Return of Private Foundation

Department of the Treasury Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs gov/Form990PFfor instructions and the latest information.

Fo	r cal	endar year 2019 or tax year beginning		, 2019, and end	
Na	me of	foundation			A Employer identification number
	SCO'	TT KENNETH A CHARITABLE T/A	20-1089900		34-7034544
Νι	mber	and street (or P.O. box number if mail is not delivered to	street address)	Room/sui	ite B Telephone number (see instructions)
	KEY:	BANK, 4900 TIEDEMAN / OH-01-	49-0150		216-689-7663
Cit	y or to	own, state or province, country, and ZIP or foreign posta	l code		
					C If exemption application is pending, check here
	BRO	OKLYN, OH 44144-2302			
G	Che	ck all that apply: Initial return	Initial return	of a former public cha	arity D 1 Foreign organizations, check here >
		Final return	Amended re	turn	2 Foreign organizations meeting the
		Address change	Name chang	<u>e</u>	85% test, check here and attach computation
H	Che	ck type of organization: X Section 501(c)(3) exempt private f	oundation	E If private foundation status was terminated
\perp	s	ection 4947(a)(1) nonexempt charitable trust	Other taxable pr		under section 507(b)(1)(A), check here
ı	Fair	market value of all assets at J Accord	unting method: X C	ash Accrual	F If the foundation is in a 60-month termination
		· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	ther (specify)		under section 507(b)(1)(B), check here .
_	16)	► \$ 20,796,637. (Part I, o	column (d), must be on c	ash basis.)	
ŀ	art	Analysis of Revenue and Expenses (The	(a) Revenue and	(b) Net investment	(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	income purposes
_		column (a) (see instructions).)	DOOKS		(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)			
	2	Check Lift the foundation is not required to attach Sch B			DEOF
	3	Interest on savings and temporary cash investments-		200 050	RECEIVED
	4	Dividends and interest from securities	309,350.	309,350.	# 10 i
	5a	Gross rents			
	b	Net rental income or (loss)	1 155 040		SEP 1 5 2020 Q
ne	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	1,155,242.		
Revenue		assets on line 6a 1,550,494.		7 755 040	I OGDEN HT I
ě	7	Capital gain net income (from Part IV, line 2).		1,155,242.	
_	8	Net short-term capital gain			
	9 10a	Income modifications			
		and allowances			
		Less Cost of goods sold .			
		Gross profit or (loss) (attach schedule)	88,602.	88,602.	STMT
	11 12	Other income (attach schedule)	1,553,194.	1,553,194.	
_	13		134,861.	101,146	
Ş		Compensation of officers, directors, trustees, etc Other employee salaries and wages	131,001.	NONE	
penses	15	Pension plans, employee benefits		NONE	
		Legal fees (attach schedule)		1.0112	7
Ĕ	ь	Accounting fees (attach schedule) STMT 3	1,500.	NONE	E NONE 1,50
Ş	C	Other professional fees (attach scheduler, 4.	62,530		62,53
ati	17	Interest			1 3275.
str	b c 17 18 19	Taxes (attach schedule) (see instructions). 5.	11,156.		
Ē	19	Depreciation (attach schedule) and depletion.	==,===		
Ę	20	Occupancy			
¥	21	Travel, conferences, and meetings		NONE	E NONE
3UC	21 22	Printing and publications		NONE	
<u></u>	23	Other expenses (attach schedule) STMT. 6.	7,706.		7,70
ţ	23 24 25	Total operating and administrative expenses.			
era		Add lines 13 through 23	217,753.	101,146.	. NONE 105,45
0	25	Contributions, gifts, grants paid	801,725.		801,72
_	26	Total expenses and disbursements Add lines 24 and 25	1,019,478.	101,146.	. NONE 907,1
_	27	Subtract line 26 from line 12			
	a	Excess of revenue over expenses and disbursements	533,716.		
	ь	Net investment income (if negative, enter -0-)		1,452,048.	,
	c	Adjusted net income (if negative, enter -0-)			

