Form **990-PF**

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.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990PFfor instructions and the latest information.

Open to Public Inspection

		lendar year 2019 or tax year beginning		, 2019, an	d ending		, 20
N	lame c	of foundation		·—		A Employer identif	ication number
_		<u>LL_CHAR</u> LES AND ISABEL FDN 242				31-	1745217
N	lumbe	r and street (or P O. box number if mail is not delivered to	street address)	Roc	om/suite	B Telephone numb	er (see instructions)
	040	AC MAGIC EDEE CE					
7		88 MAGIC TREE CT sown, state or province, country, and ZIP or foreign posta	Londe	<u></u>		88	0-999-9658
·	.,, 0, .	is will, state or province, country, and all or loreign posts				C If exemption applica	tion is
	SDE	RINGFIELD, VA 22153-3811				pending, check here	
-	_	eck all that apply. Initial return	Initial return	of a former publi	c charity		
		Final return	Amended ret	•	Outanty	D 1 Foreign organizat 2 Foreign organizat	
		Address change	Name chang			85% test, check h	
H	Che	eck type of organization: X Section 501(N.	·	
		Section 4947(a)(1) nonexempt charitable trust	Other taxable pri	ivate foundation	UH		status was terminated
ī	Fair	market value of all assets at JAccou	inting method: X Ca	ash Accrual			n a 60-month termination
			her (specify))(1)(B), check here . >
_			olumn (d), must be on ca	ash basis.)			
	Part	Analysis of Revenue and Expenses (The	(a) Revenue and	(b) Net investme	ent l	c) Adjusted net	(d) Disbursements for charitable
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in	expenses per books	income	e.ir. (c) Adjusted net income	purposes
1 -	_	column (a) (see instructions).)		· · · · · · · · · · · · · · · · · · ·			(cash basis only)
2/	1	Contributions, gifts, grants, etc., received (attach schedule). Check X if the foundation is not required to attach Sch. B.	937.				
ひ	2						
• ,	3	Interest on savings and temporary cash investments-	22 (22			·	CMM 1
O	4	Dividends and interest from securities	23,632.	23,6	034.		STMT 1
2020	Ι.	Gross rents					
	1	Net rental income or (loss)	8,871.			PEC	FIVED
, and	b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line fa 815,685	0,071.				
SEP 1 4	7	Capital gain net income (from Part IV, line 2)		8.8	371.	4-	8
SEP.	8	Net short-term capital gain		<u>.</u>		₹ <mark>8 MAY</mark>	1 5 2020
	9	Income modifications				~~~	P
凹	10a					OGD	FN'TIT
SCANNED	Ь	Less Cost of goods sold				-	
X	c	Gross profit or (loss) (attach schedule)		<u>.</u>		· · · · · · · · · · · · · · · · · · ·	
ည္တ	11	Other income (attach schedule)				· · · · · · · · · · · · · · · · · · ·	
-	12	Total. Add lines 1 through 11	33,440.	32,5	503.		
38	13	Compensation of officers, directors, trustees, etc			10)17	77071	
	14	Other employee salaries and wages			NONE	NONE	
8 5	15	Pension plans, employee benefits			NONE	NONE	
3	16a	Legal fees (attach schedule)	2,600.		NONE	NONE	2,600
Z o	b	Accounting fees (attach schedule) STMT. 2. Other professional fees (attach schedule) 3.	9,515.		136.	NONE	2,800
8 6 1111 Upoveoby Administrative Expense	17	Interest		/ / -			2,377
str	18	Taxes (attach schedule) (see instructions). 4	1,060.				
inis	19	Depreciation (attach schedule) and depletion.					
~ P	20	Occupancy					
∞ ¥	21	Travel, conferences, and meetings		1	NONE	NONE	
and	21 22 23 24	Printing and publications		1	NONE	NONE	
a bu	23	Other expenses (attach schedule) STMT. 5.	200.				200
ati	24	Total operating and administrative expenses.		_			
Jer]	Add lines 13 through 23	13,375.		136.	NONE	
ō		Contributions, gifts, grants paid	170,580.		-	37037	170,580
	26	Total expenses and disbursements Add lines 24 and 25	183,955.		136.	NONE	175,759
	27	Subtract line 26 from line 12	_150 515				
	l	Excess of revenue over expenses and disbursements	-150,515.	25,3	367		
	1	Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-).		20,3	, , , ,		
ICA E		perwork Reduction Act Notice, see instructions.				19	Form 990-PF (2019)

