2949125803700

Return of Private Foundation

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

OMB No 1545-0052

• Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

For ca	alend	dar year 2017 or tax year beginning		, 201	7, and	ending		, 20
		ndation					i identification number	er
VITAN	TON	O FOUNDATION INC					34-1956988	
		street (or P O box number if mail is not delivered to street address)		Room	/suite	B Telephor	e number (see instruct	ionsi
472 D	ANBL	JRY DR						
		, state or province, country, and ZIP or foreign postal code				C If exempt	ion application is pend	ing, check here
AURO	RA, (OH 44202						_
			n of a former	public	charity	D 1. Foreign	n organizations, check	here >
		☐ Final return ☐ Amended		•	_	_	•	\ <u></u>
		Address change Name cha	nge				n organizations meeting here and attach compl	
H Ch	neck	type of organization Section 501(c)(3) exempt p	rivate found	ation		← If private	foundation status was	terminated under 📃
		n 4947(a)(1) nonexempt charitable trust Other ta:			lation	section 5	07(b)(1)(A), check here	▶ [
		arket value of all assets at J Accounting method				- 16.15 - 6		.
en	d of	year (from Part II, col. (c),					ndation is in a 60-mont ction 507(b)(1)(B), chec	
		\$1,169,740 (Part I, column (d) must be	e on cash basi	s)		1		_
-Pari		Analysis of Revenue and Expenses (The total of						(d) Disbursements
	_	amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue expenses (investment ncome	(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions))	books		"	Come	Income	(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	10	00.000	100		2X	2 4 5 C
i	2	Check ► ☐ if the foundation is not required to attach Sch B	800 P. O. J. V. S.	12.7.7.7	387	4.42		W. Marine
	3	Interest on savings and temporary cash in		1 10000	2000 A . 14 22/2	3 2000 04 2000	X	
	4	Dividends and interest from securities .	ļ .	\$5,296		\$5,296	\$5,296	
	5a	Gross rents		+0,200		40,200	\$5,200	2.3
	b	Net rental income or (loss)	\$ 1 × 1 × 1		W. 38 2	32 V 40 C. V		1 2 . B. B 34
ø	6a	Net gain or (loss) from sale of assets not on line 10	2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	C. 11 (3888)		reference (V 2 / Feet		\$ 17 m 19 1
Revenue	b	Gross sales price for all assets on line 6a	. Ys . 50 / 7	-200				1. 16. 16. 17.
Š	7	Capital gain net income (from Part IV, line 2)		# 700	\$8*\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	v * . ×3m		W 18 8 8
Be l	8	Net short-term capital gain		2000	G. v. & C.		**************************************	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
i	9	Income modifications						
	_	Gross sales less returns and allowances	**.***********************************	(*************************************	1.440 (114)	*****	V TALIA ANGA	W. W. W.
		Less Cost of goods sold	23.000	3/0	200			
1		Gross profit or (loss) (attach schedule)	SC 7 97882	<u> </u>			لىنىڭ ئەتۇرىيە ئۇرىكى سىلارىيىلىكى بىلىنىڭ ئۇرىكى يېزىكى يېزىرىيىلى يېزىكى يېزىكى يېزىكى يېزىكى يېزىكى يېزىكى ي ئارىكى يېزىكى يېزىك	
1	1	Other income (attach schedule)			* 2000kpcs d.A. 1	<u> </u>		1 3 1 No. 10 15 15 15 15 15 15 15 15 15 15 15 15 15
1	2	Total. Add lines 1 through 11	¢1/	05,296		\$5,298	\$5,296	
1	3	Compensation of officers, directors, trustees, etc.	311	03,230	 	40,200	45,250	20
65	4	Other employee salaries and wages	18 11 ak d					
Sul	5	Pension plans, employee benefits	7	(3)				
8 1	6a	Logal face (attach schadula)	1	छी	F	REC	EIVED	
Δij,	b		15 2018 1	- 1			U.	
×e	G	Other professional fees (attach schedule)	1	OZI	1	SEP		
15 1 1	17	land a way with	1000	1	1 1	SEP	17'2018	#
str	18	Taxes (attach schedule) (see instructionsOGDE	N, UT					╣
<u> </u>	9	Depreciation (attach schedule) and depletion			1	- OG	DEN, UT	<u></u>
Ę į	20	Occupancy	<u> </u>					
¥ 3	21	Travel, conferences, and meetings			 			
밀	22	Printing and publications			 		i	ļ
(2)	23	Other expenses (attach schedule)			:		 	\$20
ığ z	≥4	Total operating and administrative expenses.	!		 		1	1 320
E		Add lines 13 through 23		\$200				
e le	25	Contributions, gifts, grants paid	•	72,600	7	-11, 24, n	t.,	572 60
O	26	Total expenses and disbursements. Add lines 24 and 23	1	72,800	+			1
	27 27	Subtract line 26 from line 12	-	,000	1-/3	, i	1,	1
1	a	Excess of revenue over expenses and disbursements		32,496		, '	#	1
	b	Net investment income (if negative, enter -0-)]	\$5,796		
ί		Adjusted net income (if negative, enter -0-) .	المناسبة المناسبة		133			
		work Reduction Act Notice, see instructions.			6 11269		1	orm 990-PF (20



