990-PF

Department of the Treasury

Internal Revenue Service

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OCP 11 2/4-11

OMB No. 1545-0052

2010

For calendar year 2010, or tax year beginning , and ending G Check all that apply: Initial return Initial return of a former public charity Final return X Address change Amended return Name change Name of foundation A Employer identification number ROBERT & CHRISTINE STEINMANN FAMILY 20-0166460 FOUNDATION C/O HUGH CAMPBELL Telephone number (see page 10 of the instructions) Number and street (or P.O. box number if mail is not delivered to street address) 513-891-3099 Room/suite 2011 MADISON ROAD C If exemption application is pending, check here City or town, state, and ZIP code D 1. Foreign organizations, check here CINCINNATI OH 45208 2. Foreign organizations meeting the H Check type of organization: X Section 501(c)(3) exempt private foundation 85% test, check here and attach computation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation E If private foundation status was terminated under section 507(b)(1)(A), check here Fair market value of all assets at J Accounting method: X Cash Accrual Other (specify) end of year (from Part II, col. (c), If the foundation is in a 60-month termination under section 507(b)(1)(B), check here 4,285,390 (Part I, column (d) must be on cash basis.) line 16) ▶ \$ Part I Analysis of Revenue and Expenses (The total of (a) Revenue and (d) Disbursements expenses per (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal books income income purposes the amounts in column (a) (see page 11 of the instructions).) cash basis only) Contributions, gifts, grants, etc., received (attach schedule) 2 Check > X if the foundation is not required to attach Sch. B 3 Interest on savings and temporary cash investments 2,405 2,405 4 Dividends and interest from securities 67,804 67,804 Gross rents Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 STMT 1 -13,325Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain _____ Я Income modifications 10a Gross sales less returns & allowances b Less: Cost of goods sold C Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) STMT 2 13,000 13,000 69,884 12 Total. Add lines 1 through 11 83,209 Compensation of officers, directors, trustees, etc. 13 25,000 Other employee salaries and wages 14 15 Pension plans, employee benefits 16a Legal fees (attach schedule) SEE STMT 4,947 Accounting fees (attach schedule) h Other professional fees (attach schedule) 17 Taxes (attach schedule) (see page 14 of the instructions) STMT 4 200 Depreciation (attach schedule) and depletion 19 20 Travel, conferences, and meetings 21 Printing and publications 22 Other expenses (att. sch.) STMT 5 23 3,393 Total operating and administrative expenses. Add lines 13 through 23 33,540 Contributions, gifts, grants paid 195,000 25 195,000 228,540 26 Total expenses and disbursements. Add lines 24 and 25 0 0 195,000 27 Subtract line 26 from line 12: Excess of revenue over expenses and disbursements -158,656 Net investment income (if negative, enter -0-) 83,209 Adjusted net income (if negative, enter -0-).

Beginning of year End of year Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.) Part II (a) Book Value (b) Book Value (c) Fair Market Value Cash—non-interest-bearing 1 1,482 Savings and temporary cash investments 2 129,095 49,684 49,684 3 Accounts receivable ▶ Less: allowance for doubtful accounts ▶ Pledges receivable ▶ 4 Less: allowance for doubtful accounts ▶ Grants receivable 5 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions) Other notes and loans receivable (att. schedule) SEE WRK 26,213 7 Less: allowance for doubtful accounts ▶ 30,576 26,213 26,213 8 Inventories for sale or use Prepaid expenses and deferred charges 10a Investments—U.S. and state government obligations (attach schedule) investments—corporate stock (attach schedule) SEE STMT 6 3,847,713 3,774,313 3,842,827 b investments—corporate bonds (attach schedule) C Investments—land, buildings, and equipment: basis
Less: accumulated depreciation (attach sch.)
STMT 7 366,666 366,666 366,666 Investments—mortgage loans 12 13 Investments—other (attach schedule) Land, buildings, and equipment: basis ▶ 14 Less: accumulated depreciation (attach sch.) Other assets (describe >) 15 16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I) 4,375,532 4,216,876 4,285,390 17 Accounts payable and accrued expenses Grants payable 18 Deferred revenue 19 Loans from officers, directors, trustees, and other disqualified persons 20 Mortgages and other notes payable (attach schedule) 21 22 Other liabilities (describe ▶ ______) 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. **Fund Balances** 24 Unrestricted 25 Temporarily restricted Permanently restricted 26 Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. Capital stock, trust principal, or current funds Net Assets or Paid-in or capital surplus, or land, bldg., and equipment fund Retained earnings, accumulated income, endowment, or other funds 4,375,532 4,216,876 30 Total net assets or fund balances (see page 17 of the instructions) 4,375,532 4,216,876 Total liabilities and net assets/fund balances (see page 17 of the instructions) 4,375,532 4,216,876 Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 4,375,532 2 Enter amount from Part I, line 27a -158,6562 3 Other increases not included in line 2 (itemize) ▶ 3 4 Add lines 1, 2, and 3 4 4,216,876 5 Decreases not included in line 2 (itemize) ▶ 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 4,216,876

| If section 4940(d)(2) applies, leave this | • | | | (##) |
|---|--|---|-----|---|
| If "Yes," the foundation does not qualify | n 4942 tax on the distributable amount of any yunder section 4940(e). Do not complete this p | /ear in the base period? part. | | X Yes No |
| | ch column for each year; see page 18 of the in | | | |
| (a) Base period years Calendar year (or tax year beginning in | (b) | (c) Net value of noncharitable-use assets | T | (d) Distribution ratio (col. (b) divided by col. (c)) |
| 2009 | | | | |
| 2008 | | | | |
| 2007 | | | | |
| 2006 | | | | |
| 2005 | | | | |
| 3 Average distribution ratio for the 5-y | rear base period—divide the total on line 2 by | 5, or by the | 2 | |
| number of years the foundation has | been in existence if less than 5 years | | 3 | |
| 4 Enter the net value of noncharitable | -use assets for 2010 from Part X, line 5 | ····· | 4 | |
| 5 Multiply line 4 by line 3 | 5 | | | |
| 6 Enter 1% of net investment income | 6 | | | |
| | *************************************** | | 7 | |
| | art XII, line 4 | | 8 | |
| If line 8 is equal to or greater than line | ne 7, check the box in Part VI, line 1b, and cor | mplete that part using a 1% tax rate. See | the | |