Form 9	990-PF (2019)		31	1745217	Page
Part	Balance Sheet	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	
	<u></u>	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-be	earing		· · · · · · · · · · · · · · · · · · ·	
. 2		ry cash investments			
3	Accounts receivable				
l		oubtful accounts			
4	Pledges receivable				
	Less. allowance for d	oubtful accounts >			
5					
6	Receivables due fro	m officers, directors, trustees, and other			
	disqualified persons (attach schedule) (see instructions) L			
7		s receivable (attach schedule)			
	Less allowance for de	oubtful accounts ► NONE			
\$ \$		use			
Assets	Prepaid expenses and	i deferred charges			
₹ 10:		ate government obligations (attach schedule)			
	b Investments - corpora	ite stock (attach schedule)			
		te bonds (attach schedule)			
11					
1	Less accumulated depre (attach schedule)	eciation >			
12	· · · · · · · · · · · · · · · · · · ·	ge loans			
13	Investments - other (a	ittach schedule) STMT .6	1,096,091.	944,862.	989,95
14	Land, buildings, and				
	Less accumulated depre	eciation			
15	Other assets (describe)			·
16		pe completed by all filers - see the			
	·	page 1, item I)	1.096.091.	944,862	989,955
17		d accrued expenses	·		
18	• •				
	• •				
<u>≓</u> 20	·	ctors, trustees, and other disqualified persons.			
Liabilities 12 02 13		notes payable (attach schedule)			
22 اثــُـّـ	Other liabilities (descr	ıbe ▶) [
	,				
23	Total liabilities (add I	nes 17 through 22)		NONE	
S	Foundations that foll	ow FASB ASC 958, check here			
Ses	and complete lines 2	4, 25, 29, and 30.			
E 24	Net assets without do	nor restrictions			
e 25	Net assets with donor	restrictions			
פַ	Foundations that do no	t follow FASB ASC 958, check here			
ᇍ	and complete lines 26 t				
or Fund Balanc	Capital stock, trust or	incipal, or current funds	1,096,091.	944,862.	
<u>\$</u> 27	Paid-in or capital surplus	or land, bidg , and equipment fund			
28	Retained earnings, accur	nulated income, endowment, or other funds			
& 29	Total net assets or fu	ind balances (see instructions)	1,096,091.	944,862.	
30 30	Total liabilities ar	nd net assets/fund balances (see			
z _	instructions)		1,096,091.	944,862.	
Part	■ Analysis of Ch	anges in Net Assets or Fund Balan	ces		
		balances at beginning of year - Part II		nust agree with	
		ted on prior year's return)		_	1,096,091
		I, line 27a		,	-150,515
		uded in line 2 (itemize) ► ROUNDING ADJUS		3	1.
4 Ac	dd lines 1, 2, and 3.			4	945,577
5 De	ecreases not included	in line 2 (itemize) ► DEPOSIT TO ACCOUNT	MADE IN ERROR	5	715
6 To	otal net assets or fund	balances at end of year (line 4 minus lin	ne 5) - Part II, column (b), line 29 6	944,862.

944,862. Form 990-PF (2019)

D . IV Comid	al Caim	and Lances Confirmed				. ago .
		and Losses for Tax on Inve				
(a)		scribe the kind(s) of property sold (for e		(b) How acquired	(c) Date acquired	(d) Date sold
-		rick warehouse; or common stock, 200	shs MLC Co.)	P - Purchase D - Donation	(mo., day, yr)	(mo , day, yr.)
1 a PUBLICLY	<u> </u>	SECURITIES		<u> </u>		
<u> </u>			······			·
C			·	ļ		
d				<u> </u>		
e				<u> </u>		···
(e) Gross sales p	orice	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) mini	
_a 815	,685.	· - · · · · · · · · · · · · · · · · · ·	806,814.			8,871.
b						
d				<u>.</u>		
e						
Complete only for	or assets sh	owing gain in column (h) and owned b	y the foundation on 12/31/69.	(1)	Gains (Col. (h) ga	in minus
(i) FMV as of 12/:	31/69	(j) Adjusted basis	(k) Excess of col. (i)		(k), but not less t	han -0-) or
		as of 12/31/69	over col. (j), if any		Losses (from co	i. (n))
a						8,871.
b					·	
<u> </u>						
d					·-··	
e				ļ <u>,</u>		
2 Capital gain ne	et income	Or (net canital loss)	ain, also enter in Part I, line 7 poss), enter -0- in Part I, line 7	2		8,871.
3 Net short-term	capital ga	ain or (loss) as defined in sections	1222(5) and (6):			
If gain, also e	enter in P	art I, line 8, column (c). See ins	tructions. If (loss), enter -0- in $igr l$			
Part I, line 8 .		<u> </u>	<u></u>	3		
Part V Qualif	ication U	nder Section 4940(e) for Red	uced Tax on Net Investment I	ncome		
Was the foundation	liable for	leave this part blank. the section 4942 tax on the distrib t qualify under section 4940(e). Do	utable amount of any year in the b	ase perio	d2	Yes X No
				20 001/001	rios	
(a)	opriate an		r; see the instructions before making	ng any eni	(d)	
Base period yea Calendar year (or tax year b		(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution rat (col (b) divided by	col (c))
2018		348,954.	1,225,761.	ļ		0.284684
2017		127,773.	1,338,764.			0.095441
2016		53,893.	837,334.			0.064363
2015		1,268.	90,850.			0.013957
2014		1,263.	88,859.	ļ		0.014214
		d)		2		0.472659
*		o for the 5-year base period - divid	•]		
the number of	years the	foundation has been in existence i	fless than 5 years	3		0.094532
				ŀ		
4 Enter the net v	alue of no	ncharitable-use assets for 2019 from	om Part X, line 5	4		<u>999,957.</u>
5 Multiply line 4	by line 3.			5		94,528.
6 Enter 1% of ne	t investme	ent income (1% of Part I, line 27b) .		6		254.
7 Add lines 5 and	d 6			7		94,782.
If line 8 is equ	al to or g	ions from Part XII, line $4\ldots\ldots$ reater than line 7, check the box	ın Part VI, line 1b, and complete	8 that part		175,759. rate. See the
Part VI instruct	ions.					

