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Form 990-PF

Department of the Treasury

Internal Revenue Service

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OMB No 1545-0052

2018

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. ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

| | | ndar year 2018, or tax year beginning 01-01-20 |)18 , aı | nd ending 1 | | | |
|---------------------------------------|------------|--|------------------------------------|---------------------|------------|---|---|
| PΑ | TSIE A | undation ND JENEE CAMPANA FOUNDATION | | | • | ntification numbe | r |
| | | BLE TRUST | | 34-181 | .0114 | | |
| | | d street (or P O box number if mail is not delivered to street address) RK SQUARE DR SUITE 3 | Room/suite | B Telep | hone num | ber (see instructioi | ns) |
| | | | | (440) 2 | 225-7145 | | |
| | | n, state or province, country, and ZIP or foreign postal code 4 44053 | | C If ex | emption ap | oplication is pendin | g, check here |
| G Cl | neck al | Il that apply | former public charity | D 1. Fo | reign orga | nizations, check he | ere |
| | | ☐ Final return ☐ Amended return | | | | nizations meeting | |
| | | \square Address change $\qquad \square$ Name change | | | • | here and attach co | · — |
| H C | neck ty | | foundation | | | dation status was t 507(b)(1)(A), chec | |
| <u> </u> | Section | n 4947(a)(1) nonexempt charitable trust 🔲 Other taxabl | e private foundation | | | | |
| of | year (f | from Part II, col (c), | ☐ Cash ☑ Accru | | | on is in a 60-montl 507(b)(1)(B), chec | |
| line | e 16) | (Part I, column (d) must | be on cash basis) | | | | |
| Pa | rt I | Analysis of Revenue and Expenses (The total | (a) Bayanya and | | | | (d) Disbursements |
| | | of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) | (a) Revenue and expenses per books | (b) Net inves incom | ١, | c) Adjusted net income | for charitable purposes (cash basis only) |
| | 1 | Contributions, gifts, grants, etc , received (attach | 0 | | | | |
| | 2 | schedule) Check If the foundation is not required to attach | | | | | |
| | | Sch B | | | | | |
| | 3 | Interest on savings and temporary cash investments | | | | | |
| | 4 | Dividends and interest from securities | 16,073 | | 16,073 | | |
| | 5a | Gross rents | | | | | |
| Ф | b | Net rental income or (loss) | E2.157 | | | | |
| Ę | 6a | Net gain or (loss) from sale of assets not on line 10 | 53,157 | | | | |
| Revenue | b 7 | Gross sales price for all assets on line 6a 65,871 Capital gain net income (from Part IV, line 2) | | | 53,157 | | |
| ~ | 8 | Net short-term capital gain | | | 55,157 | | |
| | 9 | Income modifications | | | | | |
| | 10a | Gross sales less returns and allowances | | | | | |
| | ь | Less Cost of goods sold | | | | | |
| | C | Gross profit or (loss) (attach schedule) | | | | | |
| | 11 | Other income (attach schedule) | | | | | |
| | 12 | Total. Add lines 1 through 11 | 69,230 | | 69,230 | | |
| | 13 | Compensation of officers, directors, trustees, etc | 0 | | 0 | | 0 |
| _ | 14 | Other employee salaries and wages | | | - | | |
| ses | 15 16a | Pension plans, employee benefits | | | + | | |
| E . | ь | Accounting fees (attach schedule) | 5,810 | | 0 | | 2,905 |
| EX | C | Other professional fees (attach schedule) | 3,010 | | | | 2,303 |
| IVe | 17 | Interest | | | | | |
| rat | 18 | Taxes (attach schedule) (see instructions) | | | | | |
| Operating and Administrative Expenses | 19 | Depreciation (attach schedule) and depletion | | | | | |
| Ē | 20 | Occupancy | | | | | |
| Ι¥ | 21 | Travel, conferences, and meetings | | | | | |
| and | 22 | Printing and publications | | | | | |
| jų. | 23 | Other expenses (attach schedule) | 11,017 | | 2,483 | | 5,368 |
| atıı | 24 | Total operating and administrative expenses. | | | | | |
| ber | | Add lines 13 through 23 | 16,827 | | 2,483 | | 8,273 |
| 0 | 25 | Contributions, gifts, grants paid | 19,860 | | | | 19,860 |
| | 26 | Total expenses and disbursements. Add lines 24 and 25 | 36,687 | | 2,483 | | 28,133 |
| | 27 | Subtract line 26 from line 12 | , , , , | | | | , |
| | a | Excess of revenue over expenses and | 22.542 | | | | |
| | Ь | disbursements Net investment income (if negative, enter -0-) | 32,543 | | 66,747 | | |
| | c | Adjusted net income (if negative, enter -0-) | | | 55,777 | | |
| For | ı Paper | work Reduction Act Notice, see instructions. | I . | Cat No | 11289X | For | m 990-PF (2018) |

