>	1,549.
il š	c Other professional fees STMT		33,914.	32,263.		1,651.
3 9	E E Interestay 1 & 2018 S					
A Tat	E Interestay 1 4 2018 STMT	5 _	346.	85.		200.
	19 Depreciation and deptetion	<u> </u> _			ļ	
Ę	20 Occupancy 21 Travel, conferences, and meetings	-				
þ	2 Printing and publications	<u> </u>			 	
9	22 Other expenses STMT	6	551.	0.	 	0.
SCANNED SCANNED Operating and Administrative Exper	24 Total operating and administrative					
je.	expenses. Add lines 13 through 23		37,910.	33,898.		3,400.
0	23 Continuations, gins, grants paid		436,810.			436,810.
	26 Total expenses and disbursements		454			440
_	Add lines 24 and 25	_	474,720.	33,898.		440,210.
	27 Subtract line 26 from line 12:		2,002,208.			
	Excess of revenue over expenses and disburseme Net investment income (if negative, enter -0-			1,187,491	 	
	c Adjusted net income (if negative, enter -0-)	´		<u> </u>	N/A	
623	3501 11-23-18 LHA For Paperwork Reduction	Act Notice,	see instructions.			Form 990-PF (2016)
				2		634

orm 990-PF (2016) THE ALPAUGH FOUNDATION		31-6314074 Page 2				
Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of				
column should be for end-of-year amounts only	(a) Book Value		(c) Fair Market Value			
1 Cash - non-interest-bearing	100,734.	176,624.	176,624.			
2 Savings and temporary cash investments	ļ					
3 Accounts receivable ►	4					
Less: allowance for doubtful accounts	-					
4 Pledges receivable ►	-					
Less: allowance for doubtful accounts	 					
5 Grants receivable	-					
6 Receivables due from officers, directors, trustees, and other		}				
disqualified persons						
7 Other notes and loans receivable Less: allowance for doubtful accounts	-	Ì				
	 					
9 Prepaid expenses and deferred charges						
10a Investments - U.S. and state government obligations						
b Investments - corporate stock STMT 7	1,827,105.	3,759,093.	4,864,632.			
c Investments - corporate bonds	2/02//2001	37,337,033.	1/001/0021			
11 Investments - land buildings, and equipment basis						
Less accumulated depreciation	1					
12 Investments - mortgage loans						
13 Investments - other						
14 Land, buildings, and equipment: basis						
Less accumulated depreciation						
15 Other assets (describe ►)			_ -			
16 Total assets (to be completed by all filers - see the						
instructions. Also, see page 1, item I)	1,927,839.	3,935,717.	<u>5,041,256.</u>			
17 Accounts payable and accrued expenses						
18 Grants payable	<u> </u>					
19 Deferred revenue						
20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable						
7 I						
22 Other liabilities (describe >)	' 					
OO Tabel Making (add loog 17 Abrough 20)	0.	0				
23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here	 	0.				
and complete lines 24 through 26 and lines 30 and 31						
24 Unrestricted						
24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances						
26 Permanently restricted	Ţ					
Foundations that do not follow SFAS 117, check here						
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.				
Retained earnings, accumulated income, endowment, or other funds	1,927,839.	3,935,717.				
30 Total net assets or fund balances	1,927,839.	3,935,717.				
31 Total liabilities and net assets/fund balances	1,927,839.	3,935,717.				
Part III Analysis of Changes in Net Assets or Fund	Balances					
						
Total net assets or fund balances at beginning of year - Part II, column (a), lin	ne 30		4 005 000			
(must agree with end-of-year figure reported on prior year's return)		1	1,927,839.			
Enter amount from Part I, line 27a	COMENT	2	2,002,208.			
Other increases not included in line 2 (itemize) OTHER ADJU: Add lines 1, 2, and 3	DIMPMI.	3	5,670.			
Decreases not included in line 2 (itemize)		4	3,935,717.			
Total net assets or fund balances at end of year (line 4 minus line 5) - Part II,	column (b), line 30	5 6	<u> </u>			
The state of the s	22.2 (a ft mile oo		Form 990-PF (2016)			

1 . t

	LPAUGH FOUNDAT		 			3.	T-03T	40/4	Page 3
									Data sald
(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.)					low acquired - Purchase - Donation				e sold ay, yr.)
1a SALE OF SECURITI				U	P	<u>`</u>			
b SALE OF SECURITI					D				
С									
d				<u> </u>					
<u>e</u>		Γ		Ь,					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale				iin or (loss) (f) minus (g)	
a 553,447.			513,80						<u>,640.</u>
ь 1,086,754.			15,00	00.		-		1,071	<u>,754.</u>
d									
e		 -							
Complete only for assets showing g	gain in column (h) and owned by	the foundation	on 12/31/69	\neg	(1)	Gains (Co	ol. (h) gain	minus	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any			(k), but n	ot less thar (from col. (I	1 -0-) or	
a	 			$\neg \neg$				39	,640.
b								1,071	,754.
С									
<u>d</u>		ļ			·-· · ·	·			
e		L		-					
2 Capital gain net income or (net capital	af loss) $ \begin{cases} \text{ If gain, also ente} \\ \text{ If (loss), enter -0} \end{cases} $	r in Part I, line - in Part I, line	7 7	}	2			1,111	,394.
3 Net short-term capital gain or (loss)		nd (6):		٦					
if gain, also enter in Part I, line 8, col If (loss), enter -0- in Part I, line 8	iumn (c).				3		N/A		
Part V Qualification Und	der Section 4940(e) for	Reduced	Tax on Net	Inv	estment Inc	ome			
(For optional use by domestic private fo	undations subject to the section	4940(a) tax on	net investment ii	ncome	e.)				
If section 4940(d)(2) applies, leave this	nart hlank								
Was the foundation liable for the section				riod?				Yes	X No
If "Yes," the foundation does not qualify 1 Enter the appropriate amount in eac				ntries					
(a)	(b)	11311 40110113 501	iore making any c	(c)		Ī		(d) oution ratio	
Base period years Calendar year (or tax year beginning		stributions	Net value of no		ritable-use assets	(Distrib col. (b) div	iútión ratio ided by col.	(c))
2015		4,726.		3	,686,466	_+			90799
2014		5,294.			,531,619				97772
2013		3,637.			,108,842				<u> 16969</u>
2012		8,195.			<u>,735,829</u>				49203
2011		0,249.			<u>,542,661</u>	•		.2	<u> 12474</u>
2 Total of line 1, column (d)						2		6	67217
3 Average distribution ratio for the 5-y	ear base period - divide the total	on line 2 by 5.	or by the number	r of ve	ars				01211
the foundation has been in existence			o. 5,	, ,	u. u	3		.1	33443
	•								
4 Enter the net value of noncharitable-	use assets for 2016 from Part X,	line 5				4		4,473	,976.
						1			
5 Multiply line 4 by line 3						5		<u>597</u>	,021.
6. Enter 19/ of not investment income	/10/ of Dort Live 07h)							11	075
6 Enter 1% of net investment income	(1/0 UI Fait 1, IIIIE 2/0)					6		<u> </u>	<u>,875.</u>
7 Add lines 5 and 6						7		608	,896.
8 Enter qualifying distributions from P		. db. a. 1			n/ .	. 8		440	<u>,210.</u>
If line 8 is equal to or greater than ling See the Part VI instructions.	ie 7, check the dox in Part VI, line	ib, and comp	olete that part usir	ng a 1 	% tax rate.				