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Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ction	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1		·	
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		2	54.
	here X and enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of			
	Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		N	ONE
3	Add lines 1 and 2		2	54.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		N	ONE
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		2	<u>54.</u>
6	Credits/Payments.			
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 1, 372 .			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868)6c NONE			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		1,3	<u>72.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		1,1	<u> 18.</u>
	Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ 256. Refunded ▶ 11		8	<u>62.</u>
Part	VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		<u> </u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		<u>X</u>
	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		<u>X</u>
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	1		
	(1) On the foundation. ► \$(2) On foundation managers ► \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	1 1		
	on foundation managers. \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u>X</u>
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles		ľ	
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		<u>X</u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or		1	
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	_X	
	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	ОН			
	f 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 G? If "No," attach explanation	8b	Х	
	s the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes,"			٠.
	1 : 5 : 500		- 1	Х
	complete Part XIV	9		
0	Complete Part XIV	10		X

Par	rt 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			<u> </u>
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11) >
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	<u> </u>		-
	person had advisory privileges? If "Yes," attach statement. See instructions	12)
13		13	Х	
	Website address ►N/A	13	Λ	L
14	The books are in care of ▶ SEE STATEMENT 7 Telephone no. ▶			
• •	Located at ZIP+4			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			ТТ
.5	†			LJ
16	and enter the amount of tax-exempt interest received or accrued during the year		Yes	No
10	·		163	X
	over a bank, securities, or other financial account in a foreign country?	16	<u> </u>	├
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶			İ
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
بنغيب	······································		Yes	NIa
1-	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		162	No
ıa	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			:
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	Ι.		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?X Yes No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available 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			
	termination of government service, if terminating within 90 days.}			
ь	olf 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	1b		<u> X</u>
	Organizations relying on a current notice regarding disaster assistance, check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		i	
	were not corrected before the first day of the tax year beginning in 2019?	1c		X
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)):			
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2019?		Ì	
	If "Yes," list the years			
Ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		ŀ	
	(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 statement - see instructions)	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	·		İ	
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?	ľ		
ь	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or		ŀ	
	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 Form 4720, Schedule C, to determine if the			
	foundation had excess business holdings in 2019.)	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>X</u>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		X
	Fo	m 99	0-PF	(2019)