JSA For Paperwork Reduction Act Notice, see instructions. 9E1410 1 000 GM9599 L673 09/08/2020 13:20:58

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P	art II	Balance Sheets	Attached schedules and amounts in the	Beginning of year	End	of year
		-	description column should be for end-of-year amounts only. (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-beari	ng		· <u>-</u>	
			cash investments			
		Accounts receivable				
			otful accounts ▶			
		Pledges receivable ▶	•			
		-	btful accounts >		-	-
	_		officers, directors, trustees, and other	_		
	_		ach schedule) (see instructions)			
			eceivable (attach schedule)			
			otful accounts ► NONE		•	
S			se			
ssets	-		eferred charges			
As			government obligations (attach schedule).			
			stock (attach schedule)			
		•	bonds (attach schedule)			
	11	Investments - land, building				
	1	and equipment basis Less accumulated deprecia	ation >			
		(attach schedule)	loans	,		
	12 13	Investments - mortgage	ach schedule) STMT .7.	19,165,535.	19,699,251	. 20,796,637
		Land, buildings, and	>			
i		equipment basis Less accumulated deprecia	ation >			
		(attach schedule) Other assets (describe)			
			completed by all filers - see the	-		1
		· ·	age 1, item I)	19,165,535.	19,699,251	20,796,637
_	_		accrued expenses			1
S						
Liabilities			ors, trustees, and other disqualified persons.			
Ē			otes payable (attach schedule)			
Ë			• ▶)			
	23	Total liabilities (add line	es 17 through 22)		NON	. .
s		Foundations that follow	v FASB ASC 958, check here			
Balances		and complete lines 24,	25, 29, and 30.			
<u>a</u>	24	Net assets without done	or restrictions			
Ba		Net assets with donor re	estrictions			
힏		Foundations that do not for	ollow FASB ASC 958, check here 🕨 🗓			
or Fun		and complete lines 26 thr				
ō	26	Capital stock, trust princ	cipal, or current funds	19,165,535.	19,699,251	
2	27	Paid-in or capital surplus, or	r land, bldg , and equipment fund			
Se	28	Retained earnings, accumul	lated income, endowment, or other funds			
A	29	Total net assets or fund	d balances (see instructions)	19,165,535.	19,699,2 <u>5</u> 1	•
Net Assets	30	Total liabilities and	net assets/fund balances (see			
_				19,165,535.	19,699,251	<u> </u>
P	art III	Analysis of Char	nges in Net Assets or Fund Bala	nces		
1	Tota	I net assets or fund b	balances at beginning of year - Part	II, column (a), line 29 (r	nust agree with	
	end-	of-year figure reporte	d on prior year's return)		<u>1</u>	19,165,535.
2	Ente	er amount from Part I,	line 27a		2	533,716.
3	Othe	er increases not includ	ded in line 2 (itemize) ▶		3	
4	Add	lines 1, 2, and 3			•	19,699,251.
5	Dec	reases not included in	n line 2 (itemize) ►		5	
6	Tota	I net assets or fund b	alances at end of year (line 4 minus l	ine 5) - Part II, column (b), line 29 6	19,699,251.
		-				Form 990-PF (2019)

