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

OMB No 1545-0052

2010

Int	emal R	Revenue Service Note. The foundation may	be able to use a copy of	this return to satisfy state	e reporting requirement	s Bolo
F	or ca	lendar year 2010, or tax year beginning		, 2010, and end	ding	, 20
G	Che	eck all that apply: Initial return	Initial return	of a former public cha	arity	Final return
		Amended return	Addre	ss change	Name change	
N	ame (of foundation			A Employer iden	tification number
G	ORM	AN FAMILY FOUNDATION			2	6-2710751
N	umbe	er and street (or P.O box number if mail is not delivere	d to street address)	Room/s	Uite B Telephone num	ber (see page 10 of the instructions)
			,			, , , ,
P	ο.	BOX 2599) –
_		town, state, and ZIP code			C If exemption app	olication is
_	ity Oi	town, state, and zir code			pending, check h	here · · · · · · · ·
м	AMC	FIELD, OH 44906			D 1 Foreign organ	
_				 		nizations meeting the ck here and attach
H	_	eck type of organization: X Section 501(computation	▶∟
7		Section 4947(a)(1) nonexempt charitable trust			E If private found	ation status was terminated
ı		1 —	unting method: X C	ash Accrual	under section 50	7(b)(1)(A), check here
			ther (specify)		I	n is in a 60-month termination
_			column (d) must be on	r casn basis.)	under section 50	7(b)(1)(B), check here . ▶
ŀ	'art	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d)	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable
		may not necessarily equal the amounts in	éxpenses per books	income	income	purposes
_		column (a) (see page 11 of the instructions))				(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	0.			
	2	Check The foundation is not required to attach Sch B	name to a constitution of which the company of the constitution of		·	Charles Table America
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	30,987.	30,987		ATCH 1
	5a	Gross rents	~*			
	b	Net rental income or (loss)				· z,
<u>o</u>	6a Net gain or (loss) from sale of assets not on line 10		273,856.			
evenue	b Gross sales price for all 314, 184.					` .
Š	7	Capital gain net income (from Part IV, line 2)		273,856		,
Ľ	8	Net short-term capital gain				
	9	Income modifications · · · · · · · · · · ·				
	10 a	Gross sales less returns and allowances • • • • •				
	b	Less Cost of goods sold .				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	1,500.		·	ATCH 2
	12	Total. Add lines 1 through 11	306,343.	304,843		
	13	Compensation of officers, directors, trustees, etc	0.			
	14	Other employee salaries and wages				
ses	15	Pension plans, employee benefits				
==		Legal fees (attach schedule)				
Exp	b	Accounting fees (attach schedule)			RE	CEIVED
V8.E		Other professional fees (attach schedule). * .	4,349.	4,349.	Parameter And	
-	17	Interest			8 NO.	U a p 2011 O
	18	Taxes (attach schedule) (see page 14 of the instructions)	200	200.	12 NO.	√ 2 2 2011
ILIS	19	Depreciation (attach schedule) and depletion.				<u> </u>
E	20	Occupancy				DEN IIT
Ž						U
ĵÛE	21	Travel, conferences, and meetings	· · · · · ·		-	
ğ	22	Printing and publications				
Ĭ	23	Other expenses (attach schedule)				-
pera	24	Total operating and administrative expenses.	4,549.	4,549.		
5		Add lines 13 through 23	50,000	3,535.		50,000
-	25	Contributions, gifts, grants paid	54,549.	4,549.		50,000
4	26	Total expenses and disbursements Add lines 24 and 25	34,349.	4,549.	 	30,000
	27	Subtract line 26 from line 12	251 704			
		Excess of revenue over expenses and disbursements	251,794.	300 304	 	
		Net investment income (if negative, enter -0-)		300,294.		
	С	Adjusted net income (If negative, enter -0-)				<u> </u>

