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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2009

Open to Public Inspection

— A	For the 2009 cale	endar ye	ar, or tax year beginning $11/01/09$, and ending $10/31/19$	0		
	Check if applicable	Please	C Name of organization		D Employ	yer identification number
	Address change	use IRS	The Lindorf Family Foundation			
	Name change	label or print or	Doing Business As		31-	1683202
·		type	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telepho	one number
. ا	Initial return	See	P O Box 3500		740	-349-3758
	Termination	Specific Instruc-	City or town, state or country, and ZIP + 4		G Gross recei	pts \$ 1,165,421
Î	Amended return	tions.	Newark OH 43058-3500			
,	Application pending	F Nam	and address of principal officer		H(a) Is this a	group return for
لــا	Application pending	Te	rry Myers, Treasurer		affiliates	
		1	Box 3500		H(b) Are all a	affiliates Yes No
		Ne	wark OH 43058-3500		If "No,"	attach a list (see instructions)
$\overline{}$	Tax-exempt status	s X	501(c) (3) ◄ (insert no) 4947(a)(1) or 527		1	
J		I/A			H(c) Group	exemption number
ĸ	Type of organization	X Co	poration Trust Association Other	Year of formation 1	.999	M State of legal domicile OH
		ımma				
	1		ne organization's mission or most significant activities			
۵.	The	Foun	dation helps local charities achieve their miss	ion. Thi	S 1S	
S			shed by assisting them with direct funding and		al	
Governance	i	ning				
Ne.	2 Check th	_	53	6 of its net asset	s	
ŏ	1		members of the governing body (Part VI, line 1a)		3	5
م در	-	•	endent voting members of the governing body (Part VI, line 1b)		4	5
Activities	1	•	employees (Part V, line 2a)		5	
Ė			volunteers (estimate if necessary)		6	
⋖	1		ated business revenue from Part VIII, column (C), line 12		7a	
	_		siness taxable income from Form 990-T, line 34		7b	0
Ç.				Prior Ye	ar	Current Year
DF CRAMMINGONIA	8 Contribut	tions an	d grants (Part VIII, line 1h)			
Ž	9 Program	service	revenue (Part VIII, line 2g)			
8	10 Investme	ent incor	ne (Part VIII, column (A), lines 3, 4, and 7d)		7,954	405,821
ع	11 Other rev	venue (l	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		.9,317	759,600
4	12 Total rev	enue –	add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,363	1,165,421
	13 Grants a	nd simil	ar amounts paid (Part IX, column (A), lines 1–3)	27	2,000	203,068
ī	14 Benefits	paid to	or for members (Part IX, column (A), line 4)			·
SASMENT OF	15 Salaries,	other o	ompensation, employee benefits (Part IX, column (A), lines 5–10)			
78	16a Professio	onal fun	draising fees (Part IX, column (A), line 11e)			
Ğ	b Total fun	draising	expenses (Part IX, column (D), line 25 RECEIVED			
W.	17 Other ex	penses	(Part IX, column (A), lines 11a-11d, 11f-24f)		3,802	3,837
	18 Total exp	penses	Add lines 13–17 (must equal Part IX, column (A), line 25) penses Subtract line 18 from line 12 WNV 3 0 2010		75,802	206,905
_	19 Revenue	less ex	penses Subtract line 18 from line 12 🔯 NNV 3 0 2010 💍		7,165	958,516
Net Assets or	Section		4 X line 16)	Beginning of Cu		End of Year 8,350,790
sset	E 20 Total ass	•	1(\(\), line (6)	,,33	2,274	8,330,790
E A	21 Total liab	•	Part X, line 26) OGDEN, UT	7 20	2,274	8,350,790
			nd balances Subtract line 21 from line 20	1,53	12,213	0,330,130
_!			re Block		44-45-5-4-	
	Ur an	ider pena d belief.	lties of perjury, I declare that I have examined this return, including accompanying schedules a t is true_correct, and complete. Declaration of preparer (other than officer) is based on all infor	ing statements, an mation of which pr	eparer has an	y knowledge
C :	1.	· ·	TECH WITHE TREKURED			24/10
	gn	· <u>}</u>	TOMES, TOURS CE		Date	
п	ere /	Signat	TEDZY MYEBS, TREASURCE		Date	
		,			 -	
	<u>_</u>	- Type o	r print name and title	1	. 4	Preparer's identifying number
p.	ו אוני	eparer's	Date	Check self-		(see instructions)
	reparer's	gnature		23/10 emplo	oyed ▶	P00025170
	•	rm's nam	Wells and Priest, Inc., CPA's		EIN D	20-8473468
J.	if s	self-empl	byed), PO Box 250		Phone	740 240 0616
_			d ZIP+4 Newark, OH 43058-0250		no	<u> 740-349-8616</u>
Ma	ay the IRS discu	ss this r	eturn with the preparer shown above? (see instructions)			Yes No

