SCANNED DEC 1 7 2019

EXTENDED TO NOVEMBER 15, 2019 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 www.irs.gov/Form990PF for instructions and the latest information.

| FOR | cale | ndar year 2018 of tax year begii | nning | _ | , and ending | | |
|------------|-----------|---|--------------------------|--|--|--|---|
| Na | me o | f foundation | | | | A Employer identification | number |
| T | ΉE | MARGARET CLAR | K MORGAN | FOUNDATION | | 34-1948246 | |
| | | and street (or PO box number if mail is | | | - Room/suite | B Telephone number | |
| 1 | .0 | W STREETSBORO | ST | | 200 | 330-655-13 | 66 |
| Cit | v or | town, state or province, country, | and ZIP or foreign p | ostal code | | C If exemption application is pe | anding, check here |
| | | SON, OH 44236 | | | | , | · · · |
| | | | ıl return | Initial return of a fe | ormer public charity | D 1. Foreign organizations | , check here |
| | | | return | Amended return | , | | |
| | | Addı | ess change | Name change | | Foreign organizations med check here and attach cor | eting the 85% test, inputation |
| H | Chec | k type of organization; | Section 501(c)(3) ex | empt private foundation | | E If private foundation stat | us was terminated |
| |] s | ection 4947(a)(1) nonexempt cha | arıtable trust | Other taxable private foundate | ation / | under section 507(b)(1) | |
| I F | aır m | arket value of all assets at end of | year J Accounti | ng method; Cash | X Accrual | F If the foundation is in a 6 | 50-month termination |
| (f | rom | Part II, col. (c), line 16) | | ther (specify) | | under section 507(b)(1) | |
| _ | \$ | 91,713,8 | 89 . (Part I, colur | nn (d) must be on cash bası | s.) | | |
| ₽. | art] | Analysis of Revenue and Exp (The total of amounts in columns (b) | enses | (a) Revenue and | (b) Net investment | (c) Adjusted net | (d) Disbursements for charitable purposes |
| | | necessarily equal the amounts in co | lumn (a)) | expenses per books | income | income | (cash basis only) |
| | 1 | Contributions, gifts, grants, etc | , received | 0. | THE COLOR OF THE OWNER WAS A | N/A | |
| | 2 | Check X if the foundation is not | required to attach Sch B | | | | |
| \ . | 3 | Interest on savings and temporary cash investments | | 1,018. | 1,018. | | STATEMENT 2 |
| * | 4 | Dividends and interest from se | curities | 2,065,758. | 2,069,352. | | STATEMENT 3 |
| 4 | 58 | a Gross rents | | ZHADAZAHAWATKOWSENHOWSINAKOHAKAZONAKA | CTORESTON ASSESSMENT AND | PENNSYNERAL MARKET SANKSHAD PENNSYNERAL SERVEN | Total Control of the |
| | 1 | Net rental income or (loss) | , | | ALL DIVERSITY OF A CONTRACT OF | THE PRODUCTION OF THE PRODUCTI | |
| 9 | 6 | Not gain or (loss) from sale of assets Gross sales price for all | | 2,890,225. | | | STATEMENT |
| | <u> </u> | assets on line 6a | 081,230. | | 2 550 042 | | |
| Ž | 7 | Capital gain net income (from Part IV, | line 2) | | 3,559,843. | | |
| _ | 8 | Net short-term capital gain | | | | | |
| | 9 | Income modifications Gross sales less returns | | | | | |
| | Ι. | and allowances | | | | | |
| | | D Less Cost of goods sold Cross profit or (loss) | | ARCCOMMUNICATION OF THE PROPERTY OF THE PROPER | | CONTRACTOR DESIGNATION OF THE PROPERTY OF THE | |
| | 11 | | `,, | 121,462. | -425,031. | | STATEMENT 4 |
| ٠ ، | 12 | Total. Add lines 1 through 11 | • | 5,078,463. | 5,205,182. | | |
| _ | 13 | Compensation of officers, directors, I | rustees, etc | 465,691. | 93,138. | | 372,553. |
| | 14 | Other employee salaries and wa | | 249,086. | 49,817. | | 199,269. |
| Γ | 15 | Pension plans, employee-benef | - | 197,769. | 39,554. | | 158,215. |
| 1 8 | | Regal feesEIVED | STMT 5 | 13,707. | 6,853. | | 6,854. |
| 9 | | Accounting fees 7 | STMT 6 | 30,550. | 15,275. | | 15,275. |
| 19 | | : progressional les | STMT 7 | 383,781. | 403,470. | | 3,814. |
| و ا | 47. | Interest Charles | | | | | |
| 1 5 | 18 | | STMT 8 | 186,362. | 69,500. | , | 24,602. |
| ر پار | -19. | Depreciation and depletion | | 20,146. | 6,850. | | |
| E | 20 | Occupancy | | 65,208. | 0. | | 65,208. |
| 4 | 21 | Travel, conferences, and meeting | ngs | 55,349. | 0. | | 55,349. |
| Ę | 22 | Printing and publications | | 5,356. | 2,678. | | 2,678. |
| 5 | 23 | • | STMT 9 | 839,108. | 53,606. | | 799,401. |
| i. | 24 | • • | | 0 540 440 | 740 F44 | | 1 502 010 |
| ٠ و | į. | expenses. Add lines 13 throug | | 2,512,113. | 740,741. | | 1,703,218. |
| Ç | 123 | Contributions, gifts, grants paid | | 11,703,920. | | | 3,279,828. |
| | 26 | Total expenses and disbursem | ients. | 14 216 022 | 740 741 | | 1 002 046 |
| | | Add lines 24 and 25 | | 14,216,033. | 740,741. | | 4,983,046. |
| | 27 | | | _0 137 570 | | | |
| | | Excess of revenue over expenses and | | -9,137,570. | 1 161 A11 | | ENDER STREET |
| | | Net investment income (if negative Adjusted act income (if negative | | | 4,464,441. | N/A | 不是是我们就是这种的人,但是我们就是我们的人, |
| _ | | Adjusted net income (if negative | | HOLERON BOLLINGS TO SERVER | | 7/1 | Form 990-PF (2018) |

2018.05000 THE MARGARET CLARK MORGAN 70545931

| | | Y_{i} | | | |
|-----------------------------|-------|--|--|-----------------|--|
| For | m 99 | 0-PF (2018) THE MARGARET CLARK MORGA | AN FOUNDATION | 34- | 1948246 Page 2 |
| Þ | ârt | Balance Sheets Attached schedules and amounts in the description | Beginning of year | End o | f year |
| · F. | arı | column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | | | |
| | 2 | Savings and temporary cash investments | 5,568,366. | 2,102,269. | 2,102,269. |
| | 3 | Accounts receivable ► | WITH IN THE | Lateral Lateral | and the same of the |
| | | Less: allowance for doubtful accounts | | | |
| | 4 | Pledges receivable ▶ | | 18 7 S T | |
| | | Less: allowance for doubtful accounts | | | |
| | 5 | Grants receivable | | ··· | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons | | | |
| | 7 | Other notes and loans receivable | M. A. W. Market | ENTY WELL | |
| | ľ | Less: allowance for doubtful accounts | | | |
| ţ | 8 | Inventories for sale or use | | | |
| Assets | | Prepaid expenses and deferred charges | 7 (22 100 | 7 400 110 | 7 406 116 |
| ⋖ | ľ | Investments - U.S. and state government obligations STMT 10 | 7,633,122. | 7,406,116. | 7,406,116. |
| | l . | Investments - corporate stock STMT 11 | 56,928,972. | 51,961,230. | 51,961,230. |
| | 1 | Investments - corporate bonds STMT 12 | 6,152,079. | 6,138,605. | 6,138,605 |
| | 11 | Investments - land, buildings, and equipment basis | I Branches | - | |
| | | Less accumulated depreciation | | | |
| | 1 | Investments - mortgage loans Investments - other STMT 13 | 24,248,736. | 23,786,009. | 23,786,009. |
| | 13 | 100.000 | 24,240,730. | 23,700,009. | (13 %-3 M2 19 13) |
| | 14 | 100 500 | 236,569. | 229,276. | 229,276. |
| | 1.5 | Less accumulated depreciation Other assets (describe INTEREST AND DIVIDE) | 80,820. | 90,384. | 90,384. |
| | | Total assets (to be completed by all filers - see the | 00,020. | 70,304. | , ,0,,504. |
| | " | instructions. Also, see page 1, item I) | 100,848,664. | 91,713,889. | 91,713,889. |
| | 17 | Accounts payable and accrued expenses | 100,010,001. | 31,710,000. | CALLER MALE |
| | 18 | Grants payable | 2,788,050. | 11,199,642. | GARATAN A |
| | 19 | Deferred revenue | | | BUSSEL FRANKS |
| ties | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | But all and and the same |
| Liabilities | 21 | Mortgages and other notes payable | | | 尹王子立为是"江王 |
| Ξ. | | Other liabilities (describe) | | | 32123122777 |
| | | | | | The state of the s |
| | 23 | Total liabilities (add lines 17 through 22) | 2,788,050. | 11,199,642. | THE STATE OF THE S |
| | | Foundations that follow SFAS 117, check here | | | No man did kathan |
| | | and complete lines 24 through 26, and lines 30 and 31. | | | |
| Ses | 24 | Unrestricted | 98,060,614. | 80,514,247. | 是不是認識。 |
| Net Assets or Fund Balances | 25 | Temporarily restricted | | | The state of the s |
| Ва | 26 | Permanently restricted | | | The state of the s |
| Ę | | Foundations that do not follow SFAS 117, check here | | | the second second second |
| Ē | | and complete lines 27 through 31. | | | |
| tso | 27 | Capital stock, trust principal, or current funds | | | THE THE THE THE THE THE |
| SSe | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | THE RESERVE OF THE AND ADMINISTRAL |
| Ë | 29 | Retained earnings, accumulated income, endowment, or other funds | 98,060,614. | 00 514 247 | ่ง ได้และแล้ว และสันในใช้ สันก็ โทยในสมารถเขา สายสถายเก |
| ž | 30 | Total net assets or fund balances | 90,000,014. | 80,514,247. | त्र प्रतिक के प्रतिक के प्रतिक के कि प्रतिक क विकास के प्रतिक के कि प्रतिक के क |
| | | Table the training and a share shell and haloness | 100,848,664. | 91,713,889. | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 |
| _ | | Total liabilities and net assets/fund balances | | 91,713,009. | भिक्ति रें प्रविक्त कारण की गया । में स्वर्धनी विद्यार्थ की कि |
| P | art, | Analysis of Changes in Net Assets or Fund Ba | alances | | |
| 1 | Total | net assets or fund balances at beginning of year - Part II, column (a), line | 30 | | |
| | | t agree with end-of-year figure reported on prior year's return) | 00 | 1 | 98,060,614. |
| | • | amount from Part I, line 27a | | 2 | -9,137,570. |
| | | increases not included in line 2 (itemize) | | 3 | 0. |
| | | ines 1, 2, and 3 | <u>. </u> | 4 | 88,923,044. |
| | | eases not included in line 2 (itemize) UNREALIZED LOS | S ON INVESTMEN | | 8,408,797. |
| | | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | | 6 | 80,514,247. |
| | | | | | Form 990-PF (2018) |

