Form 990-T	Exempt Orga	and proxy tax und	ines er sec	ss Income Ta ction 6033(e))		OMB NO 1545	5-0687
	For calendar year 2016 or other tax y					⁷ 201	16
Department of the Treasury		orm 990-T and its instruc		•		Open to Public In	
Internal Revenue Service	Do not enter SSN numb				tion is a 501(c)(3).	501(c)(3) Or ganiza D Employer identification	ations Only
A Check box if address changed	1 .	Check box if name c	-	•		(Employees' trust, see instructions.)	number
	4 1	GROUP FOUND			nn c	•	907
B Exempt under section X 501(c⋅23)		P KIDS AND			EKS	20-84998 E Unrelated business act	
= =	Type 10510 SPRIN	m or suite no. If a P.O. box	x, see ins	structions.		(See instructions)	,
			- 6020100				
408A530(a) 529(a)	MIAMISBURG,	ovince, country, and ZIP o	r toreign	postal code		531110	
C Book value of all assets	F Group exemption number (Se		>			331110	
at end of vear	G Check organization type ►			501(c) trust	401(a) trust	Other trus	 _(
	n's primary unrelated business ac			STATEMENT 1		Other trus	
	the corporation a subsidiary in an				▶ [Yes X No	
	and identifying number of the pare		11 345510	nary controlled group			
	► BOB HOLZAPFE		_	Telepho	ne number ▶ 9	37-434-309	
	d Trade or Business In		T	(A) Income	(B) Expenses	(C) N	
1a Gross receipts or sal	es	T -					
b Less returns and allo	wances	c Balance	10	1		}	
2 Cost of goods sold (Schedule A, line 7)	•	2				
3 Gross profit. Subtrac	t line 2 from line 1c		3				
4a Capital gain net incoi	ne (attach Schedule D)		4a				
b Net gain (loss) (Form	4797, Part II, line 17) (attach For	m 4797)	4b				
c Capital loss deductio	n for trusts		4c				
5 Income (loss) from p	artnerships and S corporations (a	ttach statement)	5	-1,520,381.		-1,520	<u>,381.</u>
6 Rent income (Schede	ile C)		6				
7 Unrelated debt-finance	ed income (Schedule E)		7				
	yalties, and rents from controlled	•	8				
	f a section 501(c)(7), (9), or (17)	organization (Schedule G)	$\overline{}$				
•	vity income (Schedule I)		10				
11 Advertising income (•		11				
· ·	structions; attach schedule)		12	1 520 201		-1,520	201
Part II Deduction	ons Not Taken Elsewhe	VP (Con instructions for		-1,520,381.		F1,540	,301.
	contributions, deductions mus				income)		
	ficers, directors, and trustees (Sci	·				14	
15 Salaries and wages	nicers, unectors, and trustees (Sci	ieuule K)				15	
16 Repairs and mainte	nance					16	
17 Bad debts	iano					17	
18 Interest (attach sch	edule)					18	
19 Taxes and licenses	,					19	
	ions (See instructions for limitation	in rules)	- 4 8 1 900	13		20	
21 Depreciation (attacl	•	RECE	\mathbb{W}	U 21			
	aimed on Schedule A and elsewh	ere orgreturn		(C) 22a		22b	
23 Depletion		SEP 1	7 20	18		23	
24 Contributions to de	erred compensation plans	2 2C. T	0			24	
25 Employee benefit p	ograms			o man		25	
26 Excess exempt exp	enses (Schedule I)	OGDE	<u>-17, 1</u>	<u> </u>		26	
27 Excess readership (osts (Schedule J)					27	
28 Other deductions (a	•					28	
	Add lines 14 through 28					29	0.
	taxable income before net operati	-	t line 29			30 - 1,520	<u>,381.</u>
, •	leduction (limited to the amount o	*			EMENT 16	31	
	taxable income before specific de			30		32 - 1,520	
·	Generally \$1,000, but see line 33	•	•			33 _ 1	<u>,000.</u>
	taxable income. Subtract line 3	3 from line 32. If line 33 is	greater	than line 32, enter the sm	aller of zero or		201
line 32						34 -1,520	
623701 11-22-17 LHA F	or Paperwork Reduction Act Noti	ce, see instructions.				Form 990)-T (2016)

