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**Return of Private Foundation** 

or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0052

Department of the Treasury Internal Revenue Service

2009 Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

Foi	r cale	ndar year 2009, or tax year beginning	, 20	09, and	ending		, 20
G	Chec		eturn of a former	public c	harity	☐ Final return	
		Amended return Ade	dress change	☐ Nai	me change	1	
Us	se the	IRS Name of foundation			.A Employer	r identification numbe	-
	label	. Blade Foundation				34-6559843	
0	therw		to street address) F	loom/suite	B Telephone	number (see page 10 c	of the instructions)
	print or typ	I 40E Madioan Avanua		2100		419-724-	6256
Se	e Spe	cific City or town, state, and ZIP code			C If exemp	tion application is pendir	ng, check here
Ins	tructi	ons. Toledo, OH 43604			•	in organizations, check	_
Н	Chec	k type of organization:  Section 501(c)(3) exempt p	rivate foundation	)	7	n organizations meeting	
		on 4947(a)(1) nonexempt charitable trust				here and attach comp	
ī		narket value of all assets at J Accounting method				foundation status was	terminated under
		f year (from Part II, col. (c),				507(b)(1)(A), check here Indation is in a 60-mont	h termination
		6) ► \$ 10,606 (Part I, column (d) must be	e on cash basis.)			ction 507(b)(1)(B), chec	
P	art I	Analysis of Revenue and Expenses (The total of			·	1	(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per		t investment ncome	(c) Adjusted net	for charitable purposes
		the amounts in column (a) (see page 11 of the instructions) )	books	"	COMP	III COMO	(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	35,00	0			
	2	Check ► ☐ if the foundation is <b>not</b> required to attach Sch. B					
	3	Interest on savings and temporary cash investments				1	
	4	Dividends and interest from securities					
Revenue	5a	Gross rents				1	
	ь	Net rental income or (loss)		1	, ,		
	6a	Net gain or (loss) from sale of assets not on line 10				The same	
	b	Gross sales price for all assets on line 6a		1		, in the second	
	7	Capital gain net income (from Part IV, line 2)		1			, , , , , , , , , , , , , , , , , , , ,
	8	Net short-term capital gain	.,.	1	, ,		г -
	9	Income modifications		- د د د ار			
	10a	Gross sales less returns and allowances			ر ،		, ', '
	b	Less: Cost of goods sold		آ أَدُ		Tiller i Till	, , ,
	C	Gross profit or (loss) (attach schedule)			1		1-
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	35,00	0			
<b>'</b> 0	13	Compensation of officers, directors, trustees, etc.					
Expenses	14	Other employee salaries and wages	T				
e	15	Pension plans, employee benefits a.	7.4.				
χ	16a	Legal fees (attach schedule) [	8				
_	b	Association food (attack askedulate	9/				
.≚∣	С	Other professional fees (attach schedule)	\$/				
<u>a</u>	17	Interest	J				
ist	18	Taxes (attach schedule) (see page 14 of the instructions)	J				
듣	19	Depreciation (attach schedule) and depletion					
티	20	Occupancy					
Y F	21	Travel, conferences, and meetings					
띭	22	Printing and publications					
<u>5</u>	23	Other expenses (attach schedule) BANK FEES.	190	6			196
ij	24	Total operating and administrative expenses.					
ra 		Add lines 13 through 23					
Operating and Administrative	25	Contributions, gifts, grants paid	35,100	o C	, , ,		35,100
	26	Total expenses and disbursements. Add lines 24 and 25	35,290	5			35,296
	27	Subtract line 26 from line 12:		1		1,1	, ,
	а	Excess of revenue over expenses and disbursements	-296	<u>.</u> .		The standard of the standard o	·
	b	Net investment income (if negative, enter -0-) .		1		र सम्बद्धार १ व	
ŀ	С	Adjusted net income (if negative, enter -0-)		! ~	. 1	- '	<u> </u>