ranu	VII-B Statemen	nts Regarding Activities f	or Which Form 4	1720 May Be Req	uired (continued)			
5a	During the year, did the	foundation pay or incur any amo	ount to	<u>-</u> -			Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes X No							
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on,							
	directly or indirectly, any voter registration drive?							
	(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No							
	(4) Provide a grant to an organization other than a charitable, etc., organization described in							
	section 4945(d)(4)(A)? See instructions Yes X No							
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational							
	purposes, or for the prevention of cruelty to children or animals? Yes X No							
b	b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in							
	·	4945 or in a current notice regar			•	. 5b	İ	
	Organizations relying or	a current notice regarding disas	ter assistance, check	here				-
С	, ,	' to question 5a(4), does the				_		
		xpenditure responsibility for the		•		,	1	
		ment required by Regulations se	_				İ	
6a		iring the year, receive any fur		ectly, to pay premiui	ms			
		ntract?			Yes X No	,		
b		ng the year, pay premiums, direc			act?	. 6ь		X
	If "Yes" to 6b, file Form	8870.						
7a	At any time during the t	ax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?	. Yes X No	,		
b	If "Yes," did the foundati	on receive any proceeds or have	any net income attrib	outable to the transacti	ion?	. 7b		
8	is the foundation subject	t to the section 4960 tax on pay	ment(s) of more than	\$1,000,000 in				
		parachute payment(s) during the						
Part	VIII Information and Contra	n About Officers, Directo	rs, Trustees, Fou	ndation Manager	s, Highly Paid Emp	oloyees,		
1 1		ors, trustees, and foundation	n managers and th	neir compensation.	See instructions.			
		and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expens		
			devoted to position	enter -0-)	and deferred compensation	other allo	owance	s
			1					
301 Ea	y A Rodgers		Co-Trustee	_				_
_	st Fourth St, Cincin	nati, OH 45202	1	-0-	-0-			-0-
	st Fourth St, Cincinr Beach		1 Secretary		-0-		 _	-0-
ро вох	st Fourth St, Cincinr Beach (2, Barlow, OH 45712		1 Secretary 1	-0-				<u>-0-</u>
PO BOX J Maru	st Fourth St, Cincing Beach 22, Barlow, OH 45712 Berite Erickson		Secretary 1 Co-Trustee	-0-	-0-			<u>-0-</u>
PO BOX J Maru 515 Me	st Fourth St, Cincing Beach 22, Barlow, OH 45712 Berite Erickson Badow Oaks Dr, Drippin		1 Secretary 1 Co-Trustee		-0-			-0- -0-
PO BOX J Maru 515 Me Christ	st Fourth St, Cincing Beach 22, Barlow, OH 45712 Berite Erickson Badow Oaks Dr, Drippin Line B Siegfried	ng Springs, TX 78820	1 Secretary 1 Co-Trustee 1 Co-Trustee	-0-	-0- -0-			
PO BOX J Maru 515 Me Christ 8488 M	st Fourth St, Cincing Beach 2, Barlow, OH 45712 Herite Erickson Badow Oaks Dr, Drippir Line B Siegfried Hagic Tree Court, Spri	ng Springs, TX 78820	1 Secretary 1 Co-Trustee 1 Co-Trustee 1	-0- -0-	-0- -0- -0-	ans) If no		<u>-0-</u>
PO BOX J Maru 515 Me Christ 8488 M	st Fourth St, Cincing Beach 2, Barlow, OH 45712 Herite Erickson Badow Oaks Dr, Drippir Line B Siegfried Hagic Tree Court, Spri	ng Springs, TX 78820	1 Secretary 1 Co-Trustee 1 Co-Trustee 1	-0- -0-	-0- -0- -0-	ons). If no		<u>-0-</u>
PO BOX J Maru 515 Me Christ 8488 M	st Fourth St, Cincing Beach 2, Barlow, OH 45712 Berite Erickson Badow Oaks Dr, Drippin Ine B Siegfried Bagic Tree Court, Spri Compensation of five	ng Springs, TX 78820 ngfield, VA 22153 e highest-paid employees	l Secretary 1 Co-Trustee 1 Co-Trustee 1 (other than thos	-0- -0- e included on line	-000- e 1 - see instructio	 	ne, e	-0- enter
PO BOX J Maru 515 Me Christ 8488 M	st Fourth St, Cincing Beach 2, Barlow, OH 45712 Berite Erickson Badow Oaks Dr, Drippin Ine B Siegfried Bagic Tree Court, Spri Compensation of five	ng Springs, TX 78820	1 Secretary 1 Co-Trustee 1 Co-Trustee 1 (other than thos	-0- -0-	-001 - see instructio (d) Contributions to employee benefit plans and deferred	ons). If no (e) Expens other allo	one, e	-0- enter
PO BOX J Maru 515 Me Christ 8488 M	st Fourth St, Cincing Beach 2, Barlow, OH 45712 Berite Erickson Badow Oaks Dr, Drippin Ine B Siegfried Bagic Tree Court, Spri Compensation of five	ng Springs, TX 78820 ngfield, VA 22153 e highest-paid employees	l Secretary 1 Co-Trustee 1 Co-Trustee 1 (other than thos	-0- -0- e included on line	-000- 1 - see instructio	(e) Expens	one, e	-0- enter
PO BOX J Maru 515 Me Christ 8488 M 2 (a)	st Fourth St, Cincing Beach 2, Barlow, OH 45712 Berite Erickson Badow Oaks Dr, Drippin Ine B Siegfried Bagic Tree Court, Spri Compensation of five NONE."	ng Springs, TX 78820 ngfield, VA 22153 e highest-paid employees	l Secretary 1 Co-Trustee 1 Co-Trustee 1 (other than thos	-0- -0- e included on line (c) Compensation	-001 - see instruction (d) Contributionsto employee benefit plans and deferred compensation	(e) Expens other allo	e accou	-0- enter
