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2018

OMB No 1545-0052

Return of Private Foundation

Department of the Treasury Internal Revenue Service

Form 990-PF

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

or	caler	ndar year 2018, or tax year beginning 01-01-20)18 , aı	nd er	nding 12-31-	2018	
		INDATION			A Employer Id	entification numbe	r
FC	UNDAT	D LISA WAGNER FAMILY ION C/O BRIAN WAGNER			35-2207379		
		I street (or P O box number if mail is not delivered to street address) IAMETOWN ROAD	Room/suite		B Telephone nu	mber (see instruction	ns)
					(330) 659-5082	2	
	or town H, OH	i, state or province, country, and ZIP or foreign postal code 44333			C If exemption	application is pending	g, check here
G Ch	neck al	l that apply 🔲 Initial return 🔲 Initial return of a	former public charity		D 1. Foreign or	ganızatıons, check he	re . \sqsubset
		☐ Final return ☐ Amended return				ganizations meeting	
		Address change Name change			•	k here and attach cor	· -
1 C	neck ty	pe of organization $lacksquare$ Section 501(c)(3) exempt private i	foundation			undation status was t n 507(b)(1)(A), checl	
	Section	1 4947(a)(1) nonexempt charitable trust	e private foundation				
of '	year (f	xet value of all assets at end from Part II, col (c), ▶\$ 976,655 J Accounting method □ Other (specify) (Part I, column (d) must	Cash Accru	al		ation is in a 60-month n 507(b)(1)(B), checl	
Pa	rt I	Analysis of Revenue and Expenses (The total			ı		(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	(Ь)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	63,275				
	2	Check ▶ ☐ If the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments	10		10	10	
	4	Dividends and interest from securities	22,457		22,457	22,457	
	5a	Gross rents					
	ь	Net rental income or (loss)					
KIE	6a	Net gain or (loss) from sale of assets not on line 10	38,842				
Revenue	ь 7	Gross sales price for all assets on line 6a 176,504 Capital gain net income (from Part IV, line 2)			38,842		
<u>~</u>	8	Net short-term capital gain			30,012		
	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	124,584		61,309	22,467	
	13	Compensation of officers, directors, trustees, etc					
	14	Other employee salaries and wages					
è	15	Pension plans, employee benefits					
en S	16a	Legal fees (attach schedule)					
Ž.	ь	Accounting fees (attach schedule)	1,000				
ē.	C	Other professional fees (attach schedule)	23				
Operating and Administrative Expenses	17	Interest					
S	18	Taxes (attach schedule) (see instructions)	900				
Ē	19	Depreciation (attach schedule) and depletion					
5	20	Occupancy					
ב ב	21	Travel, conferences, and meetings					
<u>ਦ</u>	22	Printing and publications					
Ē	23	Other expenses (attach schedule)					
era	24	Total operating and administrative expenses. Add lines 13 through 23	4.000		0		
<u>ā</u>	25	Contributions, gifts, grants paid	1,923 24,000		0		24,00
-			24,000				24,00
	26	Total expenses and disbursements. Add lines 24 and 25	25,923		0		24,00
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	98,661				
	ь	Net investment income (If negative, enter -0-)			61,309		
	С	Adjusted net income (If negative, enter -0-)				22,467	
_							

752,547

775,579

775,579

775,579

775,579

852,764

873,853

873,853

873,853

873,853

775,579

98,661

874,240

873,853 Form 990-PF (2018)

387

1

2

3

4

5

6

955,566

976,655

Other notes and loans receivable (attach schedule)

Investments—land, buildings, and equipment basis ▶

Less accumulated depreciation (attach schedule)

Less accumulated depreciation (attach schedule) ▶ __

Accounts payable and accrued expenses

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 end of year (line 4 minus line 5)—Part II, column (b), line 30

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

Analysis of Changes in Net Assets or Fund Balances

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

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

Total liabilities(add lines 17 through 22)

Investments—U S and state government obligations (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 -