| | MARGARET CLARK | | | | | | | 4-194 | | Page 3 |
|---|---|--|--------------------------------------|-------------------|-----------------------------|------------------------|----------------------------|---------------------------------------|------------------------------|-----------------------|
| Part IV Capital Gains a | and Losses for Tax on Ir | nvestment | Income | | | <u> TACH</u> | ED S' | TATEM | ENT | |
| | the kınd(s) of property sold (for exi rehouse; or common stock, 200 sh | | te, | (b) | How ac - Purch - Dona | quired hase tion | (c) Date (mo , d | acquired lay, yr.) | | ite sold lay, yr.) |
| 1a · | | | | | | | | | | _ |
| b | | | | <u> </u> | | | | | | |
| C | | | | <u> </u> | | | | | | |
| <u>d</u> | | | | <u> </u> | | | | _ | | |
| e | | T | | Щ, | | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | st or other basis expense of sale | | | | | ain or (loss s (f) minus | | |
| a | | | | | | | | | | |
| b | | | | | | | | | | |
| С | | ļ <u>-</u> | | | | | | | | |
| d 36 001 230 | | | 2 521 20 | - | | | | | 2 550 | 042 |
| e 36,081,230. | a see a selume (b) and award by | | 2,521,38 | /٠ | | | . 0 | | <u>3,559</u> | <u>,843.</u> |
| Complete only for assets showing | g gain in column (h) and owned by | T | | | | () col |) Gains (C . (k), but i | Col. (h) gain not less thai | minus n -0-) or | |
| (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | cess of col. (i) col. (j), if any | | | | Losses | (from col. (| h)) | |
| <u>a</u> | | <u> </u> | | | | | | | _ | |
| b | | ļ | | | | | | | | |
| С | | | | | | | | | | |
| <u>d</u> | | 1 | | \dashv | | | | | 2 550 | 0.43 |
| _e | | | | _ | | | | | 3,339 | ,843. |
| 2 Capital gain net income or (net ca | pital loss) { If gain, also enti- | er in Part I, line 0- in Part I, line | 7 7 | <u>}</u> | 2 | | | | 3,559 | ,843. |
| 3 Net short-term capital gain or (los | ss) as defined in sections 1222(5) a | ınd (6). | | Ĺ | l | | | | | |
| If gain, also enter in Part I, line 8, | • | (-). | | } | | | | _ | | |
| If (loss), enter -0- in Part I, line 8 | | . D. d d | Tau an Nat | | 3 | | | N/A | | |
| | nder Section 4940(e) for | | | | | ent mice | me | | | |
| (For optional use by domestic private | foundations subject to the section | 4940(a) tax on | net investment in | come |) | | | | | |
| If section 4940(d)(2) applies, leave th | nis part blank. | | | | | | | | | |
| Man the foundation hable for the goal | tion 4040 toy on the distributable of | mount of any vo | or in the base per | lo dO | | | | | ☐ Vac | X No |
| Was the foundation liable for the sect If "Yes," the foundation doesn't qualif | | | | 100, | | | | | 163 | [<u>21</u>] [10 |
| | each column for each year; see the | | | ntries. | , | | | | | |
| (a) Base period years | (b) | | | (c) | | | | District | (d) oution ratio | |
| Base period years Calendar year (or tax year beginnii | Admeted avaletings de | stributions | Net value of no | | | use assets | ŀ | (col. (b) div | oution ratio rided by col | . (c)) |
| 2017 | | 59,577. | | 95 | ,619 | 9,251 | | · · · · · · · · · · · · · · · · · · · | | 43501 |
| 2016 | | 75,107. | | 85 | ,349 | 7,222 | • | | .0 | 44231 |
| 2015 | | 40,461. | | 87 | ,575 | 5,323 | • | | .0 | 49563 |
| 2014 | 3,74 | 16,446. | | | | 3,088 | | | | 43506 |
| 2013 | 3,27 | 70,814. | | 81 | , 885 | 5,829 | • | | .0 | 39944 |
| | | | | | | | | | | |
| 2 Total of line 1, column (d) | | | | | | | 2 | | . 2 | <u> 20745</u> |
| 3 Average distribution ratio for the | 5-year base period - divide the total | on line 2 by 5.0 |), or by the numbe | er of y | /ears | | | | | |
| the foundation has been in exister | nce if less than 5 years | | | | | | 3 | | 0 | <u>44149</u> |
| | | | | | | | | | F 600 | 706 |
| 4 Enter the net value of noncharitab | le-use assets for 2018 from Part X, | , line 5 | | | | | 4 | 9 | 5,629 | <u>,706.</u> |
| | | | | | | | | | 4 221 | 0.5.6 |
| 5 Multiply line 4 by line 3 | | | | | | | 5 | | 4,221 | <u>,956.</u> |
| a b 40/ .5 | /40/ -4 D 1 071.) | | | | | | | | A A | 611 |
| 6 Enter 1% of net investment incom | ne (1% 01 Mart I, line 2/b) | | | | | | 6 | | 44 | <u>,644.</u> |
| 7 Add Imag 5 and 6 | | | | | | | 7 | | 4 266 | ,600. |
| 7 Add lines 5 and 6 | | | | | | | - | | 4,200 | , 000. |
| 8 Enter qualifying distributions from | n Dart VII. line / | | | | | | 8 | | 4.983 | ,046. |
| | · | o 4h | ستمن فسعم فمطة مغما | a a 40 |)/ tau | ıta. | ַט | | _,,, | , - 10 - |
| See the Part VI instructions. | i line 7, check the box in Part VI, lin | ie iu, and comp | nete that part usin | y a 15 | ∕o ldX fa | ue. | | | | |
| 823521 12-11-18 | <u>,-</u> , | | | | | | | F | orm 990 - | PF (2018 |
| | | | | | | | | | | |

| Part IV Capital Gains and Lo | sses for Tax on Investment Income | | | | |
|---|--|---|---|---|----------------------------------|
| (a) List and 2-story b | d describe the kind(s) of property solo rick warehouse; or common stock, 20 | l, e.g , real estate, 10 shs. MLC Co. | (b) How acquire P - Purchase D - Donation | d (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
| 1a PUBLICLY TRADE | D SECURITIES | | P | 01/01/18 | 12/31/18 |
| b ALLIANCE DISTR | | | P | 01/01/18 | |
| c ALLIANCE DISTR | | | P | 01/01/18 | 12/31/18 |
| d WASH SALE LOSS | | | P | 01/01/18 | 12/31/18 |
| e PERENNIAL REAL | ESTATE K-1 | | P | 01/01/18 | 12/31/18 |
| f PRIVATE EQUITY | | | P | 01/01/18 | 12/31/18 |
| g CAPITAL GAINS | | | | | |
| h | | | | | |
| I . | | | | | |
| | | | | | |
| <u>k</u> | | .= | | | |
| _1 | | | | <u> </u> | |
| <u>m</u> | | <u> </u> | | | |
| <u>n</u> | | | | | |
| 0 | , - | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | | h) Gain or (loss) plus (f) minus (g) | |
| a 35,288,292. | | 32,521,387. | · ·· | 2, | 766,905. |
| b 396,033. | | | _ | | 396,033. |
| c 142,847. | | | | | 142,847. |
| d 2,576. | | | | | 2,576. |
| e 33,917. | | | | | 33,917. |
| f 12,554. | | | | | 12,554. |
| g 205,011. | | | | | 205,011. |
| h | | | | | |
| <u>1</u> | | | | | |
| 1 | | | | | |
| <u>k</u> | | | | | |
| | · | | | | |
| <u>m</u> | | | | | |
| <u>n</u> | | | | - | |
| Complete only for assets shown | I I I I I I I I I I I I I I I I I I I | he foundation on 12/31/69 | 40.17 | osses (from col. (h)) | |
| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | Gains (excess | of col. (h) gain over not less than "-0-") | col. (k), |
| - | 45 01 125 1/05 | 5 to: 55:: (1); ii a.i.y | | 2 | 766,905. |
| <u>a</u> | | | | | 396,033. |
| b c | | | | | 142,847. |
| d | <u> </u> | | | | 2,576. |
| e | | | | | 33,917. |
| f | | | | | 12,554. |
| g | | | | | 205,011. |
| h | | | _ | | |
| 1 | | | | | |
| J | | | | | |
| k | | | | | |
| 1 | | | | | <u> </u> |
| <u>m</u> | | | | | |
| n | | | | | |
| 0 | | ·· | | | |
| 2 Capital gain net income or (net ca | apıtai loss) { If gaın, also enter If (loss), enter "-0 | in Part I, line 7 -" in Part I, line 7 | 2 | 3, | 559,843. |
| 3 Net short-term capital gain or (lo | ss) as defined in sections 1222(5) and | ` \ \ | | | |
| If gain, also enter in Part I, line 8, If (loss), enter "-0-" in Part I, line | , column (c). |) | 3 | N/A | |
| | | | | | |