PO BOX J Maru 515 Me Christ 8488 M 2 (a)	st Fourth St, Cincing Beach 2, Barlow, OH 45712 Berite Erickson Badow Oaks Dr, Drippin Ine B Siegfried Bagic Tree Court, Spri Compensation of five NONE."	ng Springs, TX 78820 ngfield, VA 22153 e highest-paid employees	l Secretary 1 Co-Trustee 1 Co-Trustee 1 (other than thos	-0- -0- e included on line	-001 - see instructio (d) Contributions to employee benefit plans and deferred	(e) Expens other allo	one, e	-0- enter
PO BOX J Maru 515 Me Christ 8488 M 2 (a)	st Fourth St, Cincing Beach 2, Barlow, OH 45712 Berite Erickson Badow Oaks Dr, Drippin Ine B Siegfried Bagic Tree Court, Spri Compensation of five NONE."	ng Springs, TX 78820 ngfield, VA 22153 e highest-paid employees	l Secretary 1 Co-Trustee 1 Co-Trustee 1 (other than thos	-0- -0- e included on line (c) Compensation	-001 - see instruction (d) Contributionsto employee benefit plans and deferred compensation	(e) Expens other allo	e accou	-0- enter
PO BOX J Maru 515 Me Christ 8488 M 2 (a)	st Fourth St, Cincing Beach 2, Barlow, OH 45712 Berite Erickson Badow Oaks Dr, Drippin Ine B Siegfried Bagic Tree Court, Spri Compensation of five NONE."	ng Springs, TX 78820 ngfield, VA 22153 e highest-paid employees	l Secretary 1 Co-Trustee 1 Co-Trustee 1 (other than thos	-0- -0- e included on line (c) Compensation	-001 - see instruction (d) Contributionsto employee benefit plans and deferred compensation	(e) Expens other allo	e accou	-0- enter
PO BOX J Maru 515 Me Christ 8488 M	st Fourth St, Cincing Beach 2, Barlow, OH 45712 Berite Erickson Badow Oaks Dr, Drippin Ine B Siegfried Bagic Tree Court, Spri Compensation of five NONE."	ng Springs, TX 78820 ngfield, VA 22153 e highest-paid employees	l Secretary 1 Co-Trustee 1 Co-Trustee 1 (other than thos	-0- -0- e included on line (c) Compensation	-001 - see instruction (d) Contributionsto employee benefit plans and deferred compensation	(e) Expens other allo	e accou	-0- enter
PO BOX J Maru 515 Me Christ 8488 M 2 (a)	st Fourth St, Cincing Beach 2, Barlow, OH 45712 Berite Erickson Badow Oaks Dr, Drippin Ine B Siegfried Bagic Tree Court, Spri Compensation of five NONE."	ng Springs, TX 78820 ngfield, VA 22153 e highest-paid employees	l Secretary 1 Co-Trustee 1 Co-Trustee 1 (other than thos	-0- -0- e included on line (c) Compensation	-001 - see instruction (d) Contributionsto employee benefit plans and deferred compensation	(e) Expens other allo	e accou	-0- enter
PO BOX J Maru 515 Me Christ 8488 M 2 (a)	st Fourth St, Cincing Beach 2, Barlow, OH 45712 Berite Erickson Badow Oaks Dr, Drippin Ine B Siegfried Bagic Tree Court, Spri Compensation of five NONE."	ng Springs, TX 78820 ngfield, VA 22153 e highest-paid employees	l Secretary 1 Co-Trustee 1 Co-Trustee 1 (other than thos	-0- -0- e included on line (c) Compensation	-001 - see instruction (d) Contributionsto employee benefit plans and deferred compensation	(e) Expens other allo	e accou	-0- enter
PO BOX J Maru 515 Me Christ 8488 M 2 (a)	st Fourth St, Cincing Beach 2, Barlow, OH 45712 Berite Erickson Badow Oaks Dr, Drippin Ine B Siegfried Bagic Tree Court, Spri Compensation of five NONE."	ng Springs, TX 78820 ngfield, VA 22153 e highest-paid employees	l Secretary 1 Co-Trustee 1 Co-Trustee 1 (other than thos	-0- -0- e included on line (c) Compensation	-001 - see instruction (d) Contributionsto employee benefit plans and deferred compensation	(e) Expens other allo	e accou	-0- enter
PO BOX J Maru 515 Me Christ 8488 M 2 (a)	st Fourth St, Cincing Beach 2, Barlow, OH 45712 Berite Erickson Badow Oaks Dr, Drippin Ine B Siegfried Bagic Tree Court, Spri Compensation of five NONE."	ng Springs, TX 78820 ngfield, VA 22153 e highest-paid employees	l Secretary 1 Co-Trustee 1 Co-Trustee 1 (other than thos	-0- -0- e included on line (c) Compensation	-001 - see instruction (d) Contributionsto employee benefit plans and deferred compensation	(e) Expens other allo	e accou	-0- enter
PO BOX J Maru 515 Me Christ 8488 M 2 (a) N	st Fourth St, Cincing Beach 2, Barlow, OH 45712 Herite Erickson Badow Oaks Dr, Drippin Line B Siegfried Bagic Tree Court, Spri Compensation of fivenome." Name and address of each en	ng Springs, TX 78820 ngfield, VA 22153 e highest-paid employees	l Secretary 1 Co-Trustee 1 Co-Trustee 1 (other than thos	-00- e included on line (c) Compensation NONE	-001 - see instruction (d) Contributionsto employee benefit plans and deferred compensation	(e) Expens other allo	ONE	-0- enter

