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Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

		it of the Treasury	1	➤ Do not en	ter Social	Security number -PF and its sepa	ers on	this form as	it may be ma	ade public.	100nf	20	10
		venue Service	or tax year beginnin		UN 1,	2013	arate i	and e		MAY 31		Open to Publ	c Inspection_
		f foundation	or tax year beginning	<u>'9</u> U'	ON I,	2013		, and the			identification		
			T OLD NEW	ISBOYS	GOOT	WO.T.TET				A Lilipioyer	iuenuncation	Hambel	
			CHOLARSHI			A DELOW				34-1	668082		
			oox number if mail is no			s)			Room/suite	B Telephone			
2	25	7 APPLE	WOOD DRIV	Æ						-	536-08	73	
			ovince, country, and		n postal c	ode						ending, check here	. ▶
		EDO, OH			,,							-	
		k all that apply:	Initial re	turn		Initial return	of a for	mer public c	harity	D 1. Foreign	organizations	, check here	ightharpoons
			Final ret	urn		Amended ret					•		
			Address	change		Name change	е			2. Foreign of check he	organizations me are and attach co	eting the 85% tes mputation	· •
H (Checl	k type of organiz	ation: X Sec	tion 501(c)(3) exempt (private foundation	on	-		F If orivate f	oundation stat	tus was termina	ited
] <u>S</u> e	ection 4947(a)(1) nonexempt charita	ıble trust	Other	taxable private f	oundat	ion				(A), check here	
1 Fa	air ma	arket value of all	assets at end of year	ar J Acco	unting me	thod: X C	ash	Accr	ual	F If the foun	idation is in a 6	60-month termi	nation
(fi	rom .	Part II, col (c),	line 16)		Other (s	oecify)						(B), check here	
	<u> \$ </u>				olumn (d) must be on c	ash b	asıs)				, 	
Pa	art I	(The total of amonecessarily equa	evenue and Expens bunts in columns (b), (c) al the amounts in colum	e\$, and (d) may no n (a))	ot e	a) Revenue and openses per boo		(b) Net in			isted net ome	(d) Disburs for charitable (cash bas	purposes
	1	Contributions,	gifts, grants, etc., re	ceived		47,99	1.					***************************************	
	2		if the foundation is not requi	ed to attach Sch B							-		
	3	Interest on saving cash investments	s and temporary										
	4	Dividends and	interest from securi	ties		1,14	13.		1,143.		1,143.		
	5a	Gross rents											
	-	Net rental income			+	2 70	-	<u> </u>					
e	6a	Gross sales price	from sale of assets not for all			3,70	15.			-			
Revenue	ا , ا	assets on line 6a	ncome (from Part IV, line	3,705	<u> </u>				3,705.		- -		
æ	8	Net short-term	•	, 2,					<u> </u>		0.		
	9	Income modific	•										
	10a	Gross sales less i			-								
	b	Less Cost of goo	ds sold										
	C	Gross profit or	(loss)										
	11			= 5	۱ 🖵								
	12	Total. Add-line	s Inthrough (1311/	<u>- []</u>	\bot	<u>52,83</u>			<u>4,848.</u>		<u>1,143.</u>		
	13		officers, directore, trus		3\		0.		0.		0.		0.
	14		e salaries and wage	2015 1	ऽ∤								
တ္ဆ	15	Pension plans,	emplôvee benefits		<u>₽</u> —								
nse.	108	Legal fees	1		\ 	1,17	75		0.	<u> </u>	0.	1	,175.
∰∰ and Administrative Expenses	۱ '	Other profession	S CGDEN	2,1 10,11			7.		<u> </u>				., _ , _ ,
Б	17	Interest	That 1900				+	· · · · ·					
ati	18	Taxes	٤	STMT 2		10	00.		0.		0.		100.
istr	19	Depreciation at									-		
∂n Ē	20	Occupancy	·										
20 P	21		nces, and meetings										
Se pue	22	Printing and pu	ublications										
CHINNEDS OPERATION AND ADM	23	Other expenses	s S	STMT 3		5.4	17.		0.		0.		547.
₹ itati	24		g and administrativ				1		_		_		
3 8	.		l lines 13 through 2	3		1,82			0.		0.		822.
	25		gifts, grants paid		<u> </u>	23,92	23.	 				23	<u>3,923.</u>
APR	26	·=	s and disbursemen	ts.		0E E 4			^		^		. 745
<i>∞</i> _	 	Add lines 24 ai				25,74	15.		0.		0.	25	5,745.
& &	L	Subtract line 2				27 22	.						
			e over expenses and di		-	27,09	74.		4,848.				
2015			t income (if negative, ncome (if negative, en					· · · · · · · · · · · · · · · · · · ·	±,040.	 	1,143.		-
- · -	1 0	, Augusted Det II	routile (ii nedative, en	· G - G - J			1				エノエせり。		