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|--|--|-----------|--------------|-----------------|----------------|----------------------|--|
| | art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the in | nstru | ctions) | | | | |
| 1a | | | 1 | | | | |
| | Date of ruling or determination letter: (attach copy of letter if necessary—see instructions) | | | | | | |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check | | | | | | | |
| | here and enter 1% of Part I, line 27b | | | | | 664 | |
| C | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of | | | | | | |
| | Part I, line 12, col. (b). | | | mmenyse, say aa | en concessor o | an custa de societée | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 2 | | | | C | |
| 3 | Add lines 1 and 2 | 3 | | | 1. | 664 | |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | | | | 0 | |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | | | 1. | 664 | |
| 6 | Credits/Payments: | | | | / | | |
| а | 2010 estimated tax payments and 2009 overpayment credited to 2010 6a 4,162 | | | | | | |
| b | Exempt foreign organizations—tax withheld at source 6b | | | | | | |
| C | Tax paid with application for extension of time to file (Form 8868) 6c | | | | | | |
| d | Backup withholding erroneously withheld 6d | | | | | | |
| 7 | Total credits and payments. Add lines 6a through 6d | 7 | | 30000000000 | 4 | 162 | |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | <u>.</u> | | | | 102 | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | | | | | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | ļ | | 2 | 498 | |
| 11 | Enter the amount of line 10 to be: Credited to 2011 estimated tax ▶ 2,498 Refunded ▶ | 11 | ļ | | | 200 | |
| Р. | art VII-A Statements Regarding Activities | 11 | | ******** | | | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | | | ****** | Yes | T 3.1- | |
| | participate or intervene in any political campaign? | | | ******** | res | No X | |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 | • • • • • | | 1a | | 40- | |
| | of the instructions for definition)? | | | ١., | | | |
| | of the instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials | | | 1b | | X | |
| | published or distributed by the foundation in connection with the activities. | | | | | | |
| С | Did the foundation file Form 1120-POI for this year? | | | 1 | | 37 | |
| d | Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | 1c | | X | |
| | (1) On the foundation. \$ | | | | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | | | | |
| • | on foundation managers. > \$ | | | | | | |
| 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. | | | 2 | 5.0556.256 | X | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of | | | | | | |
| • | incorporation or hybrid and charges, not previously reported to the IRS, in its governing instrument, articles of | | | | 8 (80,00) | | |
| 4a | incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | | 3 | | X | |
| b | Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a tax return on Form 990-T for this year? | | 11.71. | 4a | | X | |
| 5 | If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation termination discoulting an authoratial contraction to the first termination. | | N/A | 4b | | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T. | , | | 5 | 6960000000 | X | |
| 6 | | | | | | | |
| O | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | | | |
| | By language in the governing instrument, or By state language in the definition that off a few languages in the state of the languages in the languages in the state of the languages in | | | | | | |
| | 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 | <u> </u> | |
| 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 | | | 7 | X | <u> </u> | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see page 19 of the | | | | | | |
| , | 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 | | | | | 1 | |
| _ | (or designate) of each state as required by General Instruction G? If "No," attach explanation | | | 8b | X | | |
| 9 | 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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page | | | | | | |
| | 27)? 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 | | | | | | |

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names and addresses

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|---------|--|---------------|-------------|--------------|
| | Part VII-A Statements Regarding Activities (continued) | | | age v |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the | 1 | T | 1 |
| | meaning of section 512/hV1312 if "Vos." attach schodula (see page 30 of the instructions) | 11 | | x |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before | | - | 1 |
| | August 17, 2008? | 12 | | x |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | 122 |
| | | | | |
| 14 | The state of the s | | | |
| | Telephone no. ▶ 9001 JIMSON WEED WAY | | • • • • • | |
| | Located at ▶ HIGHLANDS BRANCH CO ZIP+4 ▶ 8012 | 6 | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here | · | | |
| | and enter the amount of tax-exempt interest received or accrued during the year | • • • • • • • | | |
| 16 | At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority | | 1 | T |
| | over a bank, securities, or other financial account in a foreign country? | 1 | Yes | No |
| | See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter | 16 | | X |
| | the name of the foreign country | | | |
| P | art VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | <u> </u> |
| 202,000 | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | *********** | | 3 |
| 1a | During the year did the foundation (either directly or indirectly): | | Yes | No |
| | (4) 5 | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a | | | |
| | 0 100 | | | |
| | | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No | | | |
| | (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)? (6) Agree to pay managers a reconstitute a second of the second of | | | |
| | (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 | | | |
| h | termination of government service, if terminating within 90 days.) Yes X No | | | |
| b | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | |
| | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? N/A | 1b | | |
| С | Organizations relying on a current notice regarding disaster assistance check here | | | |
| · | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that | | | |
| 2 | were not corrected before the first day of the tax year beginning in 2010? N/A | 1c | | |
| - | 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)): | | | |
| a | At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and | | | |
| | 6e, Part XIII) for tax year(s) beginning before 2010? Yes X No | | | |
| h | If "Yes," list the years 20 , 20 , 20 , 20 | | | |
| 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 page 22 of the 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. | | | |
| ۸ | 20 , 20 , 20 , 20 | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise | | | |
| L. | at any time during the year? Yes X No | | | |
| b | if "Yes," did it have excess business holdings in 2010 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 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, Form 4720, to determine if the | | | |
| | foundation had excess business holdings in 2010.) N/A | 3b | | |
| la | 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 jegnardy before the first day of the tay year beginning in 20122 | | e constanti | 70000000000 |