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10.	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-way amounts only (See instructions.)	Beginning of year	End o	of year
نگا		should be for end-of-year amounts only (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	1,132,883	1,169,740	1,169,740
	3	Accounts receivable ►			
ots	}	Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7		74 F 🕏 7 🐐		
		Less allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment. basis ▶			
		Less, accumulated depreciation (attach schedule) ▶			
	12	Investments – mortgage loans			
	13	Investments—other (attach schedule)			
	14				
	1	Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers-see the			
		ınstructions. Also, see page 1, item l)	1,132,883	1,169,740	1 169 740
	17	Accounts payable and accrued expenses			
Ś	18	Grants payable			
ij	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
<u>-</u> ia	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe ▶)			
	23	Total liabilities (add lines 17 through 22)	<u> </u>	<u> </u>	
ģ		Foundations that follow SFAS 117, check here >			
ည		and complete lines 24 through 26, and lines 30 and 31.			
Balances	24	Unrestricted	1,132,883	1,169,740	
Ba	25	Temporarily restricted			
	26	Permanently restricted			
בֿ		Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.	Ì		
<u> </u>	0.7	-	}		
Ş	27 28	Capital stock, trust principal, or current funds	<u> </u>		
set	29	Retained earnings, accumulated income, endowment, or other funds			
As	30	Total net assets or fund balances (see instructions)	4 4 2 2 2 2 2 2	1400740	6 2 3 2 3 1 N 1 1
Net Assets or Fund	31	Total liabilities and net assets/fund balances (see	1,132,883	1,169,740	
Z	Ì	instructions)	4 4 2 2 00 2	1 100 740	2. 2. 43 B. 1. 74
Рa	rt III	Analysis of Changes in Net Assets or Fund Balances	1,132,883	1,169,740	<u> </u>
		Il net assets or fund balances at beginning of year Part II, colu	ımn (a), line 30 (mus	st agree with	
•		of-year figure reported on prior year's return)			1,132,883
2		er amount from Part I, line 27a		<u> </u>	32,496
3					32,496
4		lines 1, 2, and 3		4	1,165,349
				 -	1,103,349
6	Tota	reases not included in line 2 (itemize) ► Il net assets or fund balances at end of year (line 4 minus line 5)—	Part II, column (b), li	ne 30 6	1,165,349
					Form 990-PF (2017)

a b c d e	N/A (e) Gross sales price	(f) Depreciation allowed (or allowable)				
c d e	(e) Gross sales price					
a b c d e	(e) Gross sales price					
a b c d e	(e) Gross sales price					
a b c d	(e) Gross sales price					
a b c d	(e) Gross sales price				<u></u>	
b c d e				or other basis pense of sale		un or (loss) (f) minus (g))
c d e						
e C						
e						
C			<u> </u>			· - · · · · · · · · · · · · · · · · · ·
			1			
	Complete only for assets shown	ng gain in column (h) and owned	by the foundation	on on 12/31/69		ol (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ess of col (i) ol (j), if any		ot less than -0-) or (from col (h))
а				·		
b			 			
С			<u> </u>			
d						
е			1			
2 (Capital gain net income or (r		, also enter in P s), enter -0- in P		2	
		or (loss) as defined in section line 8, column (c). See instr				
			•	´ }	3	
art V	Qualification Under	Section 4940(e) for Red	uced Tax on	Net Investment	Income	
as the 'Yes,"	' the foundation doesn't qua	ection 4942 tax on the distrib alify under section 4940(e). D	o not complete	this part.		✓ Yes 🗌 I
1 E		nt in each column for each ye	ear, see the inst	tructions before m	akıng any entries.	
Calend	(a) Base period years dar year (or tax year beginning in)	(b) Adjusted qualifying distribution	ns Net value	(c) of noncharitable-use a		(d) stribution ratio divided by col (c))
	2016					
	2015					
	2014					
	2014 2013					· · · · · · · · · · · · · · · · · · ·
				4.		
	2013					
	2013 2012 Fotal of line 1, column (d)				. 2	
3 A	2013 2012 Fotal of line 1, column (d) Average distribution ratio fo	r the 5-year base period—d	ivide the total of	on line 2 by 50, or	r by	
3 A	2013 2012 Fotal of line 1, column (d) Average distribution ratio fo		ivide the total of	on line 2 by 50, or	r by	
3 <i>A</i>	2013 2012 Fotal of line 1, column (d) Average distribution ratio fo the number of years the four	r the 5-year base period—d	ivide the total o	on line 2 by 5 0, or years	r by . 3	
3 A t	2013 2012 Fotal of line 1, column (d) Average distribution ratio fo he number of years the four content the net value of nonch	r the 5-year base period—d ndation has been in existenc	ivide the total c e if less than 5 y from Part X, line	on line 2 by 5 0, or years	r by . 3	
3 A t 4 E 5 N	2013 2012 Fotal of line 1, column (d) Average distribution ratio fo he number of years the four content the net value of nonch will will be some a supplied to the four the net value of nonch will to the supplied to the su	or the 5-year base period—d ndation has been in existenc naritable-use assets for 2017	ivide the total of e if less than 5 y from Part X, line	on line 2 by 5 0, or years	3 . 4 . 5	
3 A t t 4 E 5 M 6 E	2013 2012 Fotal of line 1, column (d) Average distribution ratio fo he number of years the four content the net value of nonch will will be some a supplied to the four the net value of nonch will to the supplied to the su	or the 5-year base period—dendation has been in existence arritable-use assets for 2017	ivide the total of e if less than 5 y from Part X, line	on line 2 by 5 0, or years	3 . 4 . 5	