		10-PF (2013) MEMORIAL SCHOLLARSHIP FO	Beginning of year		.000002 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	(-,		(0)
		Savings and temporary cash investments	31,787.	54,034.	54,034.
	1	Accounts receivable >			
		Less: allowance for doubtful accounts			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts			
	5	Grants receivable			<u> </u>
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and toans receivable			
		Less; allowance for doubtful accounts			
ets	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			_
٩	ļ	Investments - U.S. and state government obligations	ļ <u> </u>		
	l	Investments - corporate stock			<u> </u>
		Investments - corporate bonds			
	11	Investments - land, buildings, and equipment, basis			
		Less accumulated depreciation	 		
	1	Investments - mortgage loans	100 257	107 204	120 240
	13	Investments - other STMT 4	102,357.	107,204.	130,348.
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation			
	1	Other assets (describe			
	16	Total assets (to be completed by all filers - see the	134,144.	161,238.	104 202
_	47	Instructions. Also, see page 1, item 1)	134,144.	101,230.	184,382.
	l	Accounts payable and accrued expenses			
	18 19	Grants payable Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
įį	21	Mortgages and other notes payable			
Ξ.	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
_		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
Ses	24	Unrestricted	_ 77,399.	89,023.	
Net Assets or Fund Balances	25	Temporarily restricted	56,745.	72,215.	
Ba	26	Permanently restricted			
pu		Foundations that do not follow SFAS 117, check here			
Ę		and complete lines 27 through 31.			
S O	27	Capital stock, trust principal, or current funds			
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
As	29	Retained earnings, accumulated income, endowment, or other funds			
Š	30	Total net assets or fund balances	134,144.	161,238.	
	31	Total liabilities and net assets/fund balances	134,144.	161,238.	
P	art	III Analysis of Changes in Net Assets or Fund B	Balances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
•		st agree with end-of-year figure reported on prior year's return)		1	134,144.
2	-	r amount from Part I, line 27a		2	27,094.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	161,238.
5	Decr	eases not included in line 2 (itemize)		5	0.
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	161,238.
					Form 990-PF (2013)

3/	l-1	5	۶ ۵	n	Ω	2
J 4	F T	O	00	· U	О	4

•) List and des	cribe the ki	ind(s) of property sold (e.g. or common stock, 200 shs	, real estate,	-	P	low acquired - Purchase	(c) Date	acquired ay, yr.)	(d) Date sold (mo., day, yr.)
1a CAPITAL				s. WILC CO.)		υ_ں	- Donation	(1110., 0		(1110., day, y1.)
b	GAINS	DIVI	JENDO			+-				
c										
d				- <u></u>						
e						ا 				
(e) Gross sale			Depreciation allowed (or allowable)		st or other basis expense of sale				ain or (loss) s (f) minus (g	
<u>a</u>	3,705	•							_	3,705
<u>b</u>						-				
<u>c</u>		 				\rightarrow				
e		†								
	r assets show	ing gain in	column (h) and owned by t	the foundation	n on 12/31/69			(I) Gains (C	ol. (h) gaın r	minus
(i) F.M.V. as of	12/31/69		(j) Adjusted basis	(k) E:	xcess of col. (I)			ol. (k), but r	not less than (from col. (h	-0-) o r
			as of 12/31/69	over	col. (j), if any				` ` `	
<u>a</u>		+								3,705
<u>b</u>				_		+				
d		1								
e										
2 Capital gain net inc	come or (net o	capital loss'	If gain, also enter If (loss), enter -0-			}	2		-	3,705
_	•		ned in sections 1222(5) an		•	7				
If gain, also enter				u (0).)				
If (loss), enter -0-	in Part I, line 8	3	10404				3			(
			Section 4940(e) for					come		37/3
For optional use by d	lomestic priva	te foundation	ons subject to the section 4	1940(a) tax or	n net investment ir	ncome	.)			N/A
f section 4940(d)(2)	applies, leave	this part bl	ank.							
Was the foundation li	able for the se	ction 4942	tax on the distributable am	ount of any v	ear in the base per	rıod?				Yes N
			section 4940(e). Do not co		· ·					
1 Enter the appropr	iate amount ir	ı each colu	mn for each year; see the in	structions be	fore making any e	ntries			-	
Base pe	(a) riod years	1	(b)							
Calendar year (or to	av vaar haaini			tributions	Net value of no	(C)	itahla-uca accai		Distribi	(d)
		ning in)	Adjusted qualifying dist	tributions	Net value of no		itable-use asset	s	Distribi	(d) ition ratio ded by col. (c))
20	112	ning in)		tributions	Net value of no		itable-use asset	s	Distribi	itión ratio
20 20)12)11	ning in)		tributions	Net value of no		itable-use asset	S	Distribi	itión ratio
20 20 20	112	ning in)		tributions	Net value of no		itable-use asset	S	Distribi	itión ratio
20 20 20 20	012 011 010	ning in)		tributions	Net value of no		itable-use asset	s	Distribi	itión ratio
20 20 20 20 20 20	0112 0111 010 009 008	ning in)		tributions	Net value of no		itable-use asset		Distribi	itión ratio
20 20 20 20 20 20 20 20	012 011 010 009 008 umn (d)		Adjusted qualifying dist			onchar		2	Distribi	itión ratio
20 20 20 20 20 20 20 20 20 4 Total of line 1, col 3 Average distribution	0112 0111 010 009 008 umn (d) on ratio for the	e 5-year bas	Adjusted qualifying dist			onchar		2	Distribi	itión ratio
20 20 20 20 20 20 20 20	0112 0111 010 009 008 umn (d) on ratio for the	e 5-year bas	Adjusted qualifying dist			onchar			Distribi	itión ratio
20 20 20 20 20 20 20 20 3 Average distribution has	0112 0111 010 009 008 umn (d) on ratio for the	e 5-year bas	Adjusted qualifying dist	on line 2 by 5,		onchar		2	Distribi	itión ratio
20 20 20 20 20 20 20 20 20 20 20 3 Average distribution has the foundation has	on one of noncharita	e 5-year bas	Adjusted qualifying dist	on line 2 by 5,		onchar		2	Distribi	itión ratio
20 20 20 20 20 20 20 20 20 3 Average distribution has 4 Enter the net value 5 Multiply line 4 by l	on ratio for the seen in exist e of noncharitatine 3	e 5-year bas ence if less able-use as:	Adjusted qualifying dist se period - divide the total of than 5 years sets for 2013 from Part X, I	on line 2 by 5,		onchar		3 4 5	Distribi	itión ratio
20 20 20 20 20 20 20 20 20 20 20 20 20 2	on ratio for the seen in exist e of noncharitatine 3	e 5-year bas ence if less able-use as:	Adjusted qualifying dist se period - divide the total of than 5 years sets for 2013 from Part X, I	on line 2 by 5,		onchar		3 4 5 6	Distribi	itión ratio
20 20 20 20 20 20 20 20 20 20 20 20 20 2	on ratio for the seen in exist e of noncharitatine 3	e 5-year bas ence if less able-use as:	Adjusted qualifying dist se period - divide the total of than 5 years sets for 2013 from Part X, I	on line 2 by 5,		onchar		3 4 5	Distribi	itión ratio
20 20 20 20 20 20 20 20 20 20 20 20 20 2	on 12 on 10 on	e 5-year bas ence if less able-use as:	Adjusted qualifying dist	on line 2 by 5,		onchar		3 4 5 6	Distribi	itión ratio