4d	Other program services (Describe in Sci			
	(Expenses \$	including grants of \$) (Revenue \$	
4e	Total program service expenses ▶	203,068		

quasi-endowments? If "Yes," complete Schedule D, Part V					Yes	No_
2 is the organization required to complete Schedule B, Schedule O, Contributors? Did the organization engage in discover or microt political acimpsing activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in jobbying activities? If "Yes," complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(c) incide and responsing requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maritimal organization as subtractives or accounts? If "Yes," complete Schedule O, Part II Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maritimal collections of works of arth historical treasure, or other small assets? If "Yes," complete Schedule D, Part III Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III Did the organization report of an amount in Part X, line 21, serve as a custodian for amounts not tisted in Part X, or provide credit creaming, dieth immangement, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part III Did the organization report on a minural for land schedule organization, hold assets in Item, permanent, or quasi-endowners? If "Yes," complete Schedule D, Part X, III If the organization report on amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part X III Did the organization report on amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part X III Did the organization report on amount for land schedule Schedule D, Part X III Did the orga	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				
3 Dut he organization engage in direct or indirect political campage activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II Saction 501(6)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Saction 501(6)(4), 601(6)(5), and 501(6)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy laze? If "Yes," complete Schedule C, Part III Did the organization maintain any doron advised aftines or any similar funds or accounts a "Yes," complete Schedule C, Part III Did the organization maintain any doron advised aftines or any similar funds or accounts a "Yes," complete Schedule C, Part III Did the organization maintain any doron advised aftines or any similar funds or accounts a "Yes," complete Schedule C, Part III Did the organization maintain any doron advised aftines or any similar funds or accounts a "Yes," complete Schedule C, Part III Did the organization maintain any complete Schedule C, Part III Did the organization maintain any organization accounts a "Yes," complete Schedule D, Part III Did the organization and maintain and provide a "Yes," complete Schedule D, Part III Did the organization and any of the following questions "Yes," complete Schedule D, Part V, VII, VII, VII, VII, VII, VII, VII,		complete Schedule A		1	X	
scandidates for public office? If "Yes," complete Schedule C, Parl I Section 501(c(A), 501(c)(3) organizations. Did the organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Parl II Section 501(c(A), 501(c)(5), and 501(c)(5) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Parl III Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Parl I Did the organization report on destribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Parl II Did the organization maintain collections of vorks of art, histonical resaures, or other similar assists? If "Yes," complete Schedule D, Parl III Did the organization report an amount in Parl X, line 21, serve as a custodism for amounts not listed at Parl X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Parl IV Did the organization report an amount for lined, buildings, and equipment in Parl X, line 10° If "Yes," complete Schedule D, Parl XV Is the organization service or any of the following questions "Yes?" If so, complete Schedule D, Parl XVIII, IV, IV, IV, IV, IV, IV, IV, IV, IV	2	Is the organization required to complete Schedule B, Schedule of Contributors?		2		<u> </u>
Section 591(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 591(c)(6), and 591(c)(6) organizations. Is the organization subject to the section 6933(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain and your advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule O, Part II 5 Did the organization maintain collections of works of an I, historical researces, or other similar assets? If "Yes," complete Schedule O, Part II 7 Did the organization maintain collections of works of an I, historical researces, or other similar assets? If "Yes," complete Schedule D, Part II 1 Did the organization report an amount in Part X. line 21, serve as a ouslodian for amounts not listed an Part X, or provide credit counseling, debit management, credit repair, or debt nagoplastion services? If "Yes," complete Schedule D, Part VI 1 Did the organization deceity or through a related organization, hold assets in term, permanent, or quasi-endowners? If "Yes," complete Schedule D, Part VI 1 Schedule D, Part X, Ins 15 If "Yes," complete Schedule D, Part VI 1 Schedule D, Part VI 1 Schedule D, Part VI 1 Schedule D, Part X, Ins 15 If "Yes," complete Schedule D, Part VI 1 Schedule D, Part X, Ins 15 If "Yes," complete Schedule D, Part VI 1 Schedule D, Part X, Ins 15 If "Yes," complete Schedule D, Part X VI 1 Schedule D, Part X, Ins 15 If "Yes," complete Schedule D, Part X VI 1 Schedule D, Part X, Ins 15 If "Yes," complete Schedule D, Part X VI 1 Schedule D, Part X, Ins 15 If "Yes," complete Schedule D, Part X	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to				