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Total number of other employees paid over \$50,000

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|--|---------------------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid El and Contractors (continued) | mployees, |
| 3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "No | ONE." |
| (a) Name and address of each person paid more than \$50,000 (b) Type of service | (c) Compensation |
| NONE | |
| | |
| | |
| | |
| | |
| Total number of others receiving over \$50,000 for professional services | |
| Part IX-A Summary of Direct Charitable Activities | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
| 1 N/A | |
| | |
| 2 | |
| | , |
| 3 | |
| | |
| 4 | |
| | |
| Part IX-B Summary of Program-Related Investments (see page 24 of the instructions) | · · · · · · · · · · · · · · · · · · · |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
| 1 N/A | |
| | |
| 2 | |
| | |
| All other program-related investments. See page 24 of the instructions. | |
| 3 | |
| | |
| Total. Add lines 1 through 3 | |

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а Program-related investments—total from Part IX-B b 1b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 3 Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required) а За Cash distribution test (attach the required schedule) h 3b Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 195,000 4 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 (see page 26 of the instructions) 5 Adjusted qualifying distributions. Subtract line 5 from line 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see page 26 of the instructions)

| 3000 EG # | undistributed income (see page 20 of | | /E\ | /_1 | LAN |
|-----------|---|--|----------------------------|-------------|-------------|
| 1 | Distributable amount for 2010 from Part XI, | (a) Corpus | (b) Years prior to 2009 | (c) 2009 | (d) 2010 |
| | line 7 | | | | 208,544 |
| 2 | Undistributed income, if any, as of the end of 2010: | | | | |
| а | Enter amount for 2009 only | | | 194,744 | |
| b | Total for prior years: 20 , 20 , 20 | | | | |
| 3 | Excess distributions carryover, if any, to 2010: | | | | |
| а | From 2005 | | | | |
| b | From 2006 | | | | |
| ¢ | From 2007 | | | | |
| d | From 2008 | | | | |
| e | From 2009 | | | | |
| f | Total of lines 3a through e | | | | |
| 4 | Qualifying distributions for 2010 from Part XII, | | | | |
| | line 4: ▶ \$ 195,000 | | | | |
| а | Applied to 2009, but not more than line 2a | | | 194,744 | |
| þ | Applied to undistributed income of prior years | | | | |
| | (Election required—see page 26 of the instructions) | | | | |
| C | Treated as distributions out of corpus (Election | | | | |
| | required—see page 26 of the instructions) | | | | |
| d | Applied to 2010 distributable amount | | | | 256 |
| е | Remaining amount distributed out of corpus | | | | |
| 5 | Excess distributions carryover applied to 2010 | | | | |
| | (If an amount appears in column (d), the same | | | | |
| | amount must be shown in column (a).) | | | | |
| 6 | Enter the net total of each column as | | | | |
| | indicated below: | | | | |
| | Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | | | | |
| b | Prior years' undistributed income. Subtract | | | | |
| | line 4b from line 2b | | | | |
| С | 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 | | | <u> </u> | |
| d | Subtract line 6c from line 6b. Taxable | | | | |
| | amount—see page 27 of the instructions | | | | |
| е | Undistributed income for 2009. Subtract line | | 1 | | |
| | 4a from line 2a. Taxable amount—see page | | | | |
| | 27 of the instructions | | | | |
| f | Undistributed income for 2010. Subtract lines | | 1 | | |
| | 4d and 5 from line 1. This amount must be | | | | 208,288 |
| 7 | distributed in 2011 Amounts treated as distributions out of corpus | | | <u> </u> | 200,288 |
| 7 | • | | | | |
| | to satisfy requirements imposed by section | | | | |
| | 170(b)(1)(F) or 4942(g)(3) (see page 27 of the | | | | |
| 0 | instructions) | | | | |
| 8 | Excess distributions carryover from 2005 not | | | | |
| | applied on line 5 or line 7 (see page 27 of the | | | | |
| D | instructions) | - | | | |
| 9 | Excess distributions carryover to 2011. | | | | |
| 4 D | Subtract lines 7 and 8 from line 6a | | | | |
| 10 | Analysis of line 9: | | | | |
| a | Excess from 2006 | - | | | |
| b | Excess from 2007 | - | | | |
| C | Excess from 2008 | - | | | |
| d | Excess from 2009 | _ | | | |
| е | Excess from 2010 | E CONTRACTOR OF THE CONTRACTOR | | 4 | |