Form	990-PF (2013) MEMORIAL SCHOLARSHIP FUND	34	-166	8082	F	Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e),	or 494	8 - see	instru	ctior	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here X and enter "N/A" on line 1.					
	Date of ruling or determination letter: 06/01/93 (attach copy of letter if necessary-see instructions)					
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%		1	N/I	<u> </u>	
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	ļ				
	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			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		1			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		j			0.
6	Credits/Payments:	1				
a	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 6a					
b	Exempt foreign organizations - tax withheld at source 6b					
C	Tax paid with application for extension of time to file (Form 8868)					
d	Backup withholding erroneously withheld 6d					
7	Total credits and payments. Add lines 6a through 6d		7			<u>0.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		3	_		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	▶ <u></u>	9	_		0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	▶ 1	0			
11_	Enter the amount of line 10 to be: Credited to 2014 estimated tax	<u>d ▶ 1</u>	1			
Pa	rt 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 participate or influence any national, state, or local legislation or did it participate or influence any national.	ervene in			Yes	No
	any political campaign?			1a		<u>X</u>
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the de			1b		<u>X</u> _
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials po	ublished o	or			
	distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?			1c		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. ► \$	0.				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	n				
	managers. ► \$0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		<u>X</u>
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorpor	ation, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a_		Х
	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		<u>X</u>
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with t	ne state lav	٧			
	remain in the governing instrument?			6	X	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and F	Part XV		7	X	<u> </u>
8a	Enter the states to which the foundation reports or with which it is registered (see 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 (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation			8b	<u>X</u>	<u></u>
9	is the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(5)$	for calenda	ır			
	year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV			9	X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresse	3		10		X
				Form 990	- 26	(2013)

	n 990-PF (2013) MEMORIAL SCHOLARSHIP FUND 34-1 art VII-A Statements Regarding Activities (continued)	668082		Page 5
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		X
13		13	Х	
	Website address ► N/A	536	- 08	73_
14	The books are in care of ► CATHY MELMS Telephone no. ► 419		XXX	<u></u>
	Located at ► 2257 APPLEWOOD DR., TOLEDO, OH ZIP+4	▶ <u>43615</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			· []
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank,	1	Yes	No
	securities, or other financial account in a foreign country?	16	<u> </u>	<u>X</u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign			
D	country Country Country Degarding Activities for Which Form 4720 May Be Beguired		_	
P	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		Yes	Nio
4.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		162	140
14	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?	No		
	(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?			
	(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)?	No		
	(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.)	No		
ŀ	o 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 instructions)?	A 1b	ļ	
	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 were not corrected			
	before the first day of the tax year beginning in 2013?	1c		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)):			
•	a At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? Yes X	Ma		
	16 TV - B back the common to	NU		
	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.)	A 2b		
	the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>			
38	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?	No		
ı	o If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			Į
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,		1	1
	Form 4720, to determine if the foundation had excess business holdings in 2013) ${f N}/$	A 3b		
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a_	<u> </u>	X
1	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from leopardy before the first day of the tax year beginning in 2013?	4b	I	X

Form **990-PF** (2013)

RAY T. KEST OLD NEWSBOYS GOODFELLOW Form 990-PF (2013) MEMORIAL SCHOLARSHIP FUND 34-1668082 Page 6 Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required (continued) 5a During the year did the foundation pay or incur any amount to: Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? Yes X No Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes X No 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? N/A 5b Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained Yes No expenditure responsibility for the grant? N/A If "Yes," attach the statement required by Regulations section 53.4945-5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on Yes X No a personal benefit contract? 6b X b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7b b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (b) Title, and average hours per week devoted to position (If not paid, enter -0-) (a) Name and address RON SHNIDER CHAIRMAN 3752 FAIRWOOD DRIVE 1.00 0 0 0. SYLVANIA, OH 43560 DAVE WILLIAMS SECRETARY 2362 SOUTH AVE 0. 0 TOLEDO, OH 43609 1.00 0 TREASURER CATHY MELMS 2257 APPLEWOOD DR. 1.00 0 0. 0. TOLEDO, OH 43615

