DLN: 93491354003009

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

| | | ndar year 2018, or tax year beginning | ng 10-01-20 | 18 , ar | nd er | nding 09-30- | 2019 entification numbe | | | |
|----------------|---|--|---|------------------------------------|-------|-----------------------|---|--|--|--|
| | | MILY FOUNDATION INC | | | | 34-1453162 | entification numbe | • | | |
| | umber and street (or P O box number if mail is not delivered to street address) Room/suite PO BOX 214 | | | | | | B Telephone number (see instructions) (330) 875-3381 | | | |
| | City or town, state or province, country, and ZIP or foreign postal code OUISVILLE, OH 44641 | | | | | C If exemption | application is pendin | g, check here | | |
| G CH | neck al | Final return Ar | tial return of a f mended return ame change | former public charity | | 2 Foreign or | ganizations, check he ganizations meeting k here and attach coi | the 85% | | |
| H Ch | eck ty | pe of organization Section 501(c)(3) e | | oundation | | | indation status was t n 507(b)(1)(A), chec | | | |
| | ection | | | e private foundation | | | | | | |
| of ' | year (f | rom Part II, col(c), ▶\$ 3.151.774 □ Oth | er (specify) _ | ☑ Cash ☐ Accru | al | | tion is in a 60-montl n 507(b)(1)(B), chec | | | |
| Pa | rt I | Analysis of Revenue and Expense of amounts in columns (b), (c), and (d) may not it equal the amounts in column (a) (see instructions | necessarily | (a) Revenue and expenses per books | (b) | Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) | | |
| | 1 | Contributions, gifts, grants, etc , received (a schedule) | attach | 122,159 | | | | ,,, | | |
| | 2 | Check ▶ ☐ If the foundation is not require | d to attach | 122,133 | | | | | | |
| | | Sch B | | 400 | | 400 | | | | |
| | 3 4 | Interest on savings and temporary cash inv Dividends and interest from securities | estments | 498 73,864 | - | 73,864 | | | | |
| | ч 5а | Gross rents | | 73,004 | | 73,004 | | | | |
| | ь | Net rental income or (loss) | | | | | | | | |
| e | 6a | Net gain or (loss) from sale of assets not or | ı lıne 10 | -341,093 | | | | | | |
| Revenue | b | Gross sales price for all assets on line 6a | 1,041,019 | | | | | | | |
| Re) | 7 | Capital gain net income (from Part IV, line 2 | | | 0 | | | | | |
| | 8 | Net short-term capital gain | · · | | | | | | | |
| | 9 | Income modifications | | | | | | | | |
| | 10a | Gross sales less returns and allowances | | | | | | | | |
| | b c | Less Cost of goods sold Gross profit or (loss) (attach schedule) . | | | | | | | | |
| | 11 | Other income (attach schedule) | | | | | | | | |
| | 12 | | | -144,572 | | 74,362 | | | | |
| | 13 | Compensation of officers, directors, trustee: | | -144,372 | | 74,302 | | 0 | | |
| | 14 | | | 0 | | | | - | | |
| S | 15 | Pension plans, employee benefits | | | | | | | | |
| 15e | 16a | Legal fees (attach schedule) | | 9 65 | | 0 | | 0 | | |
| <u> </u> | ь | Accounting fees (attach schedule) | | 1,300 | | 0 | | 0 | | |
| Expenses | С | Other professional fees (attach schedule) | | 20,322 | | 20,322 | | 0 | | |
| Administrative | 17 | Interest | | · · | | · | | | | |
| trai | 18 | Taxes (attach schedule) (see instructions) | | 2,372 | | 731 | | 0 | | |
| III S | 19 | Depreciation (attach schedule) and depletio | n | | | | | | | |
| Ē | 20 | Occupancy | | | | | | | | |
| ĕ | 21 | Travel, conferences, and meetings | | | | | | | | |
| ä | 22 | Printing and publications | | | | | | | | |
| Operating and | 23 | Other expenses (attach schedule) | | 200 | | 0 | | 0 | | |
| ratı | 24 | Total operating and administrative exp | enses. | | | | | | | |
| <u>p</u> | | Add lines 13 through 23 | | 24,259 | _ | 21,053 | | 0 | | |
| ں | 25 | Contributions, gifts, grants paid | | 355,702 | | | | 355,702 | | |
| | 26 | Total expenses and disbursements. Add 25 | l lines 24 and | 379,961 | | 21,053 | | 355,702 | | |
| | 27 | Subtract line 26 from line 12 | | , | | | | , | | |
| | а | Excess of revenue over expenses and | | -524,533 | | | | | | |
| | ь | disbursements Net investment income (if negative, ente | r -0-) | -524,533 | | 53,309 | | | | |
| | С | Adjusted net income (if negative, enter - | · . | | | 33,303 | | | | |
| | | | | | 1 | | | 1 | | |

| | 1 | ; |
|--|---|--|
| | 7 | ׅ֜֝֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜ |
| | | |
| | | |
| | | |
| | | |
| | | |