Part \	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—se	e instruction	ns)			
. 1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		اـــــــــــــــــــــــــــــــــــــ			
D						
_	here \(\subseteq \) and enter 1% of Part I, line 27b					
·	Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)					
3	Add lines 1 and 2	106				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)					
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0 5	106				
6	Credits/Payments.	1 / A / A				
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a		ny j			
b	Exempt foreign organizations—tax withheld at source 6b					
С	Tax paid with application for extension of time to file (Form 8868) . 6c 6c					
_d	Backup withholding erroneously withheld 6d					
7	Total credits and payments. Add lines 6a through 6d					
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	106				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10					
11	Enter the amount of line 10 to be Credited to 2018 estimated tax Refunded 11					
fala. 1a	VII-A Statements Regarding Activities During the tax year, did the foundation attempt to influence any national, state, or local legislation or did	. T &* TV T	Ma			
ıa	participate or intervene in any political campaign?	ıt Yes	No ✓			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	e 1b	1			
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any material published or distributed by the foundation in connection with the activities	S				
С	Did the foundation file Form 1120-POL for this year?	10	*********			
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. ▶ \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	gs,			
_	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	**************************************			
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	✓			
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	✓			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5				
	If "Yes," attach the statement required by General Instruction T.	* €';	1.00			
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 the and the state legislation that effectively amends the governing instrument so that no mandatory directions the	\ 	<u> </u>			
_	conflict with the state law remain in the governing instrument?	6 1				
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 XI	7 7	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶	- 4 000 mm	**************************************			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	ai Cara	• • •			
D	(or designate) of each state as required by General Instruction G? If "No," attach explanation	aı 8b ✓	<u> </u>			
0	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(2) a		,,,, ,, ,			
•	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes					
	complete Part XIV	' 9 	1			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the					
	names and addresses	10	1			
		Form 990-PF	(2017)			

Part	VII-A Statements Regarding Activities (continued)		
- ',		Yes No	lo
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within	the	
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		/
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disquali		
12	person had advisory privileges? If "Yes," attach statement. See instructions		,
			/
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application	on? 13 ✓	
	Website address ►		
14	The books are in care of ► ROBERT VITANTONIO Telephone no. ►	440-460-1578	
	Located at ► 472 DANBURY DR, AURORA, OH ZIP+4 ►	44202	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here		\Box
	and enter the amount of tax-exempt interest received or accrued during the year	1	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other author		ln.
10	over a bank, securities, or other financial account in a foreign country?		-
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the nar		<u>/</u>
		ne or	
	the foreign country ▶		200
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Yes N	lo_
1a	During the year, did the foundation (either directly or indirectly)	W. 3 1 3	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?]No	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		
	disqualified person?	No 🎤 💮	
		No No	
		No No	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		~ N
		No 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		7.5
_		∐No	
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulat	ions	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	_ 1b	
	Organizations relying on a current notice regarding disaster assistance, check here		
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,	that	11.
	were not corrected before the first day of the tax year beginning in 2017?	· 1c /	✓
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private of the section 4942).	vate	66.
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))		, **
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and		7
	6e, Part XIII) for tax year(s) beginning before 2017?	No	7 j
	If "Yes," list the years ▶ 20 , 20 , 20 , 20		j]
h	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) 🥻 🖟 🎝 🖇	
J	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2		
	all years listed, answer "No" and attach statement—see instructions)	·	لئظـ
_	•	· 2b	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		
_	▶ 20 , 20 , 20 , 20	Land Land Br	į
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	, ,	
	at any time during the year?	JNo	1
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation	n or	
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by		
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the laps		
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if		
	foundation had excess business holdings in 2017.)	3ь	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpos		<u></u>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize		
_	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 20		
		5 000 DE 100	<u> </u>