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| | an Aiv Private Operating Fou | | | | (II-A, question 9) | |
|---------|---|---------------------------------------|--------------------------|--|--|--|
| 1a | If the foundation has received a ruling or d | | | ng | | |
| | foundation, and the ruling is effective for 20 | · · | | | <u> </u> | |
| b | Check box to indicate whether the foundat | | ng foundation describ | |)42(j)(3) or 494 | 2(j)(5) |
| 2a | Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | (e) Total |
| | income from Part I or the minimum | (a) 2010 | (b) 2009 | (c) 2008 | (d) 2007 | `` |
| | 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 | | | | manuscus e e e e e e e e e e e e e e e e e e e | |
| đ | Amounts included in line 2c not used directly | | | | | |
| | for active conduct of exempt activities | | | | *************************************** | |
| е | Qualifying distributions made directly | | | - | | |
| | for active conduct of exempt activities. | | | | | ļ |
| | Subtract line 2d from line 2c | · · · · · · · · · · · · · · · · · · · | | | · | |
| 3 | Complete 3a, b, or c for the | | | | | |
| | alternative test relied upon: | | | | | |
| а | "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 | i | | | | |
| | Part X, line 6 for each year listed | | | | 7 | |
| С | "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) | | | To a second seco | | |
| | (2) Support from general public | | | ····· | | |
| | and 5 or more exempt | | | | | |
| | organizations as provided in | | | | | The state of the s |
| | section 4942(j)(3)(B)(iii) | | | | | |
| | (3) Largest amount of support from | | | | | |
| | an exempt organization | | | | | |
| 3324355 | (4) Gross investment income | | | | | 1 |
| Pa | rt XV Supplementary Inform | | | | d \$5,000 or more | in assets at |
| | any time during the ye | | of the instruction | ons.) | | |
| 1 | Information Regarding Foundation Man | • | | | | |
| а | List any managers of the foundation who h | | | | he foundation | |
| | before the close of any tax year (but only if | they have contributed | more than \$5,000). (| See section 507(d)(2).) | | |
| | N/A | | | | | |
| b | List any managers of the foundation who o | | | | rtion of the | |
| | ownership of a partnership or other entity) | of which the foundation | n has a 10% or great | er interest. | | |
| | N/A | | | | | |
| 2 | Information Regarding Contribution, Gr | | | | | |
| | | | | le organizations and doe | · | |
| | unsolicited requests for funds. If the founda | | · · · - | of the instructions) to ind | ividuals or | |
| | organizations under other conditions, comp | | | | | ***** |
| а | The name, address, and telephone numbe | r of the person to who | m applications should | d be addressed: | | |
| | N/A | | | | | |
| | | | | | | |
| þ | The form in which applications should be s | ubmitted and informat | ion and materials the | y should include: | | |
| | N/A | | | | *** | |
| С | Any submission deadlines: | | | | | |
| | N/A | · · · · · · · · · · · · · · · · · · · | | **** | | |
| d | Any restrictions or limitations on awards, si | uch as by geographica | ıl areas, charitable fie | elds, kinds of institutions, | or other | |
| | factors: | | | | | |
| | N/A | | | | | |

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to any foundation manager Purpose of grant or contribution status of recipient Amount Name and address (home or business) or substantial contributor a Paid during the year SEE STATEMENT 9 195,000 Total За 195,000 b Approved for future payment N/A Total ≫ 3b