Temporarily restricted

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) > ____

Grants payable

Assets	

7

8

9

10a

h

C

11

12

13

14

15

16

17

18

19

20

21 22

23

24

25

28 29

31 Part III

Liabilities

Balances

Fund 26

ŏ

Assets 27

Net 30

2

3

4

5

	e the kınd(s) of property sold (e g , rehouse, or common stock, 200 sh		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1aSee Additional Data Table	2				
b					
c					
d					
e					
	(f)		(g)	+	
(e) Gross sales price	Depreciation allowed (or allowable)	Cost or	other basis ense of sale	Gain	or (loss) f) minus (g)
a See Additional Data Table					
b					
c					
d					
e					
Complete only for assets	showing gain in column (h) and ow	ned by the foundation	on 12/31/69		(1)
	(i)	<u> </u>	(k)		(י) (h) gain minus
(i) F M V as of 12/31/69	Adjusted basis as of 12/31/69	Excess	of col(ı) (j), ıf any	col (k), but not	t less than -0-) or rom col (h))
a See Additional Data Table	2				
b					
С					
d					
e					
	or (net capital loss) ain or (loss) as defined in sections t I, line 8, column (c) (see instructions)		Part I, line 7	2	38,842
in Part I, line 8	t i, line 8, column (c) (see instructi	, , ,	}	3	-231
Part V Qualification L	Inder Section 4940(e) for Re	educed Tax on Net	Investment I	ncome	
(For optional use by domestic p	rivate foundations subject to the se	ction 4940(a) tax on ne	et investment inco	me)	
If section 4940(d)(2) applies, le	•	,		,	
	e section 4942 tax on the distributa	ble amount of any year	in the base perio	d2	′es ☑ No
	t qualify under section 4940(e) Do		in the base peno		c3 <u> </u>
· · · · · · · · · · · · · · · · · · ·	ount in each column for each year,		makıng anv entri	es	
(a)	· · ·			(d)	
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value of noncharitab		Distribution ra (col (b) divided by	col (c))
2017	73,750		875,499		0 084238
2016	85,402		814,098		0 104904
2015	60,617		841,555		0 072030
2014	74,611		790,888		0 094338
2013	33,000		636,970		0 051808
2 Total of line 1, column (c	•		2		0 407318
number of years the foun	for the 5-year base period—divide dation has been in existence if less	than 5 years	3		0 081464
4 Enter the net value of no	ncharitable-use assets for 2018 fror	m Part X, line 5	4		946,633
5 Multiply line 4 by line 3			5		77,117
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		613
7 Add lines 5 and 6			7		77,730
8 Enter qualifying distributi	ons from Part XII, line 4 ,		8		24,000
If line 8 is equal to or gre	ater than line 7, check the box in P	art VI, line 1b, and com	plete that part us	ing a 1% tax rate Se	ee the Part VI

				· · · · · · · · · · · · · · · · · · ·	No I		
If "Yes," attach the s	tatement required b	y Regulations section 53	4945-5(d)	⊔ Yes ⊔	"		
6a Did the foundation, d	luring the year, rece	eive any funds, directly or	indirectly, to pay premit	ms on			
a personal benefit co	No						
•		premiums, directly or ind	irectly, on a personal be	nefit contract?	6b	No	
If "Yes" to 6b, file Fo							
7a At any time during th	No						
	• •	oceeds or have any net in			7b		
	•	4960 tax on payment(s) o					
	<u> </u>	ear [?]		Yes ▼			
Part VIII and Conf		cers, Directors, Trust	ees, Foundation Ma	nagers, Highly Paid En	nployees,		
1 List all officers, dire		oundation managers an					
(a) Name and ad		(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans and	(e) Expens		
(a) Name and ad	uic33	devoted to position	-0-)	deferred compensation	other all	owances	
BRIAN WAGNER		SIDENT	0	0			
1400 N HAMETOWN ROAD BATH, OH 44333	10 0	0					
LISA WAGNER		RETARY	0	0		(
1400 N HAMETOWN ROAD BATH, OH 44333	10 0						
2 Compensation of five	ve highest-paid ei	nployees (other than th	nose included on line 1	—see instructions). If nor	ne, enter "N	IONE."	
(a) Name and address of e more than \$5		(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo		
NONE		_					
		1					
Total number of other emp	oloyees paid over \$5	50,000					
				<u> </u>	Form 990	-PF (2018	