Page	1

Pari	VIII Statements Regarding Activities	for W	hich Form	4720	May Be R	equire	e d (contu	nued)		
, 5a ,	During the year, did the foundation pay or incur a	any am	ount to						10 m	Yes No
	(1) Carry on propaganda, or otherwise attempt t	o influe	nce legislatio	on (sect	ion 4945(e))? .	☐ Yes	✓ No	1000	Carlo Carlos
	(2) Influence the outcome of any specific public	electi	on (see secti	on 495	5), or to ca	arry on,				
	directly or indirectly, any voter registration dr	ıve?					☐ Yes	✓ No		27.1
	(3) Provide a grant to an individual for travel, stu	dy, or d	other similar	purpose	es?		☐ Yes	✓ No	3	
	(4) Provide a grant to an organization other than a charitable, etc., organization described in							, v		
	section 4945(d)(4)(A)? See instructions							2.26		
	(5) Provide for any purpose other than religious,								12.3	
	purposes, or for the prevention of cruelty to o							✓ No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the							ribed in		
	Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions							5b		
	Organizations relying on a current notice regardi									
C	If the answer is "Yes" to question 5a(4), does t								Kan I	
	because it maintained expenditure responsibility	for the	grant?				Yes	☐ No		
	If "Yes," attach the statement required by Regula									
6a	Did the foundation, during the year, receive any	funds,	directly or in-	directly	, to pay pre	emiums	;		12: 3	
	on a personal benefit contract?	•					Vac	∐ N∪	ال بالاستان معمد مستان	Marie processes
Ь	Did the foundation, during the year, pay premiun	ns, dire	ctly or indire	ctly, on	a personal	benefi	t contract	? .	6b	
	If "Yes" to 6b, file Form 8870.						_	_	18-1	
	At any time during the tax year, was the foundation						∐ Yes		603	- L. L. 16
b	If "Yes," did the foundation receive any proceeds								7b	
Par	Information About Officers, Direc	tors, I	rustees, F	ounda	tion Mana	agers,	Highly I	aid E	mploye	∍es,
	and Contractors	- 		- 1 at - :-		-4'	<u> </u>			
	List all officers, directors, trustees, and found		nanagers ar e, and average		mpensation		Contribution		-	
	(a) Name and address	hou	rs per week	(lf r	ot paid,	emple	oyee benefit	plans	(e) Exper	nse account, allowances
DODE	RT VITANTONIO		ed to position	en	ter -0-)	and det	erred compe	ensation		
	***************************************	PRESI		1		ļ		İ		
	ANBURY DR, AURORA, OH RE VITANTONIO		ONATED)	 		<u> </u>				
	ANBURY DR, AURORA, OH		RESIDENT ONATED)	ļ						
	LANTANTONIO			 		 				
	ANBURY DR, AURORA, OH	SECRE	ONATED)]		{				
172 47	MADON I DIN, MONORM, OIT	(Olivi IED)	 						
				[<u> </u>				
2	Compensation of five highest-paid employee	es (oth	er than tho	se incl	uded on li	ne 1-	see instr	uction	s). If no	one, enter
	"NONE."								•	•
			(b) Title, and	verage			(d) Contrib			
	(a) Name and address of each employee paid more than \$50,00	00	hours per v	veek ~	(c) Comper	nsation	employee			nse account, allowances
			devoted to p	osmon			compen	sation		
NON	E									
			 				<u></u>			
)		İ		1		1	
			<u> </u>		<u> </u>		L			
							1			
					<u> </u>					
					1					
			<u> </u>		L		ļ			
					}		}			
	450.000		L		L		<u> </u>			
Total	number of other employees paid over \$50,000.	<u> </u>		· · · ·	· · ·	<u> </u>		<u>. ▶</u>	<u></u>	
									Form 99 (0-PF (2017)

_	7
Page	•

	nformation About Officers, Directors, Trustees, Foundation Managers, Highly Paid Em nd Contractors <i>(continued)</i>	iployees,
3 Five high	nest-paid independent contractors for professional services. See instructions. If none, enter "NONI	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
		†
		
		}
		
		1
		}
Total number o	f others receiving over \$50,000 for professional services	
Part IX-A	Summary of Direct Charitable Activities	
	on's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of d other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1		
		}
		}
2		
		}
		
3		
		1
		}
4		}
		i
Part IX-B	Summary of Program-Related Investments (see instructions)	<u> </u>
	plargest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	gar pagarating and an analysis	

		}
2		
		<u> </u>
All other program	n-related investments. See instructions	
3		
		<u> </u>
Total. Add lines	s 1 through 3	
		Form 990-PF (201

