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OMB No 1545-0052

Form 990-PF

Department of the Treasury Internal Revenue Service

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.
 ▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf. 2017

Open to Public Inspection

						201	•		
		ndar year 2017, or tax year beginning 01-01-20 Indation	017 , ai	na en	ending 12-31-2017 A Employer identification number				
		FAMILY FOUNDATION			77-0590536	entification numbe	ir		
		d street (or P O box number if mail is not delivered to street address) DA STREET NO 200) Room/suite		B Telephone number (see instructions)				
0.	L9 LIND	A STREET NO 200			(440) 356-6639				
		n, state or province, country, and ZIP or foreign postal code ER, OH 44116			C If exemption	application is pendin	g, check here		
G CH	neck al	I that apply Initial return Initial return of a	former public charity		D 1. Foreign or	ganizations, check he	ere \square		
		☐ Final return ☐ Amended return				ganızatıons meeting			
		\square Address change $\qquad \square$ Name change			test, chec	k here and attach co	mputation 🕨 🔼		
H Ch	eck ty	pe of organization \checkmark Section 501(c)(3) exempt private	foundation			undation status was f n 507(b)(1)(A), chec			
	Section	n 4947(a)(1) nonexempt charitable trust 🔻 🗆 Other taxabl	le private foundation						
of y	year (f	xet value of all assets at end from Part II, col (c), \$ 2,819,089 J Accounting method ☐ Other (specify) (Part I, column (d) must	Cash Accru	ıal		ation is in a 60-mont n 507(b)(1)(B), chec			
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and	Ī			(d) Disbursements		
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	(b) N	let investment income	(c) Adjusted net income	for charitable purposes (cash basis only)		
	1	Contributions, gifts, grants, etc , received (attach schedule)	308,692	2					
	2	Check ► ☐ If the foundation is not required to attach							
	3	Sch B Interest on savings and temporary cash investments	278	3	278				
	4	Dividends and interest from securities	51,034	1	51,034				
	5a	Gross rents							
	b	Net rental income or (loss)	-						
KIE	6a	Net gain or (loss) from sale of assets not on line 10							
Reverkie	b	Gross sales price for all assets on line 6a	_						
Re	7	Capital gain net income (from Part IV, line 2)			58,604				
	8	Net short-term capital gain							
	9	Income modifications							
	10a b	Gross sales less returns and allowances Less Cost of goods sold	<u></u>						
		Gross profit or (loss) (attach schedule)	1	1					
	11	Other income (attach schedule)							
	12	Total. Add lines 1 through 11	360,004	1	109,916				
	13	Compensation of officers, directors, trustees, etc	0	1	0		(
	14	Other employee salaries and wages							
Š	15	Pension plans, employee benefits							
nse	16a	Legal fees (attach schedule)							
<u>g</u>	b	Accounting fees (attach schedule)							
Administrative Expenses	С	Other professional fees (attach schedule)	17,179		0		(
Ĕ	17	Interest							
stra	18	Taxes (attach schedule) (see instructions)	5,273	3	0		(
Ē	19	Depreciation (attach schedule) and depletion							
Ę	20	Occupancy							
D D	21	Travel, conferences, and meetings							
ᇛ	22	Printing and publications		1					
<u> Eu</u>	23	Other expenses (attach schedule)							
Operating and	24	Total operating and administrative expenses.	22 :	,	-]		
ă O	25	Add lines 13 through 23	22,452 310,550	-	0		310,550		
_	25	Contributions, gifts, grants paid	310,550	<u> </u>			310,550		
	26	Total expenses and disbursements. Add lines 24 and 25	333,002	2	0		310,550		
	27	Subtract line 26 from line 12							
	а	Excess of revenue over expenses and disbursements	27,002	2					
	ь	Net investment income (if negative, enter -0-)		1	109,916				
	С	Adjusted net income(if negative, enter -0-)							
For	Daner	work Reduction Act Notice, see instructions.	•		at No. 11289)	/ Eo	m QQN_DF (2017		