8 9 10a

15 16

Liabilities

Net Assets or Fund Balances

2

3

5

6 То

| 1 | Cash—non-interest-bearing | | | 29,532 | 29 |
|------|---|-----------------------|--------------|-----------|---------------------|
| 2 | Savings and temporary cash investments | 8,359 | | 274,546 | 274 |
| 3 | Accounts receivable ▶ | | | | |
| | Less allowance for doubtful accounts ▶ | | | | |
| 4 | Pledges receivable ▶ | | | | |
| | Less allowance for doubtful accounts ▶ | | | | |
| 5 | Grants receivable | | | | |
| 6 | Receivables due from officers, directors, trustees, and other | | | | |
| | disqualified persons (attach schedule) (see instructions) | | | | |
| 7 | Other notes and loans receivable (attach schedule) | | | | |
| | Less allowance for doubtful accounts ▶ | | | | |
| 8 | Inventories for sale or use | | | | |
| 9 | Prepaid expenses and deferred charges | | | | |
| 10a | Investments—U S and state government obligations (attach schedule) | | | | |
| b | Investments—corporate stock (attach schedule) | 2,929,051 | چ | 1,181,725 | 1,207 |
| С | Investments—corporate bonds (attach schedule) | 543 | | 370 | |
| 11 | Investments—land, buildings, and equipment basis ▶ | | _ | | |
| | Less accumulated depreciation (attach schedule) ▶ | | | | |
| 12 | Investments—mortgage loans | | | | |
| 13 | Investments—other (attach schedule) | 578,502 | 99 ,] | 1,523,290 | 1,639 |
| 14 | Land, buildings, and equipment basis ▶ | , | <u> </u> | <u> </u> | <u> </u> |
| | Less accumulated depreciation (attach schedule) | | | 1 | |
| 15 | Other assets (describe >) | | | | |
| 16 | Total assets (to be completed by all filers—see the | | | | |
| | instructions Also, see page 1, item I) | 3,516,455 | | 3,009,463 | 3,151 |
| 17 | Accounts payable and accrued expenses | 3,010,100 | | 3,003,100 | |
| 18 | Grants payable | | | | |
| | Deferred revenue | | | | |
| 19 | Loans from officers, directors, trustees, and other disqualified persons | | | | |
| 20 | Mortgages and other notes payable (attach schedule) | | | | |
| 21 | Other liabilities (describe | | | | |
| 22 | | 0 | | | |
| 23 | Total liabilities(add lines 17 through 22) | 0 | | | |
| | Foundations that follow SFAS 117, check here | | | | |
| | and complete lines 24 through 26 and lines 30 and 31. | | | | |
| 24 | Unrestricted | | | | |
| 25 | Temporarily restricted | | | | |
| 26 | Permanently restricted | | | | |
| | Foundations that do not follow SFAS 117, check here ▶ | | | | |
| | and complete lines 27 through 31. | | | | |
| 27 | Capital stock, trust principal, or current funds | 2,087,782 | | 1,835,777 | |
| 28 | Paid-in or capital surplus, or land, bldg , and equipment fund | 0 | | 0 | |
| 29 | Retained earnings, accumulated income, endowment, or other funds | 1,428,673 | | 1,173,686 | |
| 30 | Total net assets or fund balances (see instructions) | 3,516,455 | | 3,009,463 | |
| 31 | Total liabilities and net assets/fund balances (see instructions) . | 3,516,455 | | 3,009,463 | |
| | <u> </u> | | | , , | |
| | al net assets or fund balances at beginning of year—Part II, column (a), line | e 30 (must agree with | end- | | |
| | rear figure reported on prior year's return) | | . 1 | | 3,516,455 |
| Ente | er amount from Part I, line 27a | | . 2 | | -524,533 |
| Oth | er increases not included in line 2 (itemize) ▶ | | 3 | | 17,541 |
| | lines 1, 2, and 3 | | . 4 | | 3,009,463 |
| | reases not included in line 2 (itemize) | | 5 | | 0 |
| Tota | al net assets or fund balances at end of year (line 4 minus line 5)—Part II, | column (b), line 30 | . 6 | | 3,009,463 |
| | | | | Forr | n 990-PF (20 |

1,207,491

1,639,835

3,151,774

370

| | the kınd(s) of property sold (e g , house, or common stock, 200 shs | | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) |
|--|---|---------------------------------|--|--|---|
| 1aSee Additional Data Table | | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| <u>е</u> | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | (g) other basis pense of sale | Gain o | h) r (loss)) minus (g) |
| a See Additional Data Table | | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| e | | | | | |
| Complete only for assets si | howing gain in column (h) and ow | ned by the foundation | on 12/31/69 | (| I) |
| (i) F M V as of 12/31/69 | (j) Adjusted basis | | (k) s of col (ı) | Gains (Col (col (k), but not | h) gain minus less than -0-) or |
| | as of 12/31/69 | over co | ol (j), if any | Losses (fre | om col (h)) |
| a See Additional Data Table | | | | | |
| b | | | | | |
| <u>c</u> | | | | | |
| d | | | | | |
| If gain, also enter in Part in Part I, line 8 | In or (loss) as defined in sections 1 I, line 8, column (c) (see instructions 1 | ons) If (loss), enter - | 0- | 3 | -341,093 |
| Part V Qualification Un | ider Section 4940(e) for Re | duced Tax on Net | t Investment In | come | |
| If section 4940(d)(2) applies, leav | section 4942 tax on the distributal | ole amount of any yea | r in the base period | | es 🗸 No |
| 1 Enter the appropriate amou | unt ın each column for each year, | see instructions before | e making any entrie | es | |
| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharital | ble-use assets | (d) Distribution rati (col (b) divided by c | |
| 2017 | 96,500 | | 3,195,000 | | 0 030203 |
| 2016 | 67,000 | | 3,115,898 | | 0 021503 |
| 2015 | 70,000 | | 2,904,401 | | 0 024101 |
| 2014 | 81,900 | | 3,153,510 | | 0 025971 |
| 2013 | 157,600 | | 3,630,668 | | 0 043408 |
| 2 Total of line 1, column (d) | | | 2 | | 0 145186 |
| number of years the founda | or the 5-year base period—divide thation has been in existence if less | than 5 years . ´. | 3 | | 0 029037 |
| | haritable-use assets for 2018 from | , | 4 | | 2,960,745 |
| . , , , | (40) (50) 7 27 | | 5 | | 85,971 |
| | t income (1% of Part I, line 27b) | | 6 | | 533 |
| | | | 7 | | 86,504 |
| · · · - | ns from Part XII, line 4 , | | | ng a 1% tax rate Se | 355,702 e the Part VI |