| Form 990-PF (2018) THE MARGARET CLARK MORGAN I | FOUNDATION | | 1948246 Page 4 |
|--|--|---------|--|
| Part VI Excise Tax Based on Investment Income (Section | i 4940(a), 4940(b), 4940(e), or 4 | 948 - 9 | see instructions) |
| 1a Exempt operating foundations described in section 4940(d)(2), check here | and enter "N/A" on line 1. | 1 | THE PARTY OF THE P |
| Date of ruling or determination letter: (attach copy of lett | er if necessary-see instructions) | | |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check h | nere 🕨 🗓 and enter 1% | 1 | 44,644. |
| of Part I, line 27b | | **** | TON THE BOOK WILL |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, a | enter 4% of Part I, line 12, col. (b). | (Va | |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations | only; others, enter -0-) | 2 | |
| 3 Add lines 1 and 2 | | 3 | 44,644. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations | only, others, enter -0-) | 4 | 0. |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter | -0- | 5 | 44,644. |
| 6 Credits/Payments | | 170 | |
| a 2018 estimated tax payments and 2017 overpayment credited to 2018 | - 6a 99,600. | 1 2 2 2 | |
| b Exempt foreign organizations - tax withheld at source | 6b 0. | 1 | |
| c Tax paid with application for extension of time to file (Form 8868) | 6c 25,000. | | |
| d Backup withholding erroneously withheld | 6d 0. | 3 2 | |
| 7 Total credits and payments. Add lines 6a through 6d | | 7 | 124,600. |
| 8 Enter any penalty for underpayment of estimated tax. Check here X if Form 222 | 0 is attached | 8 | 0. |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | > | 9 | |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount over | | 10 | 79,956. |
| 11 Enter the amount of line 10 to be: Credited to 2019 estimated tax | 79,956. Refunded ▶ | 11 | 0. |
| Part VII-A: Statements Regarding Activities | | | large s I X = - I X I = |
| 1a During the tax year, did the foundation attempt to influence any national, state, or lo | cal legislation or did it participate or intervene | ın | ুুুুু Yes No |
| any political campaign? | | | 1a X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political | | ition | 1b X |
| If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and | copies of any materials published or | | |
| distributed by the foundation in connection with the activities. | | | - |
| 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 du | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| (1) On the foundation. \$ (2) On foundation m | | - | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political | expenditure tax imposed on toundation | | |
| managers. ▶ \$ | As Also IDCO | | لتنبية اعتقالتندا |
| 2 Has the foundation engaged in any activities that have not previously been reported | to the IKS? | | 2 X |
| If "Yes," attach a detailed description of the activities. | parallag instrument, articles of incorporation, a | | |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its gov bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change | - | ' | 3 X |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during | | | 4a X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | tilo you! | | 4a X |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the | ne vear? | | 5 X |
| If "Yes," attach the statement required by General Instruction T | , | | 7 7 882 7 7 7 |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) sat | isfied either. | | 10 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| By language in the governing instrument, or | | | |
| By state legislation that effectively amends the governing instrument so that no m | andatory directions that conflict with the state | law | 1 3 Agor 4 2 4 |
| remain in the governing instrument? | | | 6 X |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes | s," complete Part II, col. (c). and Part XV | | 7 X |
| | . , , , , , , , , , , , , , , , , , , , | | #27 7 1 245 |
| 8a Enter the states to which the foundation reports or with which it is registered. See in | estructions. | | 1 2 2 2 2 |
| ОН | | | |
| 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 G2 If "No," attach explanation | - , , , , | | 8b X |
| 9 Is the foundation claiming status as a private operating foundation within the meaning | ng of section 4942(j)(3) or 4942(j)(5) for cale | ndar ' | |
| year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Ye | | | 9 X Z |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach | | | 10 X |
| | | | Form 990-PF (2018) |

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THE MARGARET CLARK MORGAN FOUNDATION 34-1948246 Page 5 Form 990-PF (2018) Part VII-A: Statements Regarding Activities (continued) Yes No 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 STATEMENT 15 STATEMENT 16 X STMT 17 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 13 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address > WWW.MCMFDN.ORG Telephone no. $\triangleright 330 - 655 - 1366$ 14 The books are in care of ► RICK KELLAR ZIP+4 ▶44236-4093 Located at ▶10 W STREETSBORO ST., SUITE 200, HUDSON OH 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here 15 N/A and enter the amount of tax-exempt interest received or accrued during the year Yes No 16 At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority 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 name of the foreign country 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. 1a During the year, did the foundation (either directly or indirectly): Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? Yes X 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? X Yes (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (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 Yes X No termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions 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 were not corrected before the first day of the tax year beginning in 2018? 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 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? Yes X No If "Yes," list the years b 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 N/A 2b statement - see instructions.) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? b If "Yes," did it have excess business holdings in 2018 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 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, N/A Form 4720, to determine if the foundation had excess business holdings in 2018.) 3b

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4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

had not been removed from jeopardy before the first day of the tax year beginning in 2018?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

| Form 990-PF (2018) THE MARGARET CLARK MORGAL | | | <u>34-19482</u> | 46 | Page 6 |
|--|---------------------------------|------------------|--|--------------------|----------------|
| Part VII-B: Statements Regarding Activities for Which F | orm 4720 May Be Re | equired (continu | ued) | 152 | |
| 5a During the year, did the foundation pay or incur any amount to. | | | | Yes | No |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | 4945(e))? | Ye | s X No | | |
| (2) Influence the outcome of any specific public election (see section 4955); or | to carry on, directly or indire | | | , | |
| any voter registration drive? | | | s X No | · | ľ I |
| (3) Provide a grant to an individual for travel, study, or other similar purposes' | > | Ye | s X No | 1 | 1. 1 |
| (4) Provide a grant to an organization other than a charitable, etc., organization | described in section | | ` | 1 | ` |
| 4945(d)(4)(A)? See instructions | | Ye | s X No | , | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational purposes, or fo | ır | ١, | | |
| the prevention of cruelty to children or animals? | | Ye | s X No | ` | " |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und | fer the exceptions described in | n Regulations | _ | | |
| section 53.4945 or in a current notice regarding disaster assistance? See instru | ctions | | N/A | 5b | |
| Organizations relying on a current notice regarding disaster assistance, check h | | | ▶□□□ | 1 | , |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr | om the tax because it maintair | ned | | | |
| expenditure responsibility for the grant? | | , | s No | | |
| If "Yes," attach the statement required by Regulations section 53.4945-5(d). | | | | ٠. | ۱. ا |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to provide the foundation of the foun | pav premiums on | | | | |
| a personal benefit contract? | ·-, _F ·····-·· | ☐ Ye | s X No | | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | ersonal henefit contract? | | | 6b | X |
| If "Yes" to 6b, file Form 8870. | ersonal benefit contract | | | - | 7 7 |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | haltar transaction? | | s X No | | - , |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu | | | | 7b | |
| 8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$ | | | -11/21 - | " | |
| | 1,000,000 ili remuneration or | □ v. | s X No | | |
| excess parachute payment(s) during the year? Part VIII' Information About Officers, Directors, Truste | es Foundation Man | | S A NO | | <u> </u> |
| Paid Employees, and Contractors | es, i ouridation man | agers, riigiliy | | | |
| List all officers, directors, trustees, and foundation managers and the | eir compensation. | • • • | | | |
| | (b) Title, and average | (c) Compensation | (d) Contributions to | (e) Exp | ense |
| (a) Name and address | hours per week devoted | (If not paid, | employee benefit plans and deferred | account allowa | , other |
| | to position | enter -0-) | compensation | allowa | 11003 |
| | | | | | |
| SEE STATEMENT 18 | | 465,691. | 42,217. | | 0. |
| SEE STRIEMENT TO | <u> </u> | 403,031. | 40,01/· | | -•• |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| <u> </u> | | | | | |
| | | | | | |
| 2 Compensation of five highest-paid employees (other than those inc | udad an line 4) If name a | mtor "NONE " | | | |
| 2 Compensation of five nignest-paid employees (other than those inc | (b) Title, and average | inter NONE. | (d) Contributions to | (a) Evr | nence |
| (a) Name and address of each employee paid more than \$50,000 | ` 'hours per week ` | (c) Compensation | (d) Contributions to employee benefit plans and deferred | (e) Exp account | , other |
| TVOV. CD. T.C. 1.0 IV. CED DEBECODO. CE | devoted to position | 7037 11037 | compensation | allowa | nces |
| | | TAL HEAL! | | M | ^ |
| SUITE 200, HUDSON, OH 44236 | 60.00 | 110,893. | 48,658. | | 0. |
| | CHIEF OF STAF | | | | _ |
| ST., SUITE 200, HUDSON, OH 44236 | 60.00 | 84,282. | 25,111. | | 0. |
| | GRANT OPERATION | | | | _ |
| ST., SUITE 200, HUDSON, OH 44236 | 45.00 | 50,966. | 22,713. | | 0. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total number of other employees paid over \$50,000 | | | <u> </u> | | 0 |
| | | | Form | 990-PF | (2018) |

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|---|------------------------------------|---------------------------|
| Part VIII Information About Officers, Directors, Trus Paid Employees, and Contractors (continued) | stees, Foundation Managers, Highly | у |
| 3 Five highest-paid independent contractors for professional service | ces. If none, enter "NONE." | |
| . (a) Name and address of each person paid more than \$50,00 | 00 (b) Type of se | ervice (c) Compensation |
| NONE | | |
| · · · · · · · · · · · · · · · · · · · | | |
| | | |
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| | | |
| Total number of others receiving over \$50,000 for professional services | | <u> </u> |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. In number of organizations and other beneficiaries served, conferences convened, r | | Expenses |
| 1 N/A | | |
| · | | |
| | | |
| 2 | | |
| | | |
| | . <u></u> | |
| 3 | | |
| | , | |
| | · | |
| 4 | | |
| | | |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation di | | Amount |
| 1 N/A | aring the tax year on most rand E. | 1,111,23,11 |
| | | |
| | ** * *** | |
| 2 | · | |
| | | |
| | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| | | |
| | | |
| | | |
| | | |
| | | ▶ 0. |
| Total. Add lines 1 through 3 | | Form 990-PF (2018) |
| | | (2010) |

| ĮP, | art³X¶ Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations must complete this part. Foreign foundations must complete this part. | ndations | , see instructions) |
|----------|---|--------------|------------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| a | Average monthly fair market value of securities | 1a | 87,342,391. |
| b | Average of monthly cash balances | 1b | 4,606,459. |
| C | Fair market value of all other assets | 1c | 5,137,146. |
| d | Total (add lines 1a, b, and c) | 1d | 97,085,996. |
| 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 | 97,085,996. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 1,456,290. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 95,629,706. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 4,781,485. |
| P | art/XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations at | nd certain | |
| _ | foreign organizations, check here and do not complete this part.) | Г. Г | A 701 AOE |
| 1 | Minimum investment return from Part X, line 6 | 1 | 4,781,485. |
| 2a | Tax on investment income for 2018 from Part VI, line 5 Income tax for 2018. (This does not include the tax from Part VI.) 2a 44,644. 95,279. | | |
| b | | | 120 022 |
| C | Add lines 2a and 2b | 2c | 139,923. 4,641,562. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 4,641,562 |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| <u>7</u> | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 4,641,562 |
| P | art XII; Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 4,983,046. |
| Ь | 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: | | |
| a | 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 | 4,983,046. |
| 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 | 44,644. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 4,938,402. |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of | qualifies fo | |
| | 4040(a) raduation of tay in those years | | |

