Form **990-PF**

Department of the Treasury Internal Revenue Service.

C&E 927

EXTENDED TO NOVEMBER 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.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

2017
Open to Public Inspection

F0	rcale	indag-year 2017 or tax year	beginning		, and ending		
N	ame o	of foundation				A Employer identification	number
	THE	MAKINO FOUN	IDATION				
		A THE LEBLON		31-6036274	[
		and street (or P O box number if		B Telephone number			
		OITAVONNI 08			Room/suite	· ·	-7350
						1_ ''	
		town, state or province, cou		ostal code		C If exemption application is p	ending, check here
_			0-9695		<u> </u>	 	. \Box
ود	Chec	k all that apply:	Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organization	s, check here
/^	,,		Final return	Amended return		2 500000 000000000000000000000000000000	noting the 95% test
Q	<u>4</u>	<u></u>	Address change	X Name change		Foreign organizations me check here and attach co	omputation
垩	Chec	k type of organization:	X Section 501(c)(3) ex	empt private foundation	24	E If private foundation sta	tus was terminated
4	s	ection 4947(a)(1) nonexem	pt charitable trust	Other taxable private founda	ation	under section 507(b)(1	
FI	Fair m	arket value of all assets at e	nd of year J Accounti	ng method X Cash	Accrual	F If the foundation is in a	60-month termination
		Part II, col. (c), line 16)	· —	her (specify)		under section 507(b)(1	
رب		947	750 (Part I, colun	nn (d) must be on cash basis	s.)	1 211201 00011011 201 (47()	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
						(a) Adjusted not	(d) Disbursements
<u> </u>	<u> </u>	Analysis of Revenue and (The total of amounts in columnecessarily equal the amounts)	mns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
Ģ.	٠.	Contributions, gifts, grant		162,212.		N/A	(Casti Dasis Offiy)
SCANNED	'	. — .	s, etc., received	102,212.		N/A	
Ź	2	Interest on savings and tempo	•	}		•	· · · · · · · · · · · · · · · · · · ·
4	3	cash investments		19,755.	19,755.		CMAMENTAL 1
) (0)	4	Dividends and interest fro	m securities	19,755.	19,755.		STATEMENT 1
*		a Gross rents					
	'	Net rental income or (loss)		44 405			
9	6ء يا	Net gain or (loss) from sale of a Gross sales price for all		41,425.			
ş	<u> </u>	assets on line 6a	96,513.				
	7	Capital gain net income (from f	Part IV, line 2)		41,425.		
/	8	Net short-term capital gair	n		· - · - · - · - · - · - · · - · · · · ·		
	9	Income modifications					
7	108	Gross sales less returns and allowances					•
	1	Less Cost of goods sold					
_	1 0	Gross profit or (loss)					
	11	Other income					
,	12	Total Add lines 1 through	n <u>11</u>	223,392.	61,180.		1
`	13	Compensation of officers, direct	ctors, trustees, etc	0.	0.	REC	EIVED 0.
,	14	Other employee salaries a	nd wages				PLIVED
) .	15	Pension plans, employee	benefits			15	08
, ,	ខ្លី 16រ	a Legal fees				5 001	0 9 ZU18 Q
	<u>.</u>	Accounting fees	STMT 2	2,600.	1,300.		1,300.
<u>ئ</u> ز	<u> </u>	Other professional fees	STMT 3	4,344.	4,344.	OGE	EN, UT 0.
	17	Interest		•	_		<u> </u>
		Taxes	STMT 4	368.	368.	,	0.
		Depreciation and depletion			~ .		
	:	Occupancy			- • • • • • • • • • • • • • • • • • • •	_	
(%) (%)	21	Travel, conferences, and n	neetinas				
ST.	22	Printing and publications					
, cc,	23	Other expenses	STMT 5	635.	0.		200.
	24	Total operating and admi		033.	<u> </u>		200.
₽	3 24	expenses. Add lines 13 th		7 017	6,012.		1 500
1262 OCT 2	2		•	7,947. 102,963.	0,012.		1,500. 102,963.
\Box	25	Contributions, gifts, grants	•	102,303.			102,903.
~ 2	26	Total expenses and disbu	irsements.	110 010	C 010		104 463
25	1	Add lines 24 and 25	40:	110,910.	6,012.	·	104,463.
2				110 100			
2018	1	Excess of revenue over expens	i	112,482.			
00	1	Net investment income (if	ı		55,168.		
_		Adjusted net income (if ne	gative, enter -0-)			N/A	