| Enter gross a | mounts unless otherwise indicated. | Unrelate | d business income | Excluded | by section 512, 513, or 514 | (e) |
|---|---|---|--|--|-----------------------------|---|
| 1 Program | service revenue: | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | Related or exempt function income (See page 28 of the instructions.) |
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| c | | | | | | |
| q | | | | | | |
| е | | | | | | · |
| f | | | | | | |
| g Fees | and contracts from government agencies | | | | | |
| 2 Members | nip dues and assessments | | | | | |
| 3 Interest o | n savings and temporary cash investments | | | 14 | 2,405 | |
| 4 Dividends | and interest from securities | | | 14 | 67,804 | |
| | income or (loss) from real estate: | | | | | |
| a Debt- b Not d | financed property | | · · · · · · · · · · · · · · · · · · · | | | |
| 6 Netrents | ebt-financed property income or (ioss) from personal property | | | + | | |
| 7 Other inv | estment income | | | 16 | 13,000 | |
| 8 Gain or (le | oss) from sales of assets other than inventory | | | 10 | 13,000 | -13,325 |
| 9 Net incom | e or (loss) from special events | | ······································ | | | ب عن ر ب ب |
| 0 Gross pro | fit or (loss) from sales of inventory | | | 1 - | | |
| 1 Other rev | enue: a | | | | | |
| b | | | | | | |
| | | | | | | ······································ |
| Married Control | | | | | | |
| d | | | | | | |
| d | | | | | | |
| e2 Subtotal. | Add columns (b), (d), and (e) | | C | | 83,209 | -13,325 |
| e2 Subtotal. Add | Add columns (b), (d), and (e) I line 12, columns (b), (d), and (e) | | C | | 83,209 13 | |
| e2 Subtotal. Add 3 Total. Add See workshe | Add columns (b), (d), and (e) I line 12, columns (b), (d), and (e) et in line 13 instructions on page 29 to verify calculations | s.) | | | 13 | |
| de 2 Subtotal, a 3 Total, Add See workshe | Add columns (b), (d), and (e) I line 12, columns (b), (d), and (e) at in line 13 instructions on page 29 to verify calculations Relationship of Activities to the Ac | s.) complishme | ent of Exempt Pu | ırposes | 13 | |
| d e 2 Subtotal 3 Total. Add See workshe | Add columns (b), (d), and (e) If line 12, columns (b), (d), and (e) at in line 13 instructions on page 29 to verify calculations Relationship of Activities to the Activities below how each activity for which income is accomplishment of the foundation's exempt purpos | s.) complishme s reported in colu | ent of Exempt Pu | Irposes | 13 | 69,884 |
| d 2 Subtotal. Add 3 Total. Add See workshe Part XVI- Line No. | Add columns (b), (d), and (e) I line 12, columns (b), (d), and (e) at in line 13 instructions on page 29 to verify calculations Relationship of Activities to the Activities below how each activity for which income is | s.) complishme s reported in colu | ent of Exempt Pu | Irposes | 13 | 69,884 |
| d e 2 Subtotal. 3 Total. Add See workshe Part XVI- Line No. | Add columns (b), (d), and (e) If line 12, columns (b), (d), and (e) at in line 13 instructions on page 29 to verify calculations Relationship of Activities to the Activities below how each activity for which income is accomplishment of the foundation's exempt purpos | s.) complishme s reported in colu | ent of Exempt Pu | Irposes | 13 | 69,884 |
| d 2 Subtotal. Add 3 Total. Add See workshe Part XVI- Line No. | Add columns (b), (d), and (e) If line 12, columns (b), (d), and (e) at in line 13 instructions on page 29 to verify calculations Relationship of Activities to the Activities below how each activity for which income is accomplishment of the foundation's exempt purpos | s.) complishme s reported in colu | ent of Exempt Pu | Irposes | 13 | 69,884 |
| d 2 Subtotal., a 3 Total. Add See workshe Part XVI- Line No. | Add columns (b), (d), and (e) If line 12, columns (b), (d), and (e) at in line 13 instructions on page 29 to verify calculations Relationship of Activities to the Activities below how each activity for which income is accomplishment of the foundation's exempt purpos | s.) complishme s reported in colu | ent of Exempt Pu | Irposes | 13 | 69,884 |
| d 2 Subtotal. Add 3 Total. Add See workshe Part XVI- Line No. | Add columns (b), (d), and (e) If line 12, columns (b), (d), and (e) at in line 13 instructions on page 29 to verify calculations Relationship of Activities to the Activities below how each activity for which income is accomplishment of the foundation's exempt purpos | s.) complishme s reported in colu | ent of Exempt Pu | Irposes | 13 | 69,884 |
| d 2 Subtotal. Add 3 Total. Add See workshe Part XVI- Line No. | Add columns (b), (d), and (e) If line 12, columns (b), (d), and (e) at in line 13 instructions on page 29 to verify calculations Relationship of Activities to the Activities below how each activity for which income is accomplishment of the foundation's exempt purpos | s.) complishme s reported in colu | ent of Exempt Pu | Irposes | 13 | 69,884 |
| d 2 Subtotal. Add 3 Total. Add See workshe Part XVI- Line No. | Add columns (b), (d), and (e) If line 12, columns (b), (d), and (e) at in line 13 instructions on page 29 to verify calculations Relationship of Activities to the Activities below how each activity for which income is accomplishment of the foundation's exempt purpos | s.) complishme s reported in colu | ent of Exempt Pu | Irposes | 13 | 69,884 |
| d 2 Subtotal. Add 3 Total. Add See workshe Part XVI- Line No. | Add columns (b), (d), and (e) If line 12, columns (b), (d), and (e) at in line 13 instructions on page 29 to verify calculations Relationship of Activities to the Activities below how each activity for which income is accomplishment of the foundation's exempt purpos | s.) complishme s reported in colu | ent of Exempt Pu | Irposes | 13 | 69,884 |
| d 2 Subtotal. Add 3 Total. Add See workshe Part XVI- Line No. | Add columns (b), (d), and (e) If line 12, columns (b), (d), and (e) at in line 13 instructions on page 29 to verify calculations Relationship of Activities to the Activities below how each activity for which income is accomplishment of the foundation's exempt purpos | s.) complishme s reported in colu | ent of Exempt Pu | Irposes | 13 | 69,884 |
| d 2 Subtotal. Add 3 Total. Add See workshe Part XVI- Line No. | Add columns (b), (d), and (e) If line 12, columns (b), (d), and (e) at in line 13 instructions on page 29 to verify calculations Relationship of Activities to the Activities below how each activity for which income is accomplishment of the foundation's exempt purpos | s.) complishme s reported in colu | ent of Exempt Pu | Irposes | 13 | 69,884 |
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| d 2 Subtotal. Add 3 Total. Add See workshe Part XVI- Line No. | Add columns (b), (d), and (e) If line 12, columns (b), (d), and (e) at in line 13 instructions on page 29 to verify calculations Relationship of Activities to the Activities below how each activity for which income is accomplishment of the foundation's exempt purpos | s.) complishme s reported in colu | ent of Exempt Pu | Irposes | 13 | 69,884 |
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| d 2 Subtotal, Add 3 Total, Add See workshe Part XVI- Line No. | Add columns (b), (d), and (e) If line 12, columns (b), (d), and (e) at in line 13 instructions on page 29 to verify calculations Relationship of Activities to the Activities below how each activity for which income is accomplishment of the foundation's exempt purpos | s.) complishme s reported in colu | ent of Exempt Pu | Irposes | 13 | 69,884 |
| d 2 Subtotal, Add 3 Total, Add See workshe Part XVI- Line No. | Add columns (b), (d), and (e) If line 12, columns (b), (d), and (e) at in line 13 instructions on page 29 to verify calculations Relationship of Activities to the Activities below how each activity for which income is accomplishment of the foundation's exempt purpos | s.) complishme s reported in colu | ent of Exempt Pu | Irposes | 13 | 69,884 |
| d 2 Subtotal. Add 3 Total. Add See workshe Part XVI- Line No. | Add columns (b), (d), and (e) If line 12, columns (b), (d), and (e) at in line 13 instructions on page 29 to verify calculations Relationship of Activities to the Activities below how each activity for which income is accomplishment of the foundation's exempt purpos | s.) complishme s reported in colu | ent of Exempt Pu | Irposes | 13 | 69,884 |
| d 2 Subtotal. Add 3 Total. Add See workshe Part XVI- Line No. | Add columns (b), (d), and (e) If line 12, columns (b), (d), and (e) at in line 13 instructions on page 29 to verify calculations Relationship of Activities to the Activities below how each activity for which income is accomplishment of the foundation's exempt purpos | s.) complishme s reported in colu | ent of Exempt Pu | Irposes | 13 | 69,884 |