303,892

319,882

10,000

309,882

319,882

319,882

291.178

352,425

10,000

342,425

352,425

352,425

2

3

4

5

6

319,882

32,543

352,425

352,425 Form **990-PF** (2018)

0

0

344,797

406,044

disqualified persons (attach schedule) (see instructions)

Investments—U S and state government obligations (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Other notes and loans receivable (attach schedule)

Less allowance for doubtful accounts ▶

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe -

Unrestricted . . .

Permanently restricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) .

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) -

Temporarily restricted

Grants payable

Inventories for sale or use

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

Less accumulated depreciation (attach schedule)

| 0400 | Sels | |
|------|------|--|
| | 4 | |

7

8

9

10a

11

12

13

14

15

16

17

18

19

20

21 22

23

24

25

28

29

31

Part III

2

Liabilities

Balances

Fund 26

ŏ

Assets 27

Net 30

b C

| (a) List and describe t 2-story brick ware | (c) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) | | | |
|--|--|---|---|---|--|
| 1 a 1,000 SHS NORTHWEST BA | 1997-05-29 | 2018-02-08 | | | |
| b 2,900 SHS NORTHWEST BA | 1997-05-29 | 2018-11-08 | | | |
| С | | | | | |
| d | | | | | |
| e | | | | | |
| (-) | (f) | | (g) | (1 | h) |
| (e) Gross sales price | Depreciation allowed | | other basis | | r (loss) |
| • | (or allowable) | plus exp | ense of sale | |) minus (g) |
| a 16,6 | | | 3,260 | | 13,40: |
| b 49,2 | 210 | | 9,454 | | 39,756 |
| С | | | | | |
| d | | | | | |
| е | | | | | |
| Complete only for assets sh | nowing gain in column (h) and ow | ned by the foundation | on 12/31/69 | | I) |
| (i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | Excess | (k) of col (ı) l (ʒ), ıf any | col (k), but not | h) gain minus less than -0-) or om col (h)) |
| a | · · | | 3// | | 13,40: |
| b | | | | | 39,756 |
| С | | | | | · |
| d | | | | | |
| e | | | | | |
| 2 Capital gain net income or | (net capital loss) | If gain, also enter in P If (loss), enter -0- in I | | 2 | 53,157 |
| · - | n or (loss) as defined in sections i, line 8, column (c) (see instructi | ons) If (loss), enter -0 |) . } | 3 | |
| | der Section 4940(e) for Re | | | | |
| For optional use by domestic priv | ate foundations subject to the sec | ction 4940(a) tax on ne | et investment incom | ne) | |
| f section 4940(d)(2) applies, leav | e this part blank | | | | |
| Vas the foundation liable for the s | ection 4942 tax on the distributa | | | ? | es 🗹 No |
| 1 Enter the appropriate amou | int in each column for each year, | see instructions before | making any entrie | S | |
| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitab | le-use assets | (d) Distribution rati (col (b) divided by c | |
| 2017 | 162,434 | | 427,723 | | 0 379764 |
| 2016 | 110,710 | | 472,376 | | 0 234368 |
| 2015 | 65,003 | | 482,325 | | 0 134770 |
| 2014 | 63,825 | | 367,882 | | 0 173493 |
| 2013 | 6,380 | | 304,283 | | 0 020967 |
| 2 Total of line 1, column (d) | | | 2 | | 0 943362 |
| 3 Average distribution ratio fo | r the 5-year base period—divide | | 0, or by the | | |
| number of years the founda | tion has been in existence if less | than 5 years | <u>3</u> | | 0 188672 |
| | narıtable-use assets for 2018 fron | • | 4 | | 419,271 |
| | | | 5 | | 79,105 |
| 6 Enter 1% of net investment | income (1% of Part I, line 27b) | | 6 | | 667 |
| 7 Add lines 5 and 6 | | | 7 | | 79,772 |
| | s from Part XII, line 4 , | | 8 | | 28,133 |
| | er than line 7, check the box in Pa | | | ng a 1% tax rate Se | |