	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	f year
Part	column should be for end-of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing	3.		
2	Savings and temporary cash investments	63,739.	14,100.	14,100.
3	Accounts receivable			- •
	Less, allowance for doubtful accounts			
4	Pledges receivable ▶		• •	
	Less, allowance for doubtful accounts			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons			
7	Other notes and loans receivable	* *		
	Less; allowance for doubtful accounts		<u></u> .	
र्घ 8	Inventories for sale or use			
Assets	Prepaid expenses and deferred charges			400 005
▼ 10a	Investments - U.S. and state government obligations STMT 6	60,649.	101,037.	100,825.
t	Investments - corporate stock STMT 7	355,976.	424,965.	624,249.
0	Investments - corporate bonds STMT 8	151,588.	172 <u>,602</u> .	175,651.
11	Investments land, buildings, and equipment basis		*	i i
	Less accumulated depreciation			05 105
12	Investments - mortgage loans STMT 9	873.	25,284.	<u>25,187.</u>
13	Investments - other STMT 10	0.	7,631.	7,738.
14	Land, buildings, and equipment basis		••	
	Less accumulated depreciation			
15	Other assets (describe			
16	Total assets (to be completed by all filers - see the	622 020	745,619.	947,750.
42	instructions Also, see page 1, item I)	632,828.	745,015.	341,130.
	Accounts payable and accrued expenses			
18	Grants payable Deferred revenue	. <u>-</u>		·
Liabilities 51 50 51 51 50 510				
# 20 21	Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable			
Ë 27	Other liabilities (describe			
"	Onici natinues (describe			1
23	Total liabilities (add lines 17 through 22)	0.	0.	
	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26, and lines 30 and 31.			
8 24	Unrestricted			
Ĕ 25	Temporarily restricted			,
E 26	Permanently restricted			,
Fund Balance 25 26	Foundations that do not follow SFAS 117, check here			•
	and complete lines 27 through 31.			
<u>0</u> 27	Capital stock, trust principal, or current funds	632,828.	745,619.	
Net Assets or 28 28 30	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
₹ 29	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
S 30	Total net assets or fund balances	632,828.	745,619.	
	Table II believe and not accord found belonge	632,828.	745,619.	•
	Total liabilities and net assets/fund balances		743,013.	
Part	III Analysis of Changes in Net Assets or Fund B	alances ,		
1 Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
-	st agree with end-of-year figure reported on prior year's return)		1	632,828.
	r amount from Part I, line 27a		2	112,482.
	er increases not included in line 2 (itemize) EOY ADJUSTM	ENT/ROUNDING	3	309.
	lines 1, 2, and 3		4	745,619.
	reases not included in line 2 (itemize)	L (L) L (2)	5	745 610
6 Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	numn (b), line 30	6	745,619. Form 990-PF (2017)

_	orm 990-PF (2017) (FKA	THE LEBLOND FO	OUNDATI	ON OF MA	KII	10)	3	<u>1-6036</u>	<u> 5274</u>	Page 3
יי	(a) List and describe th	nd Losses for Tax on I e kind(s) of property sold (for ex	ample, real esta		(b) H	ow acquired Purchase	(c) Date		(d) Date	sold
_	2-story brick ware	house; or common stock, 200 sh	ns. MLC Co.)		D.	Donation	(mo., d	ay, yr.)	(mo., da	y, yr.)
<u>1a</u>		CMAMEMENTO			<u> </u>					
_ <u>b</u>		STATEMENTS			-					
e										
_	(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				ain or (loss) s (f) minus (g	ı))	
_a						 				
_ <u>b</u>			 		+					
_ <u>c</u>			 		\dashv	,				
e	06 512			55,08	8.				41.	425.
_	Complete only for assets showing	gain in column (h) and owned by	the foundation			(1)	Gains (C	ol. (h) gain n		
_	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any			(k), but r	not less than (from col. (h	-0-) or	_
a					[
_ <u>b</u>			_							
_d									<i>A</i> 1	425.
_e		<u> </u>			$\overline{}$,	423.
	Capital gain net income or (net capit	, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0- ın Part I, lıne	7	}	2			41,	425.
3	Net short-term capital gain or (loss) If gain, also enter in Part I, line 8, co	* *	nd (6):		٦					
	If (loss), enter -0- in Part I, line 8				<i>}</i>	3		N/A		
F	Part V Qualification Un	der Section 4940(e) for	r Reduced	Tax on Net	Inve	stment Inc	ome			
(Fo	or optional use by domestic private fo	oundations subject to the section	4940(a) tax on	net investment in	come.)		<u>-</u>		
lf c	section 4940(d)(2) applies, leave this	nart hlank								
11 3	section 4340(u)(2) applies, leave this	part blank						Г		
	as the foundation liable for the section		• •		riod?			l	Yes [X No
	Yes," the foundation doesn't qualify the Enter the appropriate amount in each				ntries					
<u>, </u>	(a)		IIISII UCIIOIIS DE	iore making any e		_ _	T -		d)	
	Base period years Calendar year (or tax year beginning	(b) Adjusted qualifying dis	stributions	Net value of no	(c) nchari	table-use assets		Distribů col. (b) divid	itión ratio	c))
_	2016	**7	10,324.			754,814	_	(5011 \5) 0.11.0		6161
	2015		0,415.			722,280				5180
	2014		38,240.			679,271			.12	9904
	2013		32,977.			585,320				<u>6340</u>
_	2012	6	57,850.			499,802	•		.13	<u> 5754</u>
	Total of line 1, column (d)						2		.59	3339
3	Average distribution ratio for the 5-y	•	on line 2 by 5.0	J, or by the numb	er ot ye	ears			11	0660
	the foundation has been in existence	e ii iess tiiaii 5 years					3		• 1 1	8668
4	Enter the net value of noncharitable-	use assets for 2017 from Part X,	line 5				4		930,	654.
5	Multiply line 4 by line 3						5		110,	439.
6	Enter 1% of net investment income	(1% of Part I, line 27b)					6			<u>552.</u>
7	Add lines 5 and 6						7		110,	991.
8	Enter qualifying distributions from P	art XII, line 4					8	···-	104,	463.
	If line 8 is equal to or greater than lin See the Part VI instructions.	ne 7, check the box in Part VI, line	e 1b, and comp	lete that part usin	g a 1%	tax rate.				