Form 990-	-PF (2017)				Page 2
Part II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of	
1	Cash—non-interest		(a) Book Value 292,311	(b) Book Value 215,897	(c) Fair Market Value 215,897
2		prary cash investments	252,311	213,037	213,037
3	Accounts receivable				
3		· doubtful accounts ▶	68,230		
			00,230		
4		- destribution			
_		doubtful accounts •			
5					
6		om officers, directors, trustees, and other			
	•	s (attach schedule) (see instructions)			
7	Other notes and lo				
	Less allowance for				
<u>ي</u> 8 ع	Inventories for sale	e or use			
Assets 9 10a	Prepaid expenses a	and deferred charges			
∝ 10a	Investments—U S	and state government obligations (attach schedule)			
Ь	Investments—corp	orate stock (attach schedule)	1,602,360	1,779,543	2,603,192
c	Investments—corp	orate bonds (attach schedule)			
11	Investments—land	, buildings, and equipment basis >			
		depreciation (attach schedule) ▶			
12	Investments-mort	gage loans			
13		r (attach schedule)			
14		d equipment basis ▶			
		depreciation (attach schedule) ▶			
15		ribe			
16		e completed by all filers—see the			
1.0	•		1 063 001	1 005 440	2 910 090
		see page 1, item I)	1,962,901	1,995,440	2,819,089
17		and accrued expenses			
<u>18</u>					
<u>ė</u> 19					
들 20	Loans from officers	, directors, trustees, and other disqualified persons			
19 20 21 21 21 21 21 21 21 21 21 21 21 21 21		er notes payable (attach schedule)			
_ 22	Other liabilities (de	scribe >)			
23	Total liabilities(a	dd lines 17 through 22)	0	0	
	Foundations that	follow SFAS 117, check here 🕨 🗌			
es		es 24 through 26 and lines 30 and 31.			
E 24	Unrestricted				
문 25 왕 25	Temporarily restric	ted			
Fund Balances 25 26	Permanently restric				
<u> </u>	reillianentiy result	_			
	Foundations that	do not follow SFAS 117, check here 🕨 🗹			
٥	and complete line	es 27 through 31.			
Assets 28 28 29	Capital stock, trust	principal, or current funds	0	0	
S 28	Paid-in or capital s	urplus, or land, bldg , and equipment fund	0	0	
	Retained earnings,	accumulated income, endowment, or other funds	1,962,901	1,995,440	
30 Set 59	Total net assets	or fund balances (see instructions)	1,962,901	1,995,440	
31	Total liabilities a	nd net assets/fund balances (see instructions) .	1,962,901	1,995,440	
Part III	Analysis of Cl	nanges in Net Assets or Fund Balances			
1 Tota	al net assets or fund	balances at beginning of year—Part II, column (a), line	e 30 (must agree with	end-	
of-y	ear figure reported o	on prior year's return)		. 1	1,962,901

2 Enter amount from Part I, line 27a

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

Other increases not included in line 2 (itemize) ▶ _

Decreases not included in line 2 (itemize) ▶ _

1,995,440

1,995,440 Form **990-PF** (2017)

27,002

5,537

2

3

4

5

6

Page **3**

List and describe	(a) the kind(s) of property sold (e g , reehouse, or common stock, 200 shs	al estate,	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)	
1aSee Additional Data Table	e					
b						
С						
d						
e						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a See Additional Data Table	e					
b						
С						
d						
e						
Complete only for assets	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69	<u> </u>	1)	
	(i)	<u> </u>	(k)		(I) h) gain minus	
(i) F M V as of 12/31/69	Adjusted basis	Excess	of col (ı) l (j), ıf any	col (k), but not	less than -0-) or om col (h))	
a See Additional Data Table	e					
b						
c						
d						
e						
	gain or (loss) as defined in sections I rt I, line 8, column (c) (see instructions I	. ,	,	3	58,604	
Part V Qualification l	Jnder Section 4940(e) for Re	educed Tax on Net	Investment Ir	ncome		
	rivate foundations subject to the sec					
roi optional use by domestic p	invate roundations subject to the sec	ction 4940(a) tax on he	st investment inco	ne)		
f section 4940(d)(2) applies, le Vas the foundation liable for th	eave this part blank e section 4942 tax on the distributal	ble amount of any year	r in the base period	d? □ Y	es 🔽 No	
· · · · · · · · · · · · · · · · · · ·	ot qualify under section 4940(e) Do					
	nount in each column for each year,	see instructions before	making any entri			
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution rat (col (b) divided by c		
2016	249,248		368,315		0 676725	
2015	148,408		121,379		1 222683	
2014	200,073		33,907		5 900640	
2013	237,463		20,411		11 634070	
2012	134,963		7,764		17 383179	
2 Total of line 1, column (d)		2		36 817297	
number of years the four	o for the 5-year base period—divide to adation has been in existence if less	than 5 years	<u>3</u>		7 363459	
	ncharitable-use assets for 2017 from	•	4	1	2,293,653	
5 Multiply line 4 by line 3						
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		1,099	
7 Add lines 5 and 6			7		16,890,319	
	ons from Part XII, line 4 ,				310,550	
If line 8 is equal to or gre instructions	eater than line 7, check the box in Pa	art VI, line 1b, and com	nplete that part us	ng a 1% tax rate Se	e the Part VI	