	990-PF (2016) THE ALPAUGH FOUNDATION		<u>6314</u>			age 4
_	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948	see ir	stru	ction	is)
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here L and enter 1%	1_		2	3 <u>,7</u>	<u>50.</u>
	of Part I, line 27b					
	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_				<u>0.</u>
	Add lines 1 and 2	3		2	<u>3,7</u>	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				<u>0.</u>
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5		2.	3,7	<u>50.</u>
	Credits/Payments:	\				
a	2016 estimated tax payments and 2015 overpayment credited to 2016 6a 7,539	1				
b	Exempt foreign organizations - tax withheld at source 6b	1				
C	Tax paid with application for extension of time to file (Form 8868) 6c 15,000]				
d	Backup withholding erroneously withheld 6d 6d	1				
	Total credits and payments. Add lines 6a through 6d	7		2	2,5	<u>39.</u>
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	_8_				1.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed SEE STATEMENT 8	9			1,2	<u>12.</u>
0	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
	Enter the amount of line 10 to be: Credited to 2017 estimated tax	11	<u></u> _			
Pa	rt VII-A Statements Regarding Activities			т		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven	ยเก			Yes	
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definitio	1)?	İ	1b		_X_
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis	hed or				
	distributed by the foundation in connection with the activities					
C	Did the foundation file Form 1120-POL for this year?			1c		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		Ì			
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0	<u>.</u>				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			ļ		
	managers. ► \$0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		_X_
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		İ	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	● By language in the governing instrument, or					
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the sta	e law				
	remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part X	V		7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	KY					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation		,	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for ca	endar				
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X
			For	m 99 0)-PF	(2016)

Form **990-PF** (2016)

X

3b

4a

N/A

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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2016.)