Section 5P(c)(4), 591(c)(5), and 591(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and prioxy tax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any doner advised funds or any smalar funds or accounts where donors have the right to provide advise on the destribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 5 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic tand areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of volvis of arth, historical treatment, or of the structures are complete Schedule D, Part III 8 Did the organization maintain collections of volvis of arth, historical treatment, or of the structures? If "Yes," complete Schedule D, Part II 8 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negoliation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly of through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part VI 10 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IV, or X as applicable 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 102 If "Yes," complete Schedule D, Parts VII 11 Did the organization report an amount for other assets related in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 187 If "Yes," complete Schedule D, Part VIII 11 Did the organization report an amount for other assets related in Part X, line 187 that is 5% or more of its total assets reported in Part X, line 187 If "Yes," complete Schedule D, Part X VIII 11 Did the organi		candidates for public office? If "Yes," complete Schedule C, Part I		3_		<u>X</u>
5 Section 501((x)4), 501(x)5), and 501(x)(5) organizations. Is the organizations subject to the section 6033(e) notice and reporting requirement and roxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts? II "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? II "Yes," complete Schedule D, Part III 8 Did the organization maintain collections of works of an, historical treasures, or other similar assets? II "Yes," complete Schedule D, Part III 9 Did the organization maintain collections of works of an, historical treasures, or other similar assets? II "Yes," complete Schedule D, Part III 10 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part VI 10 Did the organization directly or through a related organization, hold assets in term, permanent, or quasi-endowners? If "Yes," complete Schedule D, Part VI 11 Is the organizations answer to any of the following questions "Yes?" If so, complete Schedule D, Part VI 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part XVI 13 Did the organization report an amount for mestiments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XVI 14 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XVI 15 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," compl	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete				
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8 Did the organization mantian collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 10 Did the organization or port an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 Is the organization's answer to any of the following questions "Yes" If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable 11 D	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			ļ	
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the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13						
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20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X	19					
20 Did the diganization operate one of more hospitals. If Test, complete coneduce in		If "Yes," complete Schedule G, Part III			-	
	<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H				

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations X in the United States on Part IX, column (A), line 12 lf "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the X 22 United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 employees? If "Yes," complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines X 24a 24b through 24d and complete Schedule K. If "No," go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction X with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or X 25b 990-EZ? If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor, or a grant selection committee member, or to a person related to such an individual? X 27 If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions) X 28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b Schedule L. Part IV An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, X 28c Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X 30 conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 33 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 X 34 III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 Х 35 Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 X 36 organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

19? Note. All Form 990 filers are required to complete Schedule O

X Form 990 (2009)