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

	Information About Officers, Directors, Trustees, Foundation	n Managers Highly Daid Employees
D- 1 1/777	information About Officers, Directors, Trustees, Foundation	in Managers, riiginy Faid Employees,
balt ATTT	and Contractors	

1 List all officers, directors, truste	es, f	oundation managers ar	nd their compensation	(see instructions).	
(a) Name and address		Title, and average hours per week b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
PHYLLIS F HIRE		SIDENT, DIRECTOR	0	. 0	C
BOCA GRANDE EL 33031	0 00				
BOCA GRANDE, FL 33921 JOHN S HIRE	SECI	RETARY, DIRECTOR	0	0	
26 EAST MAIN STREET SUITE 2	10.00			0	
LEXINGTON, OH 44904	STON, OH 44904				
AWRENCE M WOLF TREASURER, DIRECTO			0	0	
619 LINDA STREET SUITE 200 ROCKY RIVER, OH 44116					
2 Compensation of five highest-pa	id er	nployees (other than t	nose included on line 1	—see instructions). If nor	ne, enter "NONE."
(a) Name and address of each employee pa more than \$50,000	aid	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
NONE					
		_			
		4			
		_			
Total number of other employees paid ov	ar ¢¤	<u> </u>			
3 Five highest-paid independent of					
(a) Name and address of each person				e of service	(c) Compensation
NONE	. р		(-7.7)		(-)
			1		
			1		
			4		
Total number of others receiving over \$50 Part IX-A Summary of Direct 0				•	
List the foundation's four largest direct charitable			ide relevant statistical inform	nation such as the number of	
organizations and other beneficiaries served, con				additi such as the number of	Expenses
1					
2					
<u> </u>					
4					
Part IX-B Summary of Program	n-R	elated Investments	(see instructions)		
Describe the two largest program-related inve			<u> </u>	and 2	Amount
1					
2					
All other program-related investments	See	instructions			
3					
Total Add lines 1 through 3				N	-
Total. Add lines 1 through 3 .	•				(

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

2

3a 3h

4

5

310.550

310.550

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2

3

4

5

Amounts set aside for specific charitable projects that satisfy the

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

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

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

Adjusted qualifying distributions. Subtract line 5 from line 4.

112,485

112,485

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0

(d)

2017

_	_	_	_	_	_	_	_			_	١	_	_	_	_	,
			ŀ		ī	E	Х	ī	Ī	Ŧ	1		Ι		ī	

b Total for prior years

a From 2012.

b From 2013. c From 2014. . .

d From 2015.

e From 2016.

-PF	(2	01	7)	
	ı		-	-	

)-PF (20	017)	
(III)	Undistributed Income	(see instructions)

1 Distributable amount for 2017 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only.

Excess distributions carryover, if any, to 2017

f Total of lines 3a through e.

d Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2017

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

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

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2012 not

indicated below:

d Excess from 2016. . .

e Excess from 2017. . .

4 Qualifying distributions for 2017 from Part XII, line 4 🕨 \$ a Applied to 2016, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election

134.575 236,442

200 073

144.274 232,040

232,040

198.065

(a)

Corpus

947.404

198.065

1,145,469

0

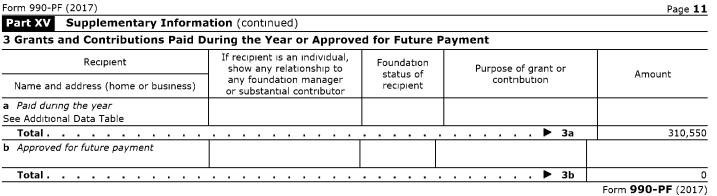
(b)

Years prior to 2016

(c)