Part II Balance Sheets Attached schedules and amounts in the description column		Beginning of year	End o	of year		
i- cir	سو	should be for end-of-year amounts only. (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
$\top$	1	Cash-non-interest-bearing	10,902	10,606	10,606	
	2	Savings and temporary cash investments				
	3	Accounts receivable ▶	, - ' F	£	,,,	
- {	•	Less: allowance for doubtful accounts ▶				
i	4	Pladaes receivable	3	1 7 7		
	· -	Pledges receivable ►		<del></del>		
	5	Grants receivable		-		
	6	Receivables due from officers, directors, trustees, and other		<del>-</del>		
	U	disqualified persons (attach schedule) (see page 16 of the				
İ		instructions)				
	7	· · · · · · · · · · · · · · · · · · ·	., .	- 129	1 1	
	7	Other notes and loans receivable (attach schedule)	<u></u>			
<u>چ</u>	_	Less: allowance for doubtful accounts ▶		· · · ·		
(n)	8	Inventories for sale or use		<del></del>	<u> </u>	
₽.	9	Prepaid expenses and deferred charges				
1	0a	Investments—U.S. and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule)				
ŀ	C	Investments—corporate bonds (attach schedule)		6	=	
1	1	Investments-land, buildings, and equipment: basis ▶			<u> </u>	
		Less: accumulated depreciation (attach schedule) ▶		<u></u>		
1	2	Investments—mortgage loans				
1	3	Investments—other (attach schedule)				
1	4	Land, buildings, and equipment: basis ▶				
		Less: accumulated depreciation (attach schedule) ▶				
1	5	Other assets (describe ►)				
1	6	Total assets (to be completed by all filers-see the				
i		instructions. Also, see page 1, item l)	10,902	10,606	10,606	
1	7	Accounts payable and accrued expenses			,	
" l 1	8	Grants payable		- <u></u>	• •	
<u>ĕ</u>   1	9	Deferred revenue			, .	
Liabilities 7 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	0	Loans from officers, directors, trustees, and other disqualified persons				
<u>e</u> 2		Mortgages and other notes payable (attach schedule)			` [	
$\exists \mid _{2}$	2	Other liabilities (describe ▶)			,	
- 1	3	Total liabilities (add lines 17 through 22)			,	
<del> </del>		Foundations that follow SFAS 117, check here > 🗸			٠ ، ،	
တ		and complete lines 24 through 26 and lines 30 and 31.		!		
2   2	4	Unrestricted			, in ,	
		Temporarily restricted			, ,	
ซี   2		Permanently restricted				
5   2		Foundations that do not follow SFAS 117, check here ▶ □			4,1,1	
5		and complete lines 27 through 31.			and the second	
2	7	_			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ō   4		Capital stock, trust principal, or current funds			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
<u>ဗျ</u> 2		Paid-in or capital surplus, or land, bldg., and equipment fund	40.002	10,606		
8 2 3		Retained earnings, accumulated income, endowment, or other funds	10,902	10,606		
د   ع	U	Total net assets or fund balances (see page 17 of the			The of the second	
Net Assets or Fund Balan		instructions)		· ·	rie i	
Z   3	ı	Total liabilities and net assets/fund balances (see page 17 of the instructions)			13 . 17	
	m-	of the instructions)	10,902	10,606		
art	_	Analysis of Changes in Net Assets or Fund Balances				
		I net assets or fund balances at beginning of year-Part II, colur				
		of-year figure reported on prior year's return)			10,902	
		r amount from Part I, line 27a			-296	
3 (	Othe	r increases not included in line 2 (itemize) ▶		3		
4 A	\dd_l	lines 1, 2, and 3		4	10,606	
5 E	Decr	eases not included in line 2 (itemize) ▶		5		
6 T	<b>Total</b>	net assets or fund balances at end of year (line 4 minus line 5) - F	art II, column (b), lir	ne 30 <b>6</b>	10,606	