Par	(a) List and dec 2-story b	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo., day, yr)				
1 a	PUBLICLY TRADED							
b	OTHER GAINS AND	LOSSES						
c								
<u>d</u>	<u>.</u>							
<u>е</u>								
	(e) Gross sales price	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))					
<u>a</u>			395,252.			4,399.		
<u>b</u>	1,150,843.				<u> </u>	150,843.		
<u>c</u>								
<u>d</u>				- "				
<u> </u>		l nowing gain in column (h) and owned b	the foundation on 12/31/69					
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col. (j), if any		Gains (Col. (h) ga (k), but not less t Losses (from co	han -0-) or		
a						4,399.		
ь					1,	150,843.		
<u>d</u>								
<u>e</u>				<u> </u>				
2	Capital gain net income	or (not canital loce)	ain, also enter in Part I, line 7					
		(If (i)	oss), enter -0- in Part I, line 7	2	1,	155,242.		
3		ain or (loss) as defined in sections						
	-	Part I, line 8, column (c). See ins		1 _				
Par		Indo Costion 4040/s) for Dad	uced Tax on Net Investment I	3				
		0.4.04.04.04.04	section 4940(a) tax on net investr		me.)			
Was If "Y	es," the foundation doesn	the section 4942 tax on the distrib o't qualify under section 4940(e). D				Yes X No		
1		mount in each column for each yea	r; see the instructions before makii	ng any en				
	(a) Base period years	(b)	(c) Net value of noncharitable-use assets		(d) Distribution ra			
Cale	endar year (or tax year beginning in)	Adjusted qualifying distributions			(col (b) divided by			
	2018	987,900.	20,505,977.			0.048176		
	2017 2016	838,315.	20,012,643. 18,778,687.			0.041889		
	2015	1,054,144. 1,079,365.	19,864,655.			0.056135 0.054336		
	2013	1,073,363.	20,335,727.			0.053466		
	2017	1,007,200.	20,333,727.			0.033400		
2	Total of line 1 column	(d)		2		0.254002		
3		io for the 5-year base period - divid		-		0.231002		
3	•	e foundation has been in existence	· · · · · · · · · · · · · · · · · · ·	3		0.050800		
	the number of years the	touridation has been in existence	Titos than 5 years					
4	Enter the net value of n	oncharitable-use assets for 2019 fr	rom Part X, line 5	4	20,	029,768.		
5	Multiply line 4 by line 3			5	1,	017,512.		
6	Enter 1% of net investm	nent income (1% of Part I, line 27b)		6		14,520.		
7	Add lines 5 and 6			7	1,	032,032.		
8	Enter qualifying distribu	tions from Part XII line 4		8		907,176.		
•	If line 8 is equal to or g	greater than line 7, check the box	in Part VI, line 1b, and complete	that part	using a 1% tax			

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Par	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ıction	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here	_		
	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		29,0	041.
	here 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-)		1	NONE
3	Add lines 1 and 2		29,0	041.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			NONE
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		29,0	041.
6	Credits/Payments*			
a	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 13,060 .			,
b	Exempt foreign organizations - tax withheld at source 6b NONE			
c	Tax paid with application for extension of time to file (Form 8868) 6c 26,500.			
d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d		39,5	560.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			28.
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		10,4	191.
11	Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ 10,491. Refunded ▶ 11			
Par	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		Х
Ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	1		
	published or distributed by the foundation in connection with the activities.	1		
C	Did the foundation file Form 1120-POL for this year?	10		<u> </u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(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			
	on foundation managers. \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	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			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	Х	<u> </u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	Х	
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	}		
	• 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	Х	
7	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	Х	ļ

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8b

10

Х

Х

OH

8a Enter the states to which the foundation reports or with which it is registered. See instructions.

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General

Pari	t VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ▶ www.kennethscottcharitabletrust.org			
14	The books are in care of ▶ SEE STATEMENT 9 Telephone no. ▶			
	Located at ▶ZIP+4 ▶			
15			▶	· 🔲
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	[
	the foreign country	<u></u>		L
Pari	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			- A1-
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disgualified person?			
				٠
	(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.)			
h	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			
•	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1ь		Х
	Organizations relying on a current notice regarding disaster assistance, check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2019?	1c		Х
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?			
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach 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.			
	<u> </u>			i
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			i
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the	26		
4.	foundation had excess business holdings in 2019.)	3b 4a		X
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	70		
D	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
			n-PF	/2019