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Part VIII-8 Statements Regarding Activities for Which Form 4720 May Be Required (continued)	Form 990-PF (2016) THE ALPAUGH FOUNDATION	4700 May Do F	Dominimo al /	31-63140	<u>74</u>	Page 6
(1) Carry on propagatacy or otherwise attempt to influence legislation (section 4945(s))? (2) Influence the outcome of any specific public electron (see section 4955); or locarry or, directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an individual or travel, study, or other similar purposes? (3) Provide a grant to an individual or than a charidable, etc., organization described in section 4945(e)(4)(A)? (see instructions) (5) Provide the any purpose of the an enliquious, charidable, etc., organization described in section 4945(e)(4)(A)? (see instructions) (6) Provide the any purpose of the animals? If all any anameters is Yes' to Sq15(4)(d) dainy of the transactions fail to quality under the exceptions described in Regulations section 33.4945 or in a current notice regarding disaster assistance clear instructions?? Organizations relying on a current notice regarding disaster assistance clear his understance. In the statement required by Regulations section 53.4945-5(d). Sa Did the foundation, during the year, receive any times, directly or indirectly, to pay premiums on a personal benefit contract? If Yes' is Di, Ne Form 8877		orm 4720 May be F	required (continu	ued)		
any voter registration drive? (3) Provide a grant to an individual for takel, study, or other similar purposes? (4) Provide a grant to an originization other than a charitable, etc., organization described in section 4945(6)(4)(A)(6)(8) (see instructions) (5) Provide a grant to an originization other than a charitable, etc., organization described in section 4945(6)(4)(A)(A)(6) (see instructions) (6) Provide a grant to an originization other than a charitable, etc., organization described in section 4945(6)(4)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)	(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 495(3)(4)(A)/2 (see instructions) (5) Provide for any purpose wither than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelly to children or animals? If any animals in "Yes" Staff, but day 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)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations responsibility for the grant? If "Yes" to 80, the form 8270 Did the foundation, during the year, reserve any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 80, the Form 8270 Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 80, the Form 8270 A larry time during the tax year, was the foundation a party to a prohibited tax shelter transaction? In Information About Officers, Directors, Trustees, Foundation Managers, Highty Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address Organization of the highest-paid employees (other than those included on time 1). If none, enter "NONE." (b) Tile, and average the provided contractors (c) Compensation of five highest-paid employees (other than those included on time 1). If none, enter "NONE." (c) Compensation of the highest paid employees (other than those included on time	any voter registration drive?		Ye			
4945(l/4)/4)/4 (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruely to children or animals? b I any answer is "yes" to Sai(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section S3-4945 or in a current inotice regarding disaster assistance check here of the disaster is "Yes" to question S4(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section S3-4945-5(d). But the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, his Form 8870 A Pat any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If "Yes" to 6b, his Form 8870 A Pat any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If "Yes" to 6b, his Form 8870 The station of invitation of the foundation receive any preceded on the compensation. 1 List all officers, directors, trustees, foundation managers and their compensation. 1 List all officers, directors, trustees, foundation managers and their compensation. 1 List all officers, directors, trustees, foundation managers and their compensation. 1 (a) Name and address 1 List all officers, directors, trustees, foundation managers and their compensation. 1 (b) Tits, and average holds group to the foundation and address of each employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employees (other than those included on line 1). If none, enter "NONE." (b) Tits, and average holds group week deviced to position. (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Compensation of five highest-paid employees (other than those included on line 1). If n	• • •		16	S LAL NU		1
b If any answer is "Yes" to \$1, 145, 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)? Organizations relying on a current notice regarding disaster assistance check here I the answer is "Yes" to question \$1,41, does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grain? If "Yes," attach the statement required by Regulations section 53.4945-56(). B Det the foundation, during the vear, receive any funds, directly or indirectly, to pay premiums on a presonal benefit contract? If "Yes "to 6b, the Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1. List all officers, directors, trustees, foundation managers and their compensation (a) Name and address (b) Title, and average hours per week devoked (a) Name and address (b) Title, and average hours per week devoked (a) Name and address 2. 2. 00 0. 0. 0. 0. 0. 2. Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average hours per week devoked (b) Distillowances (c) Compensation (d) Compensation (d) Compensation (e) Expense account, other allowances 2. Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average hours per week devoked (b) Distillowances 2. Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation (e) Compensat	• • • • • • • • • • • • • • • • • • • •		Ye	s X No		!
section 53.4945 or an acurrent notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here c If the answer is Yes' to question 53.4(4), does the foundation dame exemption from the tax because it maintained expenditure responsibility for the grant? If Yes, Tatach the statement required by Regulations section 53.4945-5(d). 8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If Yes' to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? If Yes' to 6b, file Form 8870 7a At any time during the tax year, was the foundation and party to a prohibited tax sheller transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Name and address (c) Compensation (c) Compensation (d) Compensation (e) Expense account, other compensation. ANANGER 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		or educational purposes, or f		s X No		
Crganizations relying on a current notice regarding dissaster assistance check here c if the answer is Yes' to question 58(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grain? If 'Yes,' attach the statement required by Regulations section 53.4945-5(d). 8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? b If 'Yes,' did the loundation receive any proceeds or have any net income attributable to the transaction? Part Vill Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoked (c) Compensation (ff not paid, enter-0-) and compensation of five highest-paid employees (other than those included on line 1), if none, enter "NONE." 2 Compensation of five highest-paid employees (other than those included on line 1), if none, enter "NONE." (c) Compensation (c) Compensation (d) Co		·	ın Regulatıons			
c If the answer is "est to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grain? If "Yes," attach the statement required by Regulations section 53.4945-5(d). 8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? b Did the foundation, during the year, was the foundation a party to a prohibited tax sheller transaction? c At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? List all officers, directors, trustees, foundation managers, Highly Paid Employees, and Contractors 1. List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted (in to paid, selected). PETER A ALPAUGH PETER A ALPAUGH STREET, SUITE 1925 CINCINNATI, OH 45202 2.00 0.0. (c) Compensation (d) Compensation of five highest-paid employees (other than those included on line 1), if none, enter "NONE." (e) Expense devoted for the foundation of five highest-paid employees (other than those included on line 1), if none, enter "NONE." (b) Title, and average hours per week devoted to position (c) Compensation (c) Compensation (c) Compensation (d) Compensation (e) Expense account, other compensation. (e) Expense account, other compensation. (f) Title, and average hours per week devoted to position (e) Expense account, other compensation.		•		N/A	5b	
expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d). 8a Dut the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation of the foundation aparty to a prohibited tax sheller transaction? 7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? 9 Yes X No 1 I' Yes 'X No N/A '7b I' Yes 'X No N/A 'Yes 'X No N/A 'Yes 'X			4			
Sa Did the foundation, during the year, receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract? # Yes	expenditure responsibility for the grant?	N	_	es 🔲 No		
a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? li "Yes" of bb, the Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? b It "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Pert Vili Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average flours of the week direction of the highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average flours of the highest-paid employees paid more than \$50,000 N/A 7b N/A 7b N/A 7b N/A 7b N/A 7b N/A 7c N/A	· · · · · · · · · · · · · · · · · · ·	• •		j		
## Yes' to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? If Yes' did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (fit not paid, enter-0-) (d) Compensation (fit not paid, enter-0-) (e) Expense the deterted to position (fit not paid, enter-0-) (fit n		pay premiums on	<u></u>	s X No		
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b Yes do the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position of five highest-paid employees (other than those included on line 1), if none, enter "NONE." 2 Compensation of five highest-paid employees (other than those included on line 1), if none, enter "NONE." (c) Compensation ((d) Combusion to five highest-paid employees (other than those included on line 1), if none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position of five highest-paid employees (other than those included on line 1), if none, enter "NONE." (c) Compensation ((d) Combusions to the properties of the properti		ersonal benefit contract?		_	6b	X_
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (d) Contaments to display a deterror and position (in not paid, enter 0-) (in not paid, e	· · · · · · · · · · · · · · · · ·		<u> </u>	[]		
Part VIII			Ye		7h	
(a) Name and address (b) Title, and average hours per week devoted to position PETER A ALPAUGH 525 VINE STREET, SUITE 1925 CINCINNATI, OH 45202 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (c) Compensation (I) contributions in (I) contributions to position (I) and average hours per week devoted to position (I) operation (I) and average hours per week devoted to position (I) operation (I) contributions to the province account, other allowances (I) operation (I) operation (I) contributions to the province account, other allowances (I) operation (I) o	Part VIII Information About Officers, Directors, Trust		anagers, Highl		70	
PETER A ALPAUGH 525 VINE STREET, SUITE 1925 CINCINNATI, OH 45202 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee account, other allowances account, other allowances.		compensation.	<u> </u>			
PETER A ALPAUGH 525 VINE STREET, SUITE 1925 CINCINNATI, OH 45202 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (c) Compensation (d) Compensation employees account, other allowances account, other allowances. (e) Compensation (f) Compensation employees account, other allowances.	(a) Name and address	hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	(e) acco	Expense ount, other owances
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hourse, paid eterred and devoted to position (c) Compensation (d) Combutations to employee benefit plats and deterred addressed devoted to position (e) Expense account, other allowances	PETER A ALPAUGH			, , , ,		
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and avarage hours per week devoted to position (c) Compensation (d) Combutions to employee benefit plans and deferred and devoted to position (e) Expense account, other allowances						
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee pending and deterred compensation (e) Expense account, other allowances	CINCINNATI, OH 45202	2.00	0.	0.	<u> </u>	0.
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee pending and deterred compensation (e) Expense account, other allowances		1				
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee pending and deterred compensation (e) Expense account, other allowances						
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee pending and deterred compensation (e) Expense account, other allowances			<u> </u>			
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee pending and deterred compensation (e) Expense account, other allowances		1				
(a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee enteril plans account, other allowances		1				
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee pending and deterred compensation (e) Expense account, other allowances						
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee pending and deterred compensation (e) Expense account, other allowances						
(a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee enteril plans account, other allowances		luded as to a 4) If a con-		<u> </u>	<u> </u>	
(a) Name and address of each employee paid more than \$50,000 NONE (c) Compensation employee paid more than \$50,000 hours per week devoted to position (c) Compensation employee paid more than \$60,000 address of each employee paid more than \$50,000 hours per week devoted to position (c) Compensation employee paid more than \$60,000 address of each employee paid more than \$50,000 address of each employee paid more than \$50,000 hours per week devoted to position (c) Compensation employee paid more than \$60,000 address of each employee paid more than \$50,000 address of each employee paid more than \$50,000 address of each employee paid more than \$50,000 compensation employee paid more than \$50,000 address of each employee paid more than \$50,000 address of each employee paid more than \$50,000 compensation employee paid end of each employee paid end end end end end end end end end en	2 Compensation of five nignest-paid employees (other than those inc		, enter "NUNE."	(d) Contributions to	(0)	Evnense
		hours per week	(c) Compensation	employee benefit plans and deferred	acco	ount, other
Total number of other amplayees hald over \$50,000	NONE]	
Total number of other amplayees had over \$50,000		 	 	<u></u>	-	
Total number of other employees had over \$50,000		-				
Total number of other amplayees hald over \$50,000			 	 	 	
Total number of other amplayees had over \$50,000		-	1			
Total number of other employees hald over \$50,000					-	
Total number of other employees hald over \$50,000						
Total number of other employees hald over \$50,000		_				_ _ _
	Total number of other amployees hald over \$50,000	<u> </u>			<u> </u>	

orm 990-PF (2016) THE ALPAUGH FOUNDATION		314074 Page 7
Part VIII Information About Officers, Directors, Trustees, Four Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none,	enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
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 number of organizations and other beneficiaries served, conferences convened, research paper	statistical information such as the sproduced, etc.	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax years.	ear on lines 1 and 2.	Amount
1 <u>N/A</u>		
2	+	
·		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	4,409,098.
b	Average of monthly cash balances	1b	133,010.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	4,542,108.
ę	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	4,542,108.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	68,132.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,473,976.
6	Minimum investment return Enter 5% of line 5	6	223,699.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	223,699.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	23,750.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	199,949.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	199,949.
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	199,949.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	440,210.
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:		
а	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	440,210.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	440,210.
	State: The amount on line 6 will be used in Port V. column (b) in subsequent users when calculation whether the foundation of		and the second con-