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Pa	π V Statements Regarding Other IRS Filings and Tax Compliance				
4.	Enterthe gumber and de Day 2 of Form 4000 Agreed Courses and Target Helpf			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	40			
ь	U.S. Information Returns. Enter -0- if not applicable. Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1a 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and report				
·	gaming (gambling) winnings to prize winners?	abie	1c		x
2a		<u> </u>	10		
20	Statements, filed for the calendar year ending with or within the year covered by this return	2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see				
	Instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	,			}
-	this return?		3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	iority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	•		·	
	account)?		4a		х
b	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bar	k			
	and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	·	x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	17	5b		х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regardi				
	Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or			
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo	ds			
	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pers	onal			
	benefit contract?		7e		ļ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	•	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g	<u> </u>	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	•			
	required?		7h	ļ	ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				1
	organization, have excess business holdings at any time during the year?		8	<u> </u>	 -
9	Sponsoring organizations maintaining donor advised funds.				1
а	Did the organization make any taxable distributions under section 4966?		9a		-
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter	140-1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	{		[
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
11	Section 501(c)(12) organizations. Enter	المدا			
a	Gross income from members or shareholders	11a	ł		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	445	ĺ	1	1
40-	amounts due or received from them)	11b	120		1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	1	12a	 	+-
<u> </u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	Щ_		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

Sec	tion A. Governing Body and Management			
-			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent]		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct	1 1		
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u>X</u>
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	renue Code.)			-
			Yes	No_
10a	Does the organization have local chapters, branches, or affiliates?	10a		<u>x</u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		 -
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	١	v	!
44-	form?	11	Х	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990	10	х	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	^	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	406	х	
_	rise to conflicts?	12b		-
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	42-	X	
40	describe in Schedule O how this is done	12c		x
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150		x
a	The organization's CEO, Executive Director, or top management official	15a		X
b		15b		
46-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	160		x
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	16a	-	
b	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b	i	
Sec	ction C. Disclosure	1 100	!	
17	List the states with which a copy of this Form 990 is required to be filed ▶ OH			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
. •	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ▶ Terry Myers 50 N 3rd Street			
N	ewark OH 43055			

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Form 990 (2009)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if the organization did not compensate any current officer, director, or trustee (C) (F) (E) Name and Title Average Position (check all that apply) Reportable Reportable Estimated hours per compensation compensation amount of Officer Individual trustee or director Institutional trustee from from related other week organizations compensation employee the organization (W-2/1099-MISC) from the /ee compensated (W-2/1099-MISC) organization and related organizations Mary Jane McDonald X X 0 0 0.25 Chairman Melissa Warner-Bdw 0 0.25 X X 0 0 Secretary Terry Myers X X 0 0 0.25 Treasurer Donna Alvarado 0.25 X 0 0 0 Board Member Christine Warner-Powell Board Member 0.25 X 0 0