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|--|---------------------------------------|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, F and Contractors (continued) | Foundation Managers, Highly Pa | id Employees, |
| 3 Five highest-paid independent contractors for professional service | es (see instructions). If none, enter | "NONE". |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | | 0 |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relev organizations and other beneficiaries served, conferences convened, research papers produc | | Expenses |
| 1 | | |
| 2 | | |
| | | |
| 3 | | |
| | | |
| 4 | | |
| Part IX-B Summary of Program-Related Investments (see in | astructions) | |
| Describe the two largest program-related investments made by the foundation during the | <u>'</u> | Amount |
| 1 | | |
| | | |
| 2 | | |
| All other program-related investments See instructions | | |
| 3 | | |
| Total. Add lines 1 through 3 | | P 0 |
| | | Form 990-PF (2018) |

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

2

3

4

5

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

1b

2

3a 3h

4

5

28.133

28,133

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2018

Page 9

19,629

19,629

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0

| Form | 990-PF | (201 |
|------|---------|------|
| Pa | rt XIII | |

| 0-PF | (| 2 | 0: | 18 | В |) | |
|------|---|---|----|----|---|---|--|
| VIII | 1 | | | | ī | ı | |

b Total for prior years

| D-PF (2 | 018) |
|---------|------|
| | |

Undistributed Income (see instructions) Distributable amount for 2018 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2018

a From 2013.

b From 2014. . . . c From 2015. . .

d From 2016.

e From 2017.

XII, line 4 🕨 \$

indicated below:

f Total of lines 3a through e.

d Applied to 2018 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2018

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

(If an amount appears in column (d), the

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b 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 e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . .

c Excess from 2016. . . .

d Excess from 2017. . .

e Excess from 2018. . .

b Excess from 2015. .

Subtract lines 7 and 8 from line 6a

4 Qualifying distributions for 2018 from Part

a Applied to 2017, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

- a Enter amount for 2017 only.
 - Excess distributions carryover, if any, to 2018

32,310

40 981

87.370 141,330

> 32.310 40,981

87.370

141,330

8.504

301.991

8.504

310,495

310,495

0

(b)

Years prior to 2017

(c)

2017

(a)

Corpus

factors



| ter gross amounts unless otherwise indicated | | usiness income | Excluded by section | | (e) Related or exempt function income |
|--|--|------------------------------------|---------------------------------|---------------------------------------|---------------------------------------|
| Program service revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | (See instructions |
| a b | | | | | |
| C | | | | | |
| d | | | | | |
| e | | | | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| Membership dues and assessments Interest on savings and temporary cash | | | | | |
| investments | | | | | |
| Dividends and interest from securities | | | 14 | 16,073 | |
| Net rental income or (loss) from real estate | | | | | |
| a Debt-financed property. | | | | | |
| b Not debt-financed property | | | | | |
| Other investment income | | | | | |
| Gain or (loss) from sales of assets other than | | | | | |
| inventory | | | 18 | 53,157 | |
| Net income or (loss) from special events | | | | | |
| Gross profit or (loss) from sales of inventory | | | | | |
| Other revenue a b | | | | | |
| c | | | | | |
| d | | | | | |
| | | | | | |
| e | | | | | |
| e Subtotal Add columns (b), (d), and (e) | | 0 | | 69,230 | (|
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) | | 0 | 13 | 69,230 3 | |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcu | lations) | | 13 | · · · · · · · · · · · · · · · · · · · | |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the Relationship of Activity for which the accomplishment of the foundation's expenses. | lations) le Accomplisi income is report | hment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | ted importantly to | 69,230 |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain. | lations) le Accomplisi income is report | hment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | ted importantly to | |
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| 1. (20 | 10) | | |
|--------|--|------|--|
| VII | Information Regarding Transfers To and Transactions and Relationships With Noncharit Exempt Organizations | able | |
| | | | |