Form **990-PF** (2016)

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				199,949.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0.	
b Total for prior years:				
 , 		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011 414,132.				
b From 2012 272, 428.			Ì	
c From 2013 210,748.				
d From 2014 171,825.				
e From 2015 151,984.	1 001 115			
f Total of lines 3a through e	1,221,117.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ► \$ 440,210.		İ	_	
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior			-	
years (Election required - see instructions) c Treated as distributions out of corpus		0.		
(Election required - see instructions)				
d Applied to 2016 distributable amount	0.			
e Remaining amount distributed out of corpus	240,261.		······································	199,949.
5 Excess distributions carryover applied to 2016	240,261.	···		
(If an amount appears in column (d), the same amount must be shown in column (a))				0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,461,378.			
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		- 0.		
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract			0.1	
lines 4d and 5 from line 1. This amount must	İ			
be distributed in 2017				0.
7 Amounts treated as distributions out of				<u></u>
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	414,132.			
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	1,047,246.			
O Analysis of line 9:				
a Excess from 2012 272, 428.		ĺ		
b Excess from 2013 210, 748.				
c Excess from 2014 171,825.				
d Excess from 2015 151, 984. e Excess from 2016 240, 261.				
e Excess from 2016 240, 261.		<u>_</u>		

	UGH FOUNDA		<u> </u>	31-631	4074 Page 10
Part XIV Private Operating Fou				N/A	
1 a If the foundation has received a ruling or d					
foundation, and the ruling is effective for 2		=	▶ ∟_		
b Check box to indicate whether the foundation		g foundation described		4942(j)(3) or494	2(1)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	/	, . .
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
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	į			/	
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:		7			
(1) Total support other than gross		/			
investment income (interest,		/			
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)	/	İ			
(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 Inform	nation (Comple	te this part only	if the foundation	n had \$5.000 or mo	re in assets
at any time during the			,		
1 Information Regarding Foundation	Managers:				
a List any managers of the foundation who	have contributed more	than 2% of the total co	ntributions received by ti	he foundation before the clos	e of any tax
year (but only if they have contributed mo					,,
NONE					
b List any managers of the foundation who			n (or an equally large por	rtion of the ownership of a pa	rtnership or
other entity) of which the foundation has a	i 10% or greater interes	st.			
NONE			_		
2 Information Regarding Contribution	n, Grant, Gift, Loan,	, Scholarship, etc., F	Programs:		
Check here 🕨 🔙 if the foundation onl					
the foundation makes gifts, grants, etc. (s	ee instructions) to indiv	iduals or organizations	under other conditions,	complete items 2a, b, c, and	d
a The name, address, and telephone numbe	r or e-mail address of t	the person to whom app	plications should be add	ressed:	
THE ALPAUGH FOUNDATIO	N, 513-621	-1826			
525 VINE STREET, SUIT	<u>E 1925, CI</u>	NCINNATI,	OH 45202		
b The form in which applications should be	submitted and informa	tion and materials they	should include:		
<u>N/A</u>				<u> </u>	
c Any submission deadlines:					
<u>N/A</u>					
d Any restrictions or limitations on awards,	such as by geographic	al areas, charitable field	s, kınds of institutions, o	or other factors:	
N/A					
					- 000 5=
623601 11-23-18					Form 990-PF (2016

.

3 Grants and Contributions Paid During the		Payment		
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
PARTNERS IN DEVELOPMENT		PC	COMMUNITY OUTREACH FOR	
SEE ATTACHED LIST FOR ADDRESSES			HAWAIIAN FAMILIES	200
HOSPICE OF CINCINNATI		PC	END OF LIFE CARE	
		-		100
UNITED BREAST CANCER FOUNDATION		PC	FIGHT AGAINST BREAST	
UNITED BREAST CANCER FOUNDATION		FC	CANCER CANCER	25
CHILDREN'S WISH FOUNDATION		PC	SUPPORT OF DYING	
			CHILDREN	25
CITY GOSPEL MISSION		PC	HOMELESS OUTREACH SERVICE	4.000
	NTINUATION SHEE	ET(S)	▶ 3a	436_810
b Approved for future payment				
NONE				
		-		
Total		_1		

623821 11-23-16

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	d business income	Exclud	ed by section 512, 513, or 514	(e)
Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
·	Couc				
ab					
c					
d					
e					
f					
g Fees and contracts from government agencies			\Box		
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	46.	
4 Dividends and interest from securities			14	109,949.	
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			1 1		
7 Other investment income					
8 Gain or (loss) from sales of assets other		_	1 - 1		
than inventory			18	1,111,394.	
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.		1,221,389.	0.
13 Total Add line 12, columns (b), (d), and (e)		-		13	1,221,389.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities t	o the Acc	omplishment of E	xemp	t Purposes	
Line No. Explain below how each activity for which inco the foundation's exempt purposes (other than			A contrib	uted importantly to the accom	plishment of
the foundation's exempt purposes (other than	by providing id	ilus foi such purposes).		······································	
					
	- -				
					
					
					
	-				
					

	Exempt Organ	nizations							
1 Did	the organization directly or ind	rectly engage in any of the fo	ollowing	with any other organizatio	n described in section	on 501(c) of	}	Yes	No
the (Code (other than section 501(c)(3) organizations) or in sect	tion 527	7, relating to political organi	zations?		1		
a Tran	sfers from the reporting found	dation to a noncharitable exer	mpt org	anızatıon of:			1	1	
(1)	Cash						1a(1)		<u>X</u>
(2)	Other assets						1a(2)	i	X
b Othe	er transactions:								
(1)	Sales of assets to a noncharit	able exempt organization					1b(1)] _	X_
(2)	Purchases of assets from a no	oncharitable exempt organiza	ation				1b(2)		X
(3)	Rental of facilities, equipment	, or other assets					1b(3)		_X_
(4)	Reimbursement arrangement	s					1b(4)		_X_
(5)	Loans or loan guarantees						1b(5)		X
(6)	Performance of services or m	embership or fundraising sol	licitation	าร			1b(6)		X X X
c Sha	ring of facilities, equipment, m	ailing lists, other assets, or pa	aid emp	loyees			1c		X
d If th	e answer to any of the above is	s "Yes," complete the followin	ng sched	dule. Column (b) should alv	vays show the fair m	arket value of the goods, o	ther ass	sets,	
or s	ervices given by the reporting	foundation. If the foundation	receive	d less than fair market va <mark>lu</mark>	e in any transaction	or sharing arrangement, sl	how in		
colu	mn (d) the value of the goods	, other assets, or services rec	ceived.						
a) Line no	(b) Amount involved	(c) Name of noncha	arıtable	exempt organization	(d) Description	of transfers, transactions, and s	sharing ar	rangeme	nts
		N	/A						
	<u> </u>					·			
	<u> </u>								
		<u> </u>							
	<u> </u>								
	<u> </u>	<u> </u>			_				
	<u> </u>								
				·					
		<u> </u>							
									
	ļ	_ 							
									
	<u>. </u>								
2a Is th	ie foundation directly or indire	ctly affiliated with, or related t	to, one	or more tax-exempt organiz	zations described	_	_		_
	ection 501(c) of the Code (oth	· // //	ın secti	on 527?		L	Yes	LX] No
b If "Y	es," complete the following sc			.					
	(a) Name of or	ganization		(b) Type of organization		c) Description of relationsh	nip		
	N/A								
									