Part XIII Undistributed Income (see instructions)

| , | (a) Corpus | (b) Years prior to 2017 | (c) 2017 | (d) 2018 |
|---|---------------|---------------------------------------|---------------------------------------|---------------------------|
| 1 Distributable amount for 2018 from Part XI, | | | | 4,641,562. |
| line 7 2 Undistributed income, if any, as of the end of 2018 | | | | 4,041,302. |
| - ' ' | | | 4,545,577. | |
| a Enter amount for 2017 only b Total for prior years | | | 4,545,577. | |
| g rotal for prior years | | 0. | | |
| 3 Excess distributions carryover, if any, to 2018. | | 0. | | |
| 1 | | | | |
| a From 2013 | | | | |
| b From 2014 | | | | |
| c From 2015 | | | | |
| d From 2016 | | | | |
| e From 2017 | | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2018 from | | | | |
| Part XII, line 4: ► \$ 4,983,046. | | | 4 -4 | |
| a Applied to 2017, but not more than line 2a | | | 4,545,577. | |
| b Applied to undistributed income of prior | | _ | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | | • | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2018 distributable amount | | | | 437,469. |
| e Remaining amount distributed out of corpus | 0. | | | 1 |
| 5 Excess distributions carryover applied to 2018 | 0. | | | 0. |
| (If an amount appears in column (d), the same amount must be shown in column (a)) | | | | 1 |
| 6 Enter the net total of each column as indicated below: | | | | |
| 2 Corpus Add lines 31, 4c, and 4e Subtract line 5 | 0. | ; | | |
| b Prior years' undistributed income. Subtract | | | | |
| line 4b from line 2b | | 0. | | |
| 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 | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2017. Subtract line | | 3.1 | | |
| 4a from line 2a. Taxable amount - see instr. | - | | 0. | |
| f Undistributed income for 2018. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2019 |] | | | 4,204,093. |
| 7 Amounts treated as distributions out of | | | | 1,202,000 |
| corpus to satisfy requirements imposed by | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | |
| section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) | 0. | | | |
| , , , , , , , , , , , , , , , , , , , | | · · · · · · · · · · · · · · · · · · · | | |
| 8 Excess distributions carryover from 2013 | 0. | | | |
| not applied on line 5 or line 7 | | | · · · · · · · · · · · · · · · · · · · | |
| 9 Excess distributions carryover to 2019. | 0. | | | |
| Subtract lines 7 and 8 from line 6a | - 0. | | · | |
| 0 Analysis of line 9: | ļ | | | |
| a Excess from 2014 | į | | | |
| b Excess from 2015 | | | | |
| c Excess from 2016 | l | İ | | |
| d Excess from 2017 | | | | j |
| e Excess from 2018 | <u>.</u> . | | <u></u> | Form 990-PF (2018) |

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| | | MORGAN FOUR | | | 48246 Page 10 |
|--|-----------------------------|--|---------------------------|-----------------------------|----------------------|
| Part XIV Private Operating Fo | oundations (see in | structions and Part VII- | A, question 9) | N/A | |
| 1 a If the foundation has received a ruling of | r determination letter that | it is a private operating | i | | |
| foundation, and the ruling is effective for | • | - | ▶└─ | 7 | / |
| b Check box to indicate whether the found | | ig foundation described in | | 494 <u>2(j)(3)</u> or | 942(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | 45,0017 | Prior 3 years | 1 (4) 2015 | (1) 7141 |
| income from Part I or the minimum | (a) 2018 | (b) 2017 | (c) 2016 | (d) 2015 | (e) Total |
| investment return from Part X for | |] | | | |
| each year listed | | | | | - |
| b 85% of line 2a | | | | +/ | , , , , |
| c Qualifying distributions from Part XII, | | | | | |
| line 4 for each year listed | | <u> </u> | <i></i> | <u>/</u> | |
| 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 | <u> </u> | | | | |
| alternative test relied upon: | |] | | | |
| a "Assets" alternative test - enter:(1) Value of all assets | | / | | | |
| ` ' | - | - | | | |
| (2) Value of assets qualifying under 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 | | | | <u> </u> | ļ |
| c "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 | | ļ | | | |
| organizations as provided in | | | | | |
| section 4942(j)(3)(B)(III) | | | | | |
| (3) Largest amount of support from | | | | | |
| an exempt organization | - | | | | |
| (4) Gross investment income Part XV/ Supplementary Info | rmation (Comple | te this part only it | the foundation | had \$5,000 or mo | re in assets |
| at any time during the | | | the roundation | | |
| 1 Information Regarding Foundatio | n Managers: | · | | | - |
| a List any managers of the foundation who | - | than 2% of the total contr | butions received by the | foundation before the clos | se of any tax |
| year (but only if they have contributed n | | | - | | • |
| NONE | | | | | |
| b List any managers of the foundation who | | • • | or an equally large porti | on of the ownership of a pa | artnership or |
| other entity) of which the foundation has | s a 10% or greater interes | il. | | | |
| NONE 2 Information Regarding Contributi | en Cront Cift Loon | Sabalarahin ata Bro | arome | <u>-</u> | |
| | | | | not accept unsolicited requ | ests for funds. If |
| the foundation makes gifts, grants, etc., | • | • | • | • | 10010 101 101100. 11 |
| a The name, address, and telephone numb | | | | · | |
| | | | | | |
| SEE STATEMENT 19 b The form in which applications should b | e submitted and informat | tion and materials they sh | ould include | _ | |
| c Any submission deadlines: | - | | | | |
| | | | | | · |
| d Any restrictions or limitations on awards | s, such as by geographica | al areas, charitable fields, | kınds of institutions, or | other factors: | |
| | | | | | |

| Part XV Supplementary Information | (continued) | | | |
|---|--|----------------------|---|---|
| 3 Grants and Contributions Paid During the Ye | ear or Approved for Future | Payment | | |
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| 8 Paid during the year | | | | |
| ORMACO INC | | PC | WORLD TOUR OF MUSIC | |
| 4403 BELMONT CT | | | SPRING 2018 RESIDENCY | |
| MEDINA, OH 44256-7485 | | i | IN SUMMIT COUNTY- BRAD | |
| | | | COOPER, AUSTRALIAN | |
| | | | TENOR | 2,000. |
| | | | | |
| CITY OF AKRON | | PC | 2018 CHILDREN'S | |
| 166 SOUTH HIGH STREET, SUITE 200 | | | OUTREACH, HEINZ POLL | |
| AKRON, OH 44308 | <u></u> | | SUMMER DANCE FESTIVAL | 2,000. |
| | | | | |
| AKRON SOUL TRAIN | | PC PC | LIKE THE GREATS | |
| 121 S MAIN STREET | | 1 | | |
| AKRON, OH 44308-1415 | | 1 | | 2,000. |
| | - | | | <u>, , , , , , , , , , , , , , , , , , , </u> |
| | | | | |
| KENMORE NEIGHBORHOOD ALLIANCE | | PC | KENMORE KREATIVE YOUTH | |
| 1014 KENMORE BOULEVARD | | | THEATER | |
| AKRON, OH 44314 | | <u> </u> | | 2,000. |
| | | | DATES AND DATES AND THE | |
| CENTER FOR APPLIED THEATER AND ACTIVE | | PC | QUTHEATR ENSEMBLE: AKRON'S LGBTQ+ YOUTH | |
| CULTURE 111 OVERWOOD RD | | | TAKE THE STAGE | |
| AKRON, OH 44313-3964 | | | | 2,500. |
| 10.0 | TINUATION SHEE | T(S) | ► 3a | 3,279,828. |
| b Approved for future payment | | | | |
| | | | | |
| HELP HOTLINE CRISIS CENTER INC | | PC | 2018-2019 PROGRAMS | |
| PO BOX 46 | | | | |
| YOUNGSTOWN, OH 44501-0046 | | | | 19,200. |
| | | | | |
| ST VINCENT CHARITY MEDICAL CENTER | | PC | MEDICAL-LEGAL | |
| 2351 EAST 22ND STREET | | | PARTNERSHIP FOR | |
| CLEVELAND , OH 44115 | | | BEHAVIORAL HEALTH | |
| <u> </u> | | | UNITS (OVER 2 YEARS) | 20,000. |
| | | | | |
| EXTENDED HOUSING INC | | PC | PEER ENGAGEMENT | |
| 270 E MAIN ST STE 300 | | | SPECIALIST (OVER 3 | |
| PAINESVILLE, OH 44077 | | | YEARS) | 32,000. |
| Total SEE CON | TINUATION SHEE | T(S) | ▶ 3b | 10,659,360. |