| Part | XVII | Exempt Organ | | ransı | ersioa | and Transacti | ons and | Relatio | nsnips with Non | cnaritable | | |
|--------------|--------------------------|-------------------------|-------------------|----------|--------------|-----------------------------|----------------|--------------|--|-------------------------|--------------|-----------------|
| | | | ındırectly enga | | | | | | on described in sections? | n 501 | Yes | No |
| a Trai | nsfers f | rom the reporting for | indation to a n | oncha | rıtable exe | empt organizatio | n of | | | | | |
| (1) | Cash. | | | | | | | | | . 1a(1 |) | No |
| (2) | Other | assets | | | | | | | | . 1a(2 | | No |
| b Oth | er trans | sactions | | | | | | | | | | |
| (1) | Sales | of assets to a nonch | arıtable exemp | t orga | nızatıon. | | | | | . 1b(1 | | No |
| (2) | Purch | ases of assets from a | noncharitable | exem | pt organiz | zation | | | | 1b(2 | | No |
| (3) | Renta | l of facilities, equipm | ent, or other a | ssets. | | | | | | 1b(3 |) | No |
| | | oursement arrangeme | | | | | | | | . 1b(4 | | No |
| | | or loan guarantees. | | | | | | | | . 1b(5 | _ | No |
| (6) | Perforr | mance of services or | membership o | r fundi | raising sol | icitations | | | | . 1b(6 |) | No |
| | - | facılıtıes, equipment, | | | - | | | | | . 1c | | No |
| d If the | ne answ | ver to any of the abov | ve is "Yes," cor | nplete | the follow | ving schedule Co | olumn (b) | should al | ways show the fair m ed less than fair mark | narket value | | |
| | | | | | | | | | ts, or services receiv | | | |
| | | - | | | • | | | | | | | |
| (a) Line | No | (b) Amount involved | (c) Name of | noncha | ırıtable exe | mpt organization | (d) Des | scription of | transfers, transactions, | and sharing arr | angemen | its |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| 2a is t | he foun | dation directly or ind | rectly affiliated | d with | or relate | d to one or more | a tav-evem | nnt organ | ızatıons | | | |
| | | n section 501(c) (oth | • | | | • | | | | s 🗹 No | | |
| | | mplete the following | | 1 301(| C)(3)) 01 1 | in section 527. | | | | 3 110 | | |
| ווע | 165, 00 | (a) Name of organiza | | I | (1 | b) Type of organizat | tion | I | (c) Description | of relationship | | |
| | | (2) Hamo or organiza | | | | , ,,po o. o.ga <u>z</u> a. | | | (c) becompain | | | |
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| | | | | | | | | | ng schedules and sta than taxpayer) is ba | | | |
| | | n preparer has any ki | | Jii CCt, | and comp | piete Deciaration | i oi picpai | Cr (Other | than taxpayer, is ba | sea on an inic | , macio | . 0. |
| Sign | _ | **** | - | | | | , | **** | | May the IRS | liscuss th | าเร |
| Here | | ***** | | | | 2019-08-26 | | **** | | return with the prep | arar shov | wn |
| | 7 - | | | | | · . | — y : | T . I | | below | arer silov | VII |
| |) S | ignature of officer or | trustee | | | Date | · | Title | | (see ınstr)? | ✓ Yes | □ _{No} |
| | | I | | | | | 1 | | | | | |
| | | Print/Type prepare | r's name | Prepa | arer's Sigr | nature | Date | | Check if self- | PTIN | | |
| | | | | | | | | | employed ▶ □ | P0177 | 1102 | |
| Paid | | DANIEL P MICHA | EL | | | | 2019 | -08-26 | | | | |
| Prep | arer | Firm's name > CC | HEN O COMPA | NV I T | <u> </u> | | | | | | | |
| • | Only | Firm's name ► CC | HEN & COMPA | INT LII | | | | | F | irm's EIN ►3 | 1-19129 | 961 |
| | ~ y | Firm's address ▶ | OFFICES LISTE | D AT | | | | | | | | |
| | | | ANANAICOLIENIO | 14.000 | 1 011 444 | 115 | | | P | hone no (80 |) 229-: | 1099 |
| | WWWCOHENCPACOM, OH 44115 | | | | | ľ | ζ | , ' | - | | | |
| | | · | | | | | | | | | | |