| | 330-F1 (2010) | | | | | | | | | age |
|-------|--|---|---|---|--|-------------|--------|-----------|---------|-------|
| Pai | | | Activities for Which | Form 4720 May Be | Required (contin | ued) | | | | |
| 5a | During the year did the foundation | • | • | | | | | | Yes | No |
| | (1) Carry on propaganda, or otherv | | | ` ' ' ' | □ Ye | es 🗸 | No | | | |
| | (2) Influence the outcome of any s | | · | • | | | | | | |
| | on, directly or indirectly, any vo | | - | | · · | es 🗸 | No | | | |
| | (3) Provide a grant to an individual | | | | □ Ye | s 🗸 | No | | | |
| | (4) Provide a grant to an organization other than a charitable, etc., organization described | | | | | | | | | |
| | , ,, ,, , | section 4945(d)(4)(A)? See instructions | | | | | | | | |
| | 5) Provide for any purpose other than religious, charitable, scientific, literary, or | | | | | | | | | |
| | educational purposes, or for the | | , , | | · · 🗌 Ye | | No | | | |
| Ь | , , , , , , | | = | | • | ı | | | | |
| | Regulations section 53 4945 or in a | | | | _ | | F | 5b | | No |
| | Organizations relying on a current r | | - | | | | | | | |
| С | If the answer is "Yes" to question 5 | | | • | | | | | | |
| | tax because it maintained expenditu | | - | | · · · Ye | es 📙 | No | | | |
| _ | If "Yes," attach the statement requi | | - | | | | | | | |
| 6a | Did the foundation, during the year, | | , , , , , , | | | | | | | |
| | a personal benefit contract? | | | | ⊔ Y€ | es 🗸 | No | | | |
| b | Did the foundation, during the year, | , pay | premiums, directly or ind | irectly, on a personal be | nefit contract? | | F | 6b | | No |
| _ | If "Yes" to 6b, file Form 8870 | | | | | | | | | |
| 7a | At any time during the tax year, wa | | | | T € | es 🗸 | No | . | | |
| | If yes, did the foundation receive ar | | • | | | • | | 7b | | |
| 8 | Is the foundation subject to the sec | | | | | _ | | | | |
| | excess parachute payment during th | | | | | | No L | | | |
| Pai | Information About 6 | Offic | ers, Directors, Trust | ees, Foundation Ma | inagers, Highly P | aid Em | ıploy | ees, | | |
| | and Contractors | | | | | | | | | |
| 1 | List all officers, directors, truste | | | | | . 1 | | | | |
| | (a) Name and address | (| b) Title, and average hours per week | (c) Compensation (If not paid, enter | (d) Contribution employee benefit pla | | (e) E | xpen | se acc | ount, |
| | (a) Name and address | | devoted to position | -0-) | deferred compens | | otl | ner al | lowand | es |
| BENJA | AMIN BIERY | | IDENT | 0 | | 0 | | | | (|
| | PARIS AVE NE | 2 00 | | | | | | | | |
| | SVILLE, OH 44641 | VICE | DDECIDENT | | | | | | | |
| | FER TRUJILLO PARIS AVE NE | 2 00 | PRESIDENT | 0 | | 0 | | | | |
| | SVILLE, OH 44641 | | | | | | | | | |
| UDIT | H BIERY | | ETARY | 0 | | 0 | | | | (|
| | PARIS AVE NE | 2 00 | | | | | | | | |
| | SVILLE, OH 44641 | TDEA | CLIDED | | | | | | | |
| | ELLE BIERY PARIS AVE NE | 2 00 | SURER | 0 | | 0 | | | | |
| | SVILLE, OH 44641 | | | | | | | | | |
| 2 | Compensation of five highest-pa | id en | nployees (other than th | nose included on line 1 | | | ie, en | ter "l | NONE. | 71 |
| | | | (b) Title, and average | | (d) Contribution | | | | | |
| (a) | Name and address of each employee more than \$50,000 | paid | hours per week | (c) Compensation | employee bene plans and defer | | | | se acco | |
| | mere man 450,000 | | devoted to position | | compensation | | 0111 | Ci diii | o mane. | |
| NON | = | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Гota | I number of other employees paid ov | er \$5 | 0,000 | | | > | | | | (|
| | | - | | | | <u> </u> | Form | 990 |)-PF (| 2018 |

| Form 990-PF (2018) | | Page 7 |
|--|---------------------------------------|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, F and Contractors (continued) | Foundation Managers, Highly Pa | nid Employees, |
| 3 Five highest-paid independent contractors for professional service | es (see instructions). If none, enter | "NONE". |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | | - 0 |
| Part IX-A Summary of Direct Charitable Activities | | 0 |
| List the foundation's four largest direct charitable activities during the tax year. Include releving anity and other beneficiaries served, conferences convened, research papers produc | | of Expenses |
| 1 | | |
| | | |
| 2 | | |
| 3 | | |
| | | |
| 4 | | |
| | | |
| Part IX-B Summary of Program-Related Investments (see in | nstructions) | |
| Describe the two largest program-related investments made by the foundation during the | e tax year on lines 1 and 2 | Amount |
| 1 | | |
| | | |
| | | |
| All other program-related investments See instructions | | |
| 3 | | |
| Total. Add lines 1 through 3 | | • 0 |
| | | 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

Amounts set aside for specific charitable projects that satisfy the

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

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

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

3

4

5

2

3a 3h

4

5

355.702

355.169

Form 990-PF (2018)

533

147,504

Form 990-PF (2018)

0

Page 9

| t | XΙ | ŧ | 1 | |
|---|----|---|---|--|
| | | | | |

Par

Form 99

b Total for prior years

a From 2013. **b** From 2014. . . . c From 2015. . . d From 2016. e From 2017.

| 90-PF (2 | 018) | | | |
|----------|----------------------|------|---------------|---|
| XIII | Undistributed Income | (see | instructions) | , |

1 Distributable amount for 2018 from Part XI, line 7

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

a Enter amount for 2017 only.