						 			
C:	Under penalties of perjury, I declarand belief, it is true, correct, and co					has any knowledge May	the IRS	discuss	this
Sign Here	107	Attrack				sho	rn with th	(see ins	er <u>:tr</u>)?
11010	1014	///		5/8/17	OFFICE		Yes	: L	J No
	Signature of officer or truste	_/		Date	Title	Ob 1. [] 1 O T 11			
	Print/Type preparer's r	1 7	arer's si	9	Date	Check if PTIN			
Paid	CHARLES R	• STEVENS / }	V II R	THE OF	2/19/18	self- employed			
	II, CPA				LL		0358		
Prepa		M CPAS & ADVI	SOR	S LLP		Firm's EIN ► 27-1	2356	38	
Use C	·	F26 BB111 = =	<u> </u>						
		536 EDWARDS R							• •
		INCINNATI, OH	45	208		Phone no. (513)			
						Fo	orm 99	0-PF	(2016)

Schedule B (Form 990, 99Q-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

Name of the organization

Employer identification number

THE ALPAUGH FOUR	NDATION	31-6314074
Organization type (check one).		
Filers of: Section:		
Form 990 or 990-EZ 501(c)() (enter	number) organization	
4947(a)(1) nonexem	npt charitable trust not treated as a private t	foundation
527 political organiz	zation	
Form 990-PF X 501(c)(3) exempt pr	ıvate foundation	
4947(a)(1) nonexem	npt chantable trust treated as a private foun	dation
501(c)(3) taxable pri	ıvate foundation	
Check if your organization is covered by the General R Note: Only a section 501(c)(7), (8), or (10) organization		and a Special Rule See instructions
General Rule		
For an organization filing Form 990, 990-EZ, or property) from any one contributor. Complete		ntributions totaling \$5,000 or more (in money or ning a contributor's total contributions
Special Rules		
sections 509(a)(1) and 170(b)(1)(A)(vi), that ch	ecked Schedule A (Form 990 or 990 EZ), Pantributions of the greater of (1) \$5,000 or (2)	33 1/3% support test of the regulations under art II, line 13, 16a, or 16b, and that received from 2% of the amount on (i) Form 990, Part VIII, line 1h,
For an organization described in section 501(c year, total contributions of more than \$1,000 c the prevention of cruelty to children or animal	exclusively for religious, charitable, scientific	nat received from any one contributor, during the c, literary, or educational purposes, or for
For an organization described in section 501(continuous exclusively for religious, characteristic section of the parts under the religious, charitable, etc., contributions totaling	naritable, etc , purposes, but no such contri that were received during the year for an ex ess the General Rule applies to this organiz	cclusively religious, charitable, etc.,
Caution: An organization that isn't covered by the Gerbut it must answer "No" on Part IV, line 2, of its Form 9 certify that it doesn't meet the filing requirements of So	990, or check the box on line H of its Form 9	•

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

THE ALPAUGH FOUNDATION

31-6314074

Part I	Contributors (See instructions) Use duplicate copies of Part Lif additional space is needed
Paili	Contributors (See instructions) Ose dublicate copies of Fart Hi additional space is needed

(a) Name, address, and ZIP + 4 The Alpauch Family 15 YEAR CHARITABLE LEAD TRUST P. O. BOX 3428 CINCINNATI, OH 43201 (a) Name, address, and ZIP + 4 PETER Alpauch Solvent St., STE., 1925 CINCINNATI, OH 45202 (b) Name, address, and ZIP + 4 Person Year, old Complete Part I for noncess contributions (c) Total contributions Person Year, old Complete Part I for noncess contributions) (d) Name, address, and ZIP + 4 Total contributions (e) (d) Type of contributions (f) (c) (d) Type of contributions (g) No. Name, address, and ZIP + 4 No. Name, address, and ZIP + 4 Total contributions (a) No. Name, address, and ZIP + 4 Total contributions (b) Name, address, and ZIP + 4 Total contributions (c) (d) Type of contributions (c) (d) Type of contributions (c) (d) Type of contributions (c) (d) Type of contributions (c) (d) Type of contributions (d) Name, address, and ZIP + 4 Total contributions (c) (d) Type of contributions (c) (d) Type of contributions (c) (d) Type of contributions (c) (d) Type of contributions (d) Type of contributions			<u></u>	
THE ALPAUGH FAMILY 15 YEAR CHARITABLE LEAD TRUST P. O. BOX 3428 CINCINNATI. OH 43201 (a) No. Name, address, and ZIP+4 PETER ALPAUGH 2 PETER ALPAUGH 525 VINE ST., STE. 1925 CINCINNATI, OH 45202 (a) No. Name, address, and ZIP+4 (b) No. Name, address, and ZIP+4 (c) (c) (d) Total contributions Person Payroll Nonceash Occupitable Part II for nonceash contributions (b) No. Name, address, and ZIP+4 (c) (d) Total contributions (d) No. Name, address, and ZIP+4 (e) (d) Total contributions Person Payroll Nonceash Occupitable Part II for nonceash contributions (a) No. Name, address, and ZIP+4 (b) No. Name, address, and ZIP+4 (c) Total contributions (d) Type of contribution Person Payroll Nonceash Occupitable Part II for nonceash contributions (d) No. Name, address, and ZIP+4 (e) (c) Total contributions (f) Type of contributions (g) T				
No. Name, address, and ZIP + 4 Total contributions Type of contribution	1	THE ALPAUGH FAMILY 15 YEAR CHARITABLE LEAD TRUST P.O BOX 3428	\$ 238,779.	Payroll Noncash (Complete Part II for
S				
No. Name, address, and ZIP + 4 Total contributions Person	2	525 VINE ST., STE. 1925	\$ <u>1,016,760</u> .	Payroll Noncash X (Complete Part II for
S				
No. Name, address, and ZIP + 4 Total contributions Type of contribution Person			\$	Payroll Noncash (Complete Part II for
\$ Payroll Noncash (Complete Part II for noncash contributions.) (a) No. Name, address, and ZIP + 4 Total contributions Person Payroll Noncash (Complete Part II for noncash contributions) (b) No. Name, address, and ZIP + 4 Total contributions (Complete Part II for noncash contributions) (a) No. Name, address, and ZIP + 4 Total contributions Person Payroll Noncash Payroll Noncash (Complete Part II for noncash (Complete Part II for noncash (Complete Part II for noncash (Complete Part II for noncash (Complete Part II for noncash (Complete Part II for noncash (Complete Part II for noncash (Complete Part II for noncash (Complete Part II for noncash (Complete Part II for noncash (Complete Part II for noncash (Complete Part II for noncash (Complete Part II for noncash (Complete Part II for noncash (Complete Part II for noncash (Complete Part II for noncash (Complete Part II for noncash (Complete Part II for noncash (Complete Part II for noncash (Complete Part II				
No. Name, address, and ZIP + 4 Total contributions Person Payroll Noncash (Complete Part II for noncash contributions) (a) No. Name, address, and ZIP + 4 Person (Complete Part II for noncash contributions) (b) No. Name, address, and ZIP + 4 Person Payroll Total contributions Person (Complete Part II for Noncash (Complete Part I			\$	Payroll Noncash (Complete Part II for
\$ Payroll Noncash (Complete Part II for noncash contributions) (a) No. Name, address, and ZIP + 4 S (c) (d) Total contributions Person Payroll Payroll Payroll Noncash (Complete Part II for Noncash (Complete Part I				
No. Name, address, and ZIP + 4 Total contributions Person Payroll Noncash (Complete Part II for			\$	Payroll Noncash (Complete Part II for
\$ Payroll Noncash (Complete Part II for			1	
Schedule P (Form 000, 000, E7, or 000, DE) /2016				Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