Part	VII-B Statements Regarding Activities f	or Which Form 4	1720 May Be Red	<u> uired (cont</u>	inued)			
5a	During the year, did the foundation pay or incur any amo	ount to					Yes	No
	(1) Carry on propaganda, or otherwise attempt to influer	nce legislation (sectio	n 4945(e))?	. Yes	X No			
	(2) Influence the outcome of any specific public ele	ection (see section	4955), or to carry o	n,				
	directly or indirectly, any voter registration drive?			. Yes	X No			
	(3) Provide a grant to an individual for travel, study, or o	ther similar purposes	?	. Yes	X No			,
	(4) Provide a grant to an organization other than a	charitable, etc., org	janization described	in				'
	section 4945(d)(4)(A)? See instructions			. Yes	X No			1
	(5) Provide for any purpose other than religious, ch	aritable, scientific,	literary, or education	el le				;
	purposes, or for the prevention of cruelty to children	or animals?		Yes	X No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the e	xceptions des	cribed in			
	Regulations section 53.4945 or in a current notice regard	ding disaster assistan	ce? See instructions .			5b		
	Organizations relying on a current notice regarding disas	ter assistance, check	here		▶∟	_ال		
C	If the answer is "Yes" to question 5a(4), does the	foundation claim e	xemption from the	ax				
	because it maintained expenditure responsibility for the	grant?		. Yes	No			
	If "Yes," attach the statement required by Regulations se-	ction 53.4945-5(d).						
6a	Did the foundation, during the year, receive any fun	·						
	on a personal benefit contract?				X No		-	
b	Did the foundation, during the year, pay premiums, direct	tly or indirectly, on a	personal benefit contra	act ⁷		6b		X
	If "Yes" to 6b, file Form 8870.							
7a	At any time during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?.	Yes	X No			
b	If "Yes," did the foundation receive any proceeds or have	any net income attrib	outable to the transact	ion ⁷		7b	ļ	
8	Is the foundation subject to the section 4960 tax on pay	ment(s) of more than	\$1,000,000 in					
	remuneration or excess parachute payment(s) during the				X No			<u> </u>
Pari	Information About Officers, Director and Contractors	rs, Trustees, Fou	indation ivianagei	s, nigniy P	aid Empid	yees,		
1	List all officers, directors, trustees, and foundation	n managers and the	neir compensation.	See instruct	ions.			
<u> </u>								
•	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contribute employee bene and deferred com	fit plans	e) Expension	se accoi owance	unt, es
		(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributi employee bene	fit plans	e) Expens other all	se accoi owance	unt, es
KEYBA	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid,	(d) Contributi employee bene	fit plans	e) Expens other all	se accoi owance	unt, es -0-
KEYBA	(a) Name and address NK NATIONAL ASSOCIATION	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributi employee bene	fit plans apensation	e) Expensor all	se accou	es .
KEYBA	(a) Name and address NK NATIONAL ASSOCIATION	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributi employee bene	fit plans apensation	e) Expension other all	se accou	es .
KEYBA	(a) Name and address NK NATIONAL ASSOCIATION	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributi employee bene	fit plans apensation	e) Expens other all	se accoi	es .
KEYBA	(a) Name and address NK NATIONAL ASSOCIATION	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributi employee bene	fit plans apensation	e) Expensother all	se accor	es .
KEYBA	(a) Name and address NK NATIONAL ASSOCIATION	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributi employee bene	fit plans apensation	e) Expens	se accor	es .
KEYBA	(a) Name and address NK NATIONAL ASSOCIATION UBLIC SQUARE, CLEVELAND, OH 44113	(b) Title, and average hours per week devoted to position TRUSTEE 1	(c) Compensation (iff not paid, enter -0-)	(d) Contribute employee bene and deferred com	fit plans appensation	other all	owance	-0-
KEYBA 100 P	(a) Name and address NK NATIONAL ASSOCIATION	(b) Title, and average hours per week devoted to position TRUSTEE 1	(c) Compensation (iff not paid, enter -0-)	(d) Contribute employee bene and deferred com	fit plans appensation	other all	owance	-0-
KEYBA 100 P	(a) Name and address NK NATIONAL ASSOCIATION UBLIC SQUARE, CLEVELAND, OH 44113 Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position TRUSTEE 1	(c) Compensation (iff not paid, enter -0-)	(d) Contribute employee beneared com	nstructions	other all	one,	-()-