Part I		Ralance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	End of year		
<u>_</u>	art II	Ligarance oncers	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-beam	ing	1,625.	7,795.	7,795.		
	2	Savings and temporary	cash investments					
	3	Accounts receivable ▶	1,683.					
		Less: allowance for dou	btful accounts ▶	1,589.	1,683.	1,683.		
	4							
]		btful accounts ▶					
	5							
	6		officers, directors, trustees, and other					
			ach schedule) (see page 15 of the instructions)					
	7		receivable (attach schedule)					
			btful accounts ▶					
ω.	8		se					
ssets	9		eferred charges					
Ass	10 a		e government obligations (attach schedule)					
`	ı		stock (attach schedule)					
	ľ		bonds (attach schedule).					
	11	Investments - land, buildings and equipment basis Less accumulated deprecia (attach schedule)	s, •			-		
	12	Investments - mortgage	loans					
	13 14	carloment basis	ach schedule) ATCH 5	1,018,810.	1,330,108.	1,583,187.		
		Less accumulated deprecia (attach schedule)	ation					
	15	Other assets (describe	>)					
	16		completed by all filers - see the					
_		instructions. Also, see p	age 1, item I)	1,022,024.	1,339,586.	1,592,665.		
	17	Accounts payable and a	ccrued expenses			a di		
	18	Grants payable				ما د ما الم		
es	19	Deferred revenue						
Liabilities	20	Loans from officers, directo	rs, trustees, and other disqualified persons			3.1		
ap	21	Mortgages and other no	ites payable (attach schedule)			,		
٦	22	Other liabilities (describe	· ►)			1.42		
_	23	Total liabilities (add line	s 17 through 22)		0.			
			low SFAS 117, check here ▶ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐			Property Constitution of the Constitution of t		
nces	24	Unrestricted				÷		
aŭ	25	Temporarily restricted .						
Bal	26							
Fund	25 26 27	Foundations that do check here and com	not follow SFAS 117, plete lines 27 through 31. ▶ X			erando areas a barra a las		
5	27		cipal, or current funds					
ets	28	Paid-in or capital surplus, or	land, bldg , and equipment fund			-		
SS	28 29 30	Retained earnings, accumu	ulated income, endowment, or other funds					
t A	30	Total net assets or f	und balances (see page 17 of the					
Ne		instructions)			0.			
	31	Total liabilities and net	t assets/fund balances (see page 17					
		of the instructions)		0.	0.			
Р	art II	Analysis of Cha	inges in Net Assets or Fund E	Balances				
_			alances at beginning of year - Part I		must agree with			
			on prior year's return)			1,022,024.		
2			ine 27a			251,794.		
3	Othe	r increases not include	ed in line 2 (itemize)		3			
4	Add !					1,273,818.		
		eases not included in	lin = 0 (d=====) >		· · · · · · · · · -			
			lances at end of year (line 4 minus li	ine 5) - Part II, column (h'		1,273,818.		
_						Form 990-PF (2010)		

(a) List and	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr.)	(d) Date sold (mo , day, yr)		
1a SEE PART IV SCHE	rick warehouse; or common stock, 200 EDULE		D-DODBUOK	, , , , , ,	
b			-		
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
а					
b					
С					
d					
е	 				
Complete only for assets	showing gain in column (h) and owne	d by the foundation on 12/31/69		Gains (Col. (h) g	
(i) F.M V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col. (j), ıf any	col.	(k), but not less t Losses (from co	
а					
b					
С					
d				-	
e			<u> </u>		
2 Capital gain net income or		gain, also enter in Part I, line 7			273,856.
2 Not about town constal acou		(loss), enter -0- in Part I, line 7	2		273,030.
	or (loss) as defined in sections 12				
_	line 8, column (c) (see pages 13				
Part V Qualification (Index Section 4940(a) for Pa	duced Tax on Net Investment I	ncome		
	· · · · · · · · · · · · · · · · · · ·	e section 4940(a) tax on net investi		me)	
		outable amount of any year in the b	ase period	j?	Yes X No
<u>`</u>		; see page 18 of the instructions be	efore mak	ıng anv entries.	
(a)	(b)	(c)		(d)	
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		Distribution ra (col (b) divided by	
2009	20,000.	1,177,294.			0.016988
2008		67,007.			
2007					
2006					
2005					
2 Total of line 1, column (d)			2		0.016988
3 Average distribution ratio	for the 5-year base period - divide	e the total on line 2 by 5, or by the			
number of years the found	dation has been in existence if less	s than 5 years	3	<u> </u>	0.008494
4 Enter the net value of non	charitable-use assets for 2010 fro	om Part X, line 5	4	1,	470,595.
5 Multiply line 4 by line 3	5		12,491.		
6 Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6		3,003.
7 Add lines 5 and 6			7		15,494.
8 Enter qualifying distribution If line 8 is equal to or gree Part VI instructions on page	8 hat part u	using a 1% tax	50,000.		

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of t	ne ins	tructio	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 ruling letter if necessary - see instructions)			
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check		3,0	03.
	here X and enter 1% of Part I, line 27b			
С	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-) 2			
3	Add lines 1 and 2		3,0	03.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		3,0	03.
6	Credits/Payments:			
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a			
b	Exempt foreign organizations-tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868) 6c 6, 100.			
d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d		6,1	100.
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached			<u>9.</u>
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			88.
11	Enter the amount of line 10 to be: Credited to 2011 estimated tax ▶ Refunded ▶ 11		3,0	88.
Par	t 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		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
	of the instructions for definition)?	1 b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			۱.,
С	Did the foundation file Form 1120-POL for this year?	1 c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation >\$(2) On foundation managers >\$			l
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			1
	on foundation managers. ► \$.,
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities.			ŀ
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		-	l v
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		$\frac{\hat{x}}{x}$
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		
	If "Yes," attach the statement required by General Instruction T			Ì
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			ļ
	By language in the governing instrument, or			}
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	_		x
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7		
8a	· · · · · · · · · · · · · · · · · · ·			•
	instructions) ▶ OH,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	.	х	Ì
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page			x
	27)? If "Yes," complete Part XIV	9		 ^
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			x
	names and addresses	10	0-PF	Ь
		nrm 44		