THE MAKINO FOUNDATION

_	n 990-PF (2017) (FKA THE LEBLOND FOUNDATION OF MAKINO) 31-6 art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - 9	036274 Page 4 see instructions)
	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) Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1,103.
	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).	
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	1 103
-	Add lines 1 and 2	1,103.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	1,103.
	14.54.54.54.54.54.54.54.54.54.54.54.54.54	1,103.
	Credits/Payments.	
	2017 estimated tax payments and 2016 overpayment credited to 2017 Exempt foreign organizations - tax withheld at source 6b 0.	•
	Tax paid with application for extension of time to file (Form 8868) 6c 250.	•
	Backup withholding erroneously withheld 6d 0.	;
	Total credits and payments. Add lines 6a through 6d	250.
	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	<u></u>
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	858.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax	
	art VII-A Statements Regarding Activities	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	Yes No
	any political campaign?	1a X
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	, ,
	distributed by the foundation in connection with the activities.	
	Did the foundation file Form 1120-POL for this year?	1c X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ► \$ 0 • (2) On foundation managers. ► \$ 0 •	
_	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0 . Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	
е	managers. > \$ 0.	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	
-	If "Yes," attach a detailed description of the activities.	!
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?	4a X
b	If "Yes," has it filed a tax return on Form 990-T for this year? $N/$	
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 state law	
_	remain in the governing instrument?	6 X 7 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 XV	/ A
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. OH	_
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	ı
	of each state as required by General Instruction G? If "No," attach explanation	8b X -
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	
	year 2017 or the tax year beginning in 2017? See the 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 STMT	11 10 X Form 990-PF (2017)

THE MAKINO FOUNDATION (FKA THE LEBLOND FOUNDATION OF MAKINO) 31-6036274 Page 5

Pa	art VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
• •	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
12	If "Yes," attach statement. See instructions	12		Х
12	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
13	Website address ► N/A	ــــــــــــــــــــــــــــــــــــــ		
14	The books are in care of ► MARKIE MURPHY Telephone no. ► 513-57	3-4	518	
17	Located at ▶ 7680 INNOVATION WAY, MASON, OH ZIP+4 ▶45			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		_	$\overline{\Box}$
15	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
10	securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	1		1
	foreign country			ļ. j
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
12	During the year, did the foundation (either directly or indirectly)			- 1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			: ا
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		j	
	a disqualified person?		İ	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		į l	:
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			·
	(5) Transfer any income or assets to a disqualified person (or make any of either available]
	for the benefit or use of a disqualified person)?		ı	ĺ
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			· '
	if the foundation agreed to make a grant to or to employ the official for a period after		. 1	١.
	termination of government service, if terminating within 90 days.)	.		
ь	of the answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			1
Ī	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b		1
	Organizations relying on a current notice regarding disaster assistance, check here			
c	E Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	'_		:
_	before the first day of the tax year beginning in 2017?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	′		
_	defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2017?			
	If "Yes," list the years , , , , , , , , , , , , , , , , , , ,			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect		.	
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		:	
	· ,		.	!
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		,	• :
	during the year?			
b	olf "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			1
	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,	_	-	4
	Form 4720, to determine if the foundation had excess business holdings in 2017.) N/A	3b		<u> </u>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			:
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		X

THE MAKINO FOUNDATION			21 60266		
Form 990-PF (2017) (FKA THE LEBLOND FOUNDAT	ION OF MAKING))	<u>31-60362</u>	274	Page 6
Part VII-B Statements Regarding Activities for Which	rorm 4/20 May be r	required (contin	uea)	Ye	s No
5a During the year, did the foundation pay or incur any amount to:	- 4045(-)\0		es X No	- 1.6	- 110
 (1) Carry on propaganda, or otherwise attempt to influence legislation (sectio (2) Influence the outcome of any specific public election (see section 4955), or 			es LAL NO		,
· ·	or to carry on, directly or moin	ecily,	es X No		
any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes	• • •		es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization		· · · · · · · · · · · · · · · · · · ·	25 (26) 110		,
4945(d)(4)(A)? See instructions	in described in section	□ v	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	or educational nurnoses, or f				
the prevention of cruelty to children or animals?	, or oddodnoral parpooso, or		es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i				<u>.</u> .
section 53.4945 or in a current notice regarding disaster assistance? See instr		Ū	N/A	5b	• •
Organizations relying on a current notice regarding disaster assistance, check			▶□□		-
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		ined			' '
expenditure responsibility for the grant?			es 🔲 No	•	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			1	-	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				•
a personal benefit contract?		Ye	es X No	. .	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Ye	es 🗶 No 📙	'	
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	.l
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	У		
Paid Employees, and Contractors	the division and a section				
1 List all officers, directors, trustees, and foundation managers and t	(b) Title, and average	(c) Compensation	(d) Contributions to	(a) F	ynense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	accou	xpense nt, other vances
DONALD D. LANE	CHAIRMAN	enter -0-7	compensation	anov	various
7680 INNOVATION WAY	CHAIRMAN				
MASON, OH 45040	0.01	0.	0.		0.
FRANKLIN H. SMITH	VICE CHAIRMAN		•		
7680 INNOVATION WAY					
MASON, OH 45040	0.01	0.	0.		0.
MARK G. RENTSCHLER	SECRETARY				
7680 INNOVATION WAY		Ì			
MASON, OH 45040	0.01	0.	0.		0.
		<u> </u>			
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	1 4 3 5	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	accou allov	xpense nt, other vances
NONE					
	1				
					,
			<u> </u>	<u> </u>	
Total number of other employees paid over \$50,000					0

Form 990-PF (2017) (FKA THE LEBLOND FOUNDATION OF MA	AKINO) 31-	6036274 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)	ion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter		
(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 statistic number of organizations and other beneficiaries served, conferences convened, research papers produ		Expenses
1 N/A		
2		-
•	<u>-</u>	
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lin	nes 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.