Part	V Capital Gains and	Losses for Tax on Investme	ent Income				
		kind(s) of property sold (e g , real estate, e; or common stock, 200 shs. MLC Co )		(b) How acquired P-Purchase D-Donation	(c) Date acq (mo., day,		(d) Date sold (mo , day, yr)
1a							
<u> </u>							
<u>c</u>					·		
<u>d</u>						_	
<u>e</u>	(e) Gross sales price	(f) Depreciation allowed	101	other basis			or (loss)
		(or allowable)	plus expe	nse of sale	(	e) plus (1)	minus (g)
<u>a</u>							
<u>b</u>			<del></del>				
<u>c</u>					-		
<u>d</u> e					•		
	Complete only for assets show	ving gaın ın column (h) and owned b	v the foundation	on 12/31/69			
		(i) Adjusted basis		s of col. (i)			(h) gain minus less than -0-) <b>or</b>
	(i) F.M V. as of 12/31/69	as of 12/31/69		(j), if any	Ĺ	osses (fro	om col (h))
<u>а</u>							
b							
С			·				
d							
е			· · · · · · · · · · · · · · · · · · ·	_			
2	Capital gain net income or		lso enter in Pa enter -0- in Pai		2		
3		or (loss) as defined in sections					
	If gain, also enter in Part I, If (loss), enter -0- in Part I, I	line 8, column (c) (see pages 13					
Part		line 8			3 Income		
		ate foundations subject to the se					
Was t		this part blank. ection 4942 tax on the distributa qualify under section 4940(e). Do			pase period?	?	☐ Yes 🗹 No
1	Enter the appropriate amou	ant in each column for each year	; see page 18	of the instruction	s before ma	king ar	ny entries.
Cale	(a)  Base penod years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value of	(c) i noncharitable-use as	sets		(d) ibution ratio vided by col (c))
	2008	75,	065	3:	5,396		120720
	2007		182		3,547		376636
	2006	100,	194	7	7,137	14	.038672
	2005	132,	143		3,289	15	.941971
	2004	149,	175		3,913	16	.736789
2	Total of line 1, column (d)	<del></del>			. 2		50.214788
3	- ' '	or the 5-year base period—divid					
		ation has been in existence if les					10.042958
4	Enter the net value of noncl	haritable-use assets for 2009 fro	m Part X, line	5	. 4		10,593
5	Multiply line 4 by line 3 .				. 5		106,385
6	Enter 1% of net investment	income (1% of Part I, line 27b)			. 6		0
7	Add lines 5 and 6				. 7		106,385
8		s from Part XII, line 4			. 8	20 2 40	35,296
	Part VI instructions on page	er than line 7, check the box in let 18.	-art vi, IINE 10	, and complete the	nat part usir	ıy a 1%	o lax rale. See the

Part		f the inst	ructi	ons)		
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.  Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)	•				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		0			
-	here ▶ □ and enter 1% of Part I, line 27b					
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			- !		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)					
3	Add lines 1 and 2		0			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)					
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		0			
6	Credits/Payments:					
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 345		1			
b	Exempt foreign organizations—tax withheld at source 6b		;			
С	Tax paid with application for extension of time to file (Form 8868) . 6c		- :			
_d	Backup withholding erroneously withheld					
7	Total credits and payments. Add lines 6a through 6d		345			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		345			
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10    Enter the amount of line 10 to be: Credited to 2010 estimated tax > 345   Refunded > 11		343			
	VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did	it T	Yes	No		
	participate or intervene in any political campaign?	1a		1		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 1) of the instructions for definition)?	9 1b	-	1		
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any material published or distributed by the foundation in connection with the activities.		, ,			
_	Did the foundation file Form 1120-POL for this year?	1c		1		
c d						
u	(1) On the foundation. ► \$ (2) On foundation managers. ► \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	-   :	ŕ			
2	on foundation managers. ► \$	2		· /		
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	of	i			
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		1		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		V/A		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<b>7</b>		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		. {			
	By language in the governing instrument, or		Į			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that	ıt .	. }			
	conflict with the state law remain in the governing instrument?	6	✓			
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		✓			
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ► Ohio	1 3	; {			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	al	1			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) o	r				
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV			<b>✓</b>		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					
	names and addresses	10		✓_		

F	000	90	12000	
-orm	990-	۲r	(2009)	