			_
_			_

	ictions. If none, enter "NONE	••
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
JONE		NON
	· · · · · · · · · · · · · · · · · · ·	
otal number of others receiving over \$50,000 for professional services		NON
art IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical organizations and other beneficiaries served, conferences convened, research papers produced, etc.	information such as the number of	Expenses
1NONE		
<u> </u>		
2		
3		
1		
<u> </u>		
art IX-B Summary of Program-Related Investments (see instructions)		Amount
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 at 1 NONE	nd 2	Amount
INONE		
2		<u> </u>
All other program-related investments See instructions. 3 NONE		
2 TAOTA F		

	31-1/4521/		Page &
Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign found	ations,
1,	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	1,015,185.
b	The stage of the s		NONE
C	Fair market value of all other assets (see instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	1,015,185.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)]]	
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	1,015,185.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	15,228.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	999,957.
6	Minimum investment return. Enter 5% of line 5	6	49,998.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part.)	ndations	
1	Minimum investment return from Part X, line 6	1	49,998.
2 a	Tax on investment income for 2019 from Part VI, line 5 2a 254 .		
b	Income tax for 2019. (This does not include the tax from Part VI.) 2b		
С	Add lines 2a and 2b	2c	254.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	49,744.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4		49,744.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	49,744.
Par	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		175,759.
	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
_	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:	l i	
a	Suitability test (prior IRS approval required)	3a	NONE
	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	175,759.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	_	05:
_	Enter 1% of Part I, line 27b. See instructions		254.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		175,505.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	iculating v	vnetner the foundation

Form **990-PF** (2019)

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

Forr	990-PF (2019)				Page 9
Pa	rt XIII Undistributed Income (see instruc	tions)			
1	Distributable amount for 2019 from Part XI,	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
Ť	line 7		-		49,744.
2	Undistributed income, if any, as of the end of 2019				
	Enter amount for 2018 only			NONE	
	Total for prior years 20,20		NONE		
	Excess distributions carryover, if any, to 2019				·· ·····
	From 2014 NONE				
	From 2015 NONE				
	From 2016				
	64 015				
	000 101				
		367,113.		· 	······································
	Total of lines 3a through e	367,113.			· · · · · · · · · · · · · · · · · · ·
4	Qualifying distributions for 2019 from Part XII, line 4 ▶ \$175,759.				
a	Applied to 2018, but not more than line 2a			NONE_	
t	Applied to undistributed income of prior years (Election required - see instructions)		NONE		
,	Treated as distributions out of corpus (Election				•
·	required - see instructions)	NONE			
c	Applied to 2019 distributable amount				49,744.
	Remaining amount distributed out of corpus	126,015.			
5	Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)	NONE			NONE
6	Enter the net total of each column as indicated below:				
	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	493,128.			
		1337120.			
t	Prior years' undistributed income. Subtract		NONE		
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		NONE		
d	Subtract line 6c from line 6b. Taxable		NONE		
_	amount - see instructions		NOINE		
•	4a from line 2a. Taxable amount - see instructions			NONE	
f	Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				NONE
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)	NONB			
	Excess distributions carryover from 2014 not				
	applied on line 5 or line 7 (see instructions)	NONE			
9	Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	493,128.			
10	Analysis of line 9				
	Excess from 2015 NONE				
b	Excess from 2016 12,494.				
c	Excess from 2017 64,215.				
	Excess from 2018 290, 404.				
	Excess from 2019 126, 015.			<u> </u>	
_					990 PE (2010)

Form 990-PF (2019)

Pai	t XIV Private Op	erating Foundation	s (see instructions a		on 9)	NOT APPLICABL
1 a	If the foundation has					
	foundation, and the rulin	g is effective for 2019, er	nter the date of the ruling	1	▶	
, b	Check box to indicate	whether the foundation	is a private operating	foundation described in	n section 4942(j	(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-			Prior 3 years		(e) Total
	justed net income from Part I or the minimum investmen	(8) 2019	(b) 2018	(c) 2017	(d) 2016	(6, 100.0
	return from Part X for each					
	year listed					
b	85% of line 2a			<u> </u>		
С	Qualifying distributions from Part	ı				
a.	XII, line 4, for each year listed					·
a	Amounts included in line 2c not used directly for active conduct of exempt activities	i e				
е	Qualifying distributions made					
	directly for active conduct of exempt activities Subtract line					
	2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section					
h	4942(j)(3)(B)(i)	<u> </u>				
	"Endowment" alternative test- enter 2/3 of minimum invest-					
	ment return shown in Part X,					
_	line 6 for each year listed					· · · · · · · · · · · · · · · · · · ·
C	"Support" alternative test - enter (1) Total support other than				i	
	gross investment income					
	(interest, dividends, rents, payments on securities					
	loans (section 512(a)(5)),					
	or royalties) (2) Support from general.					
	public and 5 or more					
	exempt organizations as provided in section 4942					
	(j)(3)(B)(iii)					
	(3) Largest amount of sup- port from an exempt					
	organization (4) Gross investment income			- · · · · · · · · · · · · · · · · · ·		,
Par		ntary Information (Complete this part	only if the founds	tion had \$5,000 o	r more in assets at
T (A)		uring the year - see		only in the rounds		more in deserte di
1	Information Regarding	<u> </u>		·····		
	List any managers of	the foundation who	have contributed mo			ed by the foundation
	before the close of any	y tax year (but only if th	ney have contributed	more than \$5,000). (S	ee section 507(d)(2).)	
	N/A					
ь	List any managers of	the foundation who	own 10% or more of	f the stock of a corp	oration (or an equally	large portion of the
	ownership of a partner					-
	N/A					
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholarsh	ip, etc., Programs:		
	Check here ▶ if 1	the foundation only	makes contributions	to preselected char	table organizations a	ind does not accept
	unsolicited requests f					
	complete items 2a, b,	c, and d. See instruction	ons.			
а	The name, address, an	d telephone number o	r email address of the	person to whom appl	ications should be add	ressed [.]
	SEE STATEMENT	8				
b	The form in which app	lications should be sul	omitted and informati	on and materials they	should include [.]	~ ~ ~ ~
	SEE ATTACHED S'	TATEMENT FOR L	INE 2			
	Any submission deadli	nes:				
·	•	TATEMENT FOR L	NF 2			
	SEE ATTACHED S	TATEMENT FOR III	.146 2			
	Any restrictions or li	imitations on awards	, such as by geogr	aphical areas, charita	ble fields, kinds of	institutions, or other
	SEE ATTACHED S'	TATEMENT FOR L	NE 2			
JSA 9E149	0 1 000	<u> </u>				Form 990-PF (2019)
JE 149	BCA964 L724 0	4/24/2020 10:18	3:55	242-0813180		18 -