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Part VIII Information About Officers, Directors, Truste and Contractors (continued)	ees, Foundation Managers, Highly P	aid Employees,
3 Five highest-paid independent contractors for professional s	ervices (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.	<u> </u>	<u> </u>
Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year Included.	de relevant statistical information such as the numbe	er of
organizations and other beneficiaries served, conferences convened, research papers	produced, etc	Expenses
1		
2		
		
3		
4		
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation du	•	Amount
1 N/A		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		•
		Form 990-PF (2018)

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

1a

1b

2

3a 3h

4

5

24,000

24.000

24,000

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Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

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

Adjusted qualifying distributions. Subtract line 5 from line 4.

Amounts set aside for specific charitable projects that satisfy the

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

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

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

1

2

3

4

5

b

Page 9

46,106

24,000

22,106

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Pa	rt XIII	

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V			_		Ξ

b Total for prior years

a From 2013.

e From 2017.

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

d From 2016. . . .

)-PF (20	018)			
KIII	Undistributed Income	(see	instructions)	,

1 Distributable amount for 2018 from Part XI, line 7

a Enter amount for 2017 only.

Excess distributions carryover, if any, to 2018

f Total of lines 3a through e.

d Applied to 2018 distributable amount. e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2018

same amount must be shown in column (a))

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

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

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. .

b Excess from 2015. .

c Excess from 2016. . . .

d Excess from 2017. . . e Excess from 2018. .

Subtract lines 7 and 8 from line 6a

indicated below:

4 Qualifying distributions for 2018 from Part XII, line 4 🕨 \$ 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).

2 Undistributed income, if any, as of the end of 2018

31,520

19 305

45.393 31,441

9.414 19,305

45.393

31.441

(a)

Corpus

127.659

22,106

105,553

105,553

(b)

Years prior to 2017

(c)

2017



Enter gros	s amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
_	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
е						
_	and contracts from government agencies ership dues and assessments					
	st on savings and temporary cash					
ınvestr	ments			14	10	
	nds and interest from securities			14	22,457	
	ntal income or (loss) from real estate -financed property					
	lebt-financed property.					
	ntal income or (loss) from personal property					
	nvestment income					
invent						38,842
9 Net ind	come or (loss) from special events					30,012
	profit or (loss) from sales of inventory					
	revenue a					
d						
17 Cub+-	al Add columns (b), (d), and (e)				22,467	38,842
				1		
13 Total.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu			1	3	61,309
13 Total. (See w	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu 1-B Relationship of Activities to the	lations) ie Accomplish	nment of Exem	pt Purposes	3	
13 Total. (See w	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations) le Accomplish income is report	nment of Exemed in column (e) o	pt Purposes f Part XVI-A contribu	3	
13 Total. (See w Part XV Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is report	nment of Exemed in column (e) o	pt Purposes f Part XVI-A contribu	3	
13 Total. (See w Part XV Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is report	nment of Exemed in column (e) o	pt Purposes f Part XVI-A contribu	3	
13 Total. (See w Part XV Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is report	nment of Exemed in column (e) o	pt Purposes f Part XVI-A contribu	3	
13 Total. (See w Part XV Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is report	nment of Exemed in column (e) o	pt Purposes f Part XVI-A contribu	3	
13 Total. (See w Part XV Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is report	nment of Exemed in column (e) o	pt Purposes f Part XVI-A contribu	3	
13 Total. (See w Part XV Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is report	nment of Exemed in column (e) o	pt Purposes f Part XVI-A contribu	3	
13 Total. (See w Part XV Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is report	nment of Exemed in column (e) o	pt Purposes f Part XVI-A contribu	3	
13 Total. (See w Part XV Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exp	lations) le Accomplish income is report	nment of Exemed in column (e) o	pt Purposes f Part XVI-A contribu	3	
13 Total. (See w Part XV Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exp	lations) le Accomplish income is report	nment of Exemed in column (e) o	pt Purposes f Part XVI-A contribu	3	
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13 Total. (See w Part XV Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exp	lations) le Accomplish income is report	nment of Exemed in column (e) o	pt Purposes f Part XVI-A contribu	3	
13 Total. (See w Part XV Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exp	lations) le Accomplish income is report	nment of Exemed in column (e) o	pt Purposes f Part XVI-A contribu	3	
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13 Total. (See w Part XV Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exp	lations) le Accomplish income is report	nment of Exemed in column (e) o	pt Purposes f Part XVI-A contribu	3	
13 Total. (See w Part XV Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exp	lations) le Accomplish income is report	nment of Exemed in column (e) o	pt Purposes f Part XVI-A contribu	3	
13 Total. (See w Part XV Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is report	nment of Exemed in column (e) o	pt Purposes f Part XVI-A contribu	3	
13 Total. (See w Part XV Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is report	nment of Exemed in column (e) o	pt Purposes f Part XVI-A contribu	3	