KEYBA 100 P	(a) Name and address NK NATIONAL ASSOCIATION UBLIC SQUARE, CLEVELAND, OH 44113 Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than those that the second to the se	(c) Compensation (iff not paid, enter -0-)	(d) Contribute employee beneated and deferred com	nstructions	other all	one,	-0- enter
KEYBA 100 P	(a) Name and address NK NATIONAL ASSOCIATION UBLIC SQUARE, CLEVELAND, OH 44113 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than thos	(c) Compensation (if not paid, enter -0-) 134,861.	(d) Contribute employee beneared com and deferred com e 1 - see ii (d) Contribute employee b	nstructions). If n	one,	-0- enter
KEYBA 100 P	(a) Name and address NK NATIONAL ASSOCIATION UBLIC SQUARE, CLEVELAND, OH 44113 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than those that the second to the se	(c) Compensation (if not paid, enter -0-) 134,861.	(d) Contribute employee beneated to the compensation of the compen	nstructions nstructions consto enefit ferred (tion). If no	one,	-0- enter
KEYBA 100 P	(a) Name and address NK NATIONAL ASSOCIATION UBLIC SQUARE, CLEVELAND, OH 44113 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than those that the second to the se	(c) Compensation (if not paid, enter -0-) 134,861.	(d) Contribute employee beneated and deferred com	nstructions nstructions consto enefit ferred (tion). If no	one,	-()-
KEYBA 100 P	(a) Name and address NK NATIONAL ASSOCIATION UBLIC SQUARE, CLEVELAND, OH 44113 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than those that the second to the se	(c) Compensation (if not paid, enter -0-) 134,861.	(d) Contribute employee beneated to the compensation of the compen	nstructions nstructions consto enefit ferred (tion). If no	one,	-()-
KEYBA 100 P	(a) Name and address NK NATIONAL ASSOCIATION UBLIC SQUARE, CLEVELAND, OH 44113 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than those that the second to the se	(c) Compensation (if not paid, enter -0-) 134,861.	(d) Contribute employee beneated to the compensation of the compen	nstructions nstructions consto enefit ferred (tion). If no	one,	-()-
KEYBA 100 P	(a) Name and address NK NATIONAL ASSOCIATION UBLIC SQUARE, CLEVELAND, OH 44113 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than those that the second to the se	(c) Compensation (if not paid, enter -0-) 134,861.	(d) Contribute employee beneated to the compensation of the compen	nstructions nstructions consto enefit ferred (tion). If no	one,	-()-
KEYBA 100 P	(a) Name and address NK NATIONAL ASSOCIATION UBLIC SQUARE, CLEVELAND, OH 44113 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than those that the second to the se	(c) Compensation (if not paid, enter -0-) 134,861.	(d) Contribute employee beneated to the compensation of the compen	nstructions nstructions consto enefit ferred (tion). If no	one,	-()-
KEYBA 100 P	(a) Name and address NK NATIONAL ASSOCIATION UBLIC SQUARE, CLEVELAND, OH 44113 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than those that the second to the se	(c) Compensation (if not paid, enter -0-) 134,861.	(d) Contribute employee beneated to the compensation of the compen	nstructions nstructions consto enefit ferred (tion). If no	one,	-()-
KEYBA 100 P	(a) Name and address NK NATIONAL ASSOCIATION UBLIC SQUARE, CLEVELAND, OH 44113 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than those that the second to the se	(c) Compensation (if not paid, enter -0-) 134,861.	(d) Contribute employee beneated to the compensation of the compen	nstructions nstructions nstructions). If no	one,	-()-
KEYBA 100 P	(a) Name and address NK NATIONAL ASSOCIATION UBLIC SQUARE, CLEVELAND, OH 44113 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than those that the second to the se	(c) Compensation (if not paid, enter -0-) 134,861.	(d) Contribute employee beneated to the compensation of the compen	nstructions nstructions nstructions). If no	one,	-()-
KEYBA 100 P 2 (a)	(a) Name and address NK NATIONAL ASSOCIATION UBLIC SQUARE, CLEVELAND, OH 44113 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than those hours per week devoted to position to	(c) Compensation (if not paid, enter -0-) 134,861.	(d) Contribute employee beneated to the compensation of the compen	nstructions nstructions nstructions). If notes a like in the control of	one,	-0- enter