Form 990-PF (2017)

(FKA THE LEBLOND FOUNDATION OF MAKINO)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, se	ee instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	876,028
b	Average of monthly cash balances	1b	68,798
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	944,826
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	<u> </u> :	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	944,826.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	14,172.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	930,654.
6	Minimum investment return. Enter 5% of line 5	6	46,533.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations ar foreign organizations, check here ▶ and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	46,533.
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	1,103.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	45,430.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	45,430.
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	45,430.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	104,463.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	_	
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	104,463.
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	104,463.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies for th	ne section

Form **990-PF** (2017)

31-6036274 Page 9 Form 990-PF (2017) THE LEBLOND FOUNDATION OF MAKINO) (FKA Undistributed Income (see instructions) Part XIII (d) (a) (b) (c) 2016 2017 Corpus Years prior to 2016 1 Distributable amount for 2017 from Part XI, 45,430. line 7 2 Undistributed income, if any, as of the end of 2017 0 a Enter amount for 2016 only b Total for prior years: 0. 3 Excess distribution a From 2012 b From 2013 c From 2014 d From 2015 e From 2016 f Total of lines 3a th 4 Qualifying distribut Part XII, line 4, ▶ a Applied to 2016, b **b** Applied to undistrib years (Election req c Treated as distribu (Election required d Applied to 2017 dis e Remaining amount Excess distributions of must be shown in coli 6 Enter the net total indicated below; a Corpus Add lines 3f, b Prior years' undisti line 4b from line 2l c Enter the amount o undistributed incoi deficiency has bee the section 4942(a assessed

, ,					
3 Excess distributions carry	over, if any, to 2017:				
a From 2012	43,172.				
b From 2013	3,966.				
c From 2014	55,020.				ı.
d From 2015	54,519.				
e From 2016	72,935.				
f Total of lines 3a through 6		229,612.			
4 Qualifying distributions for					
Part XII, line 4. ► \$					
a Applied to 2016, but not m				0.	
b Applied to undistributed in	<u> </u>				
years (Election required -	· ·		0.		
c Treated as distributions of					
(Election required - see ins	· ·	0.			
d Applied to 2017 distributa					45,430.
e Remaining amount distrib		59,033.		-	
5 Excess distributions carryover		0.			0.
(If an amount appears in column must be shown in column (a))	n (d), the same amount				
6 Enter the net total of each indicated below:	column as				
a Corpus Add lines 3f, 4c, and 4	e Subtract line 5	288,645.			·
b Prior years' undistributed	income. Subtract				
line 4b from line 2b			0.		
c Enter the amount of prior y undistributed income for v deficiency has been issued the section 4942(a) tax ha assessed	which a notice of i, or on which		0.		
d Subtract line 6c from line	6b. Taxable				
amount - see instructions			0.		
e Undistributed income for 2	2016. Subtract line			*	•
4a from line 2a. Taxable ar	mount - see instr.			0.	
f Undistributed income for 2	2017. Subtract				
lines 4d and 5 from line 1.	This amount must		_		
be distributed in 2018					0.
7 Amounts treated as distrib	utions out of				
corpus to satisfy requirem	ents imposed by				
section 170(b)(1)(F) or 49	42(g)(3) (Election				r
may be required - see inst		0.			
8 Excess distributions carry					
not applied on line 5 or line	e 7	43,172.			
9 Excess distributions carry			-		-
Subtract lines 7 and 8 from		245,473.			
10 Analysis of line 9.					
a Excess from 2013	3,966.				•
b Excess from 2014	55,020.				
c Excess from 2015	54,519.				
d Excess from 2016	72,935.				
e Excess from 2017	59,033.				
723581 01-03-18	32,0331				Form 990-PF (2017)

Form 990-PF (2017) (FKA THE LEBLOND FOUNDATION OF MAKINO 31-6036274 Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling 4942(j)(3) or 4942(1)(5) b Check box to indicate whether the foundation is a private operating foundation described in section Prior 3 years Tax year 2 a Enter the lesser of the adjusted net (d) 2014 (e) Total (b) 2016 (c) 2015 (a) 2017 income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon. a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III) (3) Largest amount of support from an exempt organization (4) Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2)) NONE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or email address of the person to whom applications should be addressed. THE LEBLOND FOUNDATION, 513-573-7350 7680 INNOVATION WAY, MASON, OH 45040 b The form in which applications should be submitted and information and materials they should include: WRITTEN REQUEST c Any submission deadlines. NONE d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: NONE

THE MAKINO FOUNDATION

31-6036274

Page 11

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual. Recipient show any relationship to Foundation Purpose of grant or **Amount** any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient a Paid during the year PUBLIC GENERAL SUPPORT AUTISM SOCIETY OF GREATER CINCINNATI P.O. BOX 58385 1,000. CINCINNATI OH 45258 BOYS & GIRLS CLUB OF HAMILTON PUBLIC GENERAL SUPPORT 958 EAST AVENUE HAMILTON, OH 45011 3,463. PUBLIC BOYS & GIRLS CLUB OF WEST GENERAL SUPPORT CHESTER/LIBERTY 4845 SMITH ROAD 2,000. WEST CHESTER OH 45069 PUBLIC GENERAL SUPPORT BROKEN BUS MINISTRY 6498 LIBERTY KNOLL DRIVE 3,000. LIBERTY TOWNSHIP OH 45011 PUBLIC GENERAL SUPPORT BUILDING BLOCKS FOR KIDS 7577 CENTRAL PARKE BLVD., SUITE 224 3 000 MASON OH 45040 SEE CONTINUATION SHEET(S) ▶<u>3a</u> Total 102 963. **b** Approved for future payment NONE <u>3b</u> Total