2016

RESTRICTIONS ARE NOTED IN THE GRANT APPLICATION, PLEASE SEE ATTACHED DOCUMENT



ter gross	amounts unless otherwise indicated	Unrelated bus	siness income	Excluded by section	512, 513, or 514	(e) Related or exemp
Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions
-						
	and contracts from government agencies					
Intere	rship dues and assessments			01	278	
	ds and interest from securities			01	51,034	
	tal income or (loss) from real estate					
	financed property					
	ebt-financed property notes in the control of the control					
	nvestment income					
	r (loss) from sales of assets other than					
	ory					
	ome or (loss) from special events profit or (loss) from sales of inventory					
Other r	evenue a					
b						
с						
c						
c d e			0		E1 212	
c d e			0	13	51,312	
c d e Subtota Total. (See wo	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Orksheet in line 13 instructions to verify calcul	ations)			51,312	
c d e Subtota Total. (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated. Relationship of Activities to th	ations) e Accomplishi	ment of Exem	ot Purposes	3	51,312
c d e Subtota Total. (See wo	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Orksheet in line 13 instructions to verify calcul	ations) e Accomplishi income is reported	ment of Exemp	ot Purposes Part XVI-A contribu	ted importantly to	51,312
c d e Subtota Total. (See wo art XVI ne No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reported	ment of Exemp	ot Purposes Part XVI-A contribu	ted importantly to	51,31
c d e Subtota Total. (See wo art XVI ne No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reported	ment of Exemp	ot Purposes Part XVI-A contribu	ted importantly to	51,312
c d e Subtota Total. (See wo art XVI ne No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reported	ment of Exemp	ot Purposes Part XVI-A contribu	ted importantly to	51,312
c d e Subtota Total. (See wo art XVI ne No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reported	ment of Exemp	ot Purposes Part XVI-A contribu	ted importantly to	51,312
c d e Subtota Total. (See wo art XVI ne No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reported	ment of Exemp	ot Purposes Part XVI-A contribu	ted importantly to	51,31
c d e Subtota Total. (See wo art XVI ne No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reported	ment of Exemp	ot Purposes Part XVI-A contribu	ted importantly to	51,31
c d e Subtota Total. (See wo art XVI ne No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reported	ment of Exemp	ot Purposes Part XVI-A contribu	ted importantly to	51,31
c d e Subtota Total. (See wo art XVI ne No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reported	ment of Exemp	ot Purposes Part XVI-A contribu	ted importantly to	51,31
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c d e Subtota Total. (See wo art XVI ne No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reported	ment of Exemp	ot Purposes Part XVI-A contribu	ted importantly to	51,31
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c d e Subtota Total. (See wo art XVI ne No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reported	ment of Exemp	ot Purposes Part XVI-A contribu	ted importantly to	51,31
c d e Subtota Total. (See wo art XVI ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reported	ment of Exemp	ot Purposes Part XVI-A contribu	ted importantly to	51,31
c d e Subtota Total. (See wo art XVI ne No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reported	ment of Exemp	ot Purposes Part XVI-A contribu	ted importantly to	51,31
c d e Subtota Total. (See wo art XVI ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reported	ment of Exemp	ot Purposes Part XVI-A contribu	ted importantly to	51,312
c d e Subtota Total. (See wo art XVI ne No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reported	ment of Exemp	ot Purposes Part XVI-A contribu	ted importantly to	51,31
c d e Subtota Total. (See wo art XVI ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reported	ment of Exemp	ot Purposes Part XVI-A contribu	ted importantly to	51,312
c d e Subtota Total. (See wo art XVI ne No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reported	ment of Exemp	ot Purposes Part XVI-A contribu	ted importantly to	51,312
c d e Subtota Total. (See wo art XVI ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reported	ment of Exemp	ot Purposes Part XVI-A contribu	ted importantly to	51,312

orm 9	90-PF (2	<u> </u>							Pa	ge 13
	XVII	Exempt Organi	zations				onships With Nonch			
		janization directly or in Code (other than sectio					on described in section ! organizations?	501	Yes	No
a Tra	nsfers f	rom the reporting foun	dation to a no	ncharitable e:	xempt organization	of				
(1) Cash.							1a(1)		No
(2) Other	assets						1a(2)		No
	ner trans									1
•	•	of assets to a nonchari	•	-				1b(1)		No
-	-	ases of assets from a n						. 1b(2)		No
•	•	l of facilities, equipmer	•					. 1b(3)		No
-		oursement arrangemen or loan guarantees.						1b(4) 1b(5)		No No
•	•	nance of services or m						1b(5)		No
•	•	facilities, equipment, n	•	_				1c		No
of	the good any tran	ds, other assets, or ser	vices given by ngement, sho	the reporting w in column (foundation If the	foundation receiv goods, other ass	Iways show the fair mar ed less than fair market ets, or services received f transfers, transactions, and	value	ngemen	nts
` '		, ,			. 3		,			
- ·					1.					
de	scribed i	dation directly or indire in section 501(c) of the implete the following so	Code (other t					. 🗆 Yes	✓	No
		(a) Name of organization	n		(b) Type of organization	on	(c) Description of i	relationship		
						+				
- -	of my		, it is true, cor				ring schedules and state r than taxpayer) is based			
Sign Here		****			2018-11-01	*****	r v	May the IRS di eturn vith the prepa		
	S	Signature of officer or to	rustee		Date	Title		see instr)? [Yes	□ _{No}
		Print/Type preparer's	name	Preparer's Sig	gnature	Date	Check if self-			
Paid		LAWRENCE M WOL	.F				employed ▶ □	P01409	33/1	
_	oarer Only	Firm's name ▶ RED	DIAMOND LTE)			Firn	n's EIN ▶34	-18839	912
	-	Firm's address ► 61	9 LINDA STRE	ET SUITE 20	0					
		pc	ROCKY RIVER OH 44116							6639