rt VII Section A. Officers	 	1	•									
(A) Name and Title	(B) Average hours per week						Pormer	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estima amour othe compen from organiz and rel	ated at of er sation the ation ated	
						g				 		
							-					
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						-						
				-							_	
		-		ļ								
Total	<u> </u>			1	<u> </u>	1	 					
Total number of individuals (in			_	nose	liste	d abo	ove)	who received more than \$	100,000 in			
employee on line 1a? If "Yes,"	" complete Sched	Jule J	for s	such	indiv	ıdua	Ì			3	Yes	N ₁
the organization and related of										4		3
services rendered to the orga	nızatıon? If "Yes									5		3
Complete this table for your fi	ve highest comp	ensat	ed in	depe	ende	nt co	ntra					
Name ar	(A) nd business address						+	Descri	(B) ption of services		(C) ompensa	ition
					_							
											_	_
Total number of redemandary	contractors (mail	udice	but	not I	mito	d to t	boss	a listed above) who receive				
more than \$100,000 in comp						וטו	.1036	, nated above; who received	•	1 ,)	
	Total Total number of individuals (ir reportable compensation from Did the organization list any feemployee on line 1a? If "Yes, For any individual listed on line the organization and related or individual Did any person listed on line services rendered to the organization from the org	Total Total Total Inumber of individuals (including but not light properties of individuals (including but not light properties) Total number of individuals (including but not light properties) Total number of individuals (including but not light properties) Total number of individuals (including but not light properties) Total Total number of individuals for many individuals in the organization from the organization properties of the prope	Total Total Total number of individuals (including but not limited reportable compensation from the organization ▶ Did the organization list any former officer, director employee on line 1a² If "Yes," complete Schedule J For any individual listed on line 1a, is the sum of reportable organization and related organizations greater the organization and related organization? If "Yes," compete Schedule J Bid any person listed on line 1a receive or accrue conservices rendered to the organization? If "Yes," compete this table for your five highest compensation from the organization (A) Name and business address	Name and Title Average hours perweek Order Order	Name and Title Average hours per week Postutor (check Institution Institution	Name and Title Average Position (check all to week Position (check all to line and part Position P	Name and Title Average hours per week Postton (check all that are properties of the properties of	Name and Title Average hours per week Postunic (check all that apply) Postunic (check all that a	Name and Title Average hours per week Poston (Check at Ill hat apply) and a poly of the compensation from th	Name and Title Average hours per week Postular (check all that apply) Organization from rested compensation from rested organization (W-21199-MISC) Postular (check all that apply) Organization from rested organization (W-21199-MISC) Postular (check all that apply) Organization from rested organization (W-21199-MISC) Postular (check all that apply) Organization from rested organization (W-21199-MISC) Postular (check all that apply) Organization from rested organization (W-21199-MISC) Postular (check all that apply) Organization from rested organization (W-21199-MISC) Postular (check all that apply) Organization from rested organization (W-21199-MISC) Postular (check all that apply) Organization from rested organization from the organization from the organization from the organization from the organization and related organization (reportable compensation from the organization and related organization organization from the organization from the organization organization from the organization organization organization from the organization organization organization organization from the organization organization organization organization from the organization organi	Name and Tide Average Power Pow	Name and Tide Name Name

<u>Pa</u>	rt VI	II Staten	nent of Reve	nue						. <u> </u>
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
र र	1a	Federated carr	ipaigns	1a				700000		
Lan		Membership di	· -	1b						
P.E.		Fundraising ev		1c						
				1d						
S,E		Government grants (10	-					
lon Is		All other contribution								
		and similar amounts	- •	1f						
탈	g	Noncash contribution	ns included in lines 1a-	1f \$	 }					
양혜	_	Total. Add line	s 1a–1f			_				
ne						Busn Code				
ě	2a									
8	b									
<u>Ş</u>	c									
Ser	d									
шш	е									
Program Service Revenue Contributions, gifts, grants			am service rever	nue						
<u>-</u>		Total. Add line				<u> </u>				
	3		ome (including d	lividend	s, interes	t, and	405 001	405 001		
1		other similar ai					405,821	405,821		
	4		ivestment of tax-	exemp	bona pro	oceeas -				
	5	Royalties	(ı) Real	1	/u\ E	Personal				
	6-	Gross Rents	(i) Neai	-	(11) F	CISOIIAI				
	6a									
	b	Less rental exps Rental inc or (loss)		1			•			
	c d	Net rental inco	me or (loss)			•				
	7a Gross amount from (i) Securities (ii) C		Other							
		sales of assets other than inventory								
	b	Less cost or other				-	1			
1		basis & sales exps								
	С	Gain or (loss)								
	d	Net gain or (lo	ss)			•				
a	8a	Gross income fro	om fundraising eve	nts						
une		(not including \$								
e ve		of contributions r	eported on line 1c)	,						
Other Reven		See Part IV, line	18	a						
Ě	l	Less direct ex	•	b						
			(loss) from fund	- 1	events					
	9a		om gaming activitie							
	_	See Part IV, line		a .						
		Less direct ex	•	b						
			(loss) from gam	ing acti I	vities					
	TUA		inventory, less	_			;			
	_	returns and all		a b						
		Less cost of g		-,						
	-		(loss) from sale		entory	Busn Code				
	11a		ed Gain on Se		168		759,600	759,600		
	ь						122,230			
	c									
	d	All other rever	nue							
	e	Total. Add line	es 11a–11d			•	759,600			
	12	Total Revenu	e. See instruction	ns		•	1,165,421	1,165,421	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	·	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	203,068	203,068		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	· - ···			
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
•	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				<u> </u>
	Fees for services (non-employees)				
11	, , , ,			,	
	Management				
	Legal	750		750	
	Accounting	130		730	
	Lobbying				
	Professional fundraising services See Part IV, line 17				
f	Investment management fees	2 007	· · · · · · · · · · · · · · · · · · ·	3,087	
9	Other	3,087		3,087	
12	Advertising and promotion				
13	Office expenses	-			
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together	,			
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	,				
b					
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	206,905	203,068	3,837	
26	Joint costs. Check here ▶ If following				
20	SOP 98-2 Complete this line only if the			!	
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				1
DAA	iunuraising solicitation	<u> </u>			Form 990 (2009)