Form 990-PF (2017) (FKA THE LEBLO	OND FOUND	ATION OF M	AKINO)	31-6	5 <u>036274 Page 1</u>
Part XVI-A Analysis of Income-Prod	ucing Activitie	es			
Enter gross amounts unless otherwise indicated	Unrelated t	ousiness income		section 512, 513, or 514	(e)
•	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue.	code	Amount	sion	Amount	function income
a					
b					
c					
d					
e					
f					<u> </u>
g Fees and contracts from government agencies					
2 Membership dues and assessments		·			
3 Interest on savings and temporary cash		· · · ·			
investments					
4 Dividends and interest from securities			14	19,755.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	41,425.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:		- <u></u>			
a					
b					
C					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0		61,180.	0
13 Total. Add line 12, columns (b), (d), and (e)				13	61,180
(See worksheet in line 13 instructions to verify calculations.)				. <u> </u>	
Part XVI-B Relationship of Activities	to the Accom	polishment of E	xempt Pu	rposes	
· · · · · · · · · · · · · · · · · · ·		<u> </u>		<u> </u>	
Line No. Explain below how each activity for which inc			A contributed	mportantly to the accomp	lishment of
the foundation's exempt purposes (other that	in by providing funds	for such purposes).			
	<u> </u>				
					·- <u></u>
					
				<u> </u>	
				<u> </u>	
					
				<u></u>	
					
1					

Form 990-PF (2017) (FKA THE LEBLOND FOUNDATION OF MAKINO) 31-6036274

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations Form 990-PF (2017)

		Exempt Organ	izations							
1	Did the c	organization directly or indi	rectly engage in any	of the following	ig with any other organizati	on described in sec	tion 501(c)		Yes	No
	(other th	an section 501(c)(3) organ	nizations) or in section	on 527, relatin	g to political organizations?	1				
a		s from the reporting found:								
	(1) Cas			·	-			1a(1)	i	X
		er assets						1a(2)		Х
h		insactions:						1.53.57		
Ü		es of assets to a noncharita	hla avamnt organiza	ation				16(1)		X
			· -					1b(2)		X
		chases of assets from a no		organization						X
		tal of facilities, equipment,						1b(3)		X
	. ,	mbursement arrangements						1b(4)		
		ns or loan guarantees						1b(5)		X
	• •	formance of services or me	•	-				1b(6)		X
	-	of facilities, equipment, ma	• .		• •			10		X
a		<u>-</u>		-	dule. Column (b) should al				eis,	
					ed less than fair market valu	Je in any transaction	i or snaming arrangemen	it, Silow iii		
2) ((d) the value of the goods, (b) Amount involved			e exempt organization	(d) December				
الم	ine no	(b) Amount involved	(c) ivalle o			(u) Description	n of transfers, transactions,	and snaring an	rangeme	nts
			-	N/A						
							=			
										
	_									
		-								
							_			
						+				
			<u> </u>			 				
										
_										
				<u></u>		+		,, ,		
	_					 				
			-			_				
						+				
2a		•	•	•	or more tax-exempt organi	zations described		<u></u> п.,	7.	٦
		n 501(c) (other than section		ection 52/7				Yes	X] NO
b	If "Yes," (complete the following sche			(h) Turn of avancement	T	(-) Description of relativ			
		(a) Name of org	anization		(b) Type of organization		(c) Description of relation	nsnip		
		N/A					. <u> </u>			
	10-4		that I have award the			atatamanta and to the	hant of my knowledge			
o:.		pelief, it is true, correct, and con	ndlete Declaration of pr	reparer (other that	g accompanying schedules and n taxpayer) is based on all inform	nation of which prepare	r has any knowledge	May the IRS or		
Sig	re 🕨) (ans		1 .			shown below	? See ins	tr
		Tous f			- a/\./\.	CHAIRN	<u>IAN</u>	LX Yes	<u> </u>	J No
	210	nature of officer or trustee		Toron Caralla -	Date 7/24/18	Title	Chack 1 or	INI		
		Print/Type preparer's na	me	Preparer's si	ynature // -	Date	Check if PT	IIV		
D~	id			1 / /_	W1119 00	9/,	self- employed	.01000	~ ~ ~	
Pa D≖		GREG HEIMK		119	• • • • • • • • • • • • • • • • • • • •	1/10/18		01331		
	eparer	Firm's name ► GBQ	PARTNERS	5 LLQ	,		Firm's EIN ► 20 -	21223	U6	
US	e Only				-				-	
		Firm's address ► 40						. • = :		
		CI	<u>NCINNATI,</u>	OH 45	209		Phone no. (513	<u>) 871</u>		
								Form 990)-PF (2017)

THE LEBLOND FOUNDATION OF MAKINO)