orm	990-PF (2010)		F	age 5
	t VII-A Statements Regarding Activities (continued)			
_	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
11	•	11		X
	= ''' '			
12		12		Х
	August 17, 2008?		Х	
13	NT / A	13		
	Website duti ess	-12	7	
14	The books are in care of ▶ JAMES GORMAN Located at ▶P.O. BOX 2599 MANSFIELD, OH ZIP+4 ▶ 44906	_===	==	
	Located at Pr.O. Box 2399 MANSFIELD, On ZIP+4 1990			ТТ
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in field of Form 1041 - Check field 1111-1111	• • •	• • •	
	and enter the amount of tax-exempt interest received or accrued during the year		T., -	
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority	١	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	L——	<u> </u>
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter			
	the name of the foreign country	<u> </u>		
Par	t 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.	<u> </u>	Yes	No
1a	During the year did the foundation (either directly or indirectly).			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?	ŀ		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?		ŀ	,
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days) Yes X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	•		
_	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	1b		X
	Organizations relying on a current notice regarding disaster assistance check here	•		
_	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	ļ		
·	were not corrected before the first day of the tax year beginning in 2010?	1 c		X_
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):	1		
	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and	1		
٩	6e, Part XIII) for tax year(s) beginning before 2010?	1		
	If "Yes," list the years			
	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
U	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			l
	all years listed, answer "No" and attach statement - see page 22 of the instructions.)	2 b		х
_	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
C				•
_	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
3 a		ļ		
	at any time during the year?			
ь	of "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or	Ì	1	1
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			1
	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	2.		
	foundation had excess business holdings in 2010)	3b		x
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a		
ь	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	 		x
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4 b	ــــــــــــــــــــــــــــــــــــــ	-

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orm 990-PF (201	0)					Page 6
Part VII-B	Statements Regarding Activities for	or Which Form 4	720 May Be Requ	ired (continued)		
(1) Carry (2) Influed directle (3) Provide section (5) Provide section	e year did the foundation pay or incur any amout on propaganda, or otherwise attempt to influence the outcome of any specific public election by or indirectly, any voter registration drive? The a grant to an individual for travel, study, or other a grant to an organization other than a chart of 509(a)(1), (2), or (3), or section 4940(d)(2)? The for any purpose other than religious, chantaises, or for the prevention of cruelty to children descriptions.	nce legislation (section in (see section 4955), of the similar purposes? table, etc., organization (see page 22 of the inside, scientific, literary,	or to carry on, on described in structions) or educational	Yes X No		
	wer is "Yes" to 5a(1)-(5), did any of the trans is section 53 4945 or in a current notice regard				5b	
Organizati c If the answ because if	ons relying on a current notice regarding disast wer is "Yes" to question 5a(4), does the foundar maintained expenditure responsibility for the gittach the statement required by Regulations sec	ter assistance check hation claim exemption rant?	nere	, i	•	
	undation, during the year, receive any funds, o	•		Yes X No		1
•	anal benefit contract? undation, during the year, pay premiums, direc			• —	6ь	
If "Yes" to	6b, file Form 8870					
•	e during the tax year, was the foundation a pa	•				${x}$
	id the foundation receive any proceeds or have information About Officers, Directors					^
a	ind Contractors					
1 List all of	ficers, directors, trustees, foundation m					
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all	
ATTACHMI			0.	0.		0
	ation of five highest-paid employees (ot nter "NONE."	her than those inc	luded on line 1 - se		ructions).	
(a) Name and	address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all	
NONE						
- 						
otal number	of other employees hald over \$50,000	<u> </u>				

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Form 990-PF (2010)

Form 990-PF (2010)	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emplo and Contractors (continued)	yees,
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If n	one, enter "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
	NONE
Total number of others receiving over \$50,000 for professional services	NONE
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 N/A	
1 - 1/	
2	
3	
4	
	<u></u>
Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)	· · · · · · · · · · · · · · · · · · ·
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 NONE	
	
2	
All other program-related investments. See page 24 of the instructions	
3 NONE	
<u> </u>	
Total, Add lines 1 through 3	

Pa	 Minimum Investment Return (All domestic foundations must complete this part. Foreisee page 24 of the instructions.) 	gn foundatior	ns,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc,		
	purposes:		
а	Average monthly fair market value of securities	1a	1,492,990.
b	Average of monthly cash balances	1b	
С	Fair market value of all other assets (see page 25 of the instructions)	1c	0.
	Total (add lines 1a, b, and c)	1d	1,492,990.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e	1	
2	Acquisition indebtedness applicable to line 1 assets	1 2	0.
3	Cubinest line 2 from line 4d	3	1,492,990.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		
		4	22,395.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,470,595.
6	Minimum investment return. Enter 5% of line 5	6	73,530.
	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privations and certain foreign organizations check here and do not complete this private that the private is the private that the pr		
1	Minimum investment return from Part X, line 6	1	73,530.
2 a	Tax on investment income for 2010 from Part VI, line 5 2a 3,003.		
b	Income tax for 2010. (This does not include the tax from Part VI.)	1	
	Add lines 2a and 2b	2c	3,003.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	70,527.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	70,527.
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	70,527.
Pa	art XII Qualifying Distributions (see page 25 of the instructions)	<u> </u>	
	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
' a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	50,000.
b		1b	0.
2	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1.5	
2		2	0.
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	0.
ь	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	50,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		<u> </u>
-	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	3,003.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	46,997.
J	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	L	
	qualifies for the section 4940(e) reduction of tax in those years.	iouating whet	no. the realitation