| Part | XVII | Information Reg Exempt Organiz | arding Tran | nsfers To a | nd Transactio | ns and Relations | hips Wit | n Noncharitab | le | <u>Pa</u> | ige i |
|---|----------------|--|------------------------|--|--|--|---|---|--|--|-----------------|
| in | | anization directly or indi 01(c) of the Code (othe | rectly engage i | | | | | | | Yes | No |
| a Tr | ansfers fr | om the reporting found | | | | | | | 12/1) | | x |
| (2 |) Other a | ssets | *********** | | | ********* | | ************ | 1a(1) 1a(2) | | X |
| D 0 | EIOI DOMA | actions. | | | | | | | - CONTROL OF THE PARTY OF THE P | | |
| (1) |) Sales o | f assets to a noncharita | ible exempt org | ganization | | | | | 1b(1) | 1000000000 | X |
| (2 |) Furchas | ses of assets from a no | ncnantable exe | empt organizati | on | | | | 1h/2) | | X |
| (3) |) Remail | or racinues, equipment, | or other assets | . | | | | | 1b(3) | | X |
| (~0) | , Kennou | isement anangements | · | · · · · · · · · · · · · · · · · · · · | | | | -,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1b(4) | | X |
| | , modilis c | i ioan guarantees | | | | , | | | 1b(5) | | X |
| | | ance of services or me | | | | | | | | | X |
| | | acilities, equipment, ma | | | | - D-V - b | | | 1c | | X |
| u nu | lue of the | r to any of the above is goods, other assets, or | res, comple | te the following | schedule. Colum | n (b) should always sho | ow the fair m | arket | | | |
| va | lue in anv | transaction or sharing | arrancement s | r by the reporti | (d) the value of the | e roundation received | less than fail | market | | | |
| | ine no. | (b) Amount involved | | | empt organization | | | received. nsactions, and sharir | on arrange | monte | |
| N/A | | | | | <u> </u> | | , | sicodadia, and Shari | g arrange | 4110110 | |
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| | | ition directly or indirectl section 501(c) of the C | | | | | | | Υe | es X | No |
| b If" | | plete the following sch | edule, | | | | | | \ | | |
| DT / 2 | | Name of organization | | (b) Type of | f organization | | (c) Descript | ion of relationship | ~ ~~~~~~~~ | | |
| N/2 | . 7 | | | | | | | | ···· | | |
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| | | | | | | | | | | | |
| | Under per | nalties of perjury, I declare | that I have exam | ined this return in | neludina secomposui | pa echodulae and statema | nto coel te the | | | | |
| Sign | belief, it is | true, correct, and complet | e. Declaration of | preparer (other the | han taxpayer or fiduo | iary) is based on all inform | ation of which | preparer has any knowled | je ano owledge, | | |
| lere | | 5 | 4 | ٠ | X 2. | Volzovi 🕨 | DIRE | CTOR | | | |
| | Signa | ture of officer or trustee | <i>f</i> | | Dat | e / | Title | | | | |
| | Print/Ty | pe preparer's name | | | Preparer's signa | ture | | Date | | ΔL . | <u> </u> |
| aid | | | | | | The state of the s | | | | Check self-em | ∟∐ if ployed |
| reparer | - | | | | EG CPA CVA 2 | | | | | | |
| se Only | | | · | | | | | PTIN | | | |
| | Firm's a | ddress Hugh K. C | - | NC/C | The Part of the Control of the Contr | | [| Firm's EIN 📂 | | | |
| |] | Hugh K. C 2011 Madi | | 3C | PTIN: P012 | | | Phone no. | | | |
| | | | son Koad . OH 45208 | Q | 513-762-512 | O | | | Form 99 | 0-PF | (2010) |
| | | <u> </u> | 。 リタドリ 446~5 / 212 | * | | | | | | | |

| Forms | Other Notes and Loans | Receivable | |
|---------------|---|--------------|--------------------------------|
| 990 / 990-PF | | | 2010 |
| | For calendar year 2010, or tax year beginning | , and ending | |
| Name | | | Employer Identification Number |
| ROBERT & CHRI | STINE STEINMANN FAMILY | | · • |
| FOUNDATION C/ | O HUGH CAMPBELL | | 20-0166460 |

| ROBERT & CHRIS | rine steinman | N FAMILY | | i ⊑mj | ployer identification Number |
|------------------|----------------------|--|---|--|--|
| FOUNDATION C/O | 20 | 20-0166460 | | | |
| FORM 990-PF, PA | ART II, LINE | 7 - ADDIT | IONAL INFORMA | TION | |
| | me of borrower | | | | |
| (1) ADVANCE RECE | IVABLE - HARR | ISON RENT | AL | Relationship to disqualifie | ed person |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| 6) | | ****** | | | |
| 7) | | | | | |
| (8) | | ···· | | | |
| (9) (10) | | | | | |
| 10) | | | | | |
| Original amount | | Maderille | | | <u> </u> |
| borrowed | Date of loan | Maturity date | Re | payment terms | Interest rate |
| 1) | | | | | |
| 2) | | | | | |
| 3) | | | | | |
| 4) | | | | | |
| 5) | | ļ | | | |
| 6) 7) | | | | ANNIEL CONTRACTOR CONT | |
| 8) | ***** | | | MATERIAL CONTRACTOR CO | |
| 9) | | | | *************************************** | |
| 10) | | | *************************************** | | |
| | | | | | |
| | | | | | |
| | provided by borrower | | | Purpose of loan | |
| 1) 2) | | | | | |
| 3) | | ······································ | | | |
| 4) | | | | | |
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| 7) | | | | | |
| 8) | | | | | |
| 9) | | | | | |
| 10) | | | | | |
| | | | | _ | |
| Consideration | furnished by lender | | Balance due at beginning of year | Balance due at end of year | Fair market value (990-PF only) |
| 1) | | | 30,576 | 26,213 | 26,213 |
| 2) | | | | | |
| 3) | | | | | |
| 4) | | · · · · · · · · · · · · · · · · · · · | *************************************** | | |
| 5) - | | | | | |
| 5) | | | | | |
| 7) 8) | <u> </u> | | | | |
| 9) | | | | | |
| 10) | | | | | |
| Totals | | | 30,576 | 26,213 | 26,213 |
| | | | | | |

STEINMANN Robert & Christine Steinmann Family 20-0166460 FYE: 12/31/2010

Federal Statements

| - ANN MANUAL PROPERTY OF A STATE OF THE STAT | | Net dation Gain / Loss | | | | Adjusted Net | \$ | | Charitable Purpose | \$ | The same of the sa | Charitable Purpose | \$ |
|--|-----------------|---------------------------|-----------------------|-----------------|---|--------------------------|--|-----------------------------------|-----------------------|---------------------------------------|--|-----------------------|----------------------------------|
| of Assets | | Expense Depreciation | ψ. | \$ 0 | r Income | Net Investment Income | \$ 13,000 | jal Fees | Adjusted | n v | axes | Adjusted Net | w w |
| - Form 990-PF, Part I, Line 6a - Sale of Assets | w ived | Cost | LSE 113,325 \$ |) \$ 113,325 \$ | Form 990-PF, Part I, Line 11 - Other Income | Revenue per Books | \$ 13,000 | 7F, Part I, Line 16a - Legal Fees | Net Investment | · · · · · · · · · · · · · · · · · · · | 4 - Form 990-PF, Part I, Line 18 - Taxes | Net Investment | w w |
| Statement 1 - Form 990-P | How Received | Date Sale Sold Price | VARIOUS \$ 100,000 \$ | \$ 100,000 | Statement 2 - Form 990-P | : | | Statement 3 - Form 990-PF, | Total | 4, | Statement 4 - Form 99 | Total | \$ 200 |
| | Description | Whom Date Sold Acquired | TUAL FUNDS VARIOUS | TOTAL | | Description | HARRISON RENTAL DISTRIBUTIONS TOTAL | | Description | TOTAL | | Descript | OHIO SECRETARY OF STATE TOTAL |