Par	t VII-A Statements Regarding Activities (continued)	_		<u> </u>
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		1
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		/
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	1	<b></b>
13	Website address ►			l
14		9-724-	6256	
	Located at ► 405 Madison Avenue, Ste. 2100, Toledo, OH ZIP+4 ►	43604	+4	
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			
Par	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			· · ·
_	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):	1	4	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No	į		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	į	;	
	disqualified person?		-	-
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes  No	1		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	1.	Ì	
	the benefit or use of a disqualified person)?	,	. }	
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		ı	
	foundation agreed to make a grant to or to employ the official for a period after	i		
	termination of government service, if terminating within 90 days.)	- {		
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 20 of the instructions)?	1b	~	in
	Organizations relying on a current notice regarding disaster assistance check here ▶ □	1		
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
•	were not corrected before the first day of the tax year beginning in 2009?	1c		√.
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):	1	4	
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and		Ì	
	6e, Part XIII) for tax year(s) beginning before 2009?		Ì	
	If "Yes," list the years ▶ 20, 20, 20	ا ار ا	.	;
þ	Are there any years listed in 2a for which the foundation is <b>not</b> 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	<b>'</b>	ì	
	all years listed, answer "No" and attach statement—see page 20 of the instructions.)	2b		NA
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	20	- 1	V/H
	► 20, 20, 20, 20			` '
3a		1		1
	at any time during the year?	j	.	
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or	4	, [	
	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		1	
	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 2009.)	انو ا		11.
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b 4a	1	1/A
4a b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	+a }	ì	
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		<b>✓</b>

•										
	eo-PF (2009)  VII-B Statements Regarding Activities	s for V	Which Form	4720	Mov Bo B	oguir.	ad (continued)		F	Page
_	During the year did the foundation pay or incur a  (1) Carry on propaganda, or otherwise attempt (2) Influence the outcome of any specific public directly or indirectly, any voter registration directly.	any amo to influe c electi	ount to: ence legislation ion (see sect	on (section 495	tion 4945(e	))? . arry on	☐ Yes ☑ No	. j	; ;	<del>- :</del>
	<ul> <li>(3) Provide a grant to an individual for travel, stu</li> <li>(4) Provide a grant to an organization other than section 509(a)(1), (2), or (3), or section 4940(a)</li> </ul>	idy, or a	other similar aritable, etc.,	purpos organiz	es?	 ribed ir	Yes 🗹 No	1		-
	(5) Provide for any purpose other than religious purposes, or for the prevention of cruelty to	childre	n or animals?				☐Yes ☑ No	·	; t	
b	If any answer is "Yes" to 5a(1)–(5), did any of the Regulations section 53.4945 or in a current notice	regardi	ing disaster a	ssistand	e (see page	22 of	the instructions)?	5b		IA
С	Organizations relying on a current notice regarding the answer is "Yes" to question 5a(4), does to because it maintained expenditure responsibility	the fou for the	ndation clain grant?	exem	ption from		· · · · <u> </u>			•
6a	If "Yes," attach the statement required by Regulations section 53.4945-5(d).								1	
	Did the foundation, during the year, pay premiur If "Yes" to 6b, file Form 8870.		-	•	•			6b	{	<b>√</b>
b	At any time during the tax year, was the foundation If yes, did the foundation receive any proceeds of	or have	any net inco	me attr	ibutable to	the tra		7b	<u>_</u>	i ZA
Par	Information About Officers, Direct and Contractors	tors, 1	Γrustees, F	ounda	tion Mana	agers,	Highly Paid E	mploy	ees,	
1	List all officers, directors, trustees, foundation				-	(see p	page 22 of the i	struct	ions).	
	(a) Name and address	hou	e, and average irs per week ed to position	(c) Co (If not	mpensation paid, enter -0-)	emple	Contributions to byee benefit plans erred compensation	(e) Expe	nse acc allowan	
see at	tached statement									
		. /-41-	Al Al		-1-1 1:				44.	
2	Compensation of five highest-paid employee If none, enter "NONE."	es (otno	er tnan tnos	e inciu	aea on IIn	e 1-s	ee page 23 of	rne ins	tructi	ons,
	a) Name and address of each employee paid more than \$50,00	00	(b) Title, and a hours per v devoted to pe	veek	(c) Comper	sation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expe	nse acc allowan	
NONE										
			1							