| 3 Grants and Contributions Paid During the Y | ear (Continuation) | _ | | |
|--|---|------------------------|------------------------|-----------|
| Recipient | If recipient is an individual, show any relationship to | Foundation | Purpose of grant or | |
| Name and address (home or business) | any foundation manager or substantial contributor | status of recipient | contribution | Amount |
| | | | | |
| GREENLEAF FAMILY CENTER | | PC | ADOLESCENT SUICIDE | |
| 580 GRANT ST | | | PREVENTION PROGRAM | |
| AKRON, OH 44311-9910 | | <u></u> | | 3,000 |
| | | | | |
| WESTERN RESERVE PLAYHOUSE | | ₽C | ONE FLEW OVER THE | |
| PO BOX 88 | | | CUCKOO'S NEST | |
| CUYAHOGA FLS, OH 44222-0088 | | | | 3,000 |
| FURNACE STREET MISSION | | ₽C . | MENTAL HEALTH AND | |
| 150 FURNACE ST | | | TRAUMA SERVICES FOR | |
| AKRON, OH 44304-1208 | | | SUMMIT COUNTY'S SAFETY | |
| | | | FORCES/FIRST | |
| | | | RESPONDERS | 3,500 |
| | | | | |
| HUDSON LIBRARY & HISTORICAL SOCIETY | | ₽C | CLASSICAL MUSIC FOR | |
| 96 LIBRARY ST | | | EVERYONE | |
| HUDSON, OH 44236-5122 | | | | 5,000 |
| | | | 0018 0010 GENGON | |
| CLEVELAND MODERN DANCE ASSOCIATION | | PC | 2018-2019 SEASON | |
| DBA DANCECLEVELAND | | • | PERFORMANCE AND | |
| 13110 SHAKER SQUARE #106 | | | RESIDENCY AT THE | E 000 |
| CLEVELAND, OH 44120 | - | | UNIVERSITY OF AKRON | 5,000 |
| | | | | |
| SUMMIT CHORAL SOCIETY, INC | | PC | CONTINUUM OF MUSICAL | |
| 50 SOUTH MAIN STREET, STE. LL#130 | | | TRAINING 2018-2019 | 5 000 |
| AKRON, OH 44308 | | | + | 5,000 |
| | | | | |
| WESTERN RESERVE COMMUNITY BAND | | PC . | 2018 CONCERTS | |
| 1998 E HINES HILL RD | | | | |
| HUDSON, OH 44236-1716 | | | | 5,000 |
| | | | | |
| RUBBER CITY SHAKESPEARE COMPANY | | PC | OPERATING SUPPORT FOR | |
| 243 FURNACE STREET | | | RUBBER CITY THEATRE | |
| AKRON, OH 44304 | | | | 5,000 |
| | | | | |
| NEOS DANCE THEATRE | | PC | 2018 SUPPORT FOR | |
| 198 HILL STREET | | | SUMMIT COUNTY | |
| AKRON, OH 44325 | | | ACTIVITIES | 5,000 |
| NORTHEAST OHIO CENTER FOR | | ₽C | DANCING CONVERSATIONS | |
| CHOREOGRAPHY | 1 | | 2018-2019 | |
| SCHOOL OF DANCE GUZZETTA HALL UNIVE | | | | |
| AKRON, OH 44325-0001 | | | | 5,000 |
| Total from continuation sheets | | - | | 3,269,328 |

| Part XV _x Supplementary Information 3 Grants and Contributions Paid During the Ye | ear (Continuation) | | | |
|--|--|--------------------------------------|---|---------|
| Recipient | If recipient is an individual, | | | |
| Name and address (home or business) | show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| | or substantial contributor | recipient | | |
| | | | | |
| FRIENDS OF 913 (THE SUMMIT) | | PC | CONTINUED HEALING AND SUPPORT THROUGH ROCK | |
| 65 STEINER AVENUE AKRON, OH 44301 | | 1 | AND RECOVERY 2018 | - 7,000 |
| ARROW, On 44301 | | | IND ADCOVERT 2010 | ,,000 |
| COURAGE TO CAREGIVERS INC | | ₽C | ONE-TO-ONE PEER | |
| 46 SHOPPING PLZ PMB 113 | | ľ | SUPPORT PROGRAM PILOT | |
| CHAGRIN FALLS, OH 44022-3022 | | | | 7,500 |
| onionia riman, va iiisa iisa | | | | |
| OHIO PHYSICIANS HEALTH PROGRAM | | PC | WELLNESS AND | |
| 130 E CHESTNUT ST STE 400 | | | RESILIENCY | |
| COLUMBUS, OH 43215-2598 | | | | 7,500 |
| | | | | , |
| ADVOCACY, CHOICES & EMPOWERMENT, INC. | | PC | ANNUAL OVERNIGHT | |
| P.O. BOX 621 | | | EXPERIENCE 2018 | |
| NEW PHILADELPHIA, OH 44663 | | | | 8,000 |
| | | | | |
| THE SALVATION ARMY | | ₽C | MENTAL HEALTH DROP-IN | |
| 440 WEST NYACK ROAD | | | CENTER | |
| WEST NYACK, NY 10994-1739 | | | | 10,000 |
| | | | • | |
| WEATHERVANE COMMUNITY PLAYHOUSE INC | | PC | PRODUCTION | |
| 1301 WEATHERVANE LN | | | UNDERWRITING FOR THE | |
| AKRON, OH 44313-5103 | | | 2018-2019 SEASON | 10,000 |
| WARRIORS' JOURNEY HOME MINISTRY INC. | | PC | GENERAL OPERATING | |
| PO BOX 67121 | | | SUPPORT (FROM VIET NAM | |
| CUYAHOGA FALLS, OH 44222 | | | JOURNEY HEALING THE | |
| | | | HEART & SOUL) | 10,000 |
| APOLLOS FIRE THE CLEVELAND BAROQUE | | ₽C | COMMUNITY ACCESS | |
| ORCHESTRA | | | INITIATIVE AND | |
| 3091 MAYFIELD RD STE 217 | | | 2018-2019 SUMMIT | |
| CLEVELAND HTS, OH 44118-1777 | | | COUNTY CONCERTS | 10,000 |
| | | | | |
| ART SPARKS | | ₽C | READY, SPARK, | |
| PO BOX 1061 | | 1 | KINDERGARTEN 2018 | ** **- |
| CUYAHOGA FALLS, OH 44223 | | | | 10,000 |
| | | | | |
| CATHOLIC CHARITIES CORPORATION | | PC | PATHWAYS PEER SUPPORT | |
| 7911 DETROIT AVE | | | PROGRAM | 10 000 |
| CLEVELAND, OH 44102-2815 Total from continuation sheets | l | <u> </u> | -1 | 10,000 |

Part XV. Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient ACCESS INC ÞС BREAKING BARRIERS 2019 230 W MARKET ST AKRON, OH 44303-2158 10,000. COMMUNITY SUPPORT SERVICES INC ÞС OPEN ACCESS 150 CROSS ST COMMUNICATION FOR PRIMARY CARE CLINIC 10,000. AKRON, OH 44311-1026 ARTSNOW ÞС ADVANCING ARTS AND CULTURE IN SUMMIT 175 SOUTH MAIN STREET SUITE 100 COUNTY 2018 20,000. AKRON, OH 44303 2018-2019 FINE ARTS CUYAHOGA VALLEY ART CENTER ÞС 2131 FRONT STREET COURSES CUYAHOGA FALLS, OH 44221 20,000. OPERATION LEGAL HELP OHIO MILITARY VETERANS LEGAL ÞС OHIO - OUTREACH ASSISTANCE PROJECT 303 E BROAD ST COLUMBUS, OH 43215-3201 25,000. ÞС LIGHTNIGHTS 2018 STAN HYWET HALL & GARDENS INC 714 N PORTAGE PATH AKRON, OH 44303-1363 25,000. SUICIDE PROGRAM NAMI - GEAUGA COUNTY INC ÞС INITIATIVES PLUS 2018 8389 MAYFIELD RD., STE A-2 CHESTERLAND, OH 44026 25,000. FAMILY & COMMUNITY SERVICES INC PC VETERANS SERVICES CATP 705 OAKWOOD ST STE 221 30,000. RAVENNA, OH 44266-2196 GROUNDWORKS DANCETHEATER 2018-2019. 20TH 13125 SHAKER SQUARE SUITE 102 ANNIVERSARY SEASON 30,000. CLEVELAND, OH 44120 NORTH COAST COMMUNITY HOMES INC ISABELLA'S CLOSET/RUBBERDUCKS 14221 BROADWAY AVE NIGHT OUT 2018-2019 30,000. CLEVELAND, OH 44125-1953 Total from continuation sheets

| 3 Grants and Contributions Paid During the Ye | | 1 | | · · · · · · · · · · · · · · · · · · · |
|---|--|---------------------------------------|----------------------------------|---------------------------------------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| | | | | |
| SUMMA HEALTH/SUMMA FOUNDATION | | ₽C | TRAUMA INFORMED | |
| 525 EAST MARKET STREET | | | SERVICES, TRAINING, | |
| AKRON, OH 44304 | | | AND STUDIES | 35,00 |
| | | | | |
| HELP HOTLINE CRISIS CENTER INC | | PC | 2018-2019 PROGRAMS | |
| PO BOX 46 | | | | |
| YOUNGSTOWN, OH 44501-0046 | | | | 19,20 |
| | | | | |
| NAMI - STARK COUNTY | | PC | 2019 PROGRAM SUPPORT | |
| 121 CLEVELAND AVENUE SW | | | | |
| CANTON, OH 44702 | | | + | 40,00 |
| ST VINCENT CHARITY MEDICAL CENTER | | ₽C | MEDICAL-LEGAL | |
| 2351 EAST 22ND STREET | | | PARTNERSHIP FOR | |
| CLEVELAND , OH 44115 | | 1 | BEHAVIORAL HEALTH | |
| | | <u> </u> | UNITS (OVER 2 YEARS) | 20,00 |
| - | | , | | |
| EXTENDED HOUSING INC | | PC | PEER ENGAGEMENT | |
| 270 E MAIN ST STE 300 | | | SPECIALIST (OVER 3 | |
| PAINESVILLE, OH 44077 | | | YEARS) | 18,00 |
| | | | | |
| BLICK CLINIC INC | | ₽C | VOCATIONAL SUCCESS | |
| 640 W MARKET ST | | | PROGRAM 2019-2020 | |
| AKRON, OH 44303-1413 | | · · · · · · · · · · · · · · · · · · · | | 30,00 |
| NAMI - GREATER CLEVELAND | | PC | SUPPORT AND EDUCATION | |
| 2012 W. 25TH STREET, 7TH FLOOR | | | FOR INDIVIDUALS WITH | |
| CLEVELAND, OH 44113 | | | MENTAL ILLNESS | |
| | | | 2018-2020 | 40,00 |
| WALSH UNIVERSITY | | PC | SERVING OHIOS MENTAL | |
| 2020 E MAPLE ST | | | HEALTH NEEDS THROUGH | |
| N CANTON, OH 44720-3336 | | | PSYCHIATRIC-MENTAL | |
| • | | <u>L</u> _ | HEALTH | 27,42 |
| PORTAGE PATH COMMUNITY MENTAL HEALTH | | PC | INTEGRATED COMMUNITY | |
| CENTER | | | PSYCHIATRIC NURSE | |
| 340 S BROADWAY ST | | | PRACTITIONER | |
| AKRON, OH 44308-1529 | | | FELLOWSHIP (OVER 3 YEARS) | 50,00 |
| | | | | 50,50 |
| | | | | |
| NAMI SUMMIT COUNTY | | PC | OPERATIONS/NAMIWALKS | |
| 150 CROSS ST | | | SPONSOR/MAY EVENT | FF 00 |
| AKRON, OH 44311-1026 | 1 | <u> </u> | SPONSOR 2019-2021 | 55,20 |