(=0	, 20 /
+4	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part	XVII	Exempt Organia	-	ans	1015 10 6	and mansac		iis and r	ceiacio	nampa with No	iiciiaiic	abic		
		ganization directly or in than section 501(c)(3)	directly enga								ion 501		Yes	No
a Trai	nsfers i	from the reporting foun	dation to a n	oncha	ırıtable ex	empt organizat	ion	of						
											.	1a(1)		No
٠,		rassets										1a(2)		No
b Oth	er tran	sactions												
(1)	Sales	of assets to a nonchari	table exempt	t orga	nization.							1b(1)		No
		nases of assets from a n									1	1b(2)		No
		al of facilities, equipmer									1	1b(3)		No
		bursement arrangemen									1	1b(4)		No
(5)	Loans	s or loan guarantees.										1b(5)		No
(6)	Perfor	mance of services or m	embership or	fund	raising sol	licitations					1	1b(6)		No
c Sha	ring of	facilities, equipment, n	nailing lists, d	ther	assets, or	paid employee	s.				.	1c		No
d If th	ne ansv	wer to any of the above	ıs "Yes," con	nplete	the follow	wing schedule	Colu	ımn (b) sl	hould alv	ways show the fair	market v	alue		
		ds, other assets, or ser nsaction or sharing arra										е		
ın a	ny trai	nsaction or snaring arra	ngement, sno	ow in	column (c	i) the value of	tne	goods, ou	ner asse	ts, or services rece	ived			
(a) Line	No	(b) Amount involved	(c) Name of	noncha	arıtable exe	mpt organization	1	(d) Desc	ription of	transfers, transactions	s, and shar	ing arra	ngemen	ts
							-							
							-							
							-							
							-							
	_													
2a Is t	he four	ndation directly or indire	ectly affiliated	with	, or relate	d to, one or mo	ore t	tax-exemp	t organ	zations				
des	cribed	in section 501(c) (other	than section	501((c)(3)) or	ın section 527?				🗆 Y	es 🔽	No		
b If "\	Yes," c	omplete the following so	chedule											
		(a) Name of organization			(1	b) Type of organiz	zatio	n		(c) Descriptio	n of relatio	nship		
	of m	er penalties of perjury, ny knowledge and belief th preparer has any kno	, it is true, co											
Sign Here	,	*****	,			2019-11-07		*:	****		return		scuss th	
	 ▶ -							—) –			with th below	ie prepa	rer shov	vn
	' '	Signature of officer or to	rustee			Date		′ Tı	tle		(see ın	str)? [Yes	□ No
	<u> </u>	Drunt/Tune		D	anada C			<u>.</u>			DTIN			
		Print/Type preparer's	паше	ггер	arer's Sıgı	iature		Date		Check if self-	PTIN			
										employed ▶ 🔲		P00390	0282	
Paid		PAUL L RUPERT						2019-	11-07					
_	arer	Francis (1-11-15)	TIMET DECC	IT A ***	10									
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	~···y		00 E 345TH :	ST										
											Phone no	(440) 947-	3900
		W	ILLOUGHBY,	OH 4	40944611	L					one m		, - 12 -	