Pa	rt XIII Undistributed Income (see page	e 26 of the instruction	ons)		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2010 from Part XI,	Corpus	Years prior to 2009	2009	2010
	line 7				70,527.
2	Undistributed income, if any, as of the end of 2010				
а	Enter amount for 2009 only			40,646.	
b	Total for pnor years 20 08 ,20 07 ,20 06				
3	Excess distributions carryover, if any, to 2010.				
а	From 2005				
	From 2006				
С	From 2007	1			
ď	From 2008				
e	From 2009				
	Total of lines 3a through e	0.			
4	Qualifying distributions for 2010 from Part XII,				
	line 4 ▶ \$ 50,000.				
а	Applied to 2009, but not more than line 2a			40,646.	
ь	Applied to undistributed income of prior years (Election	•			
	required - see page 26 of the instructions)				
C	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d	Applied to 2010 distributable amount				9,354.
	Remaining amount distributed out of corpus	0.	many den		
5	Excess distributions carryover applied to 2010	0.			Ö.
	(If an amount appears in column (d), the same				
6	amount must be shown in column (a).) Enter the net total of each column as				
-	indicated below:	Ţ.	`		
а	Corpus Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b	Prior years' undistributed income. Subtract				•
	line 4b from line 2b	·			
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has	•			
	been previously assessed	 			
ď	Subtract line 6c from line 6b Taxable				
	amount - see page 27 of the instructions				
е	Undistributed income for 2009. Subtract line 4a from line 2a Taxable amount - see page		١.		
	27 of the instructions				
f	Undistributed income for 2010 Subtract lines				
	4d and 5 from line 1 This amount must be	- w capacinates as a management	;		(1 172
-	distributed in 2011				61,173.
7	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
8	instructions)				
•	applied on line 5 or line 7 (see page 27 of the				
_	instructions)				
9	Excess distributions carryover to 2011.	0.			
4.0	Subtract lines 7 and 8 from line 6a	<u></u>			
	Analysis of line 9 Excess from 2006				
	Excess from 2006				
	Excess from 2007				
	Excess from 2009				
	Excess from 2010 0 .				

Pa	rt XIV Private Oper	rating Foundations	(see page 27 of the	e instructions and Pa	rt VII-A, question 9)	NOT APPLICABLE			
1 a	,If the foundation has	received a ruling or d	etermination letter tha	at it is a private oper	rating				
	foundation, and the rulin				. ▶				
b	Check box to indicate wh				4942()(3) or 4942(J)(5)			
		Tax year	T T	Prior 3 years	 				
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total			
	for the minimum investment		(0)200	(0) 2 3 5 5					
	return from Part X for each								
	year listed		<u> </u>	-					
b	85% of line 2a								
С	Qualifying distributions from Part								
	XII, line 4 for each year listed								
a	Amounts included in line 2c not used directly for active conduct of exempt activities								
е									
	directly for active conduct of exempt activities. Subtract line]							
	2d from line 2c								
3	Complete 3a, b, or c for the								
а	alternative test relied upon "Assets" alternative test - enter								
_	(1) Value of all assets				_				
	(2) Value of assets qualifying								
	under section								
b	4942(j)(3)(B)(i) "Endowment" alternative test-								
	enter 2/3 of minimum invest-								
	ment return shown in Part X,								
_	line 6 for each year listed "Support" alternative test - enter								
٠	(1) Total support other than			İ	•	-			
	gross investment income								
	(interest, dividends, rents, payments on secunties								
	loans (section 512(a)(5)),								
	or royalties)					 			
	(2) Support from general public and 5 or more								
	exempt organizations as								
	provided in section 4942 (j)(3)(B)(iii)					<u> </u>			
	(3) Largest amount of sup-								
	port from an exempt organization								
	(4) Gross investment income				<u>l</u>	<u> </u>			
Pa	rt XV Supplement	ary Information (C	omplete this part	only if the found	lation had \$5,000	or more in assets			
		during the year - se		nstructions.)					
1	Information Regardin								
а	List any managers of	the foundation who h	nave contributed mor	re than 2% of the tota	al contributions receiv	red by the foundation			
	before the close of any	y tax year (but only if ti	ney nave contributed	more than \$5,000). (S	see section 507 (a)(2).)				
	JAMES GORM	AN							
b	List any managers of	the foundation who	own 10% or more of	of the stock of a corp	oration (or an equally	large portion of the			
	ownership of a partne	rship or other entity) o	f which the foundatio	n has a 10% or greate	r interest.	• .			
	ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.								
	N/A	N/A							
2	Information Regardin	g Contribution, Grant	, Gift, Loan, Scholars	hip, etc., Programs:					
	Check here ▶ if t	he foundation only	makes contributions	to preselected char	itable organizations a	and does not accept			
	unsolicited requests 1	for funds. If the foun	dation makes gifts.	grants, etc. (see page	e 28 of the instruction	ons) to individuals or			
	organizations under of					•			
_	The name, address, a	nd telephone number	of the person to who	m applications should b	oe addressed:				
d	N/A	ind telephone number	of the person to who	in applications should t	Je addressed.				
-		Bankana akanda ka arr	hanistad and informat	on and materials the	cohould include:				
b	The form in which app	ilications should be su	omitted and informat	ion and materials they	snould include:				
	37 / 3								
	N/A								
С	Any submission dead	ines:							
	N/A								
d	Any restrictions or li	mitations on awards	, such as by geogr	aphical areas, charita	able fields, kınds of	institutions, or other			
	factors:								
	N/A								