Excess distributions carryover, if any, to 2018

f Total of lines 3a through e. 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).

5 Excess distributions carryover applied to 2018

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

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

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . . **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:

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

same amount must be shown in column (a))

(a)

Corpus

58.246

58,246

58,246

58.246

0

(b)

Years prior to 2017

(c)

2017

149,952

149,952

DONEE MUST HAVE TAX EXEMPT STATUS AS DETERMINED BY THE IRS

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

NONE

factors



| ter gross amounts unless otherwise indicated | | usiness income | Excluded by section | | (e) Related or exempt function income |
|--|---|------------------------------------|---------------------------------|----------------------|---------------------------------------|
| Program service revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | (See instructions) |
| a | | | | | |
|) | | | | | |
| · | | | | | |
| <u> </u> | | | | | |
| F | | | | | |
| g Fees and contracts from government agencies | | | | | |
| Membership dues and assessments. | | | | | |
| Interest on savings and temporary cash | | | 1.4 | 400 | |
| Dividends and interest from securities | | | 14 14 | 73,864 | |
| Net rental income or (loss) from real estate | | | _ , | | |
| Debt-financed property | | | | | |
| Not debt-financed property | | | | | |
| Net rental income or (loss) from personal property | | | | | |
| Other investment income | | | | | |
| inventory | | | 18 | -341,093 | |
| Net income or (loss) from special events | | | | | |
| Gross profit or (loss) from sales of inventory | | | | | |
| Other revenue a | | | | | |
| b | | | | | |
| c d | | | | | |
| e | | | | | |
| | | | | | |
| Collete te 1 | | 0 | | -266,731 | |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) | | 0 | 1 | -266,731 3 | |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculated) | lations) | | 1 | -266,731 3 | |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcurate and the columns of the columns of the columns. Explain below bow each activities to the columns. | lations) ne Accomplisi ncome is report | hment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | 3ited importantly to | -266,731 |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculated the No. Explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation's explain the foundation's explain the foundation of the foundation's explain the foundation of the foundation's explain the foundation of the found | lations) ne Accomplisi ncome is report | hment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | 3ited importantly to | -266,731 |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculated the No. Explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation's explain the foundation's explain the foundation of the foundation's explain the foundation of the foundation's explain the foundation of the found | lations) ne Accomplisi ncome is report | hment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | 3ited importantly to | -266,731 |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculated the No. Explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation's explain the foundation's explain the foundation of the foundation's explain the foundation of the foundation's explain the foundation of the found | lations) ne Accomplisi ncome is report | hment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | 3ited importantly to | -266,731 |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculate to the columns of the columns (b). Explain below how each activity for which the accomplishment of the foundation's explain to the columns. | lations) ne Accomplisi ncome is report | hment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | 3ited importantly to | -266,731 |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculate to the columns of the columns (b). Explain below how each activity for which the accomplishment of the foundation's explain to the columns. | lations) ne Accomplisi ncome is report | hment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | 3ited importantly to | -266,731 |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculate to the columns of the columns (b). Explain below how each activity for which the accomplishment of the foundation's explain to the columns. | lations) ne Accomplisi ncome is report | hment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | 3ited importantly to | -266,73 |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculated and the second | lations) ne Accomplisi ncome is report | hment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | 3ited importantly to | -266,73 |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculated the No. Explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation's explain the foundation's explain the foundation of the foundation's explain the foundation of the foundation's explain the foundation of the found | lations) ne Accomplisi ncome is report | hment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | 3ited importantly to | -266,73 |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculated and the second | lations) ne Accomplisi ncome is report | hment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | 3ited importantly to | -266,73 |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculated the No. Explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation's explain the foundation's explain the foundation of th | lations) ne Accomplisi ncome is report | hment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | 3ited importantly to | -266,73 |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculated the No. Explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation's explain the foundation's explain the foundation of the foundation's explain the foundation of the foundation's explain the foundation of the found | lations) ne Accomplisi ncome is report | hment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | 3ited importantly to | -266,73 |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculate to the columns of the columns (b). Explain below how each activity for which the accomplishment of the foundation's explain to the columns. | lations) ne Accomplisi ncome is report | hment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | 3ited importantly to | -266,731 |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculated the No. Explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation's explain the foundation's explain the foundation of th | lations) ne Accomplisi ncome is report | hment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | 3ited importantly to | -266,731 |
| Subtotal Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the second section of the section of the second section of the section of the second section of the secti | lations) ne Accomplisi ncome is report | hment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | 3ited importantly to | -266,731 |