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (c) (d) (b) How acquired (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) Date acquired Date sold P—Purchase (mo, day, yr) (mo, day, yr) D-Donation DELAWARE DIVERSIFIED INCOME Р 2018-01-01 2018-10-31 PRINCIPAL GLOBAL DIVERSIFIED Ρ 2018-01-01 2018-10-31 ACTIVISION BLIZZARD INC Р 2014-08-13 2018-10-31 BRISTOL MYERS SQUIBB Ρ 2011-05-03 2018-10-31 **CBRE GROUP INC** Ρ 2016-06-30 2018-11-13 Ρ DELAWARE DIVERSIFIED INCOME 2017-01-01 2018-10-31 Ρ E TRADE FINANCIAL CORP 2015-04-06 2018-11-13 Ρ **EBAY INC** 2016-05-06 2018-11-13 Ρ 2018-10-31 **ENSTAR GROUP LIMITED** 2015-04-06 Р 2017-01-01 2018-10-31 PRINCIPAL GLOBAL DIVERSIFIED Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 549 607 -58 2,964 3,137 -173 13,612 4,545 9,067 14,047 8.065 5,982 8,658 5,123 3,535 -1,962 18,420 20,382 10,721 5,371 5,350 1,369 180 1,189 4,536 3,456 1,080 81,060 85,787 -4,727 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any -58 -173 9,067 5,982 3,535 -1,962 5,350 180 1,080 -4,727

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 AKRON CHILDREN'S HOSPITAL NONE I CHARITY l CHARITABI F 1.400

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

FOUNDATIO ONE PERKINS SQUARE AKRON, OH 44308				_,
NE OHIO MEDICAL UNIV FOUNDATION 4209 STATE ROUTE 44 PO BOX 95	NONE	CHARITY	CHARITABLE	17,500

NE OHIO MEDICAL UNIV FOUNDATION 4209 STATE ROUTE 44 PO BOX 95 ROOTSTOWN, OH 44272	NONE	CHARITY	CHARITABLE	17,500
ST JOHN BOSCO CHURCH 6480 PEARL ROAD	NONE	CHARITY	CHARITABLE	1,000

PO BOX 95 ROOTSTOWN, OH 44272				
ST JOHN BOSCO CHURCH 6480 PEARL ROAD CLEVELAND OH 44130	NONE	CHARITY	CHARITABLE	1,00

Total .

ROOTSTOWN, OH 44272				
ST JOHN BOSCO CHURCH 6480 PEARL ROAD CLEVELAND, OH 44130	NONE	CHARITY	CHARITABLE	1,00
				1

24,000

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 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 WALSH JESUIT HIGH SCHOOL NONE CHARITY CHARITABLE 500 4550 WYOGA LAKE ROAD

Total			▶ 3a	24,000
STEPHEN COMUNALE FAMILY CANCER FDN PO BOX 13805 AKRON, OH 44333	NONE	CHARITY	CHARITABLE	1,000
UH PARMA HEALTHCARE FOUNDATION 6115 POWERS BOULEVARD PARMA, OH 44129	NONE	CHARITY	CHARITABLE	2,500
CUYAHOGA FALLS, OH 44224				

Recipient If recipient is an individual, show any relationship to any foundation manager any foundation manager recipient

Marile and address (nome or business)	or substantial contributor			
a Paid during the year				
RONALD MCDONALD HOUSE AKRON	NONE	CHARITY	CHARITABLE	100