(FKA

31-6036274

PAGE

OF

Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (c) Date acquired (mo., day, yr.) (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) |01/01/17|06/26/17 1a FNMA PL MA3026 b FNMA PL MA3026 01/01/17|07/25/17 01/01/1708/25/17 PL MA3026 c FNMA |01/01/17|09/25/17 d FNMA PL MA3026 01/01/17|10/25/17 e FNMA PL MA3026 01/01/1711/25/17 PL MA3026 f FNMA 01/01/17|12/25/17 g FNMA PL MA3026 h FNMA PL 720354 SUMMARY 01/01/17<mark>12/31/17</mark> 01/01/17|12/31/17 FNMA PL 794648 SUMMARY 50 AMGEN INC 06/26/1406/26/17 05/17/1612/07/17 k 25 APPLE INC 04/22/16|11/17/17 1 225 FLOWSERVE CORP m 25 MCDONALDS CORP 12/05/1311/17/17 n 95 NXP SEMICONDUCTORS 06/30/1611/17/17 o 150 WELLS FARGO BNK N A 08/31/1106/26/17 (h) Gain or (loss) (f) Depreciation allowed (g) Cost or other basis (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) -3. 75 78 a -5<u>.</u> 130. 135. b -6. 160. 166. C -4<u>.</u> 126. 130. d 178. 172. -6. е 379. 393. -14<u>.</u> -8. 212. 220. g -7<u>.</u> 183. 190 h 22. 24. -2. 5,967 2,719. 8,686. 4,227. 2,335. 1,892. k 8,766. 10,520. -1,754. 1 2,394.4,170. 1, 776. m 10,965. 7,457 3,508. n 7,942. 3,890. 4,052. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (i) Adjusted basis (k) Excess of col. (i) but not less than "-0-") (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any -3<u>.</u> а -5. b -6<u>.</u> C -4. d -6<u>.</u> е -14. f -8<u>.</u> g -7<u>.</u> h -<u>2.</u> 2,719. 1,892. -1,754.1,776. m 3,508. n 4,052. 0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } Capital gain net income or (net capital loss) Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

Capital Calific and La					
(a) List and	d describe the kind(s) of property sole rick warehouse; or common stock, 20	d, e.g., real estate,	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo , day, yr.)
			D - Donation	08/31/11	
1a 75 WELLS FARGO b 100 DENTSPLY S		<u></u> .	· 	$\frac{00/31/11}{11/03/08}$	
c 10000 EMERSON				04/03/08	
d 30 JOHNSON & J				03/09/00	
e 170 KANSAS CIT				03/24/09	
f 100 WALT DISNE				01/26/06	
g			_		
h					
k					
_m					
<u> </u>					-
0		·			<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		Gain or (loss) lus (f) minus (g)	
a 4,483.		1,945.			2,538.
b 6,257.		3,137.		_	3,120.
c 10,000.		10,000.			0.
d 4,186.		1,084.			3,102.
<u>e 14,827.</u>		2,363.			12,464.
f 10,545.		2,482.			8,063.
<u>g</u>					
<u>h</u>					
<u> </u>					
<u> </u>					
<u>k</u>			-		
<u></u>					
<u>m</u>					
0					
	ng gain in column (h) and owned by t	the foundation on 12/31/69	(I) Los	ses (from col. (h))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (I) over col. (J), if any	Gains (excess o	of col (h) gain over ot less than "-0-")	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>		2,538.
<u>a</u> b					$\frac{2,330.}{3,120.}$
C					0.
d					3,102.
e					12,464.
f					8,063.
9					
h					
<u> </u>					
.l					
k	_				
1			<u> </u>		
<u>m</u>	<u> </u>				
<u>n</u>					
0					
• October	apıtal loss) { If gain, also enter If (loss), enter "-0	in Part I, line 7			41 40E
2 Capital gain net income or (net ca		, I	2	-	41,425.
	ss) as defined in sections 1222(5) an	d (6):			
If gain, also enter in Part I, line 8,]	3	N/A	
			AT I		

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, , Recipient Purpose of grant or contribution Foundation show any relationship to status of Amount any foundation manager Name and address (home or business) recipient or substantial contributor PUBLIC CANCERFREE KIDS GENERAL SUPPORT 420 WEST LOVELAND AVENUE 1,500. LOVELAND OH 45140 CINCINNATI ART MUSEUM PUBLIC GENERAL SUPPORT 953 EDEN PARK DR. CINCINNATI, OH 45202 6,000. PUBLIC CINCINNATI BALLET GENERAL SUPPORT 1555 CENTRAL PARKWAY CINCINNATI OH 45214-2863 6.000. CINCINNATI MAY FESTIVAL PUBLIC GENERAL SUPPORT 1241 ELM STREET CINCINNATI OH 45202-7531 6 000. CINCINNATI OPERA PUBLIC GENERAL SUPPORT 1243 ELM STREET CINCINNATI OH 45202 7.000. GENERAL SUPPORT PUBLIC CINCINNATI PLAYHOUSE IN THE PARK 962 MOUNT ADAMS CINCINNATI OH 45202 6,000. CINCINNATI SYMPHONY ORCHESTRA PUBLIC GENERAL SUPPORT 1241 ELM STREET 6 000. CINCINNATI OH 45202 CITY OF MASON - MASON CORPORATE PUBLIC GENERAL SUPPORT FOR CHALLENGE 6050 MASON-MONTGOMERY ROAD MASON OH 45040 1 000. PUBLIC CONTEMPORARY ARTS CENTER GENERAL SUPPORT 44 E. SIXTH STREET CINCINNATI OH 45202 6,000. EB HOPE FOUNDATION PUBLIC GENERAL SUPPORT 6023 POND VIEW COURT CINCINNATI OH 45247 500. Total from continuation sheets 90 500.