ROCKY RIVER, OH 44116

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (c) (d) (b) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation CVS HEALTH CORP 2017-12-19 2016-12-21 CVS HEALTH CORP 2017-07-28 2017-12-19 CVS HEALTH CORP 1974-11-06 2017-12-19 EXXON MOBIL CORP 2016-05-09 2017-01-24 JOHNSON CTLS INTL PLC 2016-12-06 2017-01-24 AMERICAN TOWER CORP REIT 2013-11-12 2017-07-28 CHARTER COMMUNICATIONS 2013-03-15 2017-02-14 CHARTER COMMUNICATIONS 2013-03-15 2017-07-28 2017-07-28 GGP INC REIT SBI 2013-08-01 **GGP INC REIT SBI** 2013-08-01 2017-11-06 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 36,312 39,900 -3,588 25,418 27,776 -2,358 3,631 3,436 195 60,887 62,701 -1,814 49,691 53,000 -3,309 20,567 8,903 11,664 25,716 7,968 17,748 18,361 4,980 13,381 22,372 19,694 2,678 8,639 9,225 -586 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any -3,588 -2,358 195 -1,814-3,309 8,903 17,748 13,381 2,678 -586

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (c) (d) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date sold Date acquired P-Purchase (mo, day, yr) (mo, day, yr) D-Donation GGP INC REIT SBI 2014-01-08 2017-11-06 MARRIOTT INTL INC 2010-07-30 2017-02-14 MARSH & MCLENNAN COS INC 2015-09-08 2017-02-14 NEXTERA ENERGY INC COM 2015-10-07 2017-07-28 NEXTERA ENERGY INC COM 2015-10-07 2017-11-06 2015-01-27 2017-02-14 ROCKWELL AUTOMATION INC Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h Gain or (loss) (e) Gross sales price Depreciation allowed Cost or other basis (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) (f) 9,706 10,153 -447 21,948 13,887 8,061 17,961 13,389 4,572 19,579 13,573 6,006 19,026 12,568 6,458 9,130 6,426 2,704 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (i) **(1)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (1), if any -447 8,061 4,572 6,006 6,458 2,704

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ASCENDIGO AUTISM SERVICES N/A IRC 501(C) CHARITABLE 20,000 818 INDUSTRY PLACE (3) CARBONDALE, CO 81623 TDC FO1/C 44 000

UNIVERSITY 401 COLLEGE AVENUE ASHLAND, OH 44805	N/A	(3)	CHARITABLE	11,000
ASHLAND REGIONAL BALLET	N/A	IRC 501(C)	CHARITABLE	2,000

ASHLAND, OH 44805				
ASHLAND REGIONAL BALLET 130 EAST MAIN STREET ASHLAND, OH 44805	N/A	IRC 501(C) (3)	CHARITABLE	2,000

ASHLAND, OH 44805				
ASHLAND REGIONAL BALLET 130 EAST MAIN STREET ASHLAND, OH 44805	N/A	IRC 501(C) (3)	CHARITABLE	2,

За

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ASHLAND UNIVERSITY DWIGHT SCHAR N/A IRC 501(C) CHARITABLE 12,000 COLLEGE OF NURSING (3)

301 FOUNDERS HALL ASHLAND, OH 44805				
ASPEN COUNTRY DAY SCHOOL 3 MUSIC SCHOOL ROAD ASPEN, CO 81611	N/A	IRC 501(C) (3)	CHARITABLE	15,500

ASPEN HOPE CENTER 1460 E VALLEY ROAD BASALT, CO 81621 N/A IRC 501(C) (3) CHARITABLE 20,000	П	ASPEN, CO 81611		(3)		
	П	1460 E VALLEY ROAD	N/A	. ,	CHARITABLE	20,000

ASPEN, CO 81611				1
ASPEN HOPE CENTER 1460 E VALLEY ROAD BASALT, CO 81621	N/A	IRC 501(C) (3)	CHARITABLE	20,00

310,550

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

- ·		l		
ASPEN SANTA FE BALLET 0245 SAGE WAY ASPEN, CO 81611	N/A	IRC 501(C) (3)	CHARITABLE	10,000
AUTISM AWARENESS WALK-A-THON 1490 HARDING AVENUE	N/A	IRC 501(C)	CHARITABLE	2,000

AUTISM AWARENESS WALK-A-THON 1490 HARDING AVENUE MANSFIELD, OH 44906	N/A	IRC 501(C) (3)	CHARITABLE	2,000
COLUMBUS MUSEUM OF ART 480 E BROAD STREET	N/A	IRC 501(C) (3)	CHARITABLE	1,000