Form 990-PF (2010)				Page 11
Part XV · Supplementary Information (continued)			
3 Grants and Contributions Paid Duri Recipient Name and address (home or business)	ng the Year or Appr	oved for F	-uture Payment	1
Name and address (home as business)	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
Name and address (nome or business)	or substantial contributor	recipient		
a Paid during the year				
ATTACHMENT 7				
		<u>'</u>		
		L		50.000
Total	· · · · · · · · · · · · · · · · · · ·		▶ 3a	50,000
b Approved for future payment				
	1			
		[
Total			▶ 3h	

Part XV		icina Activ	vities			Page 12
	amounts unless otherwise indicated.		ated business income	Excluded by	y section 512, 513, or 514	(e)
	n service revenue	(a) Business code	(b)	(c) Exclusion code	(d)	Related or exempt function income (See page 28 of the instructions)
d						
e				ļ <u> </u>		
1				· 		
_	and contracts from government agencies			<u> </u>		
	rship dues and assessments			 		
	ds and interest from securities					
	tal income or (loss) from real estate					· · · · · · · · · · · · · · · · · · ·
	t-financed property					
	debt-financed property					
	al income or (loss) from personal property .					
7 Other in	nvestment income					
	(loss) from sales of assets other than inventory			ļ		· · · · · · · · · · · · · · · · · · ·
	ome or (loss) from special events			<u> </u>		
	profit or (loss) from sales of inventory					
	evenue a			ļ-·		·
				<u> </u>		
e						
12 Subtota	I Add columns (b), (d), and (e)					
	dd line 12, columns (b), (d), and (e)				13	
	heet in line 13 instructions on page 29			A D		
Part XVI						
Line No. ▼	Explain below how each activit accomplishment of the foundation instructions.)					
	, , , , , , , , , , , , , , , , , , , ,					
				-		
						
						
						
	·					
						· · · - · · · · · · · · · · · · · · · ·
						
				·		
						
	-					
						
	<u> </u>					

		 Exempt Orga 	nizations						
1 D	d the	organization directly	y or indirectly s	engage in any of the f	following with	any other organization described		Yes	No
in	sect	ion 501(c) of the C	ode (other than	section 501(c)(3) organ	izations) or in	n section 527, relating to political			
	-	ations?							
		. •		nchantable exempt organiza					
							1a(1)		X
•	•				• • • • • • •		1a(2)		<u> </u>
		ansactions					45/43		х
							1 1		X
•	•			· -					x
									х
							1 1		Х
	•						1 1		Х
•	•		•	=					X
	_		· ·			e. Column (b) should always show		fair r	narket
						on. If the foundation received less			
va	ilue ii	n any transaction or	sharing arrang	ement, show in column	(d) the valu	ue of the goods, other assets, or	servi <u>ce</u>	s rec	eived.
(a) Line	no	(b) Amount involved	(c) Name of no	oncharitable exempt organizati	on (d) D	Description of transfers, transactions, and sha	лпд аттаг	ngeme	nts
		N/A			N/A	<u> </u>			
				··					
	-								
	-			···					
					- -			-	
	-						*		
	-								
	-+								
	\dashv								
					Ì				
2a Is	the	foundation directly	or indirectly aff	iliated with, or related	to, one or	more tax-exempt organizations	r	_	٦.
de	scribe	ed in section 501(c) of t	the Code (other th	an section 501(c)(3)) or in	section 527?.		Ye	s 🔼	No No
b If	"Yes,	complete the following	g schedule.			<u> </u>			
		(a) Name of organization	1	(b) Type of organiz	zation	(c) Description of relation	ship		
ü									
				·					
<u> </u>			<u>-</u>						
					· · · · · · · · · · · · · · · · · · ·				
	Unde	r nenalties of periun/al de	eclare that I have e	vamined this return uncluding	accompanying s	schedules and statements, and to the best	of my kr	nowled	ge and
Sign	belief	it is true, correct, and con	nplete Declaration o	f preparer (other than taxpayer	or fiduciary) is be	ased on all information of which preparer has	any kno	owledge	e
Here		Ylm (X)	-a		HNOV	RANTHER LOS			
1616	Si	gnature of officer or truste	e		Date	Title			
		Print/Type preparer's		Preparer's signature		Date	PTIN		
חבו ש				100	0	Check			
Paid		THOMASP. Ruo	zBoum	Thurs 1: (ac	Y	11/6/20/1 self-employed	P003	5100	53
Prepa			ANT THORNT		0	Firm's EIN ► 36-6	0555	58	
Use O	nly	Firm's address ▶ 12	28 EUCLID	AVENUE, SUITE 8	00				
		Cr	EVELAND,	он	4	14115 Phone no 216-7	71-1	400	
						F	om 99	0-PF	(2010)