Part	t X	Balance Sheet				
				(A) Beginning of year		(B) End of year
1	1	Cash—non-interest bearing			1	1
2	2	Savings and temporary cash investments		547,740	2	846,668
3	3	Pledges and grants receivable, net			3	
4	4	Accounts receivable, net			4	
5	5	Receivables from current and former officers, directors, tru	istees, key			
		employees, and highest compensated employees. Comple	ete Part II of			
		Schedule L			5	
6	6	Receivables from other disqualified persons (as defined un	nder section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L			6	
ta 7	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
∢ 5	9	Prepaid expenses and deferred charges			9	
10	0a	Land, buildings, and equipment cost or				
		other basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b		10c	
1.	1	Investments—publicly traded securities		6,844,534	11	7,504,121
12	2	Investments—other securities See Part IV, line 11			12	
1:	3	Investments—program-related See Part IV, line 11		13		
14	4	Intangible assets		14		
1	5	Other assets See Part IV, line 11			15	
10	6	Total assets. Add lines 1 through 15 (must equal line 34)		7,392,274	16	8,350,790
1	7	Accounts payable and accrued expenses		17		
1:	8	Grants payable			18	
11	9	Deferred revenue			19	
2	0	Tax-exempt bond liabilities			20	
တ္က 2	1	Escrow or custodial account liability Complete Part IV of S	Schedule D		21	
Liabilities	2	Payables to current and former officers, directors, trustees	s, key			
詞		employees, highest compensated employees, and disqua	lified			
<u>.</u>		persons Complete Part II of Schedule L			22	
_ 2	23	Secured mortgages and notes payable to unrelated third p	parties		23	
2	24	Unsecured notes and loans payable to unrelated third par	ties		24	
2	25	Other liabilities Complete Part X of Schedule D			25	
2	26	Total liabilities. Add lines 17 through 25			26	
S		Organizations that follow SFAS 117, check here ▶ X	and			
Balances		complete lines 27 through 29, and lines 33 and 34.			1	
<u> </u>	27	Unrestricted net assets		7,392,274	27	8,350,790
8 2	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
ן קָּן		Organizations that do not follow SFAS 117, check her	e 🕨 🗌			
Assets or Fund		and complete lines 30 through 34.				
ος 3	30	Capital stock or trust principal, or current funds			30_	
3 Set	31	Paid-in or capital surplus, or land, building, or equipment f	und		31	
Q 3	32	Retained earnings, endowment, accumulated income, or	other funds		32	
	33	Total net assets or fund balances		7,392,274	+	8,350,790
$\bar{z} \mid_3$	34	Total liabilities and net assets/fund balances		7,392,274	34	8,350,790

Form **990** (2009)

orm	990 (2009) The Lindorf Family Foundation 31-1683202		Pag	ge 12
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
ь	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		L
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A. (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