2 Compensation of five highest-paid employees (other than those in	cluded on line 1). If none	, enter "NONE."		
(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) Expense account, other allowances
NONE				
		 -		
				· -
	-			
	-			
Total number of other employees paid over \$50,000	<u> </u>		<u> </u>	0

Form 990-PF (2013) MEMORIAL SCHOLARSHIP FUND	34-16	68082	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Foundation Ma			
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."			
(a) Name and address of each person paid more than \$50,000 (b) Type	of service	(c) Com	pensation
NONE			
Total number of others receiving over \$50,000 for professional services	. <u></u>	<u> </u>	0
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 number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. 1 STUDENTS IN THE TOLEDO AREA ARE GRANTED SCHOLARSHIPS TO ASSIST THEM IN THEIR PURSUIT OF HIGHER EDUCATION		Expenses	
3			0.
4			
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount	
1 <u>N/A</u>			
2			
All other program-related investments. See instructions. 3			
Total. Add lines 1 through 3	•	·	0.

MEMORIAL SCHOLARSHIP FUND

_	art X (1.1.		
	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, see	instructions)
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	122,086. 53,656.
b	Average of monthly cash balances	1b	<u>53,656.</u>
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	175,742.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	<u>175,742.</u>
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	<u>2,636.</u>
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	173,106.
6	Minimum investment return. Enter 5% of line 5	6	<u>8,655.</u>
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	nd certain	
	foreign organizations check here 🕨 🗶 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2013 from Part VI, line 5		
b	Income tax for 2013. (This does not include the tax from Part VI.)		
	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	··
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
P	art XII Qualifying Distributions (see instructions)		
	Qualitying Distributions (see instructions)	,	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	25,745.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	25,745.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	25,745.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for th	e section
	4940(e) reduction of tax in those years.		

Part XIII Undistributed Income (see	instructions)	N/A		
	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2012	2012	2013
Distributable amount for 2013 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only		<u> </u>		
b Total for prior years:				
3 Excess distributions carryover, if any, to 2013:				
a From 2008				
b From 2009				
c From 2010				
d From 2011				
e From 2012				
f Total of lines 3a through e				
4 Qualifying distributions for 2013 from			}	
Part XII, line 4: ► \$				
a Applied to 2012, but not more than line 2a				
b Applied to undistributed income of prior			1	
years (Election required - see instructions)				
c Treated as distributions out of corpus				
(Election required - see instructions)				
d Applied to 2013 distributable amount			ļ	
e Remaining amount distributed out of corpus				
Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5		1		
b Prior years' undistributed income. Subtract				
line 4b from line 2b		<u> </u>		<u> </u>
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable				
amount - see instructions				
e Undistributed income for 2012. Subtract line	_ _]	
4a from line 2a Taxable amount - see instr.				ļ
f Undistributed income for 2013. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2014		<u> </u>	ļ	
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by			1	
section 170(b)(1)(F) or 4942(g)(3)				
8 Excess distributions carryover from 2008				
not applied on line 5 or line 7				
9 Excess distributions carryover to 2014.				
Subtract lines 7 and 8 from line 6a			ļ	
10 Analysis of line 9:			1	
a Excess from 2009				
b Excess from 2010				
c Excess from 2011				
d Excess from 2012				
e Excess from 2013		1	1	1

MEMORIAL SCHOLARSHIP FUND

Part XIV Private Operating For	oundations (see instr	uctions and Part VII-A	, question 9)	<u> </u>	
1 a If the foundation has received a ruling or	determination letter that it	is a private operating			
foundation, and the ruling is effective for	2013, enter the date of the	ruling	► <u>06/0</u>		
b Check box to indicate whether the found	ation is a private operating f	foundation described in s	section X 49	42(j)(3) or 4942	(<u>J</u>)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
investment return from Part X for					
each year listed	1,143.	826.	12,735.	15,789.	30,493.
b 85% of line 2a	972.	702.	10,825.	13,421.	25,919.
c Qualifying distributions from Part XII,					
line 4 for each year listed	25,745.	48,011.	52,986.	25,448.	152,190.
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities	0.	0.	0.	0.	0.
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c	25,745.	48,011.	52,986.	25,448.	152,190.
3 Complete 3a, b, or c for the	23,743.	40,011.	32,500.	23,440.	132,130.
alternative test relied upon:					
a "Assets" alternative test - enter:					0.
(1) Value of all assets					<u> </u>
(2) Value of assets qualifying					0
under section 4942(j)(3)(B)(i)			<u> </u>		0.
b "Endowment" alternative test - enter 2/3 of minimum investment return	}	}			
shown in Part X, line 6 for each year	5 770	4 522	10 004	10.064	40 251
listed	5,770.	4,533.	19,084.	19,964.	49,351.
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest,					
dividends, rents, payments on					
securities loans (section				1	•
512(a)(5)), or royalties)					0.
(2) Support from general public					
and 5 or more exempt organizations as provided in					_
section 4942(j)(3)(B)(III)					0.
(3) Largest amount of support from		Ì			
an exempt organization					0.
(4) Gross investment income					0.
Part XV Supplementary Info			the foundation ha	ad \$5,000 or more	e in assets
at any time during t	ne year-see instru	ctions.)			
1 Information Regarding Foundatio	n Managers:				
a List any managers of the foundation who	have contributed more that	n 2% of the total contrib	utions received by the fou	ndation before the close	of any tax
year (but only if they have contributed m	ore than \$5,000). (See sect	tion 507(d)(2).)			
NONE					
b List any managers of the foundation who	own 10% or more of the s	stock of a corporation (or	an equally large portion o	f the ownership of a parti	nership or
other entity) of which the foundation has	a 10% or greater interest.				
NONE					
2 Information Regarding Contributi	on, Grant, Gift, Loan, Se	cholarship, etc., Pro	grams:		
Check here ▶ ☐ If the foundation of				accept unsolicited reques	ts for funds. If
the foundation makes gifts, grants, etc. (•		
a The name, address, and telephone numb					
RON SHNIDER	TO ST S THAT GOOD OF THE	poroon to mom approa		•	
3752 FAIRWOOD DR., S	YI.VANTA OH	43560			
b The form in which applications should b			ild include.		
APPLICATION FORM PRO		i and materials mey snot	ala molado.		
c Any submission deadlines:	<u> </u>				
APPLICATIONS MUST BE	בוואדיייים ה.	v ОСШОВЕР 3	1 ST		
				r factore:	
d Any restrictions or limitations on awards SCHOLARSHIPS GRANTED					
SCHOLLED GRANTED	DUGED ON NE	איא מאיז מקיד	DEMIC FERFO	TTT III CH	