MANSITEED, OIT 44500				
COLUMBUS MUSEUM OF ART 480 E BROAD STREET COLUMBUS, OH 43215	N/A	IRC 501(C) (3)	CHARITABLE	1,000
				1

Tatal				210 550
COLUMBUS, OH 43215		(3)		
COLUMBUS MUSEUM OF ART 480 E BROAD STREET	N/A	(3)	CHARITABLE	1,00
COLUMBUS MUSEUM OF ART	NI/A	IRC 501(C)	CHADITADLE	1 00

310,550

3a

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

a Paid during the year				
FRIENDS OF GORMAN NATURE CENTER 2295 LEXINGTON AVENUE MANSTEI D. OH. 44907	N/A	IRC 501(C) (3)	CHARITABLE	

17 11 15 1 1 1 2 5 7 5 1 1 1 1 5 5 7				
HARMONY HOUSE124 W THIRD STREET MANSFIELD, OH 44902	N/A	IRC 501(C) (3)	CHARITABLE	
		The state of the s		

or substantial contributor

3a

HARMONY HOUSE124 W THIRD STREET MANSFIELD, OH 44902	N/A	IRC 501(C) (3)	CHARITABLE	
HOSPICE OF NORTH CENTRAL OHIO	N/A	IRC 501(C)	CHARITABLE	

ANSITEED, OIT 44302		(3)		
HOSPICE OF NORTH CENTRAL OHIO	N/A	IRC 501(C) (3)	CHARITABLE	

HOSPICE OF NORTH CENTRAL OHIO	N/A	IRC 501(C)	CHARITABLE	10,000
1050 DAUCH DRIVE		(3)		
ASHLAND, OH 44805		` ^		

15.000

1050 DAUCH DRIVE ASHLAND, OH 44805	(3)	ı
Total	 	 310,550

ASHLAND, OH 44805	(3)	<u> </u>
Total	 	 310.5

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

or substantial contributor

Total . 3a

a Paid during the year				
HOUSTON FOODBANK535 PORTWALL HOUSTON, TX 77029	N/A	IRC 501(C) (3)	CHARITABLE	5,000
1A77 ASPEN SNOWMASS	N/A	IRC 501(C)	CHARITARI E	4 365

JAZZ ASPEN SNOWMASS 110 E HALLMAN ST STE 104 ASPEN, CO 81611	N/A	IRC 501(C) (3)	CHARITABLE	
KINGWOOD CENTER GARDENS	N/A	IRC 501(C)	CHARITABLE	

ASPEN, CO 61611				
KINGWOOD CENTER GARDENS 50 NORTH TRIMBLE ROAD MANSFIELD, OH 44906	N/A	IRC 501(C) (3)	CHARITABLE	50,000

ASPEN, CO 81611				
KINGWOOD CENTER GARDENS 50 NORTH TRIMBLE ROAD MANSFIELD, OH 44906	N/A	IRC 501(C) (3)	CHARITABLE	50,0

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

recipient

40,000

1,500

	or outpoturities continuetor			
a Paid during the year				
MANSFIELD ART CENTER	N/A	IRC 501(C)	CHARITABLE	5,000

MANSFIELD, OH 44906		(3)		
MANSFIELD YMCA750 SCHOLL ROAD	N/A	IRC 501(C)	CHARITABLE	

MANSFIELD YMCA750 SCHOLL ROAD MANSFIELD, OH 44907	N/A	IRC 501(C) (3)	CHARITABLE	
MOMENTUM - EXCELLENCE	N/A	IRC 501(C)	CHARITABLE	

or substantial contributor

Name and address (home or business)

3a

MANSFIELD, OH 44907		(3)		
MOMENTUM - EXCELLENCE 500 SOUTH FRONT ST STE 965	N/A	IRC 501(C) (3)	CHARITABLE	

MOMENTUM - EXCELLENCE	N/A	IRC 501(C)	CHARITABLE	
500 SOUTH FRONT ST STE 965		(3)		
COLUMBUS, OH 43215				

MOMENTUM - EXCELLENCE	N/A	IRC 501(C)	CHARITABLE	
500 SOUTH FRONT ST STE 965		(3)		
COLUMBUS, OH 43215				

Total		_	210 550
COLUMBUS, OH 43215			İ
500 SOUTH FRONT ST STE 965	(3)		I

COLUMBUS, OH 43215		
Total	 	310,550

.OLOMBO3, OH 43213		
Total	 	

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NATIONAL FOUNDATION FOR CANCER N/A IRC 501(C) CHARITABLE 5,000 RESEARCH (3) 46000 EAST HIGHWAY STE 525