THE CONNOR GROUP FOUNDATION AKA THE CONNOR GROUP KIDS AND COMMUNITY PARTNERS 20-8499807

35 Organizations Trasple as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1565) clotck for Per Serie instructions and; Enter your share of the \$50,000, \$25,000, and \$8,955,000 taxable income bruckets (in that order); (1)	Part I	II Tax Computation				<u></u>		
Controlled group members (sections 1561 and 1563) check her					T -			
the Enter organization's share of (1) Additional Ski tax (not more than \$11,750) S 2) Additional 3% tax (not more than \$100,000) S 35.		_	ns and:		1			
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that	order):					
(2) Additional 3% tax not more than \$100,000) (a) Income tax on the amount on line 34 Trusts Taxable at Trust Rates. See instructions for tax computation, income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041)		(1) \$ (2) \$ (3) \$						
c leacone tax on the amount on line 34 36 Trust Stable a Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041) 36 37 Trust Stable and Stab	b							
Trust Fazile at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041) 36 37 37 38 38 37 37 38 38		(2) Additional 3% tax (not more than \$100,000)						
Tax rate schedule or Schedule D (Form 1041) 37 Proxy tax. See instructions 38 Alternative minimum laze 39 Tax on Nen-Complaint Facility Income. See instructions 40 Total. Add hess 37, 38 and 39 to line 35c or 36, whichever applies 40 Total. Add hess 37, 38 and 39 to line 35c or 36, whichever applies 41 Foreign fax credit (corporations altach Form 1118; trusts attach Form 1116) 5 Other credits (see instructions) 6 General business credit. Aftach Form 3800 6 Credit for prior year minimum tax (attach Form 8801 or 8827) 6 Total credits. Add lines 41 a through 41d 42 Subtract line 41e for him fine 40 43 Other taxes. Check if form: Form 4255 Form 8811 Form 8897 Form 8866 Other (which without) 43 decided a see that the see that th	C	Income tax on the amount on line 34		•	35c			0.
37 Proxy tax. See instructions 38 Alternative minimum tax 39 Tax on Mon-Compliant Facility Income. See instructions 40 Tatal. Add lines 37, 93 and 39 to line 35 or 36, whichever applies 40 O. Tatal. Add lines 37, 93 and 39 to line 35 or 36, whichever applies 41a Foreign tax credit (corporations attach Form 118; trusts attach Form 1116) 41b	36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	ount on line 34 fro	ım;				
38 Alternative minimum tax 39 12 xa on Nen-Compliant Facility Income. See instructions 40 Tasta, Add thes 37, 38 and 38 to line 35c or 36, whichever applies 41 Foreign but zerdel (corporations attach Form 1118; trusts attach Form 1116) 41 Foreign but zerdel (corporations attach Form 1118; trusts attach Form 1116) 6 Other credits (see instructions) 6 General business credit, Attach Form 8800 6 Credit for prior year minimum tax (attach Form 8801 or 8827) e Total credits. Add lines 41 through 410 410 410 411 411 411 411 412 413 414 415 415 416 417 418 418 419 419 419 419 419 410 410 410 410 410 410 410 410 410 410		Tax rate schedule or Schedule D (Form 1041)		>	36	ļ		
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Total Add lines 37, 38 and 38 to line 35c or 36, whichever applies 40 0 0	38				38	ļ <u> </u>		
Part V Tax and Payments		•			_	<u> </u>		