Form 990-PF (2013)

MEMORIAL SCHOLARSHIP FUND Page 11 Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or show any relationship to status of contribution Amount any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year AMBER GIOVANNUCCI EDUCATION NONE N/A 490. TOLEDO, OH NONE N/A EDUCATION CAITLIN SHADLER TOLEDO OH 1,135. EDUCATION BRANDON JACKSON NONE N/A 5 000. TOLEDO, OH CHANTAL CRANE NONE N/A EDUCATION 1 255 TOLEDO, OH SOFIA YSASI NONE N/A EDUCATION TOLEDO OH 996. SEE CONTINUATION SHEET(S) ▶ 3a 23.923. Total b Approved for future payment AMBER GIOVANNUCCI NONE N/A EDUCATION 1,856. TOLEDO, OH CAITLIN SHADLER NONE N/A EDUCATION TOLEDO, OH <u>1,661.</u> N/A EDUCATION DALENA GOMEZ NONE

TOLEDO

OH

Total

Form **990-PF** (2013)

5,000,

72 215.

SHEET(S)

CONTINUATION

Part XVI-A		unina A-Huit-	_			
	Analysis of Income-Prod					
Enter gross amou	ints unless otherwise indicated.		usiness income		y section 512, 513, or 514	(e)
		(a) Business	(b) Amount	(C) Exclu- sion	(d)	Related or exempt
1 Program servi	ce revenue:	code	Amount	code	Amount	function income
a		_		+		
b						
c		-				
<u> </u>				+		
e				+		
f				 		
	ontracts from government agencies			 		
	lues and assessments			+		
	rings and temporary cash					
investments				1 1	1 1 1 2	
	interest from securities			14	1,143.	
	me or (loss) from real estate:			+		
a Debt-financ				+		· · · · · · · · · · · · · · · · · · ·
	nanced property			 		
	me or (loss) from personal					
property				+		
7 Other investme				+ +-		
	from sales of assets other			14	3,705.	
than inventory	(loss) from special events			1 1	3,703.	
	(loss) from sales of inventory			+		
11 Other revenue:				+		
<u> </u>		l l		 		
-				 	-	
			· · · · · · · · · · · · · · · · · · ·			
e						
12 Subtotal, Add	columns (b), (d), and (e)		0		4,848.	0
	2 12, columns (b), (d), and (e)				13	
	line 13 instructions to verify calculations.)					
Part XVI-B			nlichment of E	vemnt D	ımosas	
1 dit XVI-D	Netationship of Activities	to the Accom	phomicit of L			
	xplain below how each activity for which in			A contributed	importantly to the accomp	dishment of
		an by providing funds	for such purposes).			
	e foundation's exempt purposes (other that					
1	e foundation's exempt purposes (other that					
1	e foundation's exempt purposes (other the					
1	e foundation's exempt purposes (other tha					
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Form **990-PF** (2013)

323621 10-10-13

RAY T. KEST OLD NEWSBOYS GOODFELLOW Form 990-PF (2013) MEMORIAL SCHOLARSHIP FUND 34-1668082 Page 13_ Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: X 1a(1) Х 1a(2) (2) Other assets **b** Other transactions: Х (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) X (4) Reimbursement arrangements 1b(4) X (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (a) Line no (d) Description of transfers, transactions, and sharing arrangements N/A

	the foundation directly or indirectly affilia section 501(c) of the Code (other than se		, -	zations de	scribed	X Ye	s No
<u>b</u> _lf "	Yes," complete the following schedule.				·		
	(a) Name of organizatio	n	(b) Type of organization		(c) Description	of relationship	
OLD	NEWSBOYS		501(C)(3)	SEE	STATEMENT	5	
Sign	Under penalties of perjury, I declare that I have and belief, it is true, correct, and complete D	eclaration of preparer (other th		ation of whi		dge May the IRS	S discuss this the preparer ow (see instr.)?