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

Par	and Contractors (continued)	ipioyees,
3	Five highest-paid independent contractors for professional services (see page 23 of the instructions). If nor	
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON	E	
	_	
		· · · · · -
- ota	I number of others receiving over \$50,000 for professional services	
Par	t IX-A Summary of Direct Charitable Activities	
	t the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of ganizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	n/a	
2		
_		
3		
4		
•		
Par	t IX-B Summary of Program-Related Investments (see page 24 of the instructions)	
De	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	None	
2		
Ali	other program-related investments. See page 24 of the instructions.	
3	None	
ota	l. Add lines 1 through 3	1

Part	Minimum Investment Return (All domestic foundations must complete this part. Foresee page 24 of the instructions.)	ign founda	tions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		<del></del>
	purposes:	<u> </u>	
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	10,754
C	Fair market value of all other assets (see page 24 of the instructions)	1c	
d	<b>Total</b> (add lines 1a, b, and c)	1d	10,754
е	Reduction claimed for blockage or other factors reported on lines 1a and	. :	
	1c (attach detailed explanation)	<b>  </b>	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	10,754
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	161
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	10,593
6	Minimum investment return. Enter 5% of line 5	6	530
Part	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private foundations and certain foreign organizations check here ► ☐ and do not complete this part.)	operating	
1	Minimum investment return from Part X, line 6	1	530
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009. (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	530
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	530
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	530
Part			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	35,296
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
_	• •		
3	Amounts set aside for specific charitable projects that satisfy the:  Suitability test (prior IRS approval required)	3a	
a		3b	
D	Cash distribution test (attach the required schedule)	4	35,296
4	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 income.	-	33,230
5	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	0
_	, , , ,	6	35,296
6	Adjusted qualifying distributions. Subtract line 5 from line 4	$\overline{}$	
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g wnetner	ine foundation
		Form	990-PF (2009)

Part	Undistributed income (see page 26	of the instructions	5)		
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
	line 7	, 1	1_1		530
2	Undistributed income, if any, as of the end of 2009:	,			
а	Enter amount for 2008 only				
b	Total for prior years: 20,20,20	- , ;		, , , , ,	
3	Excess distributions carryover, if any, to 2009:	'	Į.		', '
а	From 2004 <u>148,729</u>	i i	,	The server of th	, ,
b	From 2005	1	, -		]
C	From 2006 99,837	, ,		3	, ,
d	From 2007			्रे के की सम्बद्धार केंद्र हैं हैं। इस्केटिंग अने किर्गत	
e	From 2008	(		4 7 1 1 1 1 1 1 1	-
f	Total of lines 3a through e	498,095		La L	,
4	Qualifying distributions for 2009 from Part XII, line 4: ► \$ 35,296				-
_	<del></del>	, ,	,		
a b	Applied to 2008, but not more than line 2a .  Applied to undistributed income of prior years		· · · · · · · · · · · · · · · · · · ·	<del> </del>	
b	(Election required—see page 26 of the instructions)	· ',		, ,	, ,
С	Treated as distributions out of corpus (Election	, , , , , , , , , , , , , , , , , , ,	, , ,		
·	required—see page 26 of the instructions) .		;	and the second	
d	Applied to 2009 distributable amount	٠, ١	<del>  • • • • • • • • • • • • • • • • • • •</del>	7,77	530
e	Remaining amount distributed out of corpus	34,766	- <del> </del>	1	
5	Excess distributions carryover applied to 2009	04,700	<del></del>	37	
3	(If an amount appears in column (d), the same	I	1	Blemen	
	amount must be shown in column (a).)			· 1985年 安全教育	
6	Enter the net total of each column as	.†			
•	indicated below:	. ;	,	a de la mariamenta	
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	532,861			<b>`</b>
b	Prior years' undistributed income. Subtract	1		The state of the s	
	line 4b from line 2b	,		- All Million -	0
С	Enter the amount of prior years' undistributed	, , , ,		de care for month	
•	income for which a notice of deficiency has	, j		(1) [2] [3]	, t
	been issued, or on which the section 4942(a)	\$			· , •
	tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable			1 2 1 1	
	amount-see page 27 of the instructions .	_			,
е	Undistributed income for 2008. Subtract line		1		
	4a from line 2a. Taxable amount-see page	-			, ,
	27 of the instructions				
f	Undistributed income for 2009. Subtract lines		الع-	15. 15. 15. 3	
	4d and 5 from line 1. This amount must be	,	i   ,		
	distributed in 2010	, ,	1	ESTABLE TO A STATE OF A	
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section		. 46	A TONE TONE TO A	
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the		·		, ,
	instructions)		,	CALLEST CHARLES	,
8	Excess distributions carryover from 2004 not		, 1		
	applied on line 5 or line 7 (see page 27 of the				1 to 1 to 1
_	instructions)	148,729	}	1 2000 11 11 11 11 11	· · ·
9	Excess distributions carryover to 2010.		ر ان و د	- Bandle Miles	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
40	Subtract lines 7 and 8 from line 6a	384,132	( )	A STATE STATE OF THE STATE OF T	
10	Analysis of line 9:	-	1		
a	Excess from 2005	1	İ	a to the second of the	
b	Excess from 2006 99,837	į		A THE WALL OF THE PARTY OF THE	, ,
c	Excess from 2007		}	" note " "	,
d	Excess from 2008	,	:		
е	Excess from 2009 34 766	) <b>[</b>	1	i	. 1