BETHESDA, MD 20814				
NEOS DANCE THEATRE 101 N MAIN STREET MANSFIELD, OH 44902	N/A	IRC 501(C) (3)	CHARITABLE	

NEOS DANCE THEATRE 101 N MAIN STREET MANSFIELD, OH 44902	N/A	IRC 501(C) (3)	CHARITABLE	
OHIO BIRD SANCTUARY	N/A	IRC 501(C)	CHARITABLE	

За

MANSFIELD, OH 44902		(3)		
OHIO BIRD SANCTUARY 3774 ORWEILER ROAD MANSFIELD. OH 44902	N/A	IRC 501(C) (3)	CHARITABLE	7,88

MANSFIELD, OH 44902				
OHIO BIRD SANCTUARY 3774 ORWEILER ROAD MANSFIELD, OH 44902	N/A	IRC 501(C) (3)	CHARITABLE	7,885

2.000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year RENAISSANCE PERFORMING ARTS N/A IRC 501(C) CHARITABLE 25,000

138 PARK AVENUE WEST MANSFIELD, OH 44902		(3)		
RICHLAND COUNTY AMERICAN RED CROSS 39 NORTH PARK STREET MANSFIELD, OH 44902	N/A	IRC 501(C) (3)	CHARITABLE	5,000

39 NORTH PARK STREET MANSFIELD, OH 44902		(-7		
RICHLAND COUNTY CHILD SERVICES 731 SCHOLL RD MANSFIELD OH 44907	N/A	IRC 501(C) (3)	CHARITABLE	

3a

MANSFIELD, OH 44902				
RICHLAND COUNTY CHILD SERVICES 731 SCHOLL RD MANSFIELD, OH 44907	N/A	IRC 501(C) (3)	CHARITABLE	8

731 SCHOLL RD MANSFIELD, OH 44907	IN/A	(3)	CHARITABLE	800
RICHLAND COUNTY CHILD SERVICES	N/A	IRC 501(C)	CHARITABLE	800
MANSFIELD, OH 44902				

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

or substantial contributor

3a

a Paid during the year				
ROARING FORK CONSERVANCY 200 BASALT CENTER CIR 140 BASALT, CO 81621	N/A	IRC 501(C) (3)	CHARITABLE	2,000

UNCHAINEDPO BOX 2391 SINKING SPRING, PA 19608	N/A	IRC 501(C) (3)	CHARITABLE	
VALLEY VIEW FOUNDATION	N/A	IRC 501(C)	CHARITARLE	

SINKING SPRING, PA 19608	•	(3)		
VALLEY VIEW FOUNDATION PO BOX 1970	N/A	IRC 501(C) (3)	CHARITABLE	
CLENUVOOR CRRINGS CO 04C03		l		

·		` '		
VALLEY VIEW FOUNDATION PO BOX 1970 GLENWOOD SPRINGS, CO 81602	N/A	IRC 501(C) (3)	CHARITABLE	

VALLEY VIEW FOUNDATION N/A PO BOX 1970 GLENWOOD SPRINGS, CO 81602	IRC 501(C) (3)	CHARITABLE	2,000
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GLENWOOD SPRINGS, CO 81602	(3)	
Total		 310.550

TY 2017 Investments Corporate Stock Schedule

Name: THE HIRE FAMILY FOUNDATION

EIN: 77-0590536

Name of Stock	End of Year Book Value	End of Year Fair Market Value
ACCENTURE PLC	59,450	76,545
ALPHABET INC. CLASS A	20,828	57,937
ALPHABET INC. CLASS C	20,707	57,552
AMERICAN TOWER CORPORATION	37,574	67,768
BLACKROCK INC.	83,037	102,742
BRITISH AMERICAN TOBACCO PLC	34,072	42,874
CHARTER COMMUNICATIONS, INC. CLASS A	9,064	30,572
CHUBB LTD.	66,597	73,065
CRANE CO.	62,149	84,759
HOME DEPOT,INC.	55,528	86,236
INVESCO LTD.	62,733	73,080
JPMORGAN CHASE & CO.	53,847	105,871
LOCKHEED MARTIN CORPORATION	48,501	72,236
MARRIOTT INTERNATIONAL,INC. CLASS A	31,735	71,937
MARSH & MCLENNAN COMPANIES, INC.	52,697	80,169
MCDONALD'S CORPORATION	63,773	92,084
MEDTRONIC PLC	61,604	66,619
MIRCOSOFT CORPORATION	99,799	128,310
NEXTERA ENERGY, INC.	34,184	53,105
NOVARTIS AG	65,759	79,762
PEPSICO, INC.	55,990	68,954
PRAXAIR, INC.	74,618	98,222
ROCKWELL AUTOMATION, INC.	48,196	88,358
STARBUCKS CORPORATION	37,466	84,996
TEXAS INSTRUMENTS INCORPORATED	36,013	119,062
UNITED TECHNOLOGIES CORPORATION	60,690	82,921
VF CORPORATION	56,877	74,000
CHEVRON CORP	68,023	75,740
COCA COLO CO	43,582	43,586
COLGATE PALMOLIVE	78,621	82,995