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ACHIEVEMENT CENTERS FOR NONE 501(C) FOR GENERAL OPERATING 250

| CHILDREN'S AUTISM SCHOOL 24211 CENTER RIDGE RD WESTLAKE, OH 44145 | NO.112 | 301(0) | SUPPORT | |
|---|--------|--------|-----------------------|----|
| ALPHA NE OHIO | NONE | 501(C) | FOR GENERAL OPERATING | 25 |

| | I . | | | |
|--|------|--------|-------------------------------|-------|
| ALPHA NE OHIO 2275 HALF DAY RD SUITE 185 BANNOCKBURN, IL 60015 | NONE | 501(C) | FOR GENERAL OPERATING SUPPORT | 250 |
| AMERICAN CANCER SOCIETY | NONE | 501(C) | FOR GENERAL OPERATING | 1,250 |

| 2275 HALF DAY RD SUITE 185 BANNOCKBURN, IL 60015 | | | SUPPORT | |
|--|------|-------|----------------------------------|-------|
| AMERICAN CANCER SOCIETY 10501 EUCLID AVE CLEVELAND, OH 44106 | NONE | (-) | FOR GENERAL OPERATING SUPPORT | 1,250 |

| · | | | | |
|--|------|--------|-------------------------------|------|
| AMERICAN CANCER SOCIETY 10501 EUCLID AVE CLEVELAND, OH 44106 | NONE | 501(C) | FOR GENERAL OPERATING SUPPORT | 1,25 |
| | | | | |

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

Name and address (home or husiness)

Total .

| BLESSING HOUSE5440 GROVE AVE LORAIN, OH 44055 | NONE | 501(C) | FOR GENERAL OPERATING SUPPORT | 1,000 |
|--|----------------------------|--------|-------------------------------|-------|
| a Paid during the year | | | | |
| Name and address (name or Business) | or substantial contributor | | | |

| CHRISTIAN BUSINESS MENS CONNECTION 5746 MARLIN RD 602 CHATTANOOGA, TN 37411 | NONE | 501(C) | FOR GENERAL OPERATING SUPPORT | 100 |
|--|------|--------|-------------------------------|-------|
| CITIZENC FOR LCCC LEVV | NONE | F04(C) | FOR CENEDAL OPERATING | 1 000 |

| 1005 N ABBE RD SUPPORT | 5746 MARLIN RD 602 CHATTANOOGA, TN 37411 | | | |
|------------------------|--|------|--------|-------|
| | CITIZENS FOR LCCC - LEVY 1005 N ABBE RD ELYRIA, OH 44035 | NONE | 501(C) | 1,000 |

| 5746 MARLIN RD 602 CHATTANOOGA, TN 37411 | | | | |
|--|------|--------|-------------------------------|----|
| CITIZENS FOR LCCC - LEVY 1005 N ABBE RD ELYRIA, OH 44035 | NONE | 501(C) | FOR GENERAL OPERATING SUPPORT | 1, |

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Daid during the year

Total .

| a Falu during the year | | | | |
|--|------|--------|-------------------------------|-------|
| ELYRIA CATHOLIC HIGH SCHOOL 725 GULF RD ELYRIA, OH 44035 | NONE | 501(C) | FOR GENERAL OPERATING SUPPORT | 1,000 |
| | | | | |

| ELIKIA, OH 44033 | | | | |
|---|------|--------|----------------------------------|-------|
| FIRE FISH 520 BROADWAY AVE 3RD FLOOR LORAIN, OH 44052 | NONE | 501(C) | FOR GENERAL OPERATING SUPPORT | 1,000 |
| | | | | |

| 520 BROADWAY AVE 3RD FLOOR LORAIN, OH 44052 | | | SUPPORT | |
|--|------|--------|-----------------------|-----|
| HOLY TRINITY2610 NAGEL RD | NONE | 501(C) | FOR GENERAL OPERATING | 750 |

| LORAIN, OH 44052 | | | | 1 |
|---|------|--------|-----------------------|-----|
| HOLY TRINITY2610 NAGEL RD AVON, OH 44011 | NONE | 501(C) | FOR GENERAL OPERATING | 750 |

| HOLY TRINITY2610 NAGEL RD AVON, OH 44011 | NONE | 501(C) | FOR GENERAL OPERATING SUPPORT | 7 |
|---|------|--------|-------------------------------|---|