SCHEDULE D (Form 1041)

Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for

OMB No 1545-0092

Internal Revenue Service Name of estate or trust

Department of the Treasury

GORMAN FAMILY FOUNDATION

Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

Employer identification number

26-2710751

Note	e: Form 5227 filers need to complete only Pa						
Par		1	Held One Ye	ar or Less	T		(f) Gain or (loss) for
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other to (see instruction		the entire year Subtract (e) from (d)
1a							
		-					
	Enter the short-term gain or (loss), if any,	from Schedule D	-1. line 1b			1b	
2	Short-term capital gain or (loss) from Forr	ns 4684, 6252,	6781, and 882	4		2	
3	Net short-term gain or (loss) from partner					3	
4	Short-term capital loss carryover. Enter the Carryover Worksheet					4	(
5	Net short-term gain or (loss). Combine lin	es 1a through 4	in column (f).	Enter here and on line	e 13,	5	
Par	column (3) on the back	es - Assets Held	More Than Or	ne Year		<u> </u>	L
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other b		(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a							
		ļ					
	Enter the long-term gain or (loss), if any, fi	rom Schedule D-	1. line 6b		1	6b	273,856
7	Long-term capital gain or (loss) from Forn					7	
•							
8	Net long-term gain or (loss) from partners	hips, S corporati	ons, and other	estates or trusts		8	
9	Capital gain distributions					9	
0	Gain from Form 4797, Part I					10	
1	Long-term capital loss carryover. Enter the Carryover Worksheet	•	-	•		11	(
12	Net long-term gain or (loss). Combine line column (3) on the back	s 6a through 11	in column (f).	Enter here and on lin	e 14a,	12	273,856

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2010

Figure the tax on the amount on line 17. Use the 2010 Tax Rate Schedule for Estates and Trusts

33

Add lines 30 and 31

G, line 1a (or Form 990-T, line 36)

GORMAN FAMILY FOUNDATION					Employer identification number 26-2710751		
Part II Long-Term Capital Gains an	d Losses - Asse	ts Held More Tha	n One Year				
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)		
Ga WW GRAINGER	VAR	04/19/2010	314,184.	40,328.	273,856		
							
				- · · · · ·			
				· · · · · · · · · · · · · · · · · · ·			
			·				
				·····			
6b Total. Combine the amounts in colum	n (f) Enter here a	nd on Schedule D. III	ne 6b		273,856		

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of Property Capital Gains and Losses For Tax on Investment of Property Bescription Gross sale price less expenses of sale Depreciation allowed/ other as of as of price less expenses of sale WW GRAINGER PROPERTY TYPE: SECURITIES 40,328.	of er	Date acquired Gain or (loss)	Date sold
price less allowed/ other as of as of FMV over the expenses of sale allowable basis 12/31/69 12/31/69 adjust basis 12/31/69 PROPERTY TYPE: SECURITIES	of er IS	Gain	
price less allowed/ other as of as of FMV over the period of the period	er IS	i or	
WW GRAINGER PROPERTY TYPE: SECURITIES		(loss)	
PROPERTY TYPE: SECURITIES	I	1	
PROPERTY TYPE: SECURITIES		VAR	04/19/2010
		273,856.	
		į	
OTAL GAIN(LOSS)		273,856.	
OTAL GAIN(LOSS)	٠.	<u> </u>	
			į
	}		
			}
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		}	
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			1

	NET INVESTMENT INCOME	30,987.	30,987.
	REVENUE AND EXPENSES PER BOOKS	30,987.	30,987.
			TOTAL
, 1,111 (1,100) the transfer of	DESCRIPTION	JP MORGAN	

FORM 990PF, PART I - OTHER INCOME

REVENUE

AND

EXPENSES PER BOOKS

1,500.

DESCRIPTION
K-1 DISTRIBUTION

TOTALS

1,500.