### A 12 Foreign tax credit (corporations attach Form 1116; trusts attach Form 1116) ### Dither credits (see instructions) ### Greatifits (corporations attach Form 3800 ### Credit for prior year minimum tax (attach Form 8801 or 8827) ### Total credits. Add lines 41 through 41d ### Subtract line 41e from line 40 ### On. ### Total credits. Add lines 42 and 43 ### Total tax. Add lines 43 and 44 ### Total tax. Add lines 43 and 47. ### Total tax. Add lines 45 as through 450 ### Backup withholding (see instructions) ### Backup withholding (see instructions) ### Total tax. Add lines 45 as through 450 ### Total tax. If the 450 is larger than the total of lines 44 and 47, enter amount ower pad ### Total payments. Add lines 45 as than the total of lines 44 and 47, enter amount ower pad ### Total tax. If line 46 is larger than the total of lines 44 and 47, enter amount over pad ### Total tax. If line 46 is larger than the total of lines 44 and 47, enter amount over pad ### Total tax. If line 46 is larger than the total of lines 44 and 47, enter amount over pad ### Total payments. Hine 46 is larger than the total of lines 44 and 47, enter amount over pad ### Total the 48 is larger than the total of lines 44 and 47, enter amount over pad ### Total payments. Refunded ### Total payments. Add lines 44 and 47, enter amount over pad ### Total payments. Hine 46 is larger than the total of lines 44 and 47, enter amount over pad ### Total payments. Refunded ### Total payments. Add lines 44 and 47, enter amount over pad ### Total payments. Add lines 44 and 47					40	<u>L</u>		<u>0.</u>
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Enter the amount of line 49 you want: Credited to 2017 estimated tax	48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		•	48			
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Sign Here Under penalties of perjury, I declare that I have examined this four, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of perper (other than taxbayer) is based on all information of which preparer has any knowledge. AUTHORIZED SIGNER May the IRS discuss this return with the preparer shown below (see instructions)? X yes No Print/Type preparer's name Preparer Print/Type preparer's name Preparer STEPHANIE DURBIN Firm's name ▶ BARNES, DENNIG & CO., LTD Firm's name ▶ BARNES, DENNIG & CO., LTD 150 EAST FOURTH STREET	53	· · · · · · · · · · · · · · · · · · ·				1	ı	
Here AUTHORIZED SIGNER May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No		Under penalties of perjury, I declare that I have examined this aftern, including accompanying schedules a	and statements, and t	o the best of my know	ledge and	belief, it is true,		
Paid Preparer Use Only AUTHORIZED SIGNER the preparer shown below (see Instructions)? X Yes No	_	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which pr	reparer has any know	_	May the I	DC discuse this r	ot en w	uth
Paid Preparer Use Only Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature STEPHANIE DURBIN Firm's name ▶ BARNES, DENNIG & CO., LTD 150 EAST FOURTH STREET Date Check ☐ if PTIN self- employed P00963396 Firm's EIN ▶ 31-1119890	Here	AUTHO	ORIZED S	IGNER	-			nui i
Paid Preparer Use Only STEPHANIE DURBIN Stephanie N Durbin CPA Aug 31, 2018 Self- employed P00963396 P00963396 Firm's name ▶ BARNES, DENNIG & CO., LTD 150 EAST FOURTH STREET		Signature of officer U Date Title			ınstructio	ns)? X Yes		No
Preparer Use Only STEPHANIE DURBIN STEPHANIE		Print/Type preparer's name Preparer's signature	Date	Check	ıf P1	TIN		
Preparer Use Only STEPHANTE DURBIN FU0963396 P00963396	Paid	States at Del	1		d			
Use Only Firm's name ► BARNES, DENNIG & CO., LTD Firm's EIN ► 31-1119890 150 EAST FOURTH STREET		arer STEPHANIE DURBIN	Aug 31, 2018	3				
150 EAST FOURTH STREET	-	Only Firm's name ► BARNES, DENNIG & CO., LTD		Firm's EIN	<u> </u>	31- <u>1119</u>	89	0
I Firm's address \triangleright CTNCTNNATT OH 45202 Phone no (513)241-8313		150 EAST FOURTH STREET					:	_
Thomas in the second control of the second c		Firm's address ► CINCINNATI, OH 45202		Phone no.	(513			