THE MAKINO FOUNDATION

(FKA THE LEBLOND FOUNDATION OF MAKINO) 31-6036274

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, , Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor PUBLIC GENERAL SUPPORT GIRLS ON THE RUN 3330 ERIE AVENUE, SUITE 8 500. CINCINNATI OH 45208 LIFE REMODELED PUBLIC GENERAL SUPPORT P.O. BOX 28508 3 500. DETROIT, MI 48228 PUBLIC GENERAL SUPPORT MELODIC CONNECTIONS 407 VINE STREET, STE 112 1,000. CINCINNATI, OH 45202 OHIO VALLEY VOICES PUBLIC GENERAL SUPPORT 6642 BRANCH HILL-GUINEA PIKE 1,000. LOVELAND, OH 45140 DISHWASHER RONALD MCDONALD HOUSE PUBLIC 350 ERKENBRECHER AVENUE 5,000. CINCINNATI, OH 45229 PUBLIC FOOD FOR MEAL PREP RONALD MCDONALD HOUSE 350 ERKENBRECHER AVENUE 1,000. CINCINNATI OH 45229 PUBLIC CHRISTMAS DINNER RONALD MCDONALD HOUSE 350 ERKENBRECHER AVENUE 1,000. CINCINNATI OH 45229 SOPHIES ANGEL RUN PUBLIC GENERAL SUPPORT 6513 GREENOAK DRIVE 500. CINCINNATI, OH 45248 PUBLIC GENERAL SUPPORT SPECIAL OLYMPICS AREA 5 24 TANGLEWOOD LANE 3,000. MOUNTAINSIDE, NJ 07092 SPECIAL OPERATIONS WARRIOR FOUNDATION GENERAL SUPPORT PUBLIC 1137 MARBELLA PLAZA DRIVE 500. TAMPA FL 33619 Total from continuation sheets

Part XV Supplementary Information 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 GENERAL SUPPORT TAFT MUSEUM OF ART PUBLIC 316 PIKE STREET CINCINNATI OH 45202-4293 6,000. THE DOWN SYNDROME ASSOC OF GREATER PUBLIC GENERAL SUPPORT CINCINNATI 4623 WESLEY AVENUE, SUITE A CINCINNATI OH 45212 2,000. PUBLIC EOSINOPHILIC FAMILY COALITION GENERAL SUPPORT PO BOX 112234 CINCINNATI OH 45211 500. ERIC HARTWELL FOUNDATION PUBLIC GENERAL SUPPORT 3154 SKYVIEW COURT BRIGHTON, MI 48114 500. GLEANER'S COMMUNITY FOOD BANK OF PUBLIC GENERAL SUPPORT SOUTHEAST MICHIGAN 2131 BEAUFAIT DETROIT MI 48027 1,000. PUBLIC GRACE CENTERS OF HOPE GENERAL SUPPORT 35 EAST HURON 3,000. PONTIAC MI 48342 HOPE EMERGENCY PROGRAM PUBLIC GENERAL SUPPORT PO BOX 214 FAYETTEVILLE, OH 45118 500. PUBLIC GENERAL SUPPORT LIONS REACH OUT 1135 BETHEL NEW RICHMOND RD NEW RICHMOND, OH 45157 1,000. OPERATION HONOR PUBLIC GENERAL SUPPORT 1455 SHIREPEAK WAY INDEPENDENCE KY 41051 500. PEOPLE WORKING COOPERATIVELY PUBLIC GENERAL SUPPORT 4612 PADDOCK ROAD CINCINNATI OH 45229 2,000. Total from continuation sheets

THE MAKINO FOUNDATION (FKA THE LEBLOND FOUNDATION OF MAKINO) 31-6036274

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) , Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient TRI-CITIES HABITAT FOR HUMANITY PUBLIC GENERAL SUPPORT PO BOX 3707 PETERSBURG VA 23805 500. UNIVERSITY OF CINCINNATI BEARCAT PUBLIC SPONSORSHIP FOR 2018 BEARCAT MOTORSPORTS MOTORSPORTS TEAM 598 RHOADES HALL CINCINNATI OH 45221 5,000. PUBLIC UNIVERSITY OF DAYTON OFFICE OF GENERAL SUPPORT, INNOVATION CENTER STUDENT ACCOUNTS SENIOR DESIGN CAPSTONE 300 COLLEGE PARK 5,000. DAYTON OH 45469 PROJECT Total from continuation sheets

Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

➤ Go to www.irs.gov/Form990 for the latest information.

THE MAKINO FOUNDATION

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

OMB No 1545-0047

Employer identification number

2017

	(FKA THE LEBLOND FOUNDATION OF MAKINO)	31-6036274
Organization type (chec	k one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note: Only a section 50	on is covered by the General Rule or a Special Rule . I (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Specia	al Rule See instructions
General Rule X For an organiza	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tot	aling \$5,000 or more (in money or
property) from a	any one contributor. Complete Parts I and II. See instructions for determining a contrib	utor's total contributions.
Special Rules		
sections 509(a) any one contrib	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support of the section 501(c)(3) filing Form 990 or 990-EZ, Part II, line 13, 10 utor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the at EZ, line 1 Complete Parts I and II	16a, or 16b, and that received from
year, total conti	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990·EZ that received fi butions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or e of cruelty to children or animals Complete Parts I, II, and III	
year, contribution is checked, ent purpose Don't	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sexclusively for religious, charitable, etc., purposes, but no such contributions totale er here the total contributions that were received during the year for an exclusively religions complete any of the parts unless the General Rule applies to this organization becaus able, etc., contributions totaling \$5,000 or more during the year	ed more than \$1,000 If this box nous, charitable, etc ,
	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on r	•

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) (2017)

Name of organization
THE MAKINO FOUNDATION

(FKA THE LEBLOND FOUNDATION OF MAKINO)

Employer identification number

31-6036274

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.