organizations under other conditions, complete items 2a, b, c, and d.

The name, address, and telephone number of the person to whom applications should be addressed:

Mr. Gary Blair, 405 Madison Ave., Suite 2100, Toledo, OH 43604

b The form in which applications should be submitted and information and materials they should include:

scholarships-letter format with: employee's name/date of employment; SAT score; college/univ. to be attended;expected degree;approx. time gifts grants - name of organization; purpose of grant; amount

Any submission deadlines:

scholarships - March 1 with allowance for SAT scores to arrive after deadline; gifts/grants - no specific deadline

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

scholarships-limited to child/legal dependent of full-time employees of the Toledo Blade with atleast 3 yrs. experience. Officer's/Director's

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year Toledo Museum of Art none **Community Service** 10,000 Toledo Symphony **Community Service** 10,000 none **University of Toledo** 2,000 **Community Service** none Anne Grady Foundation 300 none **Community Service Bittersweet Farms** 200 **Community Service** none Boyer/Riverfront Inc. 1,000 **Community Service** none Junior Achievement **Community Service** 300 none **Ohio Foundation of Independent Colleges** none **Community Service** 1,000 The Links Foundation, Inc. 300 none **Community Service** Toledoans USA none Community Service 2,000 **UT Foundation Community Service** 2,000 none **Emily Loeb** none Scholarship 1,500 Alexandra Koerner Scholarship 1,500 none Elizabeth Durham 1,500 none Scholarship Joshua Eckert 1,500 none Scholarship За 35,100 b Approved for future payment