3 Grants and Contributions Paid Dur	ing the Year or Apr	roved for	Future Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
			,	
See attached list of grants paid				
C/O KEYBANK, N.A. BROOKLYN OH 44144	NONE	N/A	BDUCATION	170,580.
		İ		
		!		
		İ		
Total	· · · · · · · · · · · · ·			170,580.
b Approved for future payment				.,
	,			
				<u> </u>
Total			▶ 3b	

rt XVI-A Analysis of Income-Produ	ucing Act	vities			Pag
r gross amounts unless otherwise indicated.	y	ited business income	Excluded by	section 512, 513, or 514	(e)
Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exemption function income (See instructions.
.					1000 111011 00110113
<u> </u>					
Fees and contracts from government agencies					
Membership dues and assessments					
nterest on savings and temporary cash investments -			1.4	22 622	
Dividends and interest from securities			14	23,632.	 .
let rental income or (loss) from real estate					
Debt-financed property					······
Not debt-financed property		-	_		·
et rental income or (loss) from personal property			 		
ain or (loss) from sales of assets other than inventory		-	18	8,871.	
et income or (loss) from special events · · ·			1	0/9/20	
ross profit or (loss) from sales of inventory					
ther revenue a					
ubtotal Add columns (b), (d), and (e)				32,503.	
Explain below how each activity accomplishment of the foundation					
				· · · · · · · · · · · · · · · · · · ·	
		NOT APPLICABI	E		
,					

Part	XVII	Information R Organizations	egarding Tr	ansfers 1	o and	Transaction	ns and	Relationship	s With	Nonchar	itable	Exe	mpt
1	ın sec	e organization direction 501(c) (other zations?										Yes	No
а	Transf	ers from the reportin									i	ŀ	
		sh											<u> X</u>
		her assets	• • • • • • •		· · · · ·						1a(2)		<u>X</u>
b		transactions:											
		les of assets to a nor											X_
		rchases of assets fro											X
		ntal of facilities, equi											<u>X</u>
		imbursement arrang								,			<u>X</u>
		ans or loan guarante rformance of service											<u>X</u>
c		g of facilities, equipn										-	<u>X</u>
d	If the value of	answer to any of the of the goods, other in any transaction o	ne above is " assets, or ser r sharing arra	Yes," comp vices give ngement, :	olete the n by the show in	following so reporting fo column (d) t	chedule. oundation the value	Column (b) shows the second of the goods,	nould alv ition rece other as	vays show eived less t ssets, or se	the fa than fa rvices	rece	arket arket ived.
(a) Li	ne no	(b) Amount involved	(c) Name o	f noncharitab	le exempt (organization	(d) De	escription of transfer	rs, transacti	ons, and share	ng arran	gemer	its
 -													
		····					<u> </u>	 					
					· · · · · · · · · · · · · · · · · · ·								
													
					-								
				<u> </u>	· · · · · · · · · · · · · · · · · · ·								
							-	Fatanti I					
				****			<u></u>						
	describ	foundation directly led in section 501(c) "complete the follow	(other than s	ection 501				ore tax-exempt	organiza		Yes	<u> </u>	No
		(a) Name of organizatio			(b) Type o	of organization		(c) Descriptio	n of relationsh	пр		
								···					
													
		penalties of perjury, I decla							the best of	my knowledge	and beli	ef, it is	s true,
Sign	T .	t, and complete Declaration of	preparer (other than	ı taxpayer) is ba I	sed on all in 5/5	formation of which		-	Г	May the IRS	discuss	this r	eturn
Here	Sign	lature of officer or trustee	as de		ate	[20]	Title	<u> Trustee</u>		with the prep See instructions	arer sho		No
Paid		Print/Type preparer's na	me	Prepar	er's signat	ure A LOVA.		Date	Chec	<u>" </u>	'IN		
Prep		P A HARRIS	VD 33772 37 3	V/T	mai	Juliu	uo_	4/25/21			0082		<u> </u>
-	Only		YBANK N.A 00 TIEDEM					[Firm's EIN	▶ 34-0	<u>7970</u>	ວ /	
				OH		44	144		Phone no	216-81			
										Form	990-	rr (2	2019)