20-0166460 FYE: 12/31/2010

STEINMANN Robert & Christine Steinmann Family

| | Charitable Purpose | \$ | |
|---|-----------------------|---|--|
| xpenses | Adjusted Net | v v | |
| - Form 990-PF, Part I, Line 23 - Other Expenses | Net Investment | v, v, | |
| Statement 5 - Form 990-PF, | Total | \$ 1,625 495 1,104 1,104 \$ 3,393 | |
| SI | Description | EXPENSES DIRECTORS INSURANCE SMALL FOUNDATION DUES POSTAGE MISCELLANEOUS WEB DESIGN TOTAL | |

STEINMANN Robert & Christine Steinmann Family
20-0166460 Federal Statements

FYE: 12/31/2010

Statement 6 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description

| | Beginning of Year | End of Year | Basis of Valuation | Fair Market Value |
|--------------------|--------------------------|----------------|-----------------------|--------------------------|
| TAXABLE BOND FUNDS | | | | |
| | \$ 1,156,816 \$ | 1,196,743 | COST | \$ 1,221,930 |
| STOCK MUTUAL FUNDS | 1 000 000 | 1 750 750 | 000 | 1 000 100 |
| SPECIALTY FUNDS | 1,822,898 | 1,758,753 | COST | 1,900,193 |
| SIBOLIMIT TONDS | 867,999 | 818,817 | COST | 720,704 |
| TOTAL | \$ 3,847,713 \$ | 3,774,313 | · | \$ 3,842,827 |

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Federal Statements

STEINMANN Robert & Christine Steinmann Family 20-0166460
FYE: 12/31/2010

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| - Form 990-PF, |
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| ant 7 - Form 990-PF, |

| Net FMV | \$ 366, 666 \$ 366, 666 |
|---------------------------------|------------------------------------|
| End Accumulated Depreciation | w w |
| End Cost / Basis | \$ 366,666 |
| Beginning Net Book | \$ 366,666 \$ 366,666 |
| Description | HARRISON ROAD REAL ESTATE TOTAL |

STEINMANN Robert & Christine Steinmann Family 20-0166460 FYE: 12/31/2010

Federal Statements

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| Directore |
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| Statement 8 - |
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| T | 0 | 0 | 0 | 0 | 0 |
|---------------------|--|---|---|---|---|
| Benefits | 0 | 0 | 0 | 0 | 0 |
| Compensation | 5,000 | 5,000 | 2,000 | 2,000 | 2,000 |
| Average Hours | 1.00 | 1.10 | 0.40 | 5.20 | 3.50 |
| Title | DIRECTOR | DIRECTOR | DIRECTOR | DIRECTOR | DIRECTOR |
| Name and Address | BRUCE FISTER 9001 JIMSON WEED WAY HIGHLANDS RANCH CO 80126 | LAWRENCE CAPPEL 1106 KENSINGTON AVENUE FLINT MI 48503 | CAROLYN ROSE 1266 OAKRIDGE DRIVE CLEVELAND HEIGHTS OH 44121 | ROBERT STRETCH 8528 GWILADA DRIVE CINCINNATI OH 45236 | KENT FISTER 114 N. DOUGLAS AVENUE SAN MANUEL AZ 85631 |

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Federal Statements STEINMANN Robert & Christine Steinmann Family 20-0166460 FYE: 12/31/2010

| Statement 9 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the | Year |
|--|------|

| | | Amount | | 26,000 | | 26,000 | | 26,000 | - | 26,000 | | 26,000 | | 7,800 | | 7,800 | | 3,900 | | 7,800 | | 26,000 | | 3,900 | | 7,800 | 195,000 |
|---|---------|---|----------------------|----------------|--------------------------|---------------------|--------------------|---------------------|----------------------|----------------|----------------|---------------------|-------------------|----------------|---------------------|--------------------|------------------|---------------------|---------------------------|--------------------|---------------------------|---------------------|----------------------|-------------------|---------------------|---------------------|---------|
| | | Purpose | | | | | | | | | | | | | | | | | | | | | | | | 1 | 77.F |
| | | With the second | | GENERAL | | GENERAL | | GENERAL | | GENERAL | | GENERAL | | GENERAL | | GENERAL | | GENERAL | | GENERAL | | GENERAL | | GENERAL | | GENERAL | |
| 9 | | Status | | 501(C)(3) | | 501(C)(3) | | 501(C)(3) | | 501 (C) (3) | | 501(C)(3) | | 501(C)(3) | | 501(C)(3) | | 501(C)(3) | | 501(C)(3) | | 501(C)(3) | | 501 (C0 (3) | | 501(C)(3) | |
| | Address | Relationship | 12902 MAGNOLIA DRIVE | | P.O. BOX 19970 | | 375 DIXMYTH AVENUE | | 411 WESTERN ROW ROAD | | P.O. BOX 14608 | | 503 CHURCH STREET | | 1361 EUCLID AVENUE | | 13805 FRONTIER | | 3784 SOUTH INCA | | 1602 MADISON ROAD | | 6863 OAK CREEK DRIVE | | 3333 BURNET | | |
| | Name | Address | MOFFITT CENTER | TAMPA FL 33612 | UNIVERSITY OF CINCINNATI | CINCINNATI OH 45219 | GOOD SAM HOSPITAL | CINCINNATI OH 45220 | CHRISTIAN BENEVOLENT | MASON OH 45040 | JOSEPH HOUSE | CINCINNATI OH 45250 | COMM, FOUNDATION | FLINT MI 48502 | YOUTH OPPORTUNITIES | CLEVELAND OH 44115 | SEW MUCH COMFORT | BURNSVILLE MN 55337 | OFFICERS CHRISTIAN FELLOW | ENGLEWOOD CO 80110 | MERCY NEIGHBORHOOD MINIST | CINCINNATI OH 45206 | A KID AGAIN | COLUMBUS OH 43229 | CHILDREN'S HOSPITAL | CINCINNATI OH 45229 | TOTAL |