The Lindorf Family Foundation

Employer identification number 31-1683202

Pa	ırt I	Reaso	n for Public Charity S	tatus (All organizations r	nust co	mplete	this pa	irt.) Se	e inst	ruction	าร		
				t is (For lines 1 through 11, che									
1				lation of churches described in s			A)(i).						
2	H	•	ribed in section 170(b)(1)(A)				~ ~						
3	H			organization described in section	on 170(b)(1)(A)(iii)							
4				n conjunction with a hospital des			70(b)(1)	(A)(iii)	Enter th	e hospit	al's name		
•	ш		arch organization operated in	Treorifunction with a nospital des	icinoca iii s	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. ((5)(1)	(~)().		c noopn	aro namo,		
_		city, and state	a approved for the basefit of	a college or university owned or	operated I	ny 2 00v0	romenta	Lunit de	ecribad	ın.			
5	ш				operated i	by a gove	mmema	i unii ue	scribed	111			
_		,)(1)(A)(iv). (Complete Part II	•	·· 470/L								
6		·		ernmental unit described in sect						L1			
7	لسا	•	•	bstantial part of its support from	a governr	nentai un	it or from	i the ger	nerai pu	DIIC			
			ection 170(b)(1)(A)(vi). (Cor										
8		•		0(b)(1)(A)(vi). (Complete Part II									
9				more than 33 1/3 % of its suppo									
		•	•	t functions—subject to certain ex	-					its			
		• • • •		unrelated business taxable inco			1 tax) fro	om busir	nesses				
			•	1975 See section 509(a)(2) (0	•	-							
10		•		clusively to test for public safety									
11	X			clusively for the benefit of, to pe						_			
				dorganizations described in sect						tion			
		509(a)(3). Che	eck the box that describes the	type of supporting organization			11e thro	_					
		a X Type		c Type III–Functiona	. •		d [e III–Otl	ner			
е	X			nization is not controlled directly									
		persons other	than foundation managers ar	nd other than one or more public	ly support	ed organi	zations	describe	d in sec	tion			
			ection 509(a)(2)										
f		If the organiza	tion received a written determ	nination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g				_
		organization, o											Ł,
g		Since August	17, 2006, has the organization	on accepted any gift or contribution	on from ar	ny of the							
		following pers	sons?										1
		(i) A person	who directly or indirectly con	trols, either alone or together wi	th persons	describe	d in (ii)					Yes	No
		and (III) b	elow, the governing body of t	the supported organization?							11g(ı)	<u> </u>	X
		(iı) A famıly r	member of a person describe	d in (i) above?							11g(II)	L	X
		(iii) A 35% co	ontrolled entity of a person de	escribed in (i) or (ii) above?							11g(iii)	<u> </u>	X
h		Provide the fo	ollowing information about the	supported organization(s)									
(1)	Nam	e of supported	(II) EIN	(III) Type of organization	(IV) Is the o	rganization	(v) Did y			s the	(vII) Am		
	or	ganization		(described on lines 1–9	ın col (ı) lıs	•		nization in of your	organizat	zed in the	supp	ort	
				above or IRC section (see instructions))	governing	document?		oort?		S?			
				<u>'</u>	Yes	No	Yes	No	Yes	No			
T	he	Licking	County Founda	tion			İ	1					
			31-6018618	8	X			X	X				
			-				İ						
					<u> </u>					L			
													
					ļ	ļ		ļ					
					-	ļ			₩				
					1		-		1 -				
Tot	al				<u> </u>					<u> </u>			

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form,990 or 990-EZ) 2009 The Lindorf Family Foundation Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

3601	ion A. Fublic Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received				·		
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						<u> </u>
Sec	tion B. Total Support						
Cal	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b					_	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)			I			
14	First five years. If the Form 990 is for the	•	second, third, four	th, or fifth tax year	as a section 501(c)	(3)	
	organization, check this box and stop here						
Sec	tion C. Computation of Public Su	···	 		-		
15	Public support percentage for 2009 (line 8,	• •	-	(f))		<u> </u>	5 %
16	Public support percentage from 2008 Sche			·		1_1	6 %_
	tion D. Computation of Investmen						
17	Investment income percentage for 2009 (lii			column (f))			7 %
18	Investment income percentage from 2008						8 %
19a	33 1/3 % support tests—2009. If the orga						⊾ r
-	17 is not more than 33 1/3 %, check this bo						_
b	33 1/3 % support tests—2008. If the orga						.
20	line 18 is not more than 33 1/3 %, check the	•	-			=	[-

Page 3

Schedule A (Form.990 or 990-EZ) 2009 The Lindorf Family Foundation

31-1683202

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions

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SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

The Lindorf Family Foundation

General Information on Grants and Assistance

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.