RONALD MCDONALD HOUSE AKRON 141 WEST STATE STREET AKRON, OH 44302	NONE	CHARITY	CHARITABLE	10
Total			▶ 3a	24,000

efile GRAPHIC print - DO NOT PROCE	ESS As Filed D	ata -	D	LN: 93491322005039		
TY 2018 Accounting Fees Schedule						
Na	me: BRIAN A	ND LISA WAGNER F	AMILY			
	FOUNDA ⁻	TION C/O BRIAN W	AGNER			
F	EIN: 35-2207	379				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

1,000

INDIRECT ACCOUNTING FEES

erile GRAPHIC Print - DO NOT PROCESS	AS FIIeu Data -	DLN: 93491322005039
TY 2018 Investments Corpora	te Stock Schedule	
•		
Name:	BRIAN AND LISA WAGNER FAMILY	
	FOUNDATION C/O BRIAN WAGNER	

DIN: 02/0122200E020

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Investments Corporation Stock Schedule

Name of Stock

End of Year Book

End of Year Fair

Name of Stock
End of Year Book Value

VARIOUS MUTUAL FUNDS/EQUITIES

End of Year Fair Market Value

852,764
955,566

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 934913220	05039
TY 2018 Other Decreases School	edule			
Name:	BRIAN AND LI	SA WAGNER FAMILY		
ı	FOUNDATION	C/O BRIAN WAGNER		
EIN:	35-2207379			
D _i	escription		Amount	
COST BASIS ADJUSTMENT				387

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLI	N: 93491322005039
TY 2018 Other Professional F	ees Schedu	le	<u> </u>	
Name:	BRIAN AND	LISA WAGNER FAI	MTIY	
FOUNDATION C/O BRIAN WAGNER				
		·	INEK	
EIN:	: 35-2207379			
Category	Amount	Net Investment	Adjusted Net	Disbursements
1		Income	Income	for Charitable
				Purposes
BANK SERVICE CHARGES	23			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLI	N: 93491322005039
TY 2018 Taxes Schedule				
Name: BRIAN AND LISA WAGNER FAMILY				
FOUNDATION C/O BRIAN WAGNER				
EIN: 35-2207379				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OHIO NON-PROFIT FEE	200			
2018 FEDERAL ESTIMATES	700			

efile GRAPHIC print - D	O NOT PROCESS As Filed Da	ata -		DLN: 93491322005039	
Schedule B	Sch	edule of Contributors		OMB No 1545-0047	
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		ich to Form 990, 990-EZ, or 990-PF <u>urs gov/Form990</u> for the latest inform	mation	2018	
Name of the organization BRIAN AND LISA WAGNER	FAMILY			dentification number	
FOUNDATION C/O BRIAN Organization type (check			35-2207379		
Filers of:	Section:				
Form 990 or 990-EZ	☐ 501(c)() (enter numb	per) organization			
	4947(a)(1) nonexempt	charitable trust not treated as a p	orivate foundation		
	☐ 527 political organizati	on			
Form 990-PF	✓ 501(c)(3) exempt priva	ate foundation			
4947(a)(1) nonexempt charitable trust treated as a private foundation					
501(c)(3) taxable private foundation					
		990-PF that received, during the y or Complete Parts I and II See ir			
Special Rules					
under sections 50 received from any	9(a)(1) and 170(b)(1)(A)(vi), that) filing Form 990 or 990-EZ that m t checked Schedule A (Form 990 r, total contributions of the greater Complete Parts I and II	or 990-EZ), Part II, line 13,	16a, or 16b, and that	
during the year, t	otal contributions of more than \$), (8), or (10) filing Form 990 or 99 1,000 <i>exclusively</i> for religious, cha en or animals Complete Parts I, II	arıtable, scientific, literary, c		
during the year, of If this box is check purpose Don't co	contributions exclusively for religions ked, enter here the total contributions complete any of the parts unless the), (8), or (10) filing Form 990 or 99 ous, charitable, etc., purposes, bu itions that were received during the General Rule applies to this or ,000 or more during the year	it no such contributions tota le year for an exclusively re rganization because it recel	aled more than \$1,000 eligious, charitable, etc , ived <i>nonexclusively</i>	
990-EZ, or 990-PF), but	t must answer "No" on Part IV, I	al Rule and/or the Special Rules of ine 2, of its Form 990, or check th by that it doesn't meet the filing req	e box on line H of its		
For Paperwork Reduction A for Form 990, 990-EZ, or 990	ct Notice, see the Instructions -PF	Cat No 30613X	Schedule B (Form 990	i, 990-EZ, or 990-PF) (2018)	