Signature of officer or trustee Date Check [Print/Type preparer's name Preparer's signature self- employed RODERICK J. 3/17/0 Paid P00332503 MACLACHLAN Preparer Firm's name ► CLIFTONLARSONALLEN LLP Firm's EIN \triangleright 41-0746749 **Use Only** Firm's address ► ONE SEAGATE, SUITE 2650 TOLEDO, OH 43604-1558 Phone no. (419)244-3711

Form **990-PF** (2013)

X Yes

alweine of Ivioling,

4 14 15 TREASURER

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

Department of the Treasury Internal Revenue Service Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2013

OMB No 1545-0047

Name of the organization

RAY T. KEST OLD NEWSBOYS GOODFELLOW MEMORIAL SCHOLARSHIP FUND

Employer identification number

34-1668082

Organization type (check one). Filers of: Section:] 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(v)) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization
RAY T. KEST OLD NEWSBOYS GOODFELLOW
MEMORIAL SCHOLARSHIP FUND

Employer identification number

34-1668082

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	OLD NEWSBOYS GOODFELLOW ASSOCIATION P.O. BOX 2032 TOLEDO, OH 43603	\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)

Name of organization

Employer identification number

RAY T. KEST OLD NEWSBOYS GOODFELLOW MEMORIAL SCHOLARSHIP FUND

34-1668082

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. From	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Page 4 Name of organization Employer identification number RAY T. KEST OLD NEWSBOYS GOODFELLOW MEMORIAL SCHOLARSHIP FUND 34-1668082 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enterthis Information once) \$ Part III Use duplicate copies of Part III if additional space is needed (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part | (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

MEMORIAL SCHOLARSHIP FUND 34-1668082
Part XV Supplementary Information

Part XV Supplementary Information				
3 Grants and Contributions Paid During the		1		
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
MALTA IUDTOU	NONE	N/A	EDUCATION	
TALIA ULRICH	NONE	N/A	EDUCATION	
TOLEDO, OH				4,108
LEIGH KEOGH	NONE	N/A	EDUCATION	
TOLEDO OH				4,030
JENNA RIAHI	NONE	N/A	EDUCATION	
TOLEDO, OH				1,250
SANA SHARPER	NONE	N/A	EDUCATION	
TOLEDO, OH				2,500
KELSEY GROWDEN	NONE	N/A	EDUCATION	
TOLEDO, OH				3,159
			Į.	
Total from continuation sheets		L		15.047

34-1668082

Supplementary Information Part XV Grants and Contributions Approved for Future Payment (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor NONE N/A EDUCATION JENNA RIAHI TOLEDO OH 3,750. LEIGH KEOGH NONE EDUCATION N/A 970. TOLEDO, OH SANA SHARPER NONE N/A EDUCATION TOLEDO, OH 2,500. TRACY CAMPBELL NONE N/A EDUCATION 5,000. TOLEDO, OH NONE N/A EDUCATION CHANTAL CRANE 3,745. TOLEDO, OH KELSEY GROWDEN NONE N/A EDUCATION TOLEDO, OH 1,841, TAMMY BOYD NONE N/A EDUCATION 5,000. TOLEDO OH ALISON THOMPSON NONE N/A EDUCATION 5,000. TOLEDO, OH BAYLEE HENDERSON NONE N/A EDUCATION TOLEDO, OH 5,000. EDUCATION ARIELLE WHITE NONE N/A 5,000. TOLEDO OH Total from continuation sheets 63 698

MEMORIAL SCHOLARSHIP FUND 34-1668082

Part XV Supplementary Information 3 Grants and Contributions Approved for Formation 5 Part XV Supplementary Information 5 Part XV Suppleme				
Recipient	If recipient is an individual,			
	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
ANTHONY NEFF	NONE	N/A	EDUCATION	
COLEDO, OH			-	5,00
INTHONY LOCKETT	NONE	N/A	EDUCATION	
COLEDO, OH				5,00
ARMOND WIMBERLY	NONE	N/A	EDUCATION	
TOLEDO, OH				5,000
STEVEN KINSEL	NONE	N/A	EDUCATION	
roledo, oh				5,000
ALLISON MITCHELL	NONE	N/A	EDUCATION	
roledo, oh				5,000
TALIA ULRICH	NONE	N/A	EDUCATION	
roledo, oh				89:
Total from continuation sheets				

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 1			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME			
ACCOUNTING FEES	1,175.	0.	0	1,175.		
TO FORM 990-PF, PG 1, LN 161	1,175.	0.	0	1,175.		
FORM 990-PF	TAX	ES		STATEMENT 2		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME			
OHIO CHARITABLE REGISTRATION	100.	0.	0	100.		
TO FORM 990-PF, PG 1, LN 18	100.	0.	0	100.		
FORM 990-PF	OTHER E	XPENSES		STATEMENT 3		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME			
BANK FEES STAMPS	315. 111.	0.	0	315. 111. 121.		
MISCELLANEOUS TO FORM 990-PF, PG 1, LN 23	121. 547.	0.		547.		
FORM 990-PF	OTHER INV	ESTMENTS		STATEMENT 4		
DESCRIPTION		LUATION ETHOD BOO	OK VALUE	FAIR MARKET VALUE		
DESCRIPTION						
MUTUAL FUNDS		COST	107,204.	130,348.		