Form 990-PF (2019)		Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Ma and Contractors (continued)	nagers, Highly Paid Emplo	yees,
3 Five highest-paid independent contractors for professional services. See instr	uctions. If none, enter "NONE	n
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
HENRY RICHARD OBERMANNS		
100 PUBLIC SQUARE, SUITE 600, CLEVELAND, OH	GRANT CONSULTANT	NONE
		
Total number of others receiving over \$50,000 for professional services		NONE
Part IX-A Summary of Direct Charitable Activities	listinia di alia di A	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistica organizations and other beneficiaries served, conferences convened, research papers produced, etc.	i information such as the number of	Expenses
1 NONE		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1	and 2	Amount
1NONE		
2		
All other program-related investments. See instructions.		
3 NONE		
Total. Add lines 1 through 3		Form 990-PF (2019)
		rum 330°FF (2019)

34-7034544 Page 8

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	20,334,790.
	Average of monthly cash balances	1b	NONE
С	Fair market value of all other assets (see instructions)	1c	NONE
ď	Total (add lines 1a, b, and c)	1d	20,334,790.
	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	20,334,790.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	305,022.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	20,029,768.
6	Minimum investment return. Enter 5% of line 5	6	1,001,488.
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	1,001,488.
2a	Tax on investment income for 2019 from Part VI, line 5		
b		1	
c	Add lines 2a and 2b.	2c	29,041.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	972,447.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	972,447.
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	972,447.
	t XII Qualifying Distributions (see instructions)	1 1	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		007 176
a	,		907,176.
ь		1b	· · · · · · · · · · · · · · · · · · ·
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	_	MONT
_	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
_	Suitability test (prior IRS approval required)	3a	NONE
b		3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	907,176.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		27 / 7
	Enter 1% of Part I, line 27b. See instructions		N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	907,176.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca qualifies for the section 4940(e) reduction of tax in those years.	lculating	whether the foundation

Form **990-PF** (2019)