Name of organization

Employer identification number

Part I Contributors (see instructions) Use duplicate copies of Part I if addition (a) No. Name, address, and ZIP + 4 BRIAN WAGNER 1400 N HAMETOWN ROAD BATH, OH 44333	(c) Total contributions \$ 63,275 (c) Total contributions	(d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No. Name, address, and ZIP + 4 BRIAN WAGNER 1400 N HAMETOWN ROAD	(c) Total contributions \$ 63,275	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions)
1400 N HAMETOWN ROAD	(c)	Payroll Noncash (Complete Part II for noncash contributions)
	(c)	,
(a) (b) No. Name, address, and ZIP + 4	Total Continuations	(d) Type of contribution
	\$	Person
(a) (b) No. Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) (b) No. Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) (b) No. Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		Payroll Noncash (Complete Part II for noncash contributions)
(a) (b) No. Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Page 3

Name of org BRIAN AND L		Employer identification number	
FOUNDATION	C/O BRIAN WAGNER		35-2207379
Part II	Noncash Property (See Instructions) Use duplicate copies of Part II if additional space is no	peded I	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	See Additional Data Table	_\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_		_\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_		_\$	
		Schedule B (Fo	

Schedule B (Form	990, 990-EZ, or 990-PF) (2018)		Page 4
Name of organizat BRIAN AND LISA WA FOUNDATION C/O B	AGNER FAMILY		Employer identification number 35-2207379
than \$1, organiz the year	000 for the year from any one contributor	r. Complete columns (a) throu of exclusively religious, chari ctions.) ▶ \$	d in section 501(c)(7), (8), or (10) that total more ugh (e) and the following line entry. For table, etc., contributions of \$1,000 or less for
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 F	Relationship of transferor to transferee
(a)			
No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	t Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
			Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Additional Data

Software ID:

Software Version:

EIN: 35-2207379

Name: BRIAN AND LISA WAGNER FAMILY FOUNDATION C/O BRIAN WAGNER

orm 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
1	ZOETIS INC	\$ 4,099	2018-12-17		
1	CHARLES SCHWAB CORP	<u> </u>	2018-12-17		
<u>1</u>	AMERICAN EXPRESS CO	\$ 3,511	2018-12-17		
<u>1</u>	VMWARE INC	<u> </u>	2018-12-17		
<u>1</u>	RED HAT INC	<u> </u>	2018-12-17		
<u>1</u>	AMAZON COM INC	\$ 9,160	2018-12-17		
1	VISA INC	\$ 6,045	2018-12-17		
<u>1</u>	PAYPAL HOLDINGS INC	<u>\$ 3,015</u>	2018-12-17		
1	ADOBE INC	\$ 2,714	2018-12-17		
<u>1</u>	UNITED HEALTH GROUP	\$ 5,000	2018-12-17		
		1			

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed (c) (a) (d) (b) FMV (or estimate) No. from Part I Description of noncash property given Date received (See instructions) PALO ALTO NETWORKS INC \$ 3,294 2018-12-17 2018-12-17 THERMO FISHER SCIENTIFIC INC. \$ 4,471 MICROSOFT CORP \$ 7.660 2018-12-17 SPLUNK INC \$ 2,723 2018-12-17 \$ 2,562 2018-12-17 MCCORMICK & COMPANY INC