| Part·XV _x Supplementary Information | | | | |
|--|---|----------------------|----------------------------------|------------|
| 3 Grants and Contributions Paid During the Y | | | | |
| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | Contribution | |
| | | | | |
| THE LEBRON JAMES FAMILY FOUNDATION | | PC | I PROMISE SCHOOL | |
| 3800 EMBASSY PARKWAY, SUITE 3600 | | | INITIATIVE | |
| AKRON, OH 44333 | | <u> </u> | | 500,000 |
| | | | | |
| KENT STATE UNIVERSITY | | PC | SPA 2018-2019 | |
| 800 E SUMMIT ST | | | | 750 000 |
| KENT, OH 44240 | | | | 750,000. |
| | | | 2017 2010 | |
| AKRON CIVIC THEATRE 182 S MAIN ST | | PC | SPA 2017-2019 | |
| AKRON, OH 44308 | | | | 20,000. |
| | | | | , |
| FAMILY PRIDE OF NORTHEAST OHIO INC | | PC | SCHOOL-BASED MENTAL | |
| 695 SOUTH ST STE 6 | | | HEALTH SUPPORT | |
| CHARDON, OH 44024-1474 | | | SERVICES PROGRAM | 22,500 |
| | | | | |
| MAGICAL THEATRE COMPANY | | PC | SPA 2016-2020 | |
| 564 W. TUSCARAWAS AVE., SUITE 307 | | | | |
| BARBERTON, OH 44203 | | | | 20,000. |
| | | | | |
| NEOMED | | PC | BEST CENTER 2 | |
| 4209 OH-44 | | | 1 | |
| ROOTSTOWN, OH 44272 | | | | 950,000. |
| | | | | |
| TUESDAY MUSICAL ASSOCIATION | | ₽C | SPA 2017-2021 | |
| 1041 W MARKET ST #200 AKRON, OH 44313 | | | | 15,000 |
| | | 1 | | , |
| YEPAW | | ₽C | SPA 2016-2020 | |
| 220 S BALCH ST | | | | |
| AKRON, OH 44302 | | | | 25,000 |
| | | | | |
| AKRON ART MUSEUM | | ₽C | SPA 2016-2018 | |
| ONE SOUTH HIGH STREET | | | 1 | |
| AKRON, OH 44308 | | _ | - | 20,000. |
| | | | | |
| BALLET THEATRE OF OHIO | | PC | LEAD GIFT NEW BALLET | |
| 265 N MAIN ST MUNROE FALLS, OH 44262 | | | 1 | 25,000. |
| Total from continuation sheets | 1 | | | , <u> </u> |

| 3 Grants and Contributions Paid During the Ye | ar (Continuation) | | | |
|---|---|------------------------|--|----------|
| Recipient | If recipient is an individual, show any relationship to | Foundation | Purpose of grant or | A |
| Name and address (home or business) | any foundation manager or substantial contributor | status of recipient | contribution | Amount |
| | | | | |
| BLICK CLINIC | | ₽C | VOCATIONAL SUCCESS | |
| 640 W MARKET ST | | | PROJECT 2017 | |
| AKRON, OH 44303-1413 | | | | 15,000 |
| | | | | |
| CHILDREN'S CONCERT SOCIETY | | ₽C | SPA 2016-2018 | |
| 198 HILL STREET | | | | |
| AKRON, OH 44325-0501 | | | | 5,000 |
| | | | | |
| IDEASTREAM | | PC | HEALTH AND WELL BEING | |
| 1375 EUCLID AVE | | | (YEAR 3) | 25 222 |
| CLEVELAND, OH 44115-1826 | | <u> </u> | TRANSFORM TOTAL | 35,000 |
| TREATMENT ADVOCACY CENTER | | PC | TRANSFORMATIVE | |
| 200 N GLEBE RD STE 801 | | | ADVOCACY EXPANDING MENTAL HEALTH REFORM | |
| ARLINGTON, VA 22203-3728 | | | IN THE MIDWEST (YEAR | |
| | | | 3) | 122,500 |
| | | | , | |
| UNIVERSITY HOSPITALS | | PC | C-STAR PROGRAM (OVER 3 | |
| 11100 EUCLID AVENUE | | | YEARS) | |
| CLEVELAND, OH 44106 | | | | 50,000 |
| | | | | • |
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| | | | | |
| Total from continuation sheets | <u></u> | <u> </u> | 1 | <u> </u> |

| Part XV Supplementary Information | | | | |
|--|--|----------------------|----------------------------------|---------------------------------------|
| 3 Grants and Contributions Approved for Future | | | | |
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| BLICK CLINIC INC | | ₽C | VOCATIONAL SUCCESS | |
| 640 W MARKET ST | | [| PROGRAM 2019-2020 | |
| AKRON, OH 44303-1413 | | | | 30,000 |
| VAMI - GREATER CLEVELAND | | ₽C | SUPPORT AND EDUCATION | |
| 012 W. 25TH STREET, 7TH FLOOR | | | FOR INDIVIDUALS WITH | |
| CLEVELAND, OH 44113 | | | MENTAL ILLNESS | |
| | | _ | 2018-2020 | 40,000 |
| WALSH UNIVERSITY | | PC | SERVING OHIOS MENTAL | |
| 2020 E MAPLE ST | | | HEALTH NEEDS THROUGH | |
| N CANTON, OH 44720-3336 | | | PSYCHIATRIC-MENTAL | |
| | | | HEALTH | 57,760 |
| PORTAGE PATH COMMUNITY MENTAL HEALTH | | PC | INTEGRATED COMMUNITY | |
| CENTER | | | PSYCHIATRIC NURSE | |
| 340 S BROADWAY ST | | | PRACTITIONER | |
| AKRON, OH 44308-1529 | | | FELLOWSHIP (OVER 3 | 400.00 |
| | | | YEARS) | 100,000 |
| NAMI SUMMIT COUNTY | | ₽C | OPERATIONS/NAMIWALKS | |
| 150 CROSS ST | | ľ | SPONSOR/MAY EVENT | |
| AKRON, OH 44311-1026 | | | SPONSOR 2019-2021 | 110,400 |
| | | | -,-,,,,,,,,, | , , , , , , , , , , , , , , , , , , , |
| THE LEBRON JAMES FAMILY FOUNDATION | | PC | I PROMISE SCHOOL | |
| 3800 EMBASSY PARKWAY, SUITE 3600 | | | INITIATIVE | |
| AKRON, OH 44333 | | _ | _ | 2,000,000 |
| NEOMED (NORTHEAST OHIO MEDICAL | | PC | =RESTORING LIVES FOR | |
| JNIVERSITY) FDN | | | PEOPLE WITH | |
| 1209 STATE ROUTE 44 P.O. BOX 95 | | | SCHIZOPHRENIA | |
| ROOTSTOWN, OH 44272-0095 | | | | 7,500,000 |
| | | | | |
| KENT STATE UNIVERSITY | | PC | SPA 2018-2019 | |
| 800 E SUMMIT ST | | | | 350 000 |
| KENT, OH 44240 | | | | 750,000 |
| | | | | |
| | | | | |
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| Form 990-PF (2018) THE MARGARET C | | | ION | 34-1 | 948246 Page 12 | |
|---|-----------------|-----------------|------------------|--------------------------------------|-------------------|--|
| Part XVI-A Analysis of Income-Produ | cing Activitie | s | | | | |
| Enter gross amounts únless otherwise indicated. | Unrelated I | ousiness income | | Excluded by section 512, 513, or 514 | | |
| • | (a) Business | (b) | (c) Exclu- | (d) | Related or exempt | |
| 1 Program service revenue; | code | Amount | sion code | Amount | function income | |
| a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| f | | | | | | |
| g Fees and contracts from government agencies | | | | | | |
| 2 Membership dues and assessments | | | | | | |
| 3 Interest on savings and temporary cash | | | | | | |
| investments | į l | | 14 | 1,018. | | |
| 4 Dividends and interest from securities | | | 14 | 2,065,758. | | |
| 5 Net rental income or (loss) from real estate: | | | | | ı | |
| a Debt-financed property | | | | | | |
| b Not debt-financed property | | | 1 | | | |
| 6 Net rental income or (loss) from personal | | | | | | |
| property | | | | | | |
| 7 Other investment income | | | 1 1 | _ " | | |
| 8 Gain or (loss) from sales of assets other | | <u> </u> | 1 | | **** | |
| than inventory | | | 18 | 2,890,225. | | |
| 9 Net income or (loss) from special events | | _ | - | | - | |
| 10 Gross profit or (loss) from sales of inventory | | | 1 1 | | | |
| 11 Other revenue: | | | 1 1 | | | |
| a DISTRIBUTION FROM MBI | | | | | | |
| b (501 (C)(2) ENTITY) | | | 16 | 121,462. | | |
| | | | - | | | |
| | · | | 1 1 | | <u></u> | |
| d | | | 1 1 | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | 0. | | 5,078,463. | 0. | |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 5,078,463. | |
| (See worksheet in line 13 instructions to verify calculations.) | | | | | | |
| Part XVI-B Relationship of Activities t | o the Accom | plishment of Ex | empt P | urposes | | |
| Line No. Explain below how each activity for which inco | | · | | | olishment of | |
| ▼ the foundation's exempt purposes (other than | | | | | | |
| | | | | | | |
| | | - <u></u> - | | | | |
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|---------------------|-------------------|--------------|------------|----------|--------------|--------------------|---------------|--|
| [Part·XVII] | Information | Regarding Tr | ansfers to | and Tran | sactions and | Relationships With | Noncharitable | |
| | Exempt Org | | | | | | | |