	CHARLES & ISAB	CHARLES & ISABEL HALL FDN T/A #0813180	3180		
	EIN: 31-1745217				
	2019 GRANTS	1/1/19 THRU 12/31/19			
GRANTS	ORGANIZATION/ INSTITUTION	ADDRESS	CITY	STATE	ZIP CODE
\$10,000.00	\$10,000.00 CHAUNCEY CHRISTIAN CHURCH	PO BOX 245	CHAUNCEY	B	45719
\$10,000.00	\$10,000.00 GREENS RUN CHRISTIAN CHURCH	8881 STATE ROUTE 685	GLOUSTER	R H	45732
\$10,000.00	\$10,000.00 HABITAT FOR HUMANITY INTERNATIONAL	322 WEST LAMAR STREET	AMERICUS	e e	31709
\$24,400.00	\$24,400.00 HOCKING VALLEY PARISH	PO BOX 245	CHAUNCEY	ЮН	45719
\$48,680.00	\$48,680.00 HOSPICE OF CINCINNATI	4360 COOPER RD, SUITE 300	CINCINNATI	Н	45242
\$10,000.00	\$10,000.00 MILLFIELD CHRISTIAN CHURCH	16100 MAIN STREET	MILLFIELD	ᆼ	45761
\$5,000.00	\$5,000.00 OPERATION SMILE	3641 FACULTY BLVD	VIRGINIA BEACH VA	××	23453
\$13,500.00	\$13,500.00 TAYLOR RIDGE CHRISTIAN CHURCH	18845 TAYLOR RIDGE RD	GLOUSTER	ЮН	45732
\$5,000.00	\$5,000.00 ZION UNITED CHURCH OF CHRIST	2301 INDIAN MOUND AVE	NORWOOD	ЮН	45212
\$12,000.00	\$12,000.00 CAMP ASCCA	PO BOX21 5278 CAMP ASCCA DR	JACKSON'S GAP	AL	36861
\$5,000.00	\$5,000.00 MATTHEW 25 MINISTRIES	11060 KENWOOD ROAD	CINCINNATI	ЮН	45242
\$5,000.00	\$5,000.00 VETERANS OF FOREIGN WARS OF THE US	406 W 34TH ST.	KANSAS CITY	MO	64111
\$10,000.00	\$10,000.00 HOMES FOR OUR TROOPS	6 MAIN STREET	TAUNTON	MA	2780
\$2,000.00	\$2,000.00 CAMC FOUNDATION HOSPITALITY HOUSE	302 30TH ST. SE.	CHARLESTON	W	25304
£470 580 00	TOTAL CBANTS BAID				
\$170,000.0U	IOIAL GRANIS PAID				

SECURITIES	
FROM	
INTEREST	
AND	
DIVIDENDS	
ı	i
Н	İ
PART	
990PF,	
FORM	

NET INVESTMENT INCOME	1 1 1 1	23,632.	
REVENUE AND EXPENSES PER BOOKS		23,632.	
			TOTAL
DESCRIPTION		DIVIDENDS & INTEREST	

23,632.

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	2,600.
ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	======================================
REVENUE AND EXPENSES PER BOOKS	2,600.
DESCRIPTION	TAX PREPARATION FEE (NON-ALLOC TOTALS

STATEMENT

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

CHARITABLE PURPOSES	2,379.
NET INVESTMENT INCOME	7,136.
REVENUE AND EXPENSES PER BOOKS	9,515.
DESCRIPTION	KEYBANK N.A. AGENT FOR TRUSTEE

FORM 990PF, PART I - TAXES

REVENUE AND EXPENSES

DESCRIPTION

PER BOOKS

FEDERAL ESTIMATES - PRINCIPAL

1,060.

TOTALS

1,060.

=========

EXPENSES
OTHER
ı
Н
PART I

	REVENUE AND	
DESCRIPTION	EXFENSES PER BOOKS	CHAKLTABLE PURPOSES
		! ! ! ! ! !
OTHER ALLOCABLE EXPENSE-INCOME	200.	200.
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TOTALS	200.	200.

200.

200.

242-0813180

31-1745217 HALL CHARLES AND ISABEL FDN 242-0813180

	COST/	FMV	CORF	
FORM 990PF, PART II - OTHER INVESTMENTS			DESCRIPTION	1 1 1 1 1 1 1 1

ENDING BOOK VALUE

ENDING FMV

989,955. 944,862.

υ

SEE ATTACHED STATEMENT OF ASSE

TOTALS

944,862.

989,955.

STATEMENT

9

FORM 990PF, PART VII-A, LINE 14 - BOOKS ARE IN THE CARE OF

NAME: Keybank, N.A.

ADDRESS: 4900 TIEDEMAN RD., OH-01-49-0150

BROOKLYN, OH 44144-2302

TELEPHONE NUMBER: (216)813-4556

HALL CHARLES AND ISABEL FDN 242-0813180 FORM 990PF, PART XV - LINES 2a - 2d

RECIPIENT NAME:

Keybank, N.A.

ADDRESS:

127 Public Square Cleveland, OH 44114

RECIPIENT'S PHONE NUMBER: 800-999-9658

FORM, INFORMATION AND MATERIALS:

Letter Form

SUBMISSION DEADLINES:

None

RESTRICTIONS OR LIMITATIONS ON AWARDS:

Exclusively for charitable, educational and scientific purposes.

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