Faiti	Continuators (see instructions) Ose duplicate copies on art in additi	onal space is fielded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MAKINO, INC.EMPLOYEE PAYROLL DEDUCTIONS 7680 INNOVATION WAY MASON, OH 45040	- \$\$67,157.	Person Payroll X Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DONALD D. LANE 520 LARAMIE TRAIL CINCINNATI, OH 45215	- - \$\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - - -	Person Payroll Oncash Complete Part II for noncash contributions)

Name of organization

Employer identification number

THE MAKINO FOUNDATION

(FKA THE LEBLOND FOUNDATION OF MAKINO)

31-6036274

Part II	Noncash Property (see instructions) Use duplicate copies of F	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
_			
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I			
		\$	
(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)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
453 11-01-		\$ Sahadula B /Farm	 990, 990-EZ, or 990-PF

Name of organization

Employer identification number

(FKA TH	<u>E LEBLOND FOUNDATION (</u>	F MAKINO)	31-6036274			
Part III	Exclusively religious, charitable, etc., contri	butions to organizations described	31-6036274 in section 501(c)(7), (8), or (10) that total more than \$1,000 for			
	the year from any one contributor. Complete co	Hilmans (a) infolion (e) and life follow	VIOU IIILE EULEV. For organizations			
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for the year (Enterthis into once)			
(a) No.	Use duplicate copies of Part III if additiona	space is needed				
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I	(b) r dipose oi giit	(c) 03c or gire	(d) Description of now girls neid			
-						
 -			_			
-						
<u> </u>						
		(e) Transfer of gift				
1	Transferee's name, address, and	17IP + 4	Relationship of transferor to transferee			
	Transfer de d'Harrie d'addi de d'					
-						
i —						
l <u> </u>						
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
raiti						
-			<u> </u>			
			_			
<u>-</u>						
		(e) Transfer of gift				
		(c) Transfer of gire				
		. =	B. 1. 1. 4. 4. 4. 4. 4.			
	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee			
	_ -					
		-	-			
(a) No.			<u> </u>			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
1						
	_					
-		<u></u>				
<u> </u>		(a) Transfer of with				
ł		(e) Transfer of gift				
	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee			
-						
-						
(a) Na	·					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I	(b) Fulpose of gift	(c) Ose of gift	(u) Description of now gift is field			
-						
						
I —						
		(e) Transfer of gift				
[Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
			Relationship of transferor to transferee			
I	<u></u>					

FORM 990-PF .	DIVIDENDS	AND INTER	EST FROM SECUR	ITIES ST	TATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	REVENUE	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
SCHWAB - ACC INT SCHWAB - BOND	-583.	(0583.	-583.	
PREMIUM US TREASURY SCHWAB - DIVIDENDS	-8. 13,006.	(08. 0. 13,006.	13,006.	
SCHWAB - INTEREST SCHWAB - US INTEREST	6,924. 738.		0. 6,924. 0. 738.		
SCWAB - BOND PREMIUM	-322.		0322.		
TO PART I, LINE 4	19,755.		19,755.	19,755.	
FORM 990-PF		ACCOUNTII	(B)	(C)	TATEMENT 2
DESCRIPTION		EXPENSES PER BOOKS	NET INVEST- MENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
ACCOUNTING FEES		2,600.	1,300.		1,300.
TO FORM 990-PF, PG 1	., LN 16B	2,600.	1,300.		1,300.
FORM 990-PF	ОТ	HER PROFES	SIONAL FEES	នា	PATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT ADVISORY ADR FEES	FEES	4,319. 25.	4,319.		0.
TO FORM 990-PF, PG 1	., LN 16C	4,344.	4,344.		0.

FORM 990-PF.	TAXES			STATEMENT			4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC				(D) CHARITAI PURPOSI	
FOREIGN TAXES	368.		368.				0.
TO FORM 990-PF, PG 1, LN 18	368.		368.				0.
FORM 990-PF	OTHER E	XPENSES			STATEM	IENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTEI NET INCOM			
OHIO REGISTRATION MISCELLANEOUS EXPENSES	200. 435.		0.		200.		
TO FORM 990-PF, PG 1, LN 23	635.		0.			20	00.
FORM 990-PF U.S. AND S	STATE/CITY G	OVERNMENT	OBL	IGATIONS	STATEM	ENT	6
DESCRIPTION	U.S GOV'		вос	OK VALUE	FAIR M		C
INVESTMENTS-US GOVT OBS INVESTMENTS-GOVT AGENCIES	X	-	50,240. 50,797.				
TOTAL U.S. GOVERNMENT OBLIGAT	rions	-		101,037.	1	00,82	25.
TOTAL STATE AND MUNICIPAL GOV	VERNMENT OBL	- IGATIONS	-				
TOTAL TO FORM 990-PF, PART I	I, LINE 10A	-		101,037.	1	00,82	 25.

FORM 990-PF.	CORPORATE STOCK		STATEMENT 7
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
INVESTMENTS-TOTAL EQUITIES MUTUAL FUNDS	•	391,438. 33,527.	587,553. 36,696.
TOTAL TO FORM 990-PF, PART II,	LINE 10B	424,965.	624,249.
FORM 990-PF	CORPORATE BONDS		STATEMENT 8
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
CORPORATE BONDS	•	172,602.	175,651.
TOTAL TO FORM 990-PF, PART II,	LINE 10C	172,602.	175,651.
FORM 990-PF	MORTGAGE LOANS		STATEMENT 9
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
INVESTMENTS-GNMA AND FNMA	-	25,284.	25,187.
TOTAL TO FORM 990-PF, PART II,	LINE 12	25,284.	25,187.
FORM 990-PF	OTHER INVESTMENTS		STATEMENT 10
FORM 990-PF DESCRIPTION	OTHER INVESTMENTS VALUATION METHOD	BOOK VALUE	STATEMENT 10 FAIR MARKET VALUE
	VALUATION	BOOK VALUE	FAIR MARKET

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT	
NAME OF CONTRIBUTOR	ADDRESS		
MAKINO, INC	7680 INNOVATION WAY MASON, OH 45040		
DONALD D LANE	520 LARAMIE TRAIL CINCINNATI, OH 45215		