990-PF AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS PART XVII, LINE 2, COLUMN (C)

STATEMENT 5

NAME OF AFFILIATED OR RELATED ORGANIZATION

OLD NEWSBOYS

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

TRANSFERRED FUNDS WHICH ARE THE INVESTMENTS OF THE ORGANIZATION.

Form **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545 1709

•						
■ If volume	re filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			. ▶ 🗓
•	re filing for an Additional (Not Automatic) 3-Month Ex	-		-		
Do not co	mplete Part II unless you have already been granted a	an automa	atic 3-month extension on a previou	sly filed Fo	rm 8868.	
	c filing (e-file). You can electronically file Form 8868 if y			-		•
•	o file Form 990-T), or an additional (not automatic) 3-mo		•		•	
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers A	Associated W	ith Certain
Personal E	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details	on the elec	tronic filing o	f this form,
	irs gov/efile and click on e-file for Charities & Nonprofits					
Part I	Automatic 3-Month Extension of Time	o. Only s	submit original (no copies ne	eded).		
A corporat	tion required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete		,
Part I only						. ▶ 🔲
	orporations (including 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reque	st an exten	sion of time	
to file inco	me tax returns			Enter file	r's identifyın	g number
Type or	Name of exempt organization or other filer, see instru	ctions.		Employer	identification	number (EIN) or
print	RAY T. KEST OLD NEWSBOYS GO	OODFE:	LLOW			
	MEMORIAL SCHOLARSHIP FUND				34-166	8082
File by the due date for	Number, street, and room or suite no If a P.O. box, s	ee instruc	tions.	Social se	curity numbe	r (SSN)
filing your	2257 APPLEWOOD DRIVE			ļ		
return See instructions	City, town or post office, state, and ZIP code. For a fo	reign add	fress, see instructions			
	TOLEDO, OH 43615	J				
Enter the i	Return code for the return that this application is for (file	a seoara	te application for each return)			0 4
Critor tiro	Total 1 0000 for the rotal 1 mat and application to 151 (m	, и сорил	and appropriately			لعلعا
Application		Return	Application			Return
	л	Code	Is For			Code
Is For		01	Form 990-T (corporation)			07
	ar Form 990-EZ		1			08
Form 990-		02	Form 1041-A			09
) (individual)	03	Form 4720 (other than individual) Form 5227			10
Form 990-		04				
Form 990-	T (sec 401(a) or 408(a) trust)	05	Form 6069		······································	11
		06	Form 8870			12
Form 990-	T (trust other than above)					
	CATHY MELMS		MOI BDO OIL 42615			
The box	CATHY MELMS oks are in the care of > 2257 APPLEWOOD			<u> </u>		
The bo	CATHY MELMS oks are in the care of ► 2257 APPLEWOOD one No ► 419-359-329 536-0873)	Fax No.	i		
The bottlepho Telepho If the o	CATHY MELMS oks are in the care of \triangleright 2257 APPLEWOOD one No \triangleright 419-359-3839 536-0873 rganization does not have an office or place of busines	s in the Ui	Fax No. ▶	., .		. ▶ □
The boot Telepho If the o If this is	CATHY MELMS oks are in the care of 2257 APPLEWOOD one No 419-259-8239-536-0873 rganization does not have an office or place of busines s for a Group Return, enter the organization's four digit	s in the Ui Group Exi	Fax No. Fax No	 If this is fo		
• The bore Telephore • If the ore of this is box ▶	CATHY MELMS oks are in the care of 2257 APPLEWOOD one No 419-259-329 536-0873 rganization does not have an office or place of busines s for a Group Return, enter the organization's four digit If it is for part of the group, check this box	s in the Ui Group Exi	Fax No. nited States, check this box emption Number (GEN) ach a list with the names and EINs or	 If this is foi of all memb		
• The bore Telephore • If the ore of this is box ▶	CATHY MELMS oks are in the care of 2257 APPLEWOOD one No 419-259-8229-536-0873 rganization does not have an office or place of busines is for a Group Return, enter the organization's four digit If it is for part of the group, check this box Juest an automatic 3-month (6 months for a corporation)	s in the Ui Group Exi and atte	Fax No. Fax No	If this is for	ers the exten	sion is for
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• The box Telepho • If the oi • If this is box • I req	CATHY MELMS oks are in the care of 2257 APPLEWOOD one No 419-259-829 536-0873 rganization does not have an office or place of busines is for a Group Return, enter the organization's four digit If it is for part of the group, check this box [juest an automatic 3-month (6 months for a corporation JANUARY 15, 2015 The organization's return for:	s in the Ui Group Exc and atta required t organiza	Fax No. ► nited States, check this box emption Number (GEN) ach a list with the names and EINs or to file Form 990-T) extension of time	 If this is for of all memb e until ed above.	ers the exten	sion is for
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• The box Telepho • If the o • If this is box ▶ 1 • I req	CATHY MELMS oks are in the care of 2257 APPLEWOOD one No 419-259-829 536-0873 rganization does not have an office or place of busines is for a Group Return, enter the organization's four digit if it is for part of the group, check this box uest an automatic 3-month (6 months for a corporation JANUARY 15, 2015, to file the exemper the organization's return for: calendar year or X tax year beginning JUN 1, 2013	s in the Ui Group Exc and atta required t organiza , ar	Fax No. nited States, check this box emption Number (GEN) ach a list with the names and EINs of the Form 990-T) extension of time ation return for the organization named ending MAY 31, 2014		ers the extensio	sion is for
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• The box Telepho • If the o • If this is box • I I req is fo 2 If thi 3a If thi non b If the estir	CATHY MELMS oks are in the care of 2257 APPLEWOOD one No 419-259-259-536-0873 rganization does not have an office or place of busines is for a Group Return, enter the organization's four digit If it is for part of the group, check this box uest an automatic 3-month (6 months for a corporation JANUARY 15, 2015, to file the exemp r the organization's return for: calendar year or X tax year beginning JUN 1, 2013 e tax year entered in line 1 is for less than 12 months, or Change in accounting period is application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6068 refundable credits. See instructions is application is for Forms 990-PF, 990-T, 4720, or 6068 mated tax payments made Include any prior year over the service of the care of the	s in the Ui Group Exi and atta required t organiza , ar theck reas , or 6069, , enter an payment a	Fax No. Inited States, check this box Initial return for the organization named and ending MAY 31, 2014 Initial return Initial r	If this is for all members out the control of all members out	ers the extension The extension s	sion is for 0.
• The book Telephole • If the oil of this is box • I required in the control of t	CATHY MELMS oks are in the care of 2257 APPLEWOOD one No 419-259-829 536-0873 rganization does not have an office or place of busines is for a Group Return, enter the organization's four digit If it is for part of the group, check this box JANUARY 15, 2015, to file the exemp or the organization's return for: calendar year or X tax year beginning JUN 1, 2013 e tax year entered in line 1 is for less than 12 months, or change in accounting period is application is for Forms 990-BL, 990-PF, 990-T, 4720, orefundable credits. See instructions is application is for Forms 990-PF, 990-T, 4720, or 6066 mated tax payments made Include any prior year over	s in the Ui Group Exi and atta required t organiza , ar theck reas , or 6069, , enter an payment as ayment wi See instru	Fax No. nited States, check this box emption Number (GEN)	If this is for fall member auntiled above. Final retures 3a 3b 3c	ers the extension The extension S S	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •