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THE CONNOR GROUP FOUNDATION AKA THE Form 990-T (2016) CONNOR GROUP KIDS AND COMMUNITY PARTNERS

20-8499807

Page 3

1 Inventory at beginning of year 2 Purchases 2 7 Cost of goods sold. Subtract line 6 3 Cost of labor 4 Additional section 263A costs (attach schedule) 4 B Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (4) 2. Rent received or accrued 2. Rent received or accrued 3(a) Deductions directly connected with the income in
3 Cost of labor 4 Additional section 263A costs (attach schedule) 4 B Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (1) (2) (3) (4) 2. Rent received or accrued (4) Supply the second or accrued (A) Supply the second
3 Cost of labor 4 Additional section 263A costs (attach schedule) 4 B Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (1) (2) (3) (4) 2. Rent received or accrued (4) Supply the second or accrued (A) Supply the second
Additional section 263A costs
b Other costs (attach schedule) 5 Total. Add lines 1 through 4b 5 the organization? Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (1) (2) (3) (4) 2. Rent received or acquired for resale) apply to the organization? 3(a) Deductions directly connected with the income in
b Other costs (attach schedule) 5 Total. Add lines 1 through 4b 5 the organization? Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (1) (2) (3) (4) 2. Rent received or acquired for resale) apply to the organization? (4) (5) Rent received or acquired for resale) apply to the organization? (6) Separate of the organization of property Leased With Real Property) (a) (b) Description of property (b) Description of property (c) (a) (b) Description of property (d) Description of property (d) Description of property (d) Description of property (e) (a) Description of property (f) Description of property (h) Description of property
Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (1) (2) (3) (4) 2. Rent received or accrued (1) (2) (3) (4) (4) (5) (6) (6) (7) (8) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10
Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see Instructions) 1. Description of property (1) (2) (3) (4) 2. Rent received or accrued (1) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (8) (9) (9) (9) (9) (10) (9) (10) (9) (10) (9) (10) (9) (10) (10) (9) (10) (10) (10) (10) (10) (10) (10) (10
(see instructions) 1. Description of property (1) (2) (3) (4) 2. Rent received or accrued (5) Suppose to 1/4 t
(1) (2) (3) (4) 2. Rent received or accrued (4) (5) (6) (7) (8) (9) (9) (1) (1) (9) (1) (1) (1) (1) (1) (1) (1) (2) (3) (4) (4) (4) (5) (6) (7) (7) (8) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (2) (3) (4) (4) (4) (5) (6) (7) (7) (8) (8) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10
(2) (3) (4) 2. Rent received or accrued 3(a) Deductions directly connected with the income in
(2) (3) (4) 2. Rent received or accrued 3(a) Deductions directly connected with the income in
(3) (4) 2. Rent received or accrued (5) (6) (7) (8) (9) (9) (10)
(4) 2. Rent received or accrued (4) 3(a) Deductions directly connected with the income in
3(a) Deductions directly connected with the income in
3(a) Deductions directly connected with the income in
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)
(2)
(3)
(4)
Total 0. Total 0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) O .
Schedule E - Unrelated Debt-Financed Income (see instructions)
3. Deductions directly connected with or allocable to debt-firnanced property
1. Description of debt-financed property or allocable to debt-financed property (attach schedule) (b) Other deductions (attach schedule)
(1)
(2)
(3)
(4)
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column 4 divided by column 5 7. Gross income reportable (column 6 x total of column 2 x column 6) 8. Allocable deductions (column 6 x total of column 2 x column 6)
(1) %
(2) %
(3) %
(4) %
Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B)
Totals • O O