| orm 990-Pf | (2018) | | | | | | | Pa | ge 13 |
|---------------------------------------|--|-------------------------------------|--------------------|----------------------|----------------|--|--|----------------|-----------------|
| Part XVI | Information Re Exempt Organi | | sfers To a | nd Transactio | ns and Relat | ionships With Non | charitable | | |
| | organization directly or in er than section 501(c)(3) | dırectly engage ır | | | | | n 501 | Yes | No |
| a Transfer | s from the reporting foun | dation to a nonch | arıtable exe | mpt organization | of | | | | |
| (1) Cas | sh | | | | | | . 1a(1) | | No |
| (2) Oth | ner assets | | | | | | . 1a(2) | | No |
| b Other tra | ansactions | | | | | | | | |
| (1) Sal | es of assets to a nonchar | ıtable exempt org | anızatıon. | | | | . 1b(1) | | No |
| (2) Pur | chases of assets from a r | oncharitable exer | mpt organiz | ation | | | . 1b(2) | | No |
| (3) Rer | ntal of facilities, equipmer | nt, or other assets | 5 | | | | . 1b(3) | | No |
| | mbursement arrangemen | | | | | | . 1b(4) | | No |
| | ns or loan guarantees. | | | | | | . 1b(5) | | No |
| | ormance of services or m | | • | | | | . 1b(6) | | No |
| _ | of facilities, equipment, n swer to any of the above | | | | | | . 1c | | No |
| of the go in any tr (a) Line No | oods, other assets, or ser ansaction or sharing arra (b) Amount involved | vices given by the ngement, show ir | n column (d |) the value of the | goods, other a | vived less than fair mark ssets, or services receive of transfers, transactions, a | ed | ngemen | ts |
| | | | | | | | | _ | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| describe | undation directly or indired in section 501(c) (other complete the following some (a) Name of organization | r than section 501 chedule | L(c)(3)) or II | • | | | | | |
| | (=) Hamb of Organization | | \ | , type or organizati | • | (4) 5 333 (1) | | | |
| | | | 1 | | | | | | |
| | | | 1 | | | | | | |
| | | | 1 | | + | | | | |
| of wh | nder penalties of perjury, my knowledge and belief nich preparer has any kno | , it is true, correc | | | | | | | |
| Sign Here | ***** | | | 2019-10-24 | ***** | k | May the IRS dis return with the prepar | | |
| | Signature of officer or t | rustee | | Date | Title | | below (see instr)? | ∕ Yes I | □ _{No} |
| | Print/Type preparer's | name Pre | parer's Sıgn | ature | Date | Check if self- | TIN | | |
| Paid | DAVID J SCHRADE | | | | | employed ▶ □ | P00015 | 836 | |
| Prepare | Firm's name MAL | ONEY NOVOTNY L | .LC | | | Fi | ırm's EIN ▶34- | -06770 | 06 |

Firm's address ▶ 4774 MUNSON STREET NW SUITE 402

CANTON, OH 447183634

Form **990-PF** (2018)

Phone no (330) 966-9400

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) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation 1,000 SH ENBRIDGE INC 2017-03-15 2018-11-29 1 500 SH EXXON MOBIL CORP 2018-05-07 2018-11-08 500 SH FLUOR CORP 2013-12-30 2018-11-29 1,986 SH MCDERMOTT INTL INC 2014-06-25 2018-11-29 500 SH MERCK & CO INC 2018-05-08 2018-11-29 600 SH VERIZON COMMUNICATIONS INC 2017-02-13 2018-11-29 1,000 SH BANK OF AMERICA CORP 2017-10-17 2018-12-12 1,800 SH GOLDCORP INC 2013-04-16 2019-01-30 1,500 SH TRIUMPH GROUP INC 2014-05-07 2019-01-29 1,000 SH GENERAL ELECTRIC CO 2017-06-23 2019-02-25 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) 33,310 41,000 -7,690 41,499 39.045 2,454 20,781 39,920 -19,13917,397 134,406 -117,009 39,134 28,564 10,570 35,754 6,606 29,148 24,541 26,250 -1,70919,800 56,541 -36,741 25,875 96,206 -70,331 11,500 27,530 -16,030 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 -7,690 2,454 -19,139 -117,009 10,570 6,606 -1,709-36,741 -70,331 -16,030

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) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation 2016-08-12 2019-02-01 1,500 SH HANESBRANDS INC 1 2,000 SH CENTURYLINK INC 2011-07-14 2019-03-22 23,180 SH AMERICAN DEV WORLD GROWTH FD 2018-04-23 2019-03-19 FRAC SH DOW INC 2019-03-22 2019-04-05 971 SH DOMINION ENERGY INC 2017-05-12 2019-04-04 800 SH QUALCOMM INC 2019-03-04 2019-05-31 2,668 SH ARCONIC INC 2015-10-13 2019-06-28 2019-09-04 1,200 SH COCA COLA CO 2016-08-12 2,000 SH TEVA PHARMACEUTICAL INDS 2017-01-11 2019-09-10 1,500 SH HORIZON THERAPEUTICS PUBLIC LTD CO 2019-09-30 2015-11-06 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) 22,500 39.360 -16,860 24,400 74,648 -50,248 241,068 254,901 -13,83339 37 48,627 48,490 137 9,623 52,623 43,000 68,700 72,572 -3,872 66,599 48,459 18,140 16,000 95,515 -79,515 41,294 29,925 11,369 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 -16,860-50,248 -13,833 137 9,623 -3,872 18,140 -79,515 11,369

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, (b) (c) (d) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P—Purchase (mo, day, yr) (mo, day, yr) D-Donation FRAC SH CORTEVA INC 2019-03-22 2019-06-06 166 SH CORTEVA INC 2019-03-22 2019-06-21 FRAC SH DUPONT DE NEMOURS INC 2019-03-22 2019-06-05 4,146 SH PIMCO INCOME 12 FD 2019-02-25 2019-06-06 8,540 SH PIMCO INCOME 12 FD 2019-02-25 2019-08-14 CAPITAL GAINS DIVIDENDS 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) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) (f) 18 19 -1 4,555 4,690 -135 50 54 -4 50,000 49,544 456 101,884 102,288 -404 33,071 33,071 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) **(1)** Losses (from col (h)) (i) as of 12/31/69 (k) over col (1), if any -1 -135 -4 456 -404 33,071