| 1 | Did the c | organization directly or indi | rectly engage in an | y of the following | ig with any other organization | on described in secti | on 501(c) | | Yes | No |
|-----------|----------------|---|-------------------------|--------------------|--|--|------------------------------------|--------------------------|----------|--------|
| | | nan section 501(c)(3) organ | | | | | | | | |
| а | | s from the reporting founda | | | | | | | | |
| | (1) Cas | :h | | | | | | 1a(1) | | X |
| | | er assets | | | | | | 1a(2) | | X |
| ь | ٠. | ansactions: | | | | | | | | |
| | (1) Sale | es of assets to a noncharital | ble exempt organiz | ation | | | | 1b(1) | | X |
| | | chases of assets from a noi | | | | | | 1b(2) | | X |
| | | ital of facilities, equipment, | • | 3 | | | | 1b(3) | Х | |
| | • • | mbursement arrangements | | | | | | 1b(4) | | X |
| | | ns or loan guarantees | | | | | | 1b(5) | | X |
| | | formance of services or me | mbership or fundra | aisino solicitatio | ns | | | 1b(6) | | X |
| c | | of facilities, equipment, ma | · · | - | | | | 1c | | х |
| | - | | • . | • | · - | wavs show the fair n | narket value of the goods, o | | ets | |
| • | | | | | • • | | or sharing arrangement, sh | | ,, | |
| | | (d) the value of the goods, | | | oo iooo man ian mamor talo | o in any mandadian | or oncoming arrangement, on | • | | |
| (a)L | ine no | (b) Amount involved | • | | e exempt organization | (d) Description | of transfers, transactions, and sh | arıng arra | ngemen | its |
| B3 | | | MBI REAL | | , , , , , , , , , , , , , , , , , , , | | ATEMENT 20 | | | |
| | | 121,102. | TIDI KUM | DOILLE | | 1 522 511 | TI EIIEIT EU | | | |
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| _ | | | <u> </u> | | | | | | | |
| 2a | | • | • | • | or more tax-exempt organi | zations described | F | 7 1 | _ | ٦ |
| | | in 501(c) (other than section | | section 527? | | | (_2 | Yes | | _ No |
| b | If "Yes," | complete the following scho | | | (1) T (| 1 | (-) December of relationsh | | | |
| | | (a) Name of org | janization | - | (b) Type of organization | | (c) Description of relationsh | ıp | | |
| MB. | I REA | AL ESTATE | | | 501(C)(2) | SEE STA | rement 21 | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | 1 | | Sheet bear and a second | un nature de la la | accompany - act address - 1.1 | atomosts and to the t | et of my knowledge | | | |
| o:. | 000 | | | | accompanying schedules and st taxpayer) is based on all informa | | , , May | the IRS di n with the | scuss ti | his |
| Sig He | | XVIIIOU | 10. | | W 11/0.1 19 | \ | shov | vn below? | See ins | itr |
| 110 | | 1) // // CE | | | 11/9/ | PRESID | ENT \ | ∟ Yes | | J No |
| | Sig | gnature of officer or trustee | | I Duna | Date | Title | Chook 5 DTIAL | | | |
| | | Print/Type preparer's na | ıme | Preparer's s | ignature C | Date | Check if PTIN | | | |
| D- | :4 | | | [dan | مرکینیا دار | 1110011 | self- employed | 0.50 | | |
| Pa | | LAURA B. C | | LAURA | B. CULF | 11/08/19 | | 0508 | | |
| | eparer | 111111011111111111111111111111111111111 | ICH LLP | | • | | Firm's EIN ► 36-31 | 6808 | 3 I | |
| US | e Only | | | | | | <u> </u> | | | |
| | | Firm's address ▶ 27 | | | | | ,,,,,, | | | |
| | | AK | RON, OH | <u>44320-1</u> | 118 | | Phone no. (330)8 | | | |
| | | | | | | | Fo | rm 990 | -PF | (2018) |

| FORM 99 | 00-PF G | AIN OR (LOSS) | FROM SALE | OF | ASSETS | 2 | STATEMENT 1 |
|---------|-----------------------------|-------------------------------|------------------------|----|-------------------|-----------------|--------------------|
| DESCRIF | (A) PTION OF PROPERTY | | | | MANNER CQUIRED | DATE ACQUIRE | DATE SOLI |
| PUBLICL | Y TRADED SECURIT | IES | | PU | RCHASED | 01/01/1 | 8 12/31/18 |
| | (B) GROSS SALES PRICE | (C) COST OR OTHER BASIS | (D) EXPENSE SALE | OF | (E) DEPRE | C. GA | (F) AIN OR LOSS |
| | 35,288,292. | 32,603,078. | | 0. | | 0. | 2,685,214. |
| DESCRIP | (A) PTION OF PROPERTY | | | | MANNER CQUIRED | DATE ACQUIRE | D DATE SOLI |
| ALLIANO | CE DISTRESSED K-1 | | | PU | RCHASED | 01/01/1 | 8 12/31/18 |
| | (B) GROSS SALES PRICE | (C) COST OR OTHER BASIS | (D) EXPENSE SALE | OF | (E) DEPRE | C. GA | (F) AIN OR LOSS |
| | 396,033. | 396,033. | | 0. | - | 0. | 0. |
| DESCRIP | (A) PTION OF PROPERTY | | | | MANNER CQUIRED | DATE ACQUIRE | D DATE SOLI |
| ALLIANC | CE DISTRESSED #10 | K-1 | | PU | RCHASED | 01/01/1 | 8 12/31/18 |
| | (B) GROSS SALES PRICE | (C) COST OR OTHER BASIS | (D) EXPENSE SALE | OF | (E) DEPRE | C. GA | (F) AIN OR LOSS |
| | 142,847. | 142,847. | | 0. | | 0. | 0. |
| DESCRIP | (A) PTION OF PROPERTY | | | | MANNER CQUIRED | DATE ACQUIRE | D DATE SOLI |
| WASH SA | ALE LOSS DISALLOW | ED | | PU | RCHASED | 01/01/1 | 8 12/31/18 |
| | (B) GROSS SALES PRICE | (C) COST OR OTHER BASIS | (D) EXPENSE SALE | OF | (E) DEPRE | C. GA | (F) AIN OR LOSS |
| | 2,576. | 2,576. | | 0. | · | 0. | 0. |

| (A) DESCRIPTION OF PROPERTY | | | | ANNER QUIRED | DA ACQU | TE IRED | DATE S | OLD |
|--------------------------------|------------------------------|----------------------------|------|-------------------------|------------|------------|---------------------------|-----|
| PERENNIAL REAL ESTATE K-1 | - | | PURC | CHASED | 01/0 | 1/18 | 12/31 | /18 |
| (B) GROSS SALES PRICE O | (C) COST OR THER BASIS | (D) EXPENSE SALE | OF | (E) DEPRE | c. | GAIN | (F) I OR LOS | ss |
| 33,917. | 33,917 | | 0. | | 0. | | | 0. |
| (A) DESCRIPTION OF PROPERTY | | | | ANNER QUIRED | DA ACQU | TE IRED | DATE S | OLD |
| PRIVATE EQUITY PARTNER | | | PUR | CHASED | 01/0 | 1/18 | 12/31 | /18 |
| (B) GROSS SALES PRICE O | (C) COST OR THER BASIS | (D) EXPENSE SALE | OF | (E) DEPRE | c. | GAIN | (F) OR LOS | s |
| 12,554. | 12,554 | , | 0. | | 0. | | | 0. |
| | | | | | | | | |
| CAPITAL GAINS DIVIDENDS F | ROM PART IV | | | | | | 205,0 | 11. |
| TOTAL TO FORM 990-PF, PAR | RT I, LINE 62 | Y | | | | | 2,890,2 | 25. |
| | | , | | | ; | | | |
| FORM 990-PF INTEREST ON | SAVINGS AND | TEMPORARY | CASH | INVEST | MENTS | STA | TEMENT | 2 |
| SOURCE | | (A) REVENUE ER BOOKS | NET | (B) INVEST INCOME | | | (C) DJUSTED T INCOM | |
| INTEREST INCOME - BANK | | 1,018. | | 1, | 018. | | | |
| TOTAL TO PART I, LINE 3 | | 1,018. | | 1, | 018. | | | |

| FORM 990-PF | DIVIDENDS | AND INTE | REST | FROM SEC | URITIES | STATEMENT 3 |
|---|------------------------|------------------------------|-----------------|-------------------------------|-----------------------------------|-------------|
| SOURCE | GROSS AMOUNT | CAPITA GAINS DIVIDEN | | (A) REVENUE PER BOOK | | |
| EMA -REGULAR #2075 INCOME PER K-1S | 0. | ··· | 0. | | 0. 26,99 0. 23,24 | |
| INTEREST/DIVIDEND PER MERRILL LYNCH ML BOND PREMIUM ML OID | 2,270,769. 0. 0. | 205,0 | 11. 0. 0. | | 8. 2,027,30 016,85 0. 8,66 | 53. |
| TO PART I, LINE 4 | 2,270,769. | 205,0 | 11. | 2,065,75 | 2,069,35 | 52. |
| FORM 990-PF | | OTHER | INCO | ME | | STATEMENT 4 |
| DESCRIPTION | | | RE | (A) VENUE BOOKS | (B) NET INVEST- MENT INCOME | |
| TAX INCOME FROM PAR K-1S DISTRIBUTION FROM M ENTITY) | | | | 0. | -425,031 | |
| TOTAL TO FORM 990-P | PF, PART I, | LINE 11 _ | - | 121,462. | -425,031 | |
| | | | | | | |
| FORM 990-PF | | LEGA: | L FE | ES | _ | STATEMENT 5 |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | | (B) T INVEST- NT INCOME | | |
| LEGAL FEES | | 13,707 | • | 6,853 | • | 6,854. |
| TO FM 990-PF, PG 1, | LN 16A | 13,707 | - — - — | 6,853 | | 6,854. |
| | | | | | | <u> </u> |

| FORM 990-PF | ACCOUNTI | NG FEES | , S | TATEMENT 6 |
|--|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| ACCOUNTING FEES | 30,550. | 15,275. | | 15,275. |
| TO FORM 990-PF, PG 1, LN 16B | 30,550. | 15,275. | | 15,275. |
| FORM 990-PF C | THER PROFES | SIONAL FEES | S | TATEMENT 7 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| INVESTMENT ADVISORY EXPENSES ML INVESTMENT EXPENSE PAYROLL EXPENSE | 379,013. 0. 4,768. | 379,013. 23,503. 954. | | 0. 0. 3,814. |
| TO FORM 990-PF, PG 1, LN 16C | 383,781. | 403,470. | | 3,814. |
| FORM 990-PF | TAX | ES | s | TATEMENT 8 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| FOREIGN TAXES PAYROLL TAXES FEDERAL EXCISE TAX | 0. 30,753. 155,609. | 63,349. 6,151. 0. | | 0. 24,602. 0. |
| TO FORM 990-PF, PG 1, LN 18 | 186,362. | 69,500. | | 24,602. |
| = | | | | |