THE ALPAUGH FOUNDATION

31-6314074

Part II	Noncash Property (See instructions) Use duplicate copies of Part II	if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	13,000 SHARES OF CIN FINANCIAL CORP	_	
		\$ <u>1,016,760.</u>	12/07/16
(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
		- - - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		-	
		\$	

Employer identification number

+ 111	AUGH FOUNDATION Exclusively religious charitable etc. cont	ributions to organizations described	31-6314074 in section 501(c)(7), (8), or (10) that total more than \$1,000
	the year from any one contributor. Complete of	columns (a) through (e) and the follow	WIRO LIDE EDITY. For organizations
	completing Part III, enter the total of exclusively religiou	s, charitable, etc., contributions of \$1,000 or	less for the year (Enterthis info once) 🕨 \$
	Use duplicate copies of Part III if addition	al space is needed.	
o. 1	(L) D	(a) line of mit	(d) Description of how sift is held
¦	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
-			
<u> </u>			
		(e) Transfer of gif	t
Ì			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
o. n			
ጉ	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
- -			
-			
-		(a) Tunnafar of vis	
		(e) Transfer of gif	τ
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
	·		
No. m	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<u>ii </u>	(b) Ful pose of gift	(c) Ose of gift	(u) Description of now girt is field
l _			
_			
-			
		(e) Transfer of gif	t
		(,,	
l	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-			
			
No.		1	
No. m t l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<u>t ! </u>			
-			
- -			
_			
		l	
		(e) Transfer of git	ft
		_	
	Transferenta nome address of	ind 7IP + 4	Relationship of transferor to transferee
	Transferee's name, address, a	110 Ell T T	
-	Transferee's name, address, a	III T T	
-	Transferee's name, address, a		
	Transferee's name, address, a		

Part XV Supplementary Information 3 Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient PC POST-SECONDARY UNIVERSITY OF COLORADO FOUNDATION EDUCATION INSTITUTION 2.000. UNITED BREAST CANCER FOUNDATION PC FIGHT AGAINST BREAST CANCER 25. END OF LIFE CARE HOSPICE OF CINCINNATI PC 200, NATIONAL WHEELCHAIR BASKETBALL PC ENRICHMENT OF LIFE 25. MISHAWAKA CATHOLIC SCHOOL PCADVANCEMENT OF RELIGION 100. РÇ PRESERVATION OF RURAL GREEN AREAS INDIAN HILL, OHIO 250, AREA HOSPICE OF CINCINNATI PC END OF LIFE CARE 100. PC FIGHT TO END DRUNK MADD DRIVING 25. AFTER THE FINISH LINE PC WELFARE OF HORSES 2,000. CINCINNATI OPERA ENRICHMENT OF PC COMMUNITY 3,500, Total from continuation sheets 432,460.

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Yo		Τ		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
DUNN SCHOOL		PC	EARLY EDUCATION	1,000.
DILLSBORO UNITED METHODIST CHURCH		PC	ADVANCEMENT OF RELIGION	100,
CITY GOSPEL MISSION		PC	HOMELESS OUTREACH SERVICE	5,000.
BUCKEYE INSTITUTE		PC	EDUCATION OF FREE	
			MARKET	250.
HERITAGE FOUNDATION		PC	EDUCATION OF PUBLIC POLICY	250.
LAKE LEELANAU LAKE ASSN.		PC	PRESERVATION OF ENVIRONMENT	500.
TAFT MUSEUM		PC	ENRICHMENT OF COMMUNITY THROUGH THE ARTS	100.
GREAT PARKS CINCINNATI		PC	ENHANCEMENT OF CITY PARKS	500,
STEPPING STONES		PC	EARLY EDUCATION	300,
SCPARTS		PC	ENRICHMENT OF LIFE THROUGH ART AND	
Total from continuation sheets		<u> </u>	EDUCATION	200.

3 Grants and Contributions Paid During the Ye	ear (Continuation)			
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (name of business)	or substantial contributor	recipient		
DUNN SCHOOL	}	PC	EARLY EDUCATION	1,000
OHIO POLICE & FIRE RETIREES		PC	PROTECTION OF POLICE	50
JC COLLEGE OF BUSINESS		PC	BUSINESS EDUCATION	500
OHIO CANCER RESEARCH ASSN		PC	FIGHT FOR CURE OF CANCER	500
SPCA-CINCINNATI		PC	ANIMAL RESCUE AND EDUCATION	300
UNVERSITY OF CINCINNATI FOUNDATION		PC	POST-SECONDARY EDUCATION INSTITUTION	100
PARTNERS IN DEVELOPMENT		PC	COMMUNITY OUTREACH FOR HAWAIIAN FAMILIES	1,000
RESTAVEK FOUNDATION		PC	ENDING CHILD SLAVERY IN HAITI	500
CINCINNATI ART MUSEUM		PC	INSPIRATION OF COMMUNITY THROUGH ART	100
CINCINNATI ART MUSEUM		PC	INSPIRATION OF COMMUNITY THROUGH ART	250

THE ALPAUGH FOUNDATION

Part XV Supplementary Informatio				
3 Grants and Contributions Paid During the		_ =		
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	
		1 1		
CINCINNATI ZOO SOCIETY		PC	EDUCATION OF ANIMALS	
		-	AND NATURE	3,000.
MILITARY VETERANS RESOURCE CENTET		PC	VETERAN OUTREACH AND	
			REORIENTATION	100.
		}		
FREE STORE FOOD BANK		PC	FIGHTING HUNGER	
				100.
GREEN AREAS INDIAN HILL, OHIO		PC	PRESERVATION OF RURAL	250.
			AKBA	
WARREN COUNTY OF HUMANE SOCIETY		PC	ANIMAL RESCUE AND EDUCATION	100.
CINCINNATI CHILDREN'S HOSPITAL		PC	IMPROVING CHILDREN'S	
			LIVES	100.
INTERLOCHEN CENTERS FOR THE ARTS		PC	ENRICHMENT OF	
			COMMUNITY	250.
SHRINER'S CHILDREN HOSPITAL		PC	QUALITY HEALTH CARE	100
			FOR CHILDREN	100,
BEECH ACRES		PC	SUPPORT OF THE FAMILY UNIT	50,000.
CDOSCDOND CHIPCH		nc.	A DUANGRAPH OF	
CROSSROAD CHURCH		PC	ADVANCEMENT OF RELIGION	20,000,
Total from continuation sheets				