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year | | | | |
|---|------|--------|-------------------------------|-------|
| INDIANAPOLIS TEN POINT COALITION 900 W 30TH ST INDIANAPOLIS, IN 46208 | NONE | 501(C) | FOR GENERAL OPERATING SUPPORT | 1,500 |

| DIANAPOLIS, IN 46208 | | | | |
|---|------|--------|-------------------------------|--|
| ALIAN AMERICAN VETERANS (IAV) 67 OBERLIN AVE BRAIN OH 44053 | NONE | 501(C) | FOR GENERAL OPERATING SUPPORT | |

Total .

| ITALIAN AMERICAN VETERANS (IAV) 4567 OBERLIN AVE LORAIN, OH 44053 | NONE | 501(C) | FOR GENERAL OPERATING SUPPORT | 250 |
|---|------|--------|-------------------------------|-----|
| | | | | |

| 4567 OBERLIN AVE LORAIN, OH 44053 | | | SUPPORT | |
|--------------------------------------|------|--------|-----------------------|-----|
| JOURNAL JOG2500 W ERIE AVE | NONE | 501(C) | FOR GENERAL OPERATING | 500 |

| LORAIN, OH 44053 | | | | |
|----------------------------|------|--------|-----------------------|-----|
| JOURNAL JOG2500 W ERIE AVE | NONE | 501(C) | FOR GENERAL OPERATING | 500 |

| JOURNAL JOG2500 W ERIE AVE | NONE | 501(C) | FOR GENERAL OPERATING | 500 |
|----------------------------|------|--------|-----------------------|-----|
| LORAIN, OH 44053 | | | SUPPORT | |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year LEADERSHIP LORAIN COUNTY-NONE 501(C) FOR GENERAL OPERATING 500 DIFFERENCE MAKERS SUPPORT

| 1202 EAST BROAD STREET ELYRIA, OH 44035 | | | | |
|--|------|--------|-------------------------------|-----|
| LEADERSHIP LORAIN COUNTY 201 BURNS RD ELYRIA, OH 44035 | NONE | 501(C) | FOR GENERAL OPERATING SUPPORT | 650 |
| LORAIN COUNTRY METROPARKS | NONE | 501(C) | FOR GENERAL OPERATING | 300 |

| 201 BURNS RD ELYRIA, OH 44035 | NONE | 501(C) | SUPPORT | 650 |
|--|------|--------|-------------------------------|-----|
| LORAIN COUNTRY METROPARKS 25145 ROYALTON RD COLUMBIA STATION, OH 44028 | NONE | 501(C) | FOR GENERAL OPERATING SUPPORT | 300 |

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year | | | | |
|--|------|--------|----------------------------------|-------|
| LORAIN COUNTY FREE CLINIC 3323 PEARL AVE LORAIN OH 44055 | NONE | 501(C) | FOR GENERAL OPERATING SUPPORT | 1,250 |

| 3323 PEARL AVE LORAIN, OH 44055 | | | SUPPORT | |
|---|------|--------|-------------------------------|-----|
| LORAIN HIGH SCHOOL 2600 ASHLAND AVE LORAIN OH 44052 | NONE | 501(C) | FOR GENERAL OPERATING SUPPORT | 200 |

| | | | | - |
|--|------|--------|-------------------------------|-----|
| LORAIN HIGH SCHOOL 2600 ASHLAND AVE LORAIN, OH 44052 | NONE | 501(C) | FOR GENERAL OPERATING SUPPORT | 200 |
| LORAIN ROTARYPO BOX 581 | NONE | 501(C) | FOR GENERAL OPERATING | 500 |