_	t XIII Undistributed Income (see instr	uctions)			Tage U
Par	t XIII Undistributed Income (see instr	(a)	(b)	(c)	(d)
1	Distributable amount for 2019 from Part XI,	Corpus	Years prior to 2018	2018	2019
•	line 7				972,447.
2	Undistributed income, if any, as of the end of 2019.				
	Enter amount for 2018 only			NONE	
Ь	Total for prior years 20,20		NONE		
3	Excess distributions carryover, if any, to 2019				
а	From 2014				
	From 2015107,398.				
c	From 2016				
d	From 2017 NONE				
	From 2018 NONE	000 404			
	Total of lines 3a through e	288,434.		<u>-</u>	
4	Qualifying distributions for 2019 from Part XII,				
	line 4 ▶ \$907,176.			NONE	
а	Applied to 2018, but not more than line 2a			NONE	
b	Applied to undistributed income of prior years		NONE		
	(Election required - see instructions)		NONE		
C	Treated as distributions out of corpus (Election	NONB			
	required - see instructions)	NONB			907,176.
	Applied to 2019 distributable amount	NONB			30//2/01
	Excess distributions carryover applied to 2019				
	(If an amount appears in column (d), the same	65,271.			65,271.
_	amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	223,163.			
	Prior years' undistributed income. Subtract				
_	line 4b from line 2b		NONE		
С	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		27027		
	amount - see instructions		NONE		
е	Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount - see			NONE	
	instructions			NONE	
f	Undistributed income for 2019. Subtract lines				
	4d and 5 from line 1. This amount must be				NONE
	distributed in 2020				
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)	NONE			
8	Excess distributions carryover from 2014 not				
Ū	applied on line 5 or line 7 (see instructions)	8,733.			
9	Excess distributions carryover to 2020.				
-	Subtract lines 7 and 8 from line 6a	214,430.			
10	Analysis of line 9.				
а	Excess from 2015 107, 398.				
ь	Excess from 2016 107,032.				
c	Excess from 2017 NONE				
	Excess from 2018 NONE				
e	Excess from 2019 NONE				Form 990-PF (2019)

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Form 990-PF (2019)

(2) Support from

N/A

Part XV

Part XIV

SEE ATTACHED STATEMENT FOR LINE 2

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

3 Grants and Contributions Paid Duri	ng the Year or App	roved for	Future Payment	
3 Grants and Contributions Paid Duri Recipient Name and address (home or business)	if recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
SEE ATTACHED LISTING			SUPPORT, CARE AND	
OH	NONE	PUBLIC	PROTECTION OF ANIMALS	801,725.
		i		
		1		
		1		
				ì
Table 1	<u> </u>		N 20	801,725.
b Approved for future payment	T	<u></u>	▶ 3a	801,725.
a Approved for folding payment				
Total		<u> </u>	<u> ▶ 3b</u>	

Form 990-PF					_	Page 12
Part XVI-				T2		(e)
Enter gross a	amounts unless otherwise indicated.	(a)	(b)	(c)	(d)	Related or exempt function income
1 Program	service revenue.	Business code	Amount	Exclusion code	Amount	(See instructions.)
						
q					-	
g Fees	and contracts from government agencies					
2 Members	ship dues and assessments					
3 Interest or	n savings and temporary cash investments -			1.4	200 250	
	s and interest from securities			14	309,350.	
	al income or (loss) from real estate financed property					
	lebt-financed property	1				
	I income or (loss) from personal property	1	l.			
	restment income					****
	oss) from sales of assets other than inventory	1		18	1,155,242.	
9 Net inco	me or (loss) from special events • • •					
•	ofit or (loss) from sales of inventory					
	Venue aIVATE ADVISOR II			14	88,602.	
	IVATE ADVISOR II			1.1	00,002.	
e						
	Add columns (b), (d), and (e)				1,553,194.	
	dd line 12, columns (b), (d), and (e)				13	1,553,194
Part XVI-	Relationship of Activities		acomplishment of E	vomnt Dur	2000	
Line No.	Explain below how each activit accomplishment of the foundation					
	accomplishment of the loandation	on a exemp	t purposes (other than	by providing		s). (See mstructions.)
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						<u>_</u>
						<u>-</u> .
						