	rt XV	Analysis of Income-Producing Acts amounts unless otherwise indicated.	· · · · · · · · · · · · · · · · · · ·	siness income	Excluded by sect	ion 512, 513, or 514	(e)
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
1	_	gram service revenue:			1		the manuchons )
	a b			<del></del>			
	- C			<u> </u>			
	d -						
	e -		-		<del></del>		
	f -			<del></del>			<del></del>
		ees and contracts from government agencies	}	· ·	-		
2	_	bership dues and assessments			<del></del>		
3		est on savings and temporary cash investments					
4		dends and interest from securities					
5		rental income or (loss) from real estate:		- <u> </u>	7	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	
		Debt-financed property			,		
		Not debt-financed property			-		
6		rental income or (loss) from personal property	-				
7		er investment income					
8		or (loss) from sales of assets other than inventory		<del> · · - · · ·</del>			
9		income or (loss) from special events					
10		ss profit or (loss) from sales of inventory					
11		er revenue: a					
	_						
	_						
4.0	Subt	total. Add columns (b), (d), and (e)	_ ^ ===================================				
12							
12 13	Tota	al. Add line 12, columns (b), (d), and (e)	<u> </u>			13	
13	Tota	II. Add columns (b), (d), and (e)				13	
<b>13</b> (See	Tota work	Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions on page 28 to verify     Relationship of Activities to the A		ent of Exemp	t Purposes		
13 (See Par Line	Tota work	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 28 to verify		ent of Exemp	t Purposes		
13 (See Par Line	Tota work t XV No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 28 to verify  I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt instructions.)		ent of Exemp	t Purposes		
13 (See Par Line	Tota work t XV No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 28 to verify  I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt		ent of Exemp	t Purposes		
13 (See Par Line	Tota work t XV No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 28 to verify  I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt instructions.)		ent of Exemp	t Purposes		
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13 (See Par Line	Tota work t XV No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 28 to verify  I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt instructions.)		ent of Exemp	t Purposes		
13 (See Par Line	Tota work t XV No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 28 to verify  I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt instructions.)		ent of Exemp	t Purposes		
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13 (See Par Line	Tota work t XV No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 28 to verify  I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt instructions.)		ent of Exemp	t Purposes		
13 (See Par Line	Tota work t XV No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 28 to verify  I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt instructions.)		ent of Exemp	t Purposes		
13 (See Par Line	Tota work t XV No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 28 to verify  I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt instructions.)		ent of Exemp	t Purposes		
13 (See Par Line	Tota work t XV No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 28 to verify  I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt instructions.)		ent of Exemp	t Purposes		
13 (See Par Line	Tota work t XV No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 28 to verify  I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt instructions.)		ent of Exemp	t Purposes		
13 (See Par Line	Tota work t XV No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 28 to verify  I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt instructions.)		ent of Exemp	t Purposes		
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13 (See Par Line	Tota work t XV No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 28 to verify  I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt instructions.)		ent of Exemp	t Purposes		

		Exempt Org	ganizations								
1	in s			engage in any of the section 501(c)(3) orga					,1	Yes	No
а	Trai	nsfers from the rep	orting foundation t	o a noncharitable exe	mpt organ	ization of:			- /	. 4	·
									1a(1)		1
		Other assets .							1a(2)		1
b	Oth	er transactions:									
	(1)	Sales of assets to	a noncharitable ex	empt organization .					1b(1)		<b>✓</b>
	(2)	Purchases of asse	ts from a noncharit	table exempt organiza	ation				1b(2)		1
				er assets					1b(3)		1
		-	• •						1b(4)		<b>✓</b>
		Loans or loan guar	•						1b(5)		<b>/</b>
		_		hip or fundraising soli					1b(6)		✓
С				ists, other assets, or p					1c		1
d		-		es," complete the follo		-			v the	fair m	arket
				ices given by the rep							
	valu	e in any transactio	on or sharing arrang	gement, show in colur	nn (d) the	value of the g	oods, other	assets, or se	rvices	recei	ved.
(a) Lu	ne no	(b) Amount involved	(c) Name of nonc	charitable exempt organizati	on	(d) Description of	transfers, trans	actions, and sha	ring arra	angeme	ents
_				_							
						-					
				_							_
2a	des	cribed in section 5		ffiliated with, or relate other than section 50					] Yes	· 🗸	No
				(b) Type of org	anization		(c) Desc	ription of relation	nehin		
		(a) Name of organiz	Landir	(b) Type of org	an neation i		(c) Desc	Or relation	<u>ط،،،،</u>		
		<del></del>	<del></del> -								
	_	·	<del></del>								
	_	<del></del>									
				<u> </u>							
-	l la dan		dealers that I have aver	- Included			d atatamanta au	ed ter the best s			
	belief,	it is true, correct, and c	complete. Declaration of	mined this return, including preparer (other than taxpay	er or fiducian	s based on all	information of wi	hich preparer ba	is any ki	nowled	ge.
اره	910	nature of officer of trus	- nav	<del> </del>	Date		Title	uccu)		_	
<u>e</u>	y Gig	mature or onicer drytrus	-		Date		, 1100				
Sign Here	rA.				Date	Check	ıf	Preparer's ic number (see			n
<u>.</u> 5	<u>~</u> 5 6 5	]				1	nployed ► □	page 30 of the			
(C)	Paid Spare	Preparer's signature						. •			
	Paid Preparer's	Firm's name (or your	s if		L		EIN►	l,,			
	-	self-employed), addr	ress,				Phone no.	<del></del>			
			,				,				