Part XV Supplementary Information	n			
3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
CINCINNATI ECONOMIC ED & RES		PC	EARLY EDUCATION ON FINANCE ED	20,000.
CINCINNATI HISTORICAL SOCIETY		PC	PRESERVATION OF	
CINCINNAIT HISTORICAL SOCIALI			HISTORY	2,000.
WESTON ART GALLERY		PC	ENRICHMENT OF COMMUNITY THROUGH THE ARTS	2,000.
O'BRYONVILLE ANIMAL RESCUE		PC	HEALTH AND WELFARE OF	1,000,
HELEN WOODWARD ANIMAL		PC	ANIMAL RESCUE AND EDUCATION	1,000.
UNIVERSITY OF COLORADO FOUNDATION		PC	POST-SECONDARY EDUCATION INSTITUTION	1,000.
WORLD WILDLIFE FUND		PC	CONSERVATION OF ENVIRONMENT	250.
ALLEY CATS ALLIES		PC	HEALTH AND WELFARE OF	
			CATS	250,
HUMANE SOCIETY OF US		PC	ANIMAL RESCUE AND EDUCATION	250
SPCA-CINCINNATI Total from continuation charts		PC	ANIMAL RESCUE AND EDUCATION	20,000
Total from continuation sheets			— <u> </u>	

Part XV Supplementary Information 3 Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation status of Purpose of grant or contribution show any relationship to Amount any foundation manager Name and address (home or business) or substantial contributor recipient HISTORICAL HERITAGE MOUNT VERNON PC 100. FOUNDATION CINCINNATI GYRO/CITY FOUNDATION COMMUNITY SUPPORT OF PC CHARITIES 1,000. CINCINNATI MUSEUM OF ATHLETIC PC HISTORY OF CINCINNATI 500. SPORTS ANGEL WATCH PC PET CREMATIONS 100. JUNIOR LEAGUE OF CINCINNATI PC EMPOWERMENT OF WOMEN AND COMMUNITIES 100. AMERICAN SOCIETY FOR THE PREVENTION PC PROTECTION OF ANIMALS OF CRUELTY TO ANIMALS 100, CINCINNATI NATURE CENTER NATURAL WORLD PC EDUCATION FOR THE YOUNG 100. ALZHEIMER CENTER PC CARE OF ALZHEIMER PATIENTS 100. OPPORTUNITY OHIO PC ENHANCING PROSPERITY OF OHIOANS 100. 1851 CENTER - OHIO CONSTITUTION PC OHIO HISTORICAL PRESERVATION 100. Total from continuation sheets

Part XV Supplementary Information 3 Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation status of recipient Purpose of grant or contribution show any relationship to any foundation manager Amount Name and address (home or business) or substantial contributor PCEDUCATION OF CAPITAL RESERACH CENTER GOVERNMENT 100. EDUCATION OF PUBLIC LEADERSHIP INSTITUTE PC POLICY 100. NATURE CONSERVENCY PC PRESERVATION OF 100. ENVIRONMNET PC COMMUNITY ADVOCACY UNITED WAY PROGRAMS 100,000. REASON FOUNDATION PC EDUCATION OF FREE MARKET 250. PC INDEPENDENT INSTITUTE EDUCATION OF GOVERNMENT 500. UNITED BREAST CANCER FOUNDATION PC FIGHT AGAINST BREAST 25. CANCER NATIONAL RIGHT TO WORK FOUNDATION PC SUPPORT OF RIGHT TO WORK 500. NATIONAL SPACE SOCIETY EDUCATION ON SPACE PC COLONIZATION 500. CINCINNATI GYRO/CITY FOUNDATION PC COMMUNITY SUPPORT OF 250, CHARITIES Total from continuation sheets

THE ALPAUGH FOUNDATION

Part XV Supplementary Information 3 Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to any foundation manager or substantial contributor Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient FIGHT OF HEART DISEASE AMERICAN HEART ASSOC PC 1,000. PHILANTHROPHY ROUNDTABLE PC PHILANTHROPY EDUCATION AND SUPPORT 500. UC COLLEGE OF BUSINESS PC BUSINESS EDUCATION 500. UNITED BREAST CANCER FOUNDATION PC FIGHT AGAINST BREAST CANCER 25. MADD PC FIGHT TO END DRUNK <u>25.</u> DRIVING ST JUDE'S CHILDREN'S HOSPITAL PC FIGHT AGAINST CHILDHOOD CANCER 100. CHILDREN'S WISH FOUNDATION PC SUPPORT OF DYING 25. CHILDREN EVANS SCHOLARS FOUNDATION PC SCHOLARSHIPS FO CADDIES 250, FOUNDATION FOR TEACHING ECONOMICS PC EARLY EDUCATION ON FINANCE ED. 100. CINCINNATI ART MUSEUM PC INSPIRATION OF 100. COMMUNITY THROUGH ART Total from continuation sheets

٠.

Part XV Supplementary Information				
3 Grants and Contributions Paid During the		Γ		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Hallo and address (Hollie of Basilloss)	or substantial contributor	recipient		
CITY GOSPEL MISSION		PC	HOMELESS OUTREACH SERVICE	100
CINCINNATI ECONOMIC ED & RES		PC	EARLY EDUCATION ON FINANCE ED	50,000
CINCINNATI ECONOMIC ED & RES		PC	EARLY EDUCATION ON FINANCE ED	2,500
CINCINNATI ECONOMIC ED & RES		PC	EARLY EDUCATION ON FINANCE ED	2,000
FUND FOR AMERICAN STUDIES		PC	EDUCATION OF FREE	100
VALLEY VIEW NATURE PRESERVE		PC	HISTORICAL HERITAGE PRESERVATION	250
UC LINDNER COLLEGE OF BUSINESS		PC	BUSINESS EDUCATION	250
CITY GOSPEL MISSION		PC	HOMELESS OUTREACH SERVICE	1,000
ACCURACY IN MEDIA		PC	OBJECTIVITY IN MEDIA	250
MULTIPLE SCLEROSIS ASSN		PC	SUPPORT OF MS	25
Total from continuation sheets		·		

Part XV Supplementary Information 3 Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation status of Purpose of grant or contribution show any relationship to Amount any foundation manager Name and address (home or business) recipient or substantial contributor TAX FOUNDATION PC EDUCATION OF PUBLIC 4,000. POLICY EDUCATION OF PUBLIC HERITAGE FOUNDATION PC POLICY 4.000. CITIZENS AGAINST GOVERNMENT WASTE EDUCATION OF GOVERNMENT 2,500. EDUCATION OF FREE BUCKEYE INSTITUTE PC 5.000. MARKET CET-TV PC ENRICHMENT OF COMMUNITY 1,000. MEDIA RESEARCH CENTER PC OBJECTIVITY OF MEDIA 7,500. MERCATUS CENTER PC EDUCATION OF FREE MARKET 100. MAUI ARTS AND CULTURAL CENTER PC ENRICHMENT OF COMMUNITY THROUGH THE ARTS 100. JUDICIAL WATCH PC EDUCATION OF GOVERNMENT 500. ST LAWRENCE BUILDING FUND PC ADVANCEMENT OF 100. RELIGION Total from continuation sheets