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STEINMANN Robert & Christine Steinmann Family
20-0166460 Federal Statements

2/1/2011 6:03 PM

FYE: 12/31/2010

| Taxable | Interest on | Investments |
|---------|-------------|-------------|
| | | |

| <u>J</u> | axan | <u>ile interest on</u> | <u>investments</u> | | | | |
|---------------------------------------|-----------|------------------------|----------------------------|-------------------|----------------|-----------------|---------------|
| Description MORGAN KEEGAN - INTEREST | \$ | Amount | Unrelated Business Code | Exclusion Code | Postal Code | US Obs (\$ o | r %)_ |
| HARRISON ADVANCE - INTEREST | Ą | 117 2,288 | | 14 14 | | | |
| TOTAL | \$ | 2,405 | | *** | | | |
| <u>Ta</u> | xable | e Dividends fr | om Securities | | | | |
| Description | | Amount | Unrelated Business Code | Exclusion Code | Postal Code | US Obs (\$ o | r %) |
| MK - DIVIDENDS - MUTUAL FUNDS | \$ | 67,804 | | 14 | | | |
| TOTAL | \$ | 67,804 | | | | | |
| | <u>Ot</u> | her Investmer | nt Income | | | W.L | |
| Description | | Amount | | lated ss Code | Exclus Cod | | ostal Code |
| HARRISON RENTAL DISTRIBUTIONS | | \$ 13, | 000 | | | 16 | |
| TOTAL | | \$ 13, | 000 | | | | |

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Federal Statements STEINMANN Robert & Christine Steinmann Family

FYE: 12/31/2010 20-0166460

| Staten | Year | Tear Year | ants and Contribu | mons raid During me | |
|---|----------------------|-------------|---------------------|---------------------|--|
| Name | Address | | | | |
| Address | Relationship | Status | | Purpose | Amount |
| MOFFITT CENTER | 12902 MAGNOLIA DRIVE | | | | TIPOITI |
| TAMPA FL 33612 | | 501(C)(3) | GENERAL | | 26,000 |
| ONIVERSITY OF CINCINNATI CINCINNATI OH 45219 | F.O. BOX 199/0 | 501(7)(3) | CENEBAL | | |
| GOOD SAM HOSPITAL | 375 DIXMYTH AVENUE | (C) (O) TOO | CENEMAL | | 76,000 |
| CINCINNATI OH 45220 | | 501(C)(3) | GENERAT. | | 000 90 |
| CHRISTIAN BENEVOLENT | 411 WESTERN ROW ROAD | | Name of the last of | | 000 '07 |
| MASON OH 45040 | | 501(C)(3) | GENERAL | | 000 90 |
| JOSEPH HOUSE | P.O. BOX 14608 | | | | 00000 |
| CINCINNATI OH 45250 | | 501(C)(3) | GENERAL | | 000 90 |
| COMM. FOUNDATION | 503 CHURCH STREET | | | | |
| FLINT MI 48502 | | 501(C)(3) | GENERAL | | 7.800 |
| YOUTH OPPORTUNITIES | 1361 EUCLID AVENUE | | | | |
| CLEVELAND OH 44115 | | 501(C)(3) | GENERAL | | 7.800 |
| SEW MUCH COMFORT | 13805 FRONTIER | | | | |
| BURNSVILLE MN 55337 | | 501(C)(3) | GENERAL | | 3-900 |
| OFFICERS CHRISTIAN FELLOW | 3784 SOUTH INCA | | | | |
| ENGLEWOOD CO 80110 | | 501(C)(3) | GENERAL | | 7.800 |
| MERCY NEIGHBORHOOD MINIST | 1602 MADISON ROAD | • | | | |
| CINCINNATI OH 45206 | | 501(C)(3) | GENERAL | | 26 000 |
| A KID AGAIN | 6863 OAK CREEK DRIVE | | | | |
| COLUMBUS OH 43229 | | 501 (C0 (3) | GENERAL | | 2 900 |
| CHILDREN'S HOSPITAL | 3333 BURNET | | | | |
| CINCINNATI OH 45229 | | 501(C)(3) | GENERAL | | 7,800 |
| | | | | | A STATE OF THE PARTY OF THE PAR |

7,800 195,000

TOTAL

STEINMANN Robert & Christine Steinmann Family 2/1/2011 6:03 PM 20-0166460 **Federal Statements** FYE: 12/31/2010 <u>Taxable Interest on Investments</u> Unrelated US Exclusion Postal Description Amount Business Code Code Code Obs (\$ or %) MORGAN KEEGAN - INTEREST 117 14 HARRISON ADVANCE - INTEREST 2,288 14 TOTAL 2,405 **Taxable Dividends from Securities** US Unrelated Exclusion Postal Description Amount **Business Code** Code Code Obs (\$ or %) MK - DIVIDENDS - MUTUAL FUNDS \$ 67,804 14 TOTAL 67,804 Other Investment Income Exclusion Unrelated Postal Description Amount **Business Code** Code Code HARRISON RENTAL DISTRIBUTIONS 13,000 16 TOTAL 13,000