Name of Stock	End of Year Book Value	End of Year Fair Market Value
DIAGEO PLC	56,740	73,015
INTEL CORP	69,565	69,240
SUNCOR ENERGY INC	57,544	66,096
FRONTIER COMMUNICATIONS	0	81
VERIZON COMMUNICATIONS	0	42,715
INTERCONTINENTAL EXCHANGE CO	11,980	29,988

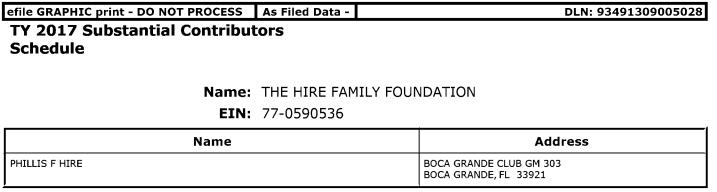
efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491309005028
TY 2017 Other Increases Sche	edule	
Name:	THE HIRE FAMILY FOUNDAT	ION
EIN:	77-0590536	
De	escription	Amount
TAX BASIS ADJUSTMENT REGARDING ST	FOCK CONTRIBUTION	5,537

file GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491309005028						
TY 2017 Other Professional Fees Schedule						
Name: THE HIRE FAMILY FOUNDATION						
EIN: 77-0590536						
Category	Amount	Net Investment	Adjusted Net	Disbursements		

LIN. 77 0330330					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	

17,179

BANK SERVICE CHARGES



efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DL	N: 93491309005028		
TY 2017 Taxes Schedule						
Name: THE HIRE FAMILY FOUNDATION						
EIN: 77-0590536						
Colorana	•	N-1 T	A discount and block	Bishaman I		
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
FEDERAL TAXES	5,073	0		0		

200

OAG

efile GRAPHIC print -	O NOT PROCESS As Filed Data -		DLN: 93491309005028		
Schedule B	Schedule of Contri	butors	OMB No 1545-0047		
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, ► Information about Schedule B (Form 990, 990-EZ, o <u>www.irs.gov/form990</u>	2017			
Name of the organizat		Emple	oyer identification number		
		77-05	590536		
Organization type (ch	ck 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	✓ 501(c)(3) exempt private foundation				
4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation				
	ation filing Form 990, 990-EZ, or 990-PF that received, or property) from any one contributor. Complete Parts I ar				
Special Rules					
under sections received from a	ion described in section 501(c)(3) filing Form 990 or 990 09(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A y one contributor, during the year, total contributions of e 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and I	(Form 990 or 990-EZ), Part II, II the greater of (1) \$5,000 or (2)	ne 13, 16a, or 16b, and that		
during the year	ion described in section 501(c)(7), (8), or (10) filing Forn total contributions of more than \$1,000 <i>exclusively</i> for re the prevention of cruelty to children or animals. Complet	eligious, charitable, scientific, lite			
during the year If this box is che purpose Don't	non described in section 501(c)(7), (8), or (10) filing Form contributions exclusively for religious, charitable, etc., pucked, enter here the total contributions that were received omplete any of the parts unless the General Rule applied the etc., contributions totaling \$5,000 or more during the	urposes, but no such contributio ed during the year for an <i>exclusi</i> es to this organization because	ons totaled more than \$1,000 ively religious, charitable, etc., it received nonexclusively		
990-EZ, or 990-PF), bu	n that isn't covered by the General Rule and/or the Spec it must answer "No" on Part IV, line 2, of its Form 990, orm 990PF, Part I, line 2, to certify that it doesn't meet th	or check the box on line H of its	3		
For Paperwork Reduction for Form 990, 990-EZ, or 9	oct Notice, see the Instructions Cat No 306 0-PF	13X Schedule B (Fo	orm 990, 990-EZ, or 990-PF) (2017)		

Name of organization Employer identification number THE HIRE FAMILY FOUNDATION 77-0590536 Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed (a) (d) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person PHYLLIS F HIRE **Payroll BOCA GRANDE CLUB GM 303** \$ 64,706 Noncash BOCA GRANDE, FL33921 (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person PHYLLIS F HIRE Payroll **BOCA GRANDE CLUB GM 303** \$ 243,985 Noncash BOCA GRANDE, FL33921 (Complete Part II for noncash contributions) (b) (c) (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (c) (d) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** \$ Noncash (Complete Part II for noncash contributions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)