3 Grants and Contributions Paid During the				
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	
CATO INSTITUTE		PC	EDUCATION OF PUBLIC	
			POLICY	2,500
HEARING & SPEECH DEAF		PC	ADVOCACY OF	
			COMMUNICATION	1,000
STATE POLICY NETWORK		PC	EDUCATION OF PUBLIC	
			POLICY	500
NORWICH PUBLIC LIBRARY		PC	ENRICHMENT OF	100
BISHOP MUSEUM		PC	CUTURAL & NATURAL HISTORY	100
HANA CULTURAL CENTER		PC	HISTORICAL HERITAGE PRESERVATION	100
ASHBROOK CENTER		PC	EDUCATION OF PUBLIC POLICY	250
SPCA-CINCINNATI		PC	ANIMAL RESCUE AND	
			EDUCATION	1,600
BOY SCOUTS, DAN BEARD		PC	INTEGRITY IN YOUNG PEOPLE	200
CINCINNATI NATURE CENTER		PC	NATURAL WORLD EDUCATION FOR THE	
		<u> </u>	YOUNG	9,000

Part XV Supplementary Information 3 Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation status of Purpose of grant or contribution show any relationship to Amount any foundation manager or substantial contributor Name and address (home or business) recipient PC ENHANCEMENT OF CITY CINCINNATI PARKS FOUNDATION PARKS 500, PREVENTION FIRST PC DRUG ABUSE PREVENTION 100. ECONOMIC CENTER AT UC PC EARLY EDUCATION ON 3,200, FINCANCE'ED CINCINNATI OPERA PC ENRICHMENT OF COMMUNITY 25,000, ST VINCENT DE PAUL PC HELP FOR THE POOR AND NEEDY 100. SPCA-CINCINNATI ANIMAL RESCUE AND PC EDUCATION 1,000. ECONOMIC CENTER AT UC PC EARLY EDUCATION ON FINANCE ED 100. LEELANAU CONSERVANCY PC CONSERVATION OF ENVIRONMENT 500. FISHTOWN PRESERVATION SOCIETY PC HISTORICAL HERITAGE PRESERVATION 250. HEARTLAND INSTITUTE PC EDUCATION OF FREE MARKET 100. Total from continuation sheets

٠.

Part XV Supplementary Information	า			
3 Grants and Contributions Paid During the				
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	
ST JUDE'S HOSPITAL		PC	FIGHT AGAINST	
			CHILDHOOD CANCER	100.
AFTER THE FINISH LINE		PC	WELFARE OF HORSES	2,000.
QUITMAN UNITED METHODIST CHURCH		PC	ADVANCEMENT OF RELIGION	100.
			KEGGEON	
SPCA-CINCINNATI		PC	ANIMAL RESCUE AND EDUCATION	260,
CINCINNATI ECONOMIC ED & RES		PC	EARLY EDUCATION ON FINANCE ED	50,000,
CINCINNATI ECONOMIC ED & RES		PC	EARLY EDUCATION ON FINANCE ED	2,500,
GILDEON BIBLE		PC	ADVANCEMENT OF RELIGION	100.
CINCINNATI CHILDREN'S HOSPITAL		PC	IMPROVING CHILDREN'S LIVES	100
INSTITUTE FOR JUSTICE		PC	EDUCATION OF GOVERNMENT	100
Total from continuation sheets				

FORM 990-PF INTERES	r on savii	NGS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT	1	
SOURCE		REVE	(A) REVENUE N PER BOOKS		(B) VESTMENT COME	(C) ADJUSTED NET INCOME		
INTEREST			46.		46.			
TOTAL TO PART I, LIN	E 3		46.		46.		_	
FORM 990-PF	DIVIDEND	S AND INTER	EST FRO	M SECUR	ITIES	STATEMENT	2	
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	RE	(A) VENUE BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOME	
DIVIDEND	109,949	•	0. 1	09,949.	109,94	9.		
TO PART I, LINE 4	109,949	•	0. 1	09,949.	109,94	9.		
FORM 990-PF		ACCOUNTI	NG FEES			STATEMENT	3	
DESCRIPTION		(A) EXPENSES PER BOOKS	(B NET IN MENT I		(C) ADJUSTED NET INCOM			
PROFESSIONAL FEES		3,099.		1,550.		1,5	49.	
TO FORM 990-PF, PG 1	, LN 16B	3,099.		1,550.		1,5	49.	
FORM 990-PF	0'	THER PROFES	SIONAL	FEES		STATEMENT	4	
DESCRIPTION		(A) EXPENSES PER BOOKS	(B NET IN MENT I	VEST-	(C) ADJUSTED NET INCOM			
BROKER FEES MANAGEMENT FEES		30,611. 3,303.	3	0,611. 1,652.	···	1,6	0. 51.	
TO FORM 990-PF, PG 1	, LN 16C	33,914.	3	2,263.		1,6	51.	

	TAX	es ——————	STATEMENT 5			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
TAXES	346.	85.		200.		
TO FORM 990-PF, PG 1, LN 18	346.	85.		200.		
FORM 990-PF	OTHER E	XPENSES		STATEMENT 6		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
MISCELLANEOUS MEALS & ENTERTAINMENT	472. 79.	0.		0.		
TO FORM 990-PF, PG 1, LN 23	551.	0.		0.		
FORM 990-PF	CORPORAT			STATEMENT 7		
DESCRIPTION		ВО	OK VALUE	773 T 77T		
UBS 32183 UBS 43931 UBS 32447 VAULT STOCK UBS 70093 TOTAL TO FORM 990-PF, PART II	:, LINE 10B		1,051,079. 491,824. 2,215,940. 250. 0.	VALUE 1,187,726. 532,079. 3,144,577. 250. 0. 4,864,632.		
UBS 43931 UBS 32447 VAULT STOCK UBS 70093 TOTAL TO FORM 990-PF, PART II	:, LINE 10B		1,051,079. 491,824. 2,215,940. 250.	1,187,726. 532,079. 3,144,577.		
UBS 43931 UBS 32447 VAULT STOCK UBS 70093 TOTAL TO FORM 990-PF, PART II	I, LINE 10B TEREST AND P		1,051,079. 491,824. 2,215,940. 250. 0.	1,187,726. 532,079. 3,144,577. 250.		
UBS 43931 UBS 32447 VAULT STOCK UBS 70093 TOTAL TO FORM 990-PF, PART II	TEREST AND P		1,051,079. 491,824. 2,215,940. 250. 0.	1,187,726, 532,079, 3,144,577, 250, 0,		

FORM 990-PF	LA	LATE PAYMENT PENALTY			STATEMENT	
DESCRIPTION	DAT	E AMOUN	IT BALANC	CE M	ONTHS	PENALTY
TAX DUE EXTENSION PAYMENT PAYMENT DATE FILED	11/15 11/15 12/15 02/15	/17 -15, /17 -6,	000. 7, 000. 1,	211. 211. 211. 211.	1 2	36
TOTAL LATE PAYMENT I	PENALTY					48
FORM 990-PF	LA	TE PAYMENT]	NTEREST		STAT	EMENT 1
DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTEREST
TAX DUE EXTENSION PAYMENT PAYMENT DATE FILED	11/15/17 11/15/17 12/15/17 02/15/18	22,211. -15,000. -6,000.	22,211. 7,211. 1,235. 1,243.	.0400	30	24
TOTAL LATE PAYMENT	INTEREST					32