Form 8868 (Rev 1-2014)						Page 2	
• If you are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this	box		>	X	
Note. Only complete Part II if you have already been granted an a				8868			
● If you are filing for an Automatic 3-Month Extension, complete							
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies	needed).		
		Enter filer's	ıdentifyir	ng numl	ber, see inst	ructions	
Type or Name of exempt organization or other filer, see instruc	ctions		Employe	r identifi	ication numb	er (EIN) or	
print RAY T. KEST OLD NEWSBOYS GOO	ODFEL	LOW					
File by the MEMORIAL SCHOLARSHIP FUND 34-166808							
due date for Number, street, and room or suite no If a PO box, se	Social security number (SSN)		1				
return See 2257 APPLEWOOD DRIVE							
City, town or post office, state, and ZIP code For a form TOLEDO, OH 43615	oreign add	ress, see instructions					
Enter the Return code for the return that this application is for (file	a separa	te application for each return)				0 4	
Application	Return	Application				Return	
is For	Code	Is For				Code	
Form 990 or Form 990-EZ	01						
Form 990-BL	02	Form 1041-A '				08	
Form 4720 (Individual)	03	Form 4720 (other than individual)				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	
STOP! Do not complete Part II if you were not already granted	an auton	natic 3-month extension on a previ	iously file	d Form	8868.		
CATHY MELMS							
 The books are in the care of ► 2257 APPLEWOOD 	DR.						
Telephone No ► 419 - 3 33 - 3 33 - 536 - 0873		Fax No 🕨				_	
 If the organization does not have an office or place of business 					•		
If this is for a Group Return, enter the organization's four digit (l						
box ▶			all memb	ers the	extension is 1	ior	
4 I request an additional 3-month extension of time until			36335	. 21	2014		
5 For calendar year, or other tax year beginning					2014		
6 If the tax year entered in line 5 is for less than 12 months, cl	neck reas	on Initial return	Final r	eturn			
Change in accounting period							
7 State in detail why you need the extension	מאמממ	MO CAMUED MUE INE	DMA m	TON	MECECC	A D V	
TO PREPARE A COMPLETE AND ACCU			THILL	TON	NECESS.	AKI	
TO PREPARE A COMPLETE AND ACCO	TVVII	KEI OKW.					
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069	enter the tentative tay less any		Γ			
nonrefundable credits. See instructions	01 0003,	enter the terrative tax, loss any	8a	\$		0.	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069	enter an	v refundable credits and estimated					
tax payments made Include any prior year overpayment all							
previously with Form 8868	0.,,00 00 0		8b	s		0.	
c Balance due. Subtract line 8b from line 8a Include your pa	vment wit	h this form, if required, by using					
EFTPS (Electronic Federal Tax Payment System) See instru	-	, , , , , , , , , , , , , , , , , , , ,	8c	s		0.	
		st be completed for Part II o				<u>-</u>	
Under penalties of perjury, I declare that I have examined this form, including it is true, correct, and complete, and that I am authorized to prepare this fo	ing accomp		-	f my kno	wledge and be	elief,	
Signature > Lalenia Mulli-Fittle > C			Date		1/14/13	<u></u>	
				FC	orm 8868 (Re	v 12014)	