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 ARTS IN STARK NONE PUBLIC COMMUNITY PROGRAMS 5,000

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

900 CLEVELAND AVE NW

| CANTON, OH 44702 | | | | |
|--|------|-------------------|-------------------|-------|
| LOUISVILLE BASEBALL & SOFTBALL ASSOCIATION 1201 NICKEL PLATE S LOUISVILLE, OH 44641 | NONE | PUBLIC CHARITY | YOUTH DEVELOPMENT | 2,000 |

CHARITY

| 1201 NICKEL PLATE S LOUISVILLE, OH 44641 | | | |
|---|------|--|---------|
| LOUISVILLE CITY SCHOOLS 418 EAST MAIN ST LOUISVILLE, OH 44641 | NONE | FIELD OF DREAMS 2 0 H S FOOTBALL TURF REPLACEMENT, ETC | 290,702 |
| | | | |

| LOUISVILLE CITY SCHOOLS 418 EAST MAIN ST LOUISVILLE, OH 44641 | NONE | PUBLIC CHARITY | FIELD OF DREAMS 2 0 H S FOOTBALL TURF REPLACEMENT, ETC | 290,702 |
|---|------|-------------------|--|---------|
| Total | | | ▶ 3a | 355,702 |

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

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

| a Paid during the year | | | | |
|---|------|-------------------|--------------------|--------|
| MALONE UNIVERSITY515 25TH ST NW CANTON, OH 44709 | NONE | PUBLIC CHARITY | EDUCATION | 5,000 |
| UNITED WAY OF GREATER STARK CO | NONE | PUBLIC | COMMUNITY PROGRAMS | 10,000 |

| <u>'</u> | | | | |
|--|------|-------------------|--------------------|--------|
| UNITED WAY OF GREATER STARK CO 401 MARKET AVE SUITE 300 CANTON, OH 44702 | NONE | PUBLIC CHARITY | COMMUNITY PROGRAMS | 10,000 |
| UNIVERSITY OF MOUNT UNION | NONE | PUBLIC | EDUCATION | 5,000 |

| CANTON, OH 44702 | | | | |
|--|------|-------------------|-----------|-------|
| UNIVERSITY OF MOUNT UNION 1972 CLARK AVENUE ALLIANCE, OH 44601 | NONE | PUBLIC CHARITY | EDUCATION | 5,000 |

Total .

355,702

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

recipient

35,000

355,702

| | or substantial contributor | | | |
|---|----------------------------|-------------------|----------------------------|-------|
| a Paid during the year | | | | |
| VILLAGE NETWORKPO BOX 518 SMITHVILLE, OH 44677 | NONE | PUBLIC CHARITY | YOUTH & FAMILY DEVELOPMENT | 3,000 |

| ALSH UNIVERSITY | NONE | PUBLIC | EDUCATION |
|----------------------|------|---------|-----------|
| 20 EASTON ST NW | | CHARITY | |
| ORTH CANTON OH 44720 | | | |

any foundation manager

or substantial contributor

Name and address (home or business)

Total .

| WALSH UNIVERSITY 2020 EASTON ST NW NORTH CANTON.OH 44720 | NONE | PUBLIC CHARITY | EDUCATION | |
|--|------|-------------------|-----------|--|
| Notiti Criticity on 11720 | | | | |

| efile GRAPHIC print - DO NOT P | ROCESS | As Filed D | ata - | D | LN: 93491354003009 |
|--------------------------------|---------|------------|--------------------------|------------------------|---|
| TY 2018 Accounting Fe | ees Sch | edule | | | |
| | | | | | |
| | Name: | BIERY FA | MILY FOUNDATION | N INC | |
| | ETN. | 34-1453 | 162 | | |
| | EIN. | 34-1433 | 102 | 1 | 1 |
| Category | Am | ount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
| ACCOUNTING FEES | | 1,300 | 0 | | 0 |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN: 93491354003009 |
|--------------------------------------|-------------------------------|---------------|---------------------|
| TY 2018 Investments Corpora | te Bonds Sche | dule | |
| Nome | DIEDV FAMILY FO | LINDATION INC | |
| | BIERY FAMILY FO 34-1453162 | UNDATION INC | |
| Investments Corporate Bonds Schedule | | | - |

| Investments Corporate Bonds Schedule | | |
|--------------------------------------|---------------------------|----------------------------------|
| Name of Bond | End of Year Book Value | End of Year Fair Market Value |
| CORPORATE BONDS | 370 | 370 |

| erile GRAPHIC Print - DO NOT PROCESS | AS Filed Data - | DLN: 93491354003009 |
|--------------------------------------|-----------------------------|---------------------|
| TY 2018 Investments Corpora | nte Stock Schedule | |
| Name: | BIERY FAMILY FOUNDATION INC | |
| EIN: | 34-1453162 | |

End of Year Book

Value

1,181,725

DIN. 03/013E/003000

End of Year Fair

Market Value

1,207,491

ofile CRADHIC print - DO NOT PROCESS | As Filed Data -

Name of Stock

Investments Corporation Stock Schedule

CORPORATE STOCK

| ILE GRAPHIC print - DO NOT PROCESS | As Filed Data - | DI | N: 93491354003009 |
|------------------------------------|-------------------------|------------|-------------------|
| Y 2018 Investments - Other | Schedule | | |
| Name: | BIERY FAMILY FOUNDATION | INC | |
| EIN: | 34-1453162 | | |
| vestments Other Schedule 2 | | | |
| Category/ Item | Listed at Cost or | Book Value | End of Year Fair |