Part	*Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign foundat	tions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	·	1a	
a b	Average monthly fair market value of securities	1b	4 400 740
	Fair market value of all other assets (see instructions)	1c	1,169,740
c d	,	1d	4 400 740
e	Total (add lines 1a, b, and c)		1,169,740
•	1c (attach detailed explanation)	:	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1,169,740
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		1,103,740
	instructions)	4	17,546
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,152,194
6	Minimum investment return. Enter 5% of line 5	6	57,610
Part		foundations	37,010
1	Minimum investment return from Part X, line 6	1	57,610
2a	Tax on investment income for 2017 from Part VI, line 5 2a	6	
b	Income tax for 2017. (This does not include the tax from Part VI.) 2b	b	
C	Add lines 2a and 2b	2c	106
3	Distributable amount before adjustments. Subtract line 2c from line 1	2	27,504
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	57,504
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,	1 1	
	line 1	7	57,504
Part	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	5.0	
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	72,600
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
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	72,600
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b. See instructions	5	
ő	Adjusted qualifying distributions. Subtract line 5 from line 4	0	/2,600
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.		
		C	000-DE (0017)

art	XIII Undistributed Income (see instruction	ons)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from Part XI,	Corpus	Years prior to 2016	2016	2017
	line 7	· *		yn de. 200	57,504
2	Undistributed income, if any, as of the end of 2017	s*		#i	1 4 / 1 . 3. 1
a	Enter amount for 2016 only	* .	*	68,021	
b	Total for prior years. 20 ,20 ,20	Mary and desired a superior and the second		1. W 9.	
3	Excess distributions carryover, if any, to 2017:		`-7, - 1 <u>, </u>		
а	From 2012				
b	From 2013				
c	From 2014				
d	From 2015				
е	From 2016				
f	Total of lines 3a through e				
4	Qualifying distributions for 2017 from Part XII,				
	line 4. ► \$ 72,600				
а	Applied to 2016, but not more than line 2a.			68,021	
ь	Applied to undistributed income of prior years				
	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election	***************************************	8. P. N. W. P. S.		
	required—see instructions)	ļ			
d	Applied to 2017 distributable amount		W0-44 () () () () ()	2 1 2 2 2 2 2	<u> </u>
е	Remaining amount distributed out of corpus		74.0		. A
5	Excess distributions carryover applied to 2017		77. 77.5 7.5		
	(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				2 2 2 2 2 2 2 2 2
	ındicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				1.00
b	Prior years' undistributed income. Subtract				3 3 4 7 7 8 3
	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				To Make & Land
d	Subtract line 6c from line 6b. Taxable				
	amount—see instructions	·		1 × 2 × 1 /2 V	<u> </u>
е	Undistributed income for 2016. Subtract line				
	4a from line 2a. Taxable amount-see				
	instructions				
f	Undistributed income for 2017. Subtract lines				
	4d and 5 from line 1. This amount must be		C. Marie	• ,	
	distributed in 2018	- The state of the		·, ·	57,504
7	Amounts treated as distributions out of corpus	}	Branch Branch		
	to satisfy requirements imposed by section	ļ.	,		
	170(b)(1)(F) or 4942(g)(3) (Election may be	}			
_	required—see instructions)				ļ
8	Excess distributions carryover from 2012 not	j			
_	applied on line 5 or line 7 (see instructions).	<u> </u>	<u> </u>	<u> </u>	
9	Excess distributions carryover to 2018.			?	
	Subtract lines 7 and 8 from line 6a		ļ		
10	Analysis of line 9				
а	Excess from 2013	4			ļ
Þ	Excess from 2014	4			1
C	Excess from 2015	4			
d	Excess from 2016	4	1	•	1
e	Excess from 2017	I	1	i	,

Form **990-PF** (2017)

	XIV Private Operating Founda)		
1a 、	If the foundation has received a ruling			private operating			
	foundation, and the ruling is effective for	2017, enter the da	te of the ruling.	🕨	N	IA	
b	Check box to indicate whether the four	idation is a private	operating foundat	ion described in se	ection 🔲 4942(j)((3) or4942(j)(5)	
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total	
	income from Part I or the minimum investment return from Part X for	(a) 2017	(b) 2016	(c) 2015	(d) 2014	/ (0, 10.0	
	each year listed		·				
þ	85% of line 2a		<u> </u>				
С	Qualifying distributions from Part XII,		 				
	line 4 for each year listed				1		
d	Amounts included in line 2c not used directly for active conduct of exempt activities	·					
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c .						
3	Complete 3a, b, or c for the alternative test relied upon						
а	"Assets" alternative test-enter		,				
	(1) Value of all assets						
	(2) Value of assets qualifying under		9				
_	section 4942(j)(3)(B)(i)						
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in						
	Part X, line 6 for each year listed		/	 			
С	"Support" alternative test-enter:		/				
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)						
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)						
	(3) Largest amount of support from an exempt organization ,						
	(4) Gross investment income						
Part		n (Complete th	is part only if t	he foundation h	ad \$5,000 or m	ore in assets at	
	any time during the year -	•			+-,		
1	Information Regarding Foundation						
а	List any managers of the foundation v		ted more than 2%	6 of the total conti	ributions received	by the foundation	
	before the close of any tax year (but o	nly if they have co	ontributed more th	an \$5,000). (See s	ection 507(d)(2).)		
	OBERT G VITANTONIO, LENORE L VITA						
b	List any managers of the foundation			•	, , ,	rge portion of the	
	ownership of a partnership or other er	ntity) of which the	foundation has a	10% or greater into	erest.		
	NONE						
2	2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here ► ☑ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.						
а	The name, address, and telephone nu	imber or email add	dress of the perso	n to whom applica	itions should be a	ddressed [.]	
b	The form in which applications should	be submitted and	d information and	materials they sho	uld include.		
С	Any submission deadlines		-			-	
d	Any restrictions or limitations on aw factors.	vards, such as by	y geographical a	reas, charitable fi	elds, kinds of ins	titutions, or other	