Part	XVII	Information Re Organizations	egarding	Transfe	rs to	and	Transactio	ns an	d Re	elationsh	ips Wi	h Noncha	ritabl	e Ex	empt
į	in sect organiz	organization direct tion 501(c) (other ations?	than se	ction 50	I(c)(3)	orga	anizations) o	r in se	ection	_				Yes	No
((1) Cas	rs from the reporting													X
		er assets						• • • •					. 1a(2)		X
	-	ransactions: es of assets to a non	charitable	evemnt c	raani:	zation							16(1)		_x_
		chases of assets from			_										X
		ital of facilities, equi													Х
		mbursement arrange													X
		ns or loan guarantee													X
		formance of services												-	X
		g of facilities, equipments												fair n	X
		of the goods, other													
		n any transaction of	-		-	•									
(a) Lir	пе по	(b) Amount involved	(c) Na	me of nonch	arıtable	exemp	t organization	(d)	Descri	ption of trans	sfers, trans	actions, and sha	arıng arra	angeme	ents
		_				_									
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	+	· · ·													
		foundation directly		-							_		<u> </u>		
		ed in section 501(c)			501(c)(3))	or in section	527?			• • • •		Ү	es 🔼	ĭ No
D	ir yes,	" complete the follow (a) Name of organization		ouie.		(b) Type	of organization				(c) Descri	ption of relation	nship		
		,-,			· ·	,	<u> </u>								
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	Under	penalties of perjury, I decla	en that I have	a evernment th	ue ratur	n includ	ing secompanying	echadulas	and str	stamonte and	to the hee	t of my knowled	too and I	haliaf it	ie true
	correct	, and complete Declaration of									to the bos	COI IIIY KIIOWIEC	aye and t	bellet, it	is tide,
Sign	M) Deni S. (IM	mura	,	l٥	9/08	/2020	sv:	Þ			May the IF			return
Here	Sign	atyle officer or trustee			Da		7 2 0 2 0	Title			•	See instruction		Yes	below? No
		UU -	CHMURA												
Paid		Print/Type preparer's na	me		Prepare	r's sign	ature			Date		heck If	PTIN		
	2101										s	elf-employed			
Prep		Firm's name	_								Firm's E	IN 🕨			
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INTEREST FROM SECURITIES	
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DIVIDENDS	========:
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	NET. INVESTMENT	INCOME	1 1 1 1 1	1	309,350.	309,350.	
REVENUE	AND EXPENSES	PER BOOKS			309,350.	309,350.	
						TOTAL	
		DESCRIPTION			DIVIDENDS		

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FORM 990PF, PART I - OTHER INCOME

NET INVESTMENT INCOME	88,602.
REVENUE AND EXPENSES PER BOOKS	88,602. 88,602.
	TOTALS
DESCRIPTION	PRIVATE ADVISOR III

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CHARITABLE PURPOSES	1 1 1 1 1 1 1 1 1	1,500.	ii !! !!
ADJUSTED NET INCOME	!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!		\$
NET INVESTMENT INCOME	! ! ! !		ji II
REVENUE AND EXPENSES PER BOOKS	1 1 1 1 1 1 1 1	1,500.	1,500.
			TOTALS
DESCRIPTION		TAX RETURN PREPARATION	

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REVENUE	AND	EXPENSES	PER BOOKS	
			DESCRIPTION	

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62,530.

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FORM 990PF, PART I - TAXES

		REVENUE AND EXPENSES
DESCRIPTION		PER BOOKS
2018 EXTENSION PAYMENT 2018 FORM 990T 2019 TAX ESTIMATES		3,810. 36. 7,310.
	TOTALS	11,156.
		==========

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STATEMENT

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EXPENSES	
OTHER	
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CHARITABLE PURPOSES		4,341.	200.	525.	640.	2,000.	7,706.	
REVENUE AND EXPENSES PER BOOKS	1 1 1 1 1 1 1	4,341.	200.	525.	640.	2,000.		
DESCRIPTION		CONSULTANT TRAVEL & MTG EXP	CHARITABLE FILING FEE	PHILANTHROPY OHIO MEMBERSHIP	WRIS WEB SERVICE FEE	ANNUAL GRANTMAKERS MEMBERSHIP	TOTALS	

20-1089900

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PART
990PF,
FORM

SCOTT KENNETH A CHARITABLE T/A 20-1089900

	COST/ FMV	ENDING	ENDING
DESCRIPTION	CORF	BOOK VALUE	FMV
	 1 1 1	!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	
KT SHORT TERM INVESTMENT FUND	บ	48,098.	48,