FMV

MUTUAL FUNDS

FMV

DIN. 004040E4000000

Market Value

1,639,835

1,523,290

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data | - | DLI | N: 93491354003009 |
|--------------------------------------|---------------|-----------------|--------------|----------------------------|
| TY 2018 Legal Fees Schedule | | | | |
| | | | | |
| Name | e: BIERY FAMI | LY FOUNDATION I | NC | |
| EIN: 34-1453162 | | | | |
| Category | Amount | Net Investment | Adjusted Net | Disbursements |
| | | Income | Income | for Charitable Purposes |
| LEGAL FEES | 65 | 0 | | 0 |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN | : 93491354003009 | |
|--------------------------------------|--------------------------------------|--------------------------|------------------------|---|--|
| TY 2018 Other Expenses Schedule | | | | | |
| | | | | | |
| Name: | BIERY FAMILY F | OUNDATION INC | | | |
| EIN: | 34-1453162 | | | | |
| Other Expenses Schedule | | | | | |
| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | |
| STATE OF OHIO - ANNUAL FEE | 200 | 0 | | 0 | |

| Description | | | Amount | |
|--------------------------------------|-----------------|----------------|---------------------|--|
| EIN: 34-1453162 | | | | |
| Name: | BIERY FAMILY | FOUNDATION INC | | |
| TY 2018 Other Increases Schedule | | | | |
| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN: 93491354003009 | |

COST/BASIS ADJUSTMENT OF INVESTMENTS

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data | - | DL | N: 93491354003009 | |
|--|---------------|----------------|------------------------|---------------------------------|--|
| TY 2018 Other Professional Fees Schedule | | | | | |
| | | | | | |
| Name: BIERY FAMILY FOUNDATION INC | | | | | |
| EIN: 34-1453162 | | | | | |
| | | | | | |
| Category | Amount | Net Investment | Adjusted Net Income | Disbursements for Charitable | |

THEOHIG Tucome Purposes

20,322

20,322

INVESTMENT ADVISORY FEES

| efile GRAPHIC print - DO NOT PROCESS | s Filed Data | - | DL | N: 93491354003009 | | |
|--|-----------------------------------|--------------------------|------------------------|---|--|--|
| TY 2018 Taxes Schedule | TY 2018 Taxes Schedule | | | | | |
| | | | | | | |
| Name: E | Name: BIERY FAMILY FOUNDATION INC | | | | | |
| EIN: 3 | EIN: 34-1453162 | | | | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | |
| FOREIGN INCOME TAXES | 731 | 731 | | 0 | | |
| EXCISE TAX ON NET INVESTMENT INCOME (BAL FY 9/30/18) | 41 | 0 | | 0 | | |
| EXCISE TAX ON NET INVESTMENT INCOME (EST FY 9/30/19) | 1,600 | 0 | | 0 | | |

| efile GRAPHIC print - DC | NOT PROCESS As Filed Data - | | | DLN: 93491354003009 |
|--|--|---|---|---|
| Schedule B | Schedu | le of Contributors | | OMB No 1545-0047 |
| (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service | | Form 990, 990-EZ, or 990-PF <u>//Form990</u> for the latest inform | nation | 2018 |
| Name of the organization | | | Employer id | dentification number |
| Organization type (chec | one) | | 34-1453162 | |
| Organization type (check | , one, | | | |
| Filers of: | Section: | | | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | | | |
| | 4947(a)(1) nonexempt charit | able trust not treated as a p | rivate foundation | |
| | ☐ 527 political organization | | | |
| Form 990-PF | ✓ 501(c)(3) exempt private fou | ndation | | |
| | 4947(a)(1) nonexempt charit | able trust treated as a privat | e foundation | |
| | 501(c)(3) taxable private four | ndation | | |
| | on filing Form 990, 990-EZ, or 990-Pf roperty) from any one contributor Co | | | |
| Special Rules | | | | |
| under sections 50 received from any | n described in section 501(c)(3) filing $\theta(a)(1)$ and 170(b)(1)(A)(vi), that chec one contributor, during the year, total 1h, or (ii) Form 990-EZ, line 1 Compl | ked Schedule A (Form 990 o contributions of the greater | or 990-EZ), Part II, line 13, | , 16a, or 16b, and that |
| during the year, to | n described in section 501(c)(7), (8), of tal contributions of more than \$1,000 of the prevention of cruelty to children or a | exclusively for religious, cha | ritable, scientific, literary, o | |
| during the year, co If this box is check purpose Don't coi | n described in section 501(c)(7), (8), on the described in section 501(c)(7), (8), on the detail of the described in the desc | haritable, etc., purposes, but that were received during the neral Rule applies to this org | t no such contributions tota e year for an <i>exclusively</i> re ganization because it rece | aled more than \$1,000 eligious, charitable, etc , ived <i>nonexclusively</i> |
| 990-EZ, or 990-PF), but it | that isn't covered by the General Rule must answer "No" on Part IV, line 2, m 990PF, Part I, line 2, to certify that | of its Form 990, or check the | e box on line H of its | |
| For Paperwork Reduction Ac for Form 990, 990-EZ, or 990- | | Cat No 30613X | Schedule B (Form 990 | 0, 990-EZ, or 990-PF) (2018) |