Information Regarding Transfers To and Transactions and Relationships With Noncharitable

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

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

OMB No. 1545-0047

2009

Name of the organization		Emplo	Employer identification number	
Blade Foundation			34	6559843
Organization type (check or	ne):			
Filers of:	Se	ection:		
Form 990 or 990-EZ		501(c)( ) (enter number) organization		
		4947(a)(1) nonexempt charitable trust not treated as a private for	oundatic	าก
		527 political organization		
Form 990-PF	abla	501(c)(3) exempt private foundation		
		4947(a)(1) nonexempt charitable trust treated as a private found	ation	
		501(c)(3) taxable private foundation		
Note. Only a section 501(c)(a instructions.  General Rule  For an organization file	7), (8 ling l	rered by the <b>General Rule</b> or a <b>Special Rule</b> .  a), or (10) organization can check boxes for both the General Rule  Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 ontributor. Complete Parts I and II.		
Special Rules	ie cc	minibutor. Complete raits i and ii.		
sections 509(a)(1) and	170	ganization filing Form 990 or 990-EZ that met the 331/3 % support 0(b)(1)(A)(vi), and received from any one contributor, during the ye the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ	ar, a co	ontribution of the greater
the year, aggregate co	ontril	, or (10) organization filing Form 990 or 990-EZ that received from butions of more than \$1,000 for use exclusively for religious, char the prevention of cruelty to children or animals. Complete Parts I,	itable, s	scientific, literary, or
the year, contributions aggregate to more that year for an exclusively applies to this organiz	s for an \$ reliquation	or (10) organization filing Form 990 or 990-EZ that received from use <i>exclusively</i> for religious, charitable, etc., purposes, but these 1,000. If this box is checked, enter here the total contributions the gious, charitable, etc., purpose. Do not complete any of the parts in because it received nonexclusively religious, charitable, etc., contributions the contributions.	e contrib at were s unless ontribution	outions did not received during the s the <b>General Rule</b> ions of \$5,000 or more
990-EZ, or 990-PF), but it <b>m</b> ı	ust a	not covered by the General Rule and/or the Special Rules does ranswer "No" on Part IV, line 2 of its Form 990, or check the box of certify that it does not meet the filing requirements of Schedule	on line ł	H of its Form 990-EZ,

Page	0	f	of	Part
. ago		'	U	FOIL

	(Form 990, 990-EZ, or 990-PF) (2009)		Page of of Part I
	organization undation		Employer identification number 34 6559843
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) ns Type of contribution
1	Block Communications, Inc. 405 Madison Ave., Suite 2100 Toledo, OH 43604	\$35,0	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) ns Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) ns Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) ns Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) ns Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

The Blade Foundation Form 990-PF, Part VIII December 31, 2009

## Listing of Officers, Directors, and Trustees

Name and Address	Title and Hours	Compensation	Contributions to Benefit Plans	Expense <u>Account</u>
Gary J. Blair Sylvania, OH	President/Trustee Part Time	None	None	None
John R. Block Sylvania, OH	Vice-President/ Trustee Part Time	None	None	None
Allan Block Sylvania, OH	Vice-President/ Trustee Part Time	None	None	None
Jodi Miehls Sylvania, OH	Treasurer Part Time	None	None	None
Sandra J. Chavez Sylvania, OH	Secretary/ Trustee Part Time	None	None	None
William Block Jr. Sylvania, OH	Trustee Part Time	None	None	None
Karen Johnese Sylvania, OH	Trustee Part Time	None	None	None
Diana Block Sylvania, OH	Trustee Part Time	None	None	None
Nancy Block Sylvania, OH	Trustee Part Time	None	None	None