3	`Grants and Contributions Paid During t	the Year or Approv	ed for Futu	ure Payment	
	Recipient	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	CONTRIBUTION	
а	Paid during the year				
		}			
		1			
SC	CHEDULE ATTACHED				
	•		,		
	Total			▶ 3a	72,600
b	Approved for future payment				
		,			<u> </u>
	Total			▶ 2h	

Pai	rt XV	I-A Analysis of Income-Producing Ac	ctivities				
_	_	ss amounts unless otherwise indicated.		isiness income	Excluded by secti	on 512, 513, or 514	(e)
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
1		gram service revenue:					(330 man denomen)
	a L		ļ		ļ		
	b _		<u> </u>		ļ		
	д - С		<u> </u>				
	e -						
	f -				 		
	g F	ees and contracts from government agencies		 	 		
2	_	bership dues and assessments			 		
3	Inter	est on savings and temporary cash investments					
4	Divid	dends and interest from securities			14	5,296	
5	Net	rental income or (loss) from real estate		i i i i i i i i i i i i i i i i i i i	14		
		Debt-financed property					
		Not debt-financed property					
_		rental income or (loss) from personal property	<u> </u>				
7		er investment income					
8		or (loss) from sales of assets other than inventory					
9		Income or (loss) from special events ss profit or (loss) from sales of inventory			 		
10 11		er revenue a	<u> </u>		 		
• •	b				 	<u> </u>	
	c						
	ď				1		
	е _						
		4 - 4 - 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1			
12	Sub	total Add columns (b), (d), and (e)	10 12 C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2	5,296	<u> </u>
13	Tota	al. Add line 12, columns (b), (d), and (e)				5,296 13	5,296
13 (See	Tota work	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation	is.)				
13 (See Pa	Tota work rt XV	al. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishm	ent of Exemp	t Purposes	13	5,296
13 (See Pa	Tota work	al. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishm	ent of Exemp	t Purposes	13	5,296
13 (See Pa	Tota work it XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation	 ns.) Accomplishm	ent of Exemp	t Purposes	13	5,296
13 (See Pa	Tota work it XV e No.	al. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishm	ent of Exemp	t Purposes	13	5,296
13 (See Pa	Tota work it XV e No.	al. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishm	ent of Exemp	t Purposes	13	5,296
13 (See Pa	Tota work it XV e No.	al. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishm	ent of Exemp	t Purposes	13	5,296
13 (See Pa	Tota work it XV e No.	al. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishm	ent of Exemp	t Purposes	13	5,296
13 (See Pa	Tota work it XV e No.	al. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishm	ent of Exemp	t Purposes	13	5,296
13 (See Pa	Tota work it XV e No.	al. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishm	ent of Exemp	t Purposes	13	5,296
13 (See Pa	Tota work it XV e No.	al. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishm	ent of Exemp	t Purposes	13	5,296
13 (See Pa	Tota work it XV e No.	al. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishm	ent of Exemp	t Purposes	13	5,296
13 (See Pa	Tota work it XV e No.	al. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishm	ent of Exemp	t Purposes	13	5,296
13 (See Pa	Tota work it XV e No.	al. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishm	ent of Exemp	t Purposes	13	5,296
13 (See Pa	Tota work it XV e No.	al. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishm	ent of Exemp	t Purposes	13	5,296
13 (See Pa	Tota work it XV e No.	al. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishm	ent of Exemp	t Purposes	13	5,296
13 (See Pa	Tota work it XV e No.	al. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishm	ent of Exemp	t Purposes	13	5,296
13 (See Pa	Tota work it XV e No.	al. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishm	ent of Exemp	t Purposes	13	5,296
13 (See Pa	Tota work it XV e No.	al. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishm	ent of Exemp	t Purposes	13	5,296
13 (See Pa	Tota work it XV e No.	al. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishm	ent of Exemp	t Purposes	13	5,296
13 (See Pa	Tota work it XV e No.	al. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishm	ent of Exemp	t Purposes	13	5,296
13 (See Pa	Tota work it XV e No.	al. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishm	ent of Exemp	t Purposes	13	5,296
13 (See Pa	Tota work it XV e No.	al. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishm	ent of Exemp	t Purposes	13	5,296
13 (See Pa	Tota work it XV e No.	al. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishm	ent of Exemp	t Purposes	13	5,296