| Contributors (see methodors) Use deplicate copies of Pant if additional Space in needed Complete Part II for noncash | Name of organization BIERY FAMILY FOUNDATION INC Employer identification number 34-1453162 | | | number |
|--|---|---|----------------------------|-------------------------------|
| No. Name, address, and ZIP + 4 MILLER & CO PORTABLE TOILET SERVICE INC 2400 SHEPLER CHURCH AVE SW 250,000 Noncash Complete Part II for noncash contributions Complete Part II for noncash Complete Part II for noncash Complete Part | Part I | Contributors (See instructions) Use duplicate copies of Part I if a | dditional space is needed | |
| 1 | | | (c) Total contributions | (d) Type of contribution |
| 2400 SHEPLER CHURCH AVE SW S.25,000 Noncash Conglete Part II for noncash contributions Conglete Part | | MILLER & CO PORTABLE TOILET SERVICE INC | | Person 🗸 |
| (a) No. Name, address, and ZIP + 4 LOUISVILLE HIGH SCHOOL 1201 NICKEL PLATE S LOUISVILLE, OH 44641 (a) No. Name, address, and ZIP + 4 LOUISVILLE, OH 44641 (b) No. Name, address, and ZIP + 4 LOUISVILLE, OH 44641 (c) Total contributions Person Payroll Person Payroll Person Payroll Person Payroll Person Payroll Payroll OUISVILLE, OH 44641 (c) Total contributions (c) Type of contributions Type of contributions (c) Type of contributions (c) Type of contributions Type of contributions (c) Typ | 1 | 2400 SHEPLER CHURCH AVE SW | \$ 25,000 | |
| (a) Name, address, and ZIP + 4 Total contributions Type of contribution Type of contributions Type of contribution Type of contributions Type of c | | CANTON, OH 44706 | | |
| 1201 NICKEL PLATE S | | | | (d) |
| 1201 NICKEL PLATE S | 2 | LOUISVILLE HIGH SCHOOL | | Person 🗸 |
| Complete Part II for noncash contributions Person Payroll Payroll Complete Part II for noncash contributions Person Payroll Payroll Payroll Payroll Payroll Payroll Payroll Payro | <u>2</u> | 1201 NICKEL PLATE S | \$ 10,000 | |
| (a) No. Name, address, and ZIP + 4 LOUISVILLE TOUCHDOWN CLUB PO BOX 142 LOUISVILLE, OH 44641 (a) No. Name, address, and ZIP + 4 (b) No. Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution (c) Total contributions (d) Type of contribution Person Payroll Part II for noncash contributions (c) Total contributions (d) No. Name, address, and ZIP + 4 (d) Total contributions (c) Type of contribution (c) Type of contribution (c) Type of contributions (d) No. Name, address, and ZIP + 4 (c) Total contributions (d) Type of contributions (c) Type of contribution Person Payroll Part II for noncash contributions (d) Type of contribution Person Payroll Noncash (d) Type of contribution | | LOUISVILLE, OH 44641 | | (Complete Part II for noncash |
| Po Box 142 Counting the part of the contributions Payroll | | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) |
| PO BOX 142 | | LOUISVILLE TOUCHDOWN CLUB | | Person 🗸 |
| LOUISVILLE, OH 44641 (Complete Part II for noncash contributions) (a) No. Name, address, and ZIP + 4 (b) No. Name, address, and ZIP + 4 (c) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) No. Name, address, and ZIP + 4 (b) No. Name, address, and ZIP + 4 (c) Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) No. Name, address, and ZIP + 4 (c) Total contributions (c) Type of contribution Type of contribution (c) Type of contribution Type of contributions (Complete Part II for noncash contributions) (a) No. Name, address, and ZIP + 4 (c) Total contributions (c) Type of contribution Person Payroll Payroll Noncash (Complete Part II for noncash contributions) | <u>3</u> | PO BOX 142 | | Payroll |
| (a) No. Name, address, and ZIP + 4 (b) No. Name, address, and ZIP + 4 (c) Total contributions Person Payroll Noncash (Complete Part II for noncash contributions) Person Payroll Noncash (Complete Part II for noncash contributions) | | | \$ 25,000 | Noncash |
| No. Name, address, and ZIP + 4 Person Payroll Noncash Complete Part II for noncash contributions Person Payroll Noncash Person Payroll Noncash Person Payroll Person Person Person Person Person Payroll Person Payroll Noncash Person Payroll Noncash Person Payroll Noncash Person Payroll Noncash Person Payroll Payroll Noncash Person Payroll | | LOUISVILLE, OH 44641 | | |
| Payroll Noncash Complete Part II for noncash contributions Noncash Complete Part II for noncash contributions Noncash Nonc | | , , | (c) Total contributions | |
| S Noncash (Complete Part II for noncash contributions) (a) No. Name, address, and ZIP + 4 | | | | Person |
| (Complete Part II for noncash contributions) (a) (b) (c) (d) Total contributions Person Payroll Noncash (Complete Part II for noncash contributions) (Complete Part II for noncash contributions) (Complete Part II for noncash contributions) (A) No. Name, address, and ZIP + 4 Total contributions Person Payroll Payroll Payroll Person Payroll Noncash (Complete Part II for noncash contributions) (Complete Part II for noncash contributions) | - | | | Payroll |
| (a) No. Name, address, and ZIP + 4 Contributions Contributions Type of contribution | | | | Noncash |
| No. Name, address, and ZIP + 4 Total contributions Person Payroll Noncash (Complete Part II for noncash contributions) (a) No. Name, address, and ZIP + 4 Total contributions (b) Name, address, and ZIP + 4 Total contributions Person Payroll Person Payroll Noncash (Complete Part II for noncash contributions) (Complete Part II for noncash contributions) | | | | |
| Payroll Noncash (Complete Part II for noncash contributions) No. Name, address, and ZIP + 4 Noncash Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) Noncash | | | (c) Total contributions | Type of contribution |
| S Noncash (Complete Part II for noncash contributions) (a) | | | | |
| (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions) | - | | | , |
| (a) (b) (c) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) | | | | Noncash |
| No. Name, address, and ZIP + 4 Total contributions Person Payroll Noncash (Complete Part II for noncash contributions) | | | | contributions) |
| Payroll Noncash (Complete Part II for noncash contributions) | | | (c) Total contributions | Type of contribution |
| Noncash (Complete Part II for noncash contributions) | | | | |
| (Complete Part II for noncash contributions) | • | | | |
| contributions) | | | \$ | Noncash |
| | | | | contributions) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)