| 2600 ASHLAND AVE LORAIN, OH 44052 | NONE | 301(0) | SUPPORT | 200 |
|--------------------------------------|------|--------|-----------------------|-----|
| LORAIN OH 44052 | NONE | 501(C) | FOR GENERAL OPERATING | 500 |

| LORAIN, OH 44052 | | | SUPPORT | |
|--|------|--------|-----------------------|-----|
| LORAIN ROTARYPO BOX 581 LORAIN OH 44052 | NONE | 501(C) | FOR GENERAL OPERATING | 500 |

| LORAIN, OH 44052 | NONE | 301(C) | SUPPORT | 500 |
|------------------|------|--------|---------|--------|
| Total | | | ▶ 3a | 19,860 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

| a Paid during the year | | | | |
|--|------|--------|----------------------------------|-----|
| LORAIN SPORTS HALL OF FAME PO BOX 723 | NONE | 501(C) | FOR GENERAL OPERATING SUPPORT | 120 |

| LORAIN, OH 44052 | | | | |
|---|------|--------|-------------------------------|-------|
| MAKE A WISH 6060 ROCKSIDE WOODS BLVD N 315 INDEPENDENCE, OH 44131 | NONE | 501(C) | FOR GENERAL OPERATING SUPPORT | 1,000 |
| PATHWAYS ENRICHMENT CENTER INC | NONE | 501(C) | FOR GENERAL OPERATING | 1 200 |

| 6060 ROCKSIDE WOODS BLVD N 315 INDEPENDENCE, OH 44131 | | 202(0) | SUPPORT | _,, |
|---|------|--------|----------------------------------|-------|
| PATHWAYS ENRICHMENT CENTER INC 3275 REGINA AVE LORAIN, OH 44052 | NONE | 501(C) | FOR GENERAL OPERATING SUPPORT | 1,200 |

| 6060 ROCKSIDE WOODS BLVD N 315 INDEPENDENCE, OH 44131 | | | SUPPORT | |
|---|------|--------|-------------------------------|--------|
| PATHWAYS ENRICHMENT CENTER INC 3275 REGINA AVE LORAIN, OH 44052 | NONE | 501(C) | FOR GENERAL OPERATING SUPPORT | 1,200 |
| Total | | | ▶ 3a | 19,860 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Daid during the year

| a Falu during the year | | | | |
|---|------|--------|-------------------------------|-----|
| RESCUE INC588 TERNES LN ELYRIA, OH 44035 | NONE | 501(C) | FOR GENERAL OPERATING SUPPORT | 500 |
| SAINT JOSEPH CHURCH 12700 PEARL RD | NONE | 501(C) | FOR GENERAL OPERATING SUPPORT | 500 |

| SAINT JOSEPH CHURCH 12700 PEARL RD STRONGSVILLE, OH 44136 | NONE | 501(C) | FOR GENERAL OPERATING SUPPORT | 500 |
|---|------|--------|----------------------------------|-----|
| SAINT JOSEPH PARENT CLUB 175 ST JOSEPH DR AMHERST, OH 44001 | NONE | 501(C) | FOR GENERAL OPERATING SUPPORT | 250 |

| STRONGSVILLE, ON THIS | | | | |
|---|------|--------|-------------------------------|--------|
| SAINT JOSEPH PARENT CLUB 175 ST JOSEPH DR AMHERST, OH 44001 | NONE | 501(C) | FOR GENERAL OPERATING SUPPORT | 250 |
| Total | | | ▶ 3a | 19.860 |

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

Total .

| a Paid during the year | | | | |
|------------------------|------|--------|-----------------------|-----|
| SAVE OUR CHILDREN INC | NONE | 501(C) | FOR GENERAL OPERATING | 500 |

| 330 2ND STREET ELYRIA, OH 44035 | | | SUPPORT | |
|------------------------------------|------|--------|-----------------------|-------|
| SOUL TO SOLE5831 E HARBOR RD | NONE | 501(C) | FOR GENERAL OPERATING | 2,440 |

| ELIKIA, OIT 44055 | | | | |
|--|------|--------|-------------------------------|-------|
| SOUL TO SOLE5831 E HARBOR RD MARBLEHEAD, OH 43440 | NONE | 501(C) | FOR GENERAL OPERATING SUPPORT | 2,440 |
| ST DETED DADISHOGE OPERLIN AVE | NONE | E01(C) | FOR CENERAL OPERATING | 450 |

| MARBLEHEAD, OH 43440 | | (-) | SUPPORT | _, |
|---|------|--------|-------------------------------|-----|
| ST PETER PARISH3655 OBERLIN AVE LORAIN, OH 44053 | NONE | 501(C) | FOR GENERAL OPERATING SUPPORT | 450 |