Schedule F - Interest, A	Annuities	s, Royalti	es, and	Rents	From Co	ntrolled	d Organiza	tions	(see instr	uctions)
	-				Controlled O						
1. Name of controlled organizat	ion	2, Emplidentification	tion		alated income instructions)	4. Tota	al of specified nents made	included	f column 4 tha in the controlli on's gross inci	ing	6. Deductions directly connected with income in column 5
(1)											
(2)										\neg	
(3)		-		-							
(4)	_										· · · · · · · · · · · · · · · · · · ·
Nonexempt Controlled Organi	zations										
7. Taxable Income		rrelated income	(loss)	0 Total	of specified payr	nente	10. Part of colu	nn Q that is	included	11 Dad	uctions directly connected
		ee instructions)	,,,,,,	3. 102.1	made		in the controlli	ng organiza s income	ition's		ncome in column 10
(1)											
(2)				_		1					
(3)							-				
(4)											
	•						Enter here and	nns 5 and 1 on page 1, column (A)	1	Enter he	columns 6 and 11 re and on page 1, Part I, ne 8, column (B)
Totals									0.		0.
Schedule G - Investme	nt Incor	ne of a So	ection (501(c)(7), (9), or (17) Org	anization		<u></u> . <u></u> 1		
1. Desc	ription of inco	me			2. Amount of	income	3. Deduction directly connect (attach scheduler)	cted	4. Set-asi (attach sch		5. Total deductions and set-asides (col 3 plus col 4)
(1)				_							
(2)									_		
(3)		_									
(4)											
					Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals				•		0.					0.
Schedule I - Exploited (see instri		Activity I	ncome	, Other	Than Adv		g Income				
1. Description of exploited activity	unrelated Incom	Foss business le from business	3. Exporter of the second seco	onnected duction slated	4. Net incomfrom unrelated business (cominus colum gain, compute through	Itrade or lumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	that ted	6. Expen attributable column	le to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)							-				
(2)					-					-	
(3)											
(4)											
Totals	page 1	re and on i, Part I, col (A)	Enter here page 1, line 10, c	Part I,							Enter here and on page 1, Pairt II, line 26
Schedule J - Advertisi	ng Incor		structions								
Part I Income From			_	_*	solidated	Basis	-				
1. Name of periodical		2. Gross advertising income). Direct rtising costs	or (loss) (c col 3). If a g	using gain of 2 minus ain, comput wough 7	5. Croula		6. Readers costs	ship	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) (2)								_			
(3)					1						
(4)			+		 		 				
Totals (carry to Part II, line (5))	<u></u>	0		0		_					0 . Form 990-T (2016)

THE CONNOR GROUP FOUNDATION AKA THE

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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

columns 2 through 7 on a line-by-line basis) 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7 7. Excess readership costs (column 6 minus 2. Gross advertising income 6. Readership 3. Direct 5. Croulation column 5, but not more than column 4) 1. Name of periodical advertising costs (1) (2) (3) (4) 0. ▶ 0. 0. Totals from Part I Enter here and on page 1, Part I, line 11, col (A) Enter here and on page 1, Part I, line 11, col (B) Enter here and on page 1, Part II, line 27 0. 0 Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business Compensation attributable to unrelated business 2. Title (1)

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0.

(2)

(3) (4)

Total. Enter here and on page 1, Part II, line 14

%

======		
FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATE	ED STATEMENT 15
	BUSINESS ACTIVITY	

OWNERSHIP IN RENTAL REAL ESTATE PASSTHROUGH ENTITY

TO FORM 990-T, PAGE 1

	NET	OPERATING LOSS D	EDUCTION	STATEMENT 16
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
11/30/14 11/30/15 11/30/16	8,030. 7,552. 705,935.	0. 0. 0.	8,030. 7,552. 705,935.	8,030. 7,552. 705,935.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	721,517.	721,517.
FORM 990-T	INCO	ME (LOSS) FROM PA	RTNERSHIPS	STATEMENT 17
FORM 990-T		ME (LOSS) FROM PA		STATEMENT 17 NET INCOME OR (LOSS)
	P NAME		NCOME DEDUCTIONS	NET INCOME