•		Organization	ons								
1	ın se			engage in any of the fo 501(c)(3) organization						Yes I	No
а	Trans			a noncharitable exem	pt organization	of:			1a(1)		
		ther assets .							1a(2)	· -¦	-
h									10(2)	- 89 V	
-			a noncharitable ever	mnt organization					1b(1)		* }: ✓
									· · · · · · · · ·		- -
							• • •				<u>y</u> ✓
								•			
								• •			<u>√</u>
											<u>√</u>
_									1b(6)		<u>√</u>
									1c	L	
	value	in any transactiv	on or charing arrange	ses given by the repor	ung toundation.	f the goods	atton rece	elved less	inan i	air ma	rket
(a) 1 in a											
(a) Line	110 (b) Amount involved	(c) Name of nonch	aritable exempt organization	(a) Descr	iption of transfer	rs, transactio	ns, and sna	ring arrai	ngemen	is
-					-						
				· <u> </u>						· · - · · - · · · ·	
				<u></u>							
	 -├-										
	_										
				W-14-18-4-					~~		
(2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (7) Sharing of facilities, equipment, mailing lists, other assets, or paid employees (8) If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the value of the goods, other assets, or services given by the reporting foundation. If the foundation received less the value in any transaction or sharing arrangement, show in column (d) the value of the goods other assets, or service (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing (d) Description of transfers, transactions, and sharing											
2a	Is the	foundation dire	ectly or indirectly aff	iliated with, or related	to, one or mor	re tax-exemp	ot organiz	ations			
					ction 527? .			[Yes	✓ N	o
b	If "Ye										
		(a) Name of organ	nization	(b) Type of organ	ization		(c) Description	on of relation	nship		
										-	
	Unde	r penalties of perjury, I	declare that I have examine	d this return, including accomp	anying schedules and	statements, and	to the best of	my knowled	ge and b	elief, it is	true,
Sign	Corre	ct, and complete Deci	laration of preparer (other tha	in taxpayer) is based on all info	mation of which prep	arer has any knov	wieage	May the IF	RS discus	s this re	turn
Here		THERE VA	anonu	//24/18	PRESIDENT			with the pi			
	Sign	ature of officer or tru	stee	Date	Title			See instruc	,110118	_ T es [_	140
Paid		Print/Type preparer	r's name	Preparer's signature		Date	Cher	k ıf F	PTIN		_
Prepa	arer					<u> </u>		employed			
Use (Firm's name ▶					Firm's EIN	<u> </u>			
		Firm's address ▶					Proce no				

Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ. or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Employer identification number

VITANTONIO FOUNDATION			34-195698
Organization type (check	one).		
Filers of:	Section:		
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization	
	4947(a)(1) no	onexempt charitable trust not treated as a private for	undation
	☐ 527 political	organization	k
Form 990-PF	√ 501(c)(3) except	empt private foundation	RECEIVED
	4947(a)(1) n	onexempt charitable trust treated as a private founda	ation SEP 17 2018
	☐ 501(c)(3) tax	able private foundation	OGDEN, UT
Check if your organization	is covered by the G	ieneral Rule or a Special Rule.	
· ·	s)(7), (8), or (10) orga	inization can check boxes for both the General Rule a	and a Special Rule. See
instructions.			
General Rule			
П г	61 C 000 (200 F7 200 DF 4b 4	turb strang to take by a \$5,000
		990-EZ, or 990-PF that received, during the year, con any one contributor. Complete Parts I and II. See inst	
contributor's total		·	, and the second
Consist Dules			
Special Rules			
For an organization	on described in sect	tion 501(c)(3) filing Form 990 or 990-EZ that met the 3	331/3% support test of the
		and 170(b)(1)(A)(vi), that checked Schedule A (Form 9)	
		m any one contributor, during the year, total contribu) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line	
	,	, , , , , , , , , , , , , , , , , , ,	·
		ion 501(c)(7), (8), or (10) filing Form 990 or 990-EZ tha	
		tributions of more than \$1,000 exclusively for religious or the prevention of cruelty to children or animals. Cor	
7,		,	. , . ,
		tion 501(c)(7), (8), or (10) filing Form 990 or 990-EZ tha	
		tions exclusively for religious, charitable, etc., purpos 00. If this box is checked, enter here the total contrib	
	•	gious, charitable, etc., purpose. Don't complete any c	
General Rule app	olies to this organization	ation because it received nonexclusively religious, ch	aritable, etc., contributions
totaling \$5,000 or	more during the ye	ear	> \$
Caution: An organization t	hat isn't covered by	the General Rule and/or the Special Rules doesn't f	ule 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

	organization NIO FOUNDATION INC		Employer identification number 34-195698
Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space	is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBERT VITANTONIO		Person 🗸
	472 DANBURY DR AURORA, OH 44202	\$ 100,00	O Noncash (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
(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 Payroll Noncash
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		Schodula	noncash contributions) B (Form 990, 990-EZ, or 990-PF) (2017