▶ Attach to Form 990.

Employer identification number

31-1683202

Open to Public Inspection 2009

OMB No 1545-0047

 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 	the amount of the gr ance? onitoring the use of g	ants or ass grant funds	sistance, the grantees' or in the United States	eligibility for the grants or as	sistance, and	X Yes
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete If the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	overnments and recipient that recipient that set (0) if additional set (1)	d Organ ceived r space is	izations in the Un nore than \$5,000. needed	Organizations in the United States. Complete if the organization answered "Yes" to served more than \$5,000. Check this box if no one recipient received more than \$5,00 pace is needed	of the organization and the receiver	answered "Yes" to ed more than \$5,000. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash (f) Metral assistance	(f) Method of valuation of book, FMV appraisal, non-cash assistance other)	of (h) Purpose of grant or assistance
Granville Studio of Visual Arts 537 Jones Rd						Program Support
Granville OH 43023	68-0668426	3	25,000			
The Society of St Vincent de Paul						Emergency Housing
Newark OH 43055	80-0191758	m	50,000			
The Works						
55 S 1st Street						Program Support
Newark OH 43055	31-1395941	9	25,000			
Central OH Youth for Christ						
PO Box 14804					_	Program Support
Columbus OH 43124	31-1011430	3	25,000			
Newark City Schools						
549 E Main Street						Purchase Equipment
Newark OH 43055	31-6400796		10,568			
RSVP of Licking County				İ		
PO Box 29						Program Support
Newark OH 43058	31-1339135	3	35,000			
Music Works and Arts Too		!				
208 N Main St						Support Museum
Utica OH 43080	54-2097046	3	10,000			
Dawes Arboreutum						
7770 Jacksontowne Rd SE					_	Program Support
Newark OH 43055	31-4379601	6	22,500			
				•		

2 Enter total number of section 501(c)(3) and government organizations

Enter total number of other organizations

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 DAA

Schedule I (Form 990) 2009

Schodule I (Fr	Schedule (Form 990) 2009 The Lindorf Family Foundat	Family Founda	ation 3	31-1683202		Page 2,
Part III	Grants and Other Assistance to Individuals in the	to Individuals in the	e United States. Co	mplete if the organiza	United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	rm 990, Part IV, line 22.
	Use Part IV and Schedule I-1 (Form 990) if additional space is needed	(Form 990) if additic	onal space is neede	.d.		
	(a) Type of grant or assistance	(b) Number of	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	omplete this part to	provide the informa	tion required in Part I,	line 2, and any other add	tional information

Part IV - Additional Information

grant request as well as the actual results of the program/project being The Lindorf Family Foundation requests that each grant recipient report back to the Foundation that the funds were used in accordance with the funded. Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009 Open to Public Inspection

OMB No 1545-0047

Name of the organization

The Lindorf Family Foundation

Employer identification number 31-1683202

Form 990, Part VI, Line 2 - Related Party Information Among Officers Christine Warner-Powell

Family Relationship

Melissa Warner-Bow

Family Relationship

Form 990, Part VI, Line 8b - Documentation by Committee Explanation Thsi organization does not have committees.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990

A copy of the form 990 was provided to each of the Organization's officers and board members prior to filing to allow ample time for review and comments.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Each board member is required to make full writted disclosure of any

interests, relationships, or holdings that could potentially result in a

conflict of interest.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
The Organization makes it's governing documents, form 1023, and form 990,
and conflict of interest policy available to the public upon request.