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OPF PART T O	C T T T T T T
990PF PART 1 - O	C T TYTT ' TOC'
7 990PF PART 1 O	C T TYTT T TOO T
RM 990PF PART T - C	C T TYTT ' TOC'
7 990PF PART 1 O	C T TYTT T TOO T

E GN	INVESTMENT	INCOME	4,349.	4,349.
REVENUE ANA	EXPENSES	PER BOOKS	4,349.	4,349.
				TOTALS
		DESCRIPTION	AGENCY FEES	

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NET INVESTMENT INCOME	200.	200.
KEVENUE AND EXPENSES PER BOOKS	200.	200.
		TOTALS
DESCRIPTION	STATE OF OHIO	

INVESTMENTS	
OTHER	
ı	
II	
PART	
990PF,	
FORM	

ON	
DESCRIPTIO	

$\frac{\text{ENDING}}{\overline{\text{FMV}}}$	1,583,187.	1,583,187.
ENDING BOOK VALUE	1,330,108.	1,330,108.
		TOTALS
DESCRIPTION	COMMON STOCK	

		7
		81,
		99.
		01

EXPENSE ACCT AND OTHER ALLOWANCES	.0	0
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	.0	0
COMPENSATION		0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION		GRAND TOTALS
NAME AND ADDRESS	JAMES GORMAN P.O. BOX 2599 MANSFIELD, OH 44906	

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	AND	AND ADDRESS FOUNDATION STATUS OF RECIPIENT PURPOSE OF GRANT OR CONTRIBUTION	ECHNICAL COLLEGE 501(C)(3)	
		RECIPIENT NAME AND ADDRESS	NORTH CENTRAL TECHNICAL COLLEGE	

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

50,000,
TOTAL CONTRIBUTIONS PAID

50,000.

AMOUNT

Form **8868**

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenue	ntemal Revenue Service ► File a separate application for each return.						
• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box							
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)							
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868							
a corporation 8868 to req Return for	Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Chanties & Nonprofits.						
		Month Extension of Time. On				<u> </u>	
				atic 6-month extension - check this b	ox and co	omplete	-
						•	
All other cor	porations (i	ncluding 1120-C filers), partnersh	ıps, REMIC	S, and trusts must use Form 7004 to	 request a	n extension c	of time
to file income			,		•		
Type or	Name of ex	empt organization			Employe	r identification	number
print	GORMAN	FAMILY FOUNDATION			26	-2710751	
File by the	Number, st	reet, and room or suite no. If a P.O. box	ς see instruc	ctions			
due date for	P.O. B	OX 2599					
filing your return See	City, town o	or post office, state, and ZIP code For	a foreign ad	dress, see instructions		*	
Instructions	MANSFI	ELD, OH 44906					
Enter the Re	turn code f	or the return that this application i	s for (file a	a separate application for each return)		. 0 4
Application			Return	Application			Return
ls For			Code	Is For			Code
Form 990			01	Form 990-T (corporation)			07
Form 990-BL			02	Form 1041-A		•	08
Form 990-E2			03	Form 4720			09
Form 990-PF			04	Form 5227			10
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)		06	Form 8870			12	
payment insti				,			

Form 8868

(Rev, January 2011)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

► File a separate application for each return.

OMB No 1545-1709

• If y	ou are	filing for an Automatic 3-Month Extension,	complete o	only Part I and check this box		_ X		
		filing for an Additional (Not Automatic) 3-M						
Do no	ot comp	olete Part II unless you have already been gra	nted an au	tomatic 3-month extension on a pre	viously filed Form 8868	3.		
Flocts	ronic fi	ling (offic) Vou can electronically file Form	8868 if vo	u pand a 3 month automatic outon	sion of time to file (6 i	mantha far		
	Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form							
8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information								
Retur	n for	Transfers Associated With Certain Persona	al Benefit	Contracts, which must be sent to	the IRS in paper fo	ormat (see		
ınstru	ctions).	. For more details on the electronic filing of the	his form, vi	sit <u>www.irs gov/efile</u> and click on e-f	ile for Chanties & Nong	orofits.		
Part	Au	tomatic 3-Month Extension of Time. Or	nly submit	original (no copies needed).				
A corp	poratio	n required to file Form 990-T and requesting	an autom	atic 6-month extension - check this t	oox and complete			
Part I	only .					▶ 🔲		
All oth	her cor	porations (ıncludıng 1120-C filers), partnersh	nps, REMIC	Cs, and trusts must use Form 7004 to	request an extension o	f tıme		
to file	ıncom	e tax returns.						
Type	or	Name of exempt organization			Employer identification	number		
print		GORMAN FAMILY FOUNDATION			26-2710751			
File by t	the	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions				
due dat		P.O. BOX 2599						
filing yo		City, town or post office, state, and ZIP code For	a foreign ad	dress, see instructions				
instruct	ions	MANSFIELD, OH 44906						
Enter	the Re	turn code for the return that this application	is for (file a	a separate application for each return)	0 4		
Applic	cation	.,,	Return	Application		Return		
Is For			Code	Is For		Code		
Form	990		01	Form 990-T (corporation)		07		
Form	990-BL	•	02	Form 1041-A		08		
Form	990-EZ	,	03	Form 4720		09		
Form	990-PF	:	04	Form 5227		10		
Form	990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069		11		
Form 990-T (trust other than above)		06	Form 8870	·	12			
Tele If the	ephone ne orga	s are in the care of JAMES GORMAN No 419 7551223 Inization does not have an office or place of a Group Return, enter the organization's for	— business in			. >		
for the	e whole	e group, check this box ▶ 🔲 🛚 li	f it is for pa	rt of the group, check this box	▶ and atta	ich		
a list v	with the	names and EINs of all members the extensi	on is for					
ι	until			quired to file Form 990-T) extension panization return for the organization		tension is		
Ţ	or the	organization's return for						
	^ ^_	calendar year 20 <u>10</u> or						
,	- []	calendar year 20 <u>1 0</u> or tax year beginning	, 20	, and ending	, 20			
	f the ta	x year entered in line 1 is for less than 12 m hange in accounting period						
3a l	f this a	application is for Form 990-BL, 990-PF, 99	0-T, 4720	, or 6069, enter the tentative tax	, less any			
r	nonrefu	ndable credits. See instructions.			3a \$			
b i	fthis	application is for Form 990-PF, 990-T,	4720, or	6069, enter any refundable cre				
<u>e</u>	estimat	ed tax payments made Include any prior yea	r overpaym	ent allowed as a credit	3b \$			
		Due. Subtract line 3b from line 3a. Include		ent with this form, if required, by us	ing EFTPS			
		nic Federal Tax Payment System). See instru			3c \$			
Cautio	on. If y	ou are going to make an electronic fund v	vithdrawal	with this Form 8868, see Form 8	453-EO and Form 88	79-EO for		