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization **Employer identification number** VITANTONIO FOUNDATION INC 34-195698 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (c) (d) (b) frem FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (d) FMV (or estimate) from Description of noncash property given Date received Part! (See instructions.) (a) No. (c) (p) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of o	rganization				Employer identification number	
	IIO FOUNDATION INC				34-195698	
Part III	Exclusively religious, charitable, e					
	(10) that total more than \$1,000 for					
	the following line entry. For organiza					
	contributions of \$1,000 or less for the	he year. (Enter this in	nformation once. S	ee instruct	ions.) > \$ 100,000	
	Use duplicate copies of Part III if add	ditional space is nee	eded.			
(a) No.	(b) Purpose of gift	(c) Use	of aift	(d) Dec	scription of how gift is held	
Part I	(b) r dipose of gift	(c) Use	or girt	(0) Des	scription of now grit is neid	
	To be held as additional asset of the	All foundation assets	s are used to	All found	ation assets are held generally in	
1	foundation.	support other 501(c)	3 organizations,	brokerage	e accounts as cash or marketable	
		generally Christian	organizations	securities	i.	
L		involved in internatn				
		(e) Trans	fer of gift			
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of tra	nsferor to transferee	
	ROBERT VITANTONIO		TRANSFEREE IS N	MYSELF		
	472 DANBURY DR					
)	AURORA, OH 44202					
			<u> </u>	,		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of aift	(d) Des	scription of how gift is held	
Part I			- J			
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		(-) T	£	L		
		(e) Irans	fer of gift			
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
	Transieree's name, address, a	110 ZIF T T	neiatio	nsnip oi ua	ilsieror to transferee	
1						
Ì						
(a) No.			<u> </u>	 		
from	(b) Purpose of gift	(c) Use	of gift	(d) Des	scription of how gift is held	
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Ì		(e) Trans	fer of gift			
ľ			_			
1	Transferee's name, address, a	and ZIP + 4	Relatio	nship of tra	nsferor to transferee	
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			1			
(a) No.	(b) Purpose of gift	(c) Use	of aift	(d) De	scription of how gift is held	
		(-,		(-,		
ļ		L	 _	<u></u>		
	(e) Transfer of gift					
ļ	Transferee's name, address, a	ano ZIP + 4	Helatio	nsnip of tra	nsferor to transferee	
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Ì						

FORM 990-PF
SCHEDULE: PART I, 23
SUBJECT. OTHER EXPENSES
NAME. VITANTONIO FOUNDATION INC
EIN. 34-1956988

	(A) EXPENSES PER BOOKS
Ohio Attorney General Registration Fee	\$200
TOTAL:	\$200

FORM 990-PF SCHEDULE:

PART XV, 3A

SUBJECT

GRANTS ISSUED

NAME

VITANTONIO FOUNDATION INC

EIN

34-1956988

FOR ALL RECIPIENT'S

CLASS OF ACTIVITY:

CHRISTIAN INTERNATIONAL HUMAN RELIEF

2017

ORGANIZATIONAL STATUS:

PUBLIC CHARITY

RELATIONSHIP TO GRANTOR:

NONE

PURPOSE OF GRANT:

UNRESTRICTED CONTRIBUTION TO RECIPIENT'S HUMAN RELIEF

CHRISTIAN MISSION PROGRAMS

RECIPIENT NAME AND ADDRESS	AMOUNT	
Sonshine Missions Inc	\$7,500	
Christian Aid Ministries	\$6,500	
HIS Foundation	\$5,000	
	\$5,000	
India Evangelistic Crusade	·	
Medical Teams International	\$5,000	
Blessing Hands	\$3,500	
Christian Friends of Korea	\$3,500	
Med Share International	\$3,000	
Christian Blind Mission International	\$2,500	
CURE International	\$2,500	
Engineering Ministries International	\$2,500	
Christian Medical & Dental Associations	\$2,000	
Direct Relief International	\$2,000	
Free Wheelchair Mission	\$2,000	
Global Operations and Development	\$2,000	
Mercy Ships	\$2,000	
Water Missions International	\$2.000	
China Vision	\$1,500	
Minorities for Christ	\$1,500	
222 Ministries	\$1,000	
Christian Aid Mission	\$1,000	
Faith Fellowship Church	\$1,000	
Heart for Lebanon	\$1,000	
International Aid	\$1,000	
Kids Around the World	\$1,000	
World Compassion Terry Law Ministries	\$1,000	
Bridges for Peace	\$550	
Montana de Luz	\$550	
Blessings International	\$500	
City Mission	\$500	
EVERGREEN FAMILY FRIENDSHIP SERVICE	\$500	
Ming Hsien Foundation	\$500	
Musicians on Call	\$500	
Salvation Army	\$500	
TOTAL FOR CLASS OF ACTIVITY:		
CHRISTIAN INTERNATIONAL HUMAN RELIEF	\$72,600	