| FORM 990-PF | OTHER E | XPENSES | STATEMENT 9 | | |
|--|--|---|-------------------------------|--|--|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | |
| DUES AND SUBSCRIPTIONS LIABILITY INSURANCE MARKETING OFFICE EXPENSE POSTAGE AND DELIVERY PROGRAM EXPENSE REPAIRS AND MAINTENANCE TELEPHONE AUTO LEASE MISCELLANEOUS EXPENSE K-1 OTHER DEDUCTIONS | 4,453. 6,090. 19,031. 20,708. 260. 748,279. 10,685. 2,485. 8,647. 18,470. | 3,045. 3,806. 10,354. 130. 0. 5,343. 1,243. 4,324. 9,235. | | 2,226. 3,045. 15,225. 10,354. 130. 748,279. 5,342. 1,242. 4,323. 9,235. 0. | |
| TO FORM 990-PF, PG 1, LN 23 | 839,108. | 53,606. | | 799,401. | |

| FORM 990-PF U.S. AND STATE/C | CITY GOV | /ERNMENT | OBLIGATIONS | STATEMENT 10 |
|--|---------------|----------------|-------------|----------------------|
| DESCRIPTION | U.S. GOV'T | OTHER GOV'T | BOOK VALUE | FAIR MARKET VALUE |
| GOVERNMENT BONDS (US AND US AGENCY) | x | | 7,406,116. | 7,406,116. |
| TOTAL U.S. GOVERNMENT OBLIGATIONS | | | 7,406,116. | 7,406,116. |
| TOTAL STATE AND MUNICIPAL GOVERNMENTOTAL TO FORM 990-PF, PART II, LINE | | GATIONS . | 7,406,116. | 7,406,116. |
| FORM 990-PF COR | RPORATE | STOCK | | STATEMENT 11 |
| DESCRIPTION | | | BOOK VALUE | FAIR MARKET VALUE |
| EQUITY SECURITIES | | • | 51,961,230. | 51,961,230. |
| TOTAL TO FORM 990-PF, PART II, LINE | 10в | | 51,961,230. | 51,961,230. |

| FORM 990-PF | CORPORATE BONDS | | STATEMENT 12 |
|---|---------------------|--|----------------------|
| DESCRIPTION | | BOOK VALUE | FAIR MARKET VALUE |
| CORPORATE BONDS | • | 6,138,605. | 6,138,605. |
| TOTAL TO FORM 990-PF, PART II, | LINE 10C | 6,138,605. | 6,138,605. |
| FORM 990-PF | OTHER INVESTMENTS | | STATEMENT 13 |
| | | | |
| DESCRIPTION | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE |
| DESCRIPTION INVESTMENT IN ELEUTHERA PROPER INVESTMENT IN MBI REAL ESTATE ALTERNATIVE INVESTMENTS | METHOD | BOOK VALUE 414,331. 4,711,968. 4,303,103. | |

| FORM 990-PF | OTHER ASSETS | STATEMENT 14 | |
|-----------------------------------|-------------------------------|---------------------------|----------------------|
| DESCRIPTION | BEGINNING OF YR BOOK VALUE | END OF YEAR BOOK VALUE | FAIR MARKET VALUE |
| INTEREST AND DIVIDENDS RECEIVABLE | 80,820. | 90,384. | 90,384. |
| TO FORM 990-PF, PART II, LINE 15 | 80,820. | 90,384. | 90,384. |

| FORM 990-PF TRANSFERS TO CONTROLLED ENTITIES PART VII-A, LINE 11 | STATEMENT 15 |
|--|-----------------------|
| NAME OF CONTROLLED ENTITY | EMPLOYER ID NO |
| MBI REAL ESTATE | 37-1535341 |
| ADDRESS | |
| LO W STREETSBORO ST NO. 200 HUDSON, OH 44236 | |
| DESCRIPTION OF TRANSFER | |
| BUILDING LEASE PAYMENTS | |
| | AMOUNT OF TRANSFER |
| | 65,208 |
| TOTAL AMOUNT OF TRANSFERS TO CONTROLLED ENTITIES | 65,20 |
| | |
| FORM 990-PF TRANSFERS FROM CONTROLLED ENTITIES PART VII-A, LINE 11 | STATEMENT 1 |
| PART VII-A, LINE 11 | |
| | |
| PART VII-A, LINE 11 | EMPLOYER ID NO |
| PART VII-A, LINE 11 NAME OF CONTROLLED ENTITY MBI REAL ESTATE ADDRESS LO W STREETSBORO ST NO. 200 | EMPLOYER ID NO |
| PART VII-A, LINE 11 NAME OF CONTROLLED ENTITY MBI REAL ESTATE ADDRESS 10 W STREETSBORO ST NO. 200 HUDSON, OH 44236 | EMPLOYER ID NO |
| PART VII-A, LINE 11 NAME OF CONTROLLED ENTITY MBI REAL ESTATE ADDRESS LO W STREETSBORO ST NO. 200 HUDSON, OH 44236 DESCRIPTION OF TRANSFER | EMPLOYER ID NO |
| PART VII-A, LINE 11 NAME OF CONTROLLED ENTITY MBI REAL ESTATE | EMPLOYER ID NO |
| PART VII-A, LINE 11 NAME OF CONTROLLED ENTITY MBI REAL ESTATE ADDRESS 10 W STREETSBORO ST NO. 200 HUDSON, OH 44236 DESCRIPTION OF TRANSFER | AMOUNT |

FORM 990-PF

SCHEDULE OF CONTROLLED ENTITIES
PART VII-A, LINE 11

STATEMENT 17

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

MBI REAL ESTATE

37-1535341

ADDRESS

EXCESS BUSINESS HOLDING [] YES [X] NO

10 W STREETSBORO ST NO. 200 HUDSON, OH 44236

| FORM 990-PF | PART V | III - LIS STEES AND | T OF OFFICERS, I | DIRECTORS AGERS | STAT | EMENT 18 |
|---|-----------|------------------------|--------------------------|--------------------|---------------------------------|----------|
| NAME AND ADDRESS | | | TITLE AND AVRG HRS/WK | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | |
| RICK KELLAR 10 W STREETSBORO HUDSON, OH 44236 | ST., SU | ITE 200 | PRESIDENT 60.00 | 255,691. | 42,217. | 0. |
| A. WILLIAM MCGRAW 10 W STREETSBORO HUDSON, OH 44236 | | ITE 200 | CHAIR 15.00 | 28,000. | 0. | 0. |
| PENELOPE A. FRESE 10 W STREETSBORO HUDSON, OH 44236 | | ITE 200 | TRUSTEE 15.00 | 28,000. | 0. | 0. |
| ROBERT D. KALLSTF 10 W STREETSBORO HUDSON, OH 44236 | | ITE 200 | TRUSTEE 15.00 | 28,000. | 0. | 0. |
| JEFFERY T. KNOLL 10 W STREETSBORO HUDSON, OH 44236 | ST., SU | ITE 200 | SECRETARY 15.00 | 28,000. | 0. | 0. |
| JONATHAN T. PAVLO 10 W STREETSBORO HUDSON, OH 44236 | | ITE 200 | TREASURER 15.00 | 28,000. | 0. | 0. |
| KEITH RILEY 10 W STREETSBORO HUDSON, OH 44236 | ST., SU | ITE 200 | TRUSTEE 15.00 | 28,000. | 0. | 0. |
| MARTIN HAUSER 10 W STREETSBORO HUDSON, OH 44236 | ST., SU | ITE 200 | TRUSTEE 15.00 | 28,000. | 0. | 0. |
| WILLIAM FELLOWS 10 W STREETSBORO HUDSON, OH 44236 | ST., SU | ITE 200 | TRUSTEE 15.00 | 14,000. | 0. | 0. |
| TOTALS INCLUDED O | ON 990-PI | F, PAGE 6 | , PART VIII | 465,691. | 42,217. | 0. |

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 19

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MARGARET CLARK MORGAN FOUNDATION 10 W STREETSBORO ST., SUITE 200 HUDSON, OH 44236

TELEPHONE NUMBER

330-655-1366

FORM AND CONTENT OF APPLICATIONS

APPLICANT MUST SUBMIT A ONE PAGE PRELIMINARY LETTER THAT INCLUDES THE ORGANIZATION'S CONTACT INFORMATION AND A DESCRIPTION OF THE ORGANIZATION, THE PROJECT AND THE AMOUNT REQUESTED. IF THE FOUNDATION DETERMINES THE LETTER OF INQUIRY FALLS WITHIN ITS INTEREST AREAS THE APPLICANT WILL BE NOTIFIED BY MAIL TO SUBMIT A FULL PROPOSAL. THE FULL PROPOSAL MUST INCLUDE DESCRIPTION OF PROJECT, DESCRIPTION AND HISTORY OF THE ORGANIZATION, PROJECT STAFF BACKGROUND AND EXPERTISED, AMOUNT OF REQUEST, NEED FOR PROJECT, AND SUPPORT FROM OTHER FOUNDATIONS AND/OR CORPORATIONS. THE FOLLOWING INFORMATION MUST ALSO BE INCLUDED: FINANCIAL STATEMENTS (TWO YEARS), FORM 990 (TWO YEARS), BUDGET FOR CURRENT FISCAL YEAR, PROJECT BUDGET, BOARD LIST AND IRS DETERMINATION LETTER.

ANY SUBMISSION DEADLINES

LETTER OF INQUIRY DEADLINE: OCTOBER 1, FEBRUARY 1 APPLICATION DEADLINE: NOVEMBER 1, MARCH 1

RESTRICTIONS AND LIMITATIONS ON AWARDS

TAX EXEMPT ORGANIZATIONS DESCRIBED AS PUBLIC CHARITIES.

990-PF

INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS
PART XVII, LINE 1, COLUMN (D)

STATEMENT 20

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

MBI REAL ESTATE

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

RENTAL OF BUILDING

990-PF

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

STATEMENT 21

NAME OF AFFILIATED OR RELATED ORGANIZATION

MBI REAL ESTATE

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

COMMON DIRECTORS