payment instructions.

Form 88	68 (Rev 1-2011)				Page 2		
	ou are filing for an Additional (Not Automatic) 3-M	onth Exter	sion, complete only Part II and che	ck this box			
•	Only complete Part II if you have already been gra						
	ou are filing for an Automatic 3-Month Extension,		·	•			
Part				copies needed).			
Туре			,	Employer identification	number		
print	ypo or						
•	by the Number, street, and room or suite no. If a P.O. box, see instructions						
extended	D D BOY 2500						
due date filing you	:10/	City, town or post office, state, and ZIP code. For a foreign address, see instructions					
return See MANGETEID OU 44006							
nstructio	ons PERMSETELD, OH 44300						
Enter t	he Return code for the return that this application	ıs for (file a	a separate application for each return)	. 0 4		
Applic	ation	Return	Application		Return		
s For		Code	ls For		Code		
Form 9	990	01	1				
	990-BL	02	Form 1041-A	2 4117 1117 1117	08		
Form 9	990-EZ	03	Form 4720		09		
Form 9	990-PF	04	Form 5227		10		
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11		
	990-T (trust other than above)	06	Form 8870		12		
	Do not complete Part II if you were not already	1		a previously filed Form			
	books are in the care of ▶ JAMES GORMAN	J					
	phone No. ▶ 419 755-1223		FAX No. ▶ 419 755-1223				
	e organization does not have an office or place of			· · · · · · · · · · · · · · · · · · ·			
	is is for a Group Return, enter the organization's fo				P L		
	whole group, check this box						
	n the names and ElNs of all members the extension		int of the group, check this box	P and atte	acii a		
	request an additional 3-month extension of time u		11/15	20_11			
					20		
	or calendar year 2010, or other tax year beginn		, 20 , and ending		20		
6 If	the tax year entered in line 5 is for less than 12 m	ionins, ched	ck reason Initial return	J Fınal return			
7 C	Change in accounting period	י זגוא∩די	TIME TO DECLIESTED TO CAT	ישטי סשטי			
	tate in detail why you need the extension ADDIT NFORMATION NCESSARY TO FILE A CON			.nek ine			
_	MICHAILON NCESSARI TO FILE A COR	TELLETE F	AND ACCORATE RETURN.				
_				 			
0 - 16	the application in the Fermi 000 DL 000 DE 00	00 T 4700					
	this application is for Form 990-BL, 990-PF, 99	90-1, 4/20	, or 6069, enter the tentative tax	- I I	C 100		
_	onrefundable credits. See instructions.	4700		8a \$	6,100.		
	this application is for Form 990-PF, 990-T,	-	•				
	stimated tax payments made. Include any pr	or year o	verpayment allowed as a credit	· ==	C 100		
_	mount paid previously with Form 8868.			8b \$	6,100.		
	alance Due. Subtract line 8b from line 8a Include		ent with this form, if required, by us	· · · · · · · · · · · · · · · · · · ·			
(t	Electronic Federal Tax Payment System) See instru			[8c]\$			
	Sigr enalties of perjury, I declare that I have examined this form, correct, and complete, and that I am authorized to prepare this form.	including acc	d Verification ompanying schedules and statements, and t	to the best of my knowled	ge and belief,		
Signature	. .		Title 🕨	Data -			
Signature	: F		Title ►	Date Date	(Pay 1 2014)		
				rom odbo	(Rev 1-2011)		