19.860

| • | | | | |
|---|------|--------|-------------------------------|-----|
| ST PETER PARISH3655 OBERLIN AVE LORAIN, OH 44053 | NONE | 501(C) | FOR GENERAL OPERATING SUPPORT | 450 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount contribution show any relationship to status of

| , | or substantial contributor | | | |
|---|----------------------------|--------|----------------------------------|-----|
| a Paid during the year | | | | |
| THE LITERACY COOPERATIVE 1422 EUCLID AVE STE 248 CLEVELAND OH 44115 | NONE | 501(C) | FOR GENERAL OPERATING SUPPORT | 100 |

recipient

19,860

| EVELAND, OH 44115 | | | |
|------------------------|------|--------|-----------------------|
| ALOR HOME221 W 21ST ST | NONE | 501(C) | FOR GENERAL OPERATING |

any foundation manager

Name and address (home or business)

Total.

| CELVELAND, OIT 44113 | | | | |
|---|------|--------|----------------------------------|---|
| VALOR HOME221 W 21ST ST LORAIN, OH 44052 | NONE | 501(C) | FOR GENERAL OPERATING SUPPORT | į |

| ALOR HOME221 W 21ST ST | NONE | 501(C) | FOR GENERAL OPERATING | 550 |
|------------------------|------|--------|-----------------------|-----|
| ORAIN, OH 44052 | | | SUPPORT | |

| efile GRAPHIC print - DO NO | Γ PROCESS | As Filed D | ata - | | DLN: 93491319014259 | | |
|----------------------------------|-----------|------------|--------------------------------------|------------------------|---|--|--|
| TY 2018 Accounting Fees Schedule | | | | | | | |
| | | | AND JENEE CAMPAN BLE TRUST 114 | IA FOUNDATION | | | |
| Category | Am | ount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | |
| ACCOUNTING FEES | | 5,810 | 0 | | 2,905 | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | | DLN: 93491319014259 |
|--------------------------------------|-----------------|--------------|------------|---------------------|
| TY 2018 Investments - Other | Schedule | | | |
| Name: | PATSIE AND JENE | E CAMPANA | FOUNDATION | |
| | CHARITABLE TRUS | ST | | |
| EIN: | 34-1810114 | | | |
| nvestments Other Schedule 2 | | | | |
| Category / Item | Lista | d at Cost or | Book Value | End of Vear Fair |

| Investments Other Schedule 2 | | | |
|------------------------------|-----------------------|------------|----------------------------------|
| Category/ Item | Listed at Cost or FMV | Book Value | End of Year Fair Market Value |
| SCHWAB AS AGENT FOR LNB | AT COST | 291,178 | 344,797 |

| efile GRAPHIC print - DO NOT PROCES | SS As Filed Data - | | DL | N: 93491319014259 | | | |
|---|--------------------------------------|--------------------------|------------------------|---|--|--|--|
| TY 2018 Other Expenses Schedule | | | | | | | |
| | | | | | | | |
| Name: PATSIE AND JENEE CAMPANA FOUNDATION | | | | | | | |
| | CHARITABLE T | CHARITABLE TRUST | | | | | |
| E | EIN: 34-1810114 | | | | | | |
| Other Expenses Schedule | | | | | | | |
| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | | |
| BANK FEES | 804 | 0 | | 402 | | | |
| FEDERAL INCOME TAX EXPENSE | 100 | 0 | | 0 | | | |
| MANAGEMENT FEES | 9,932 | 2,483 | | 4,966 | | | |
| OFFICE EXPENSES | 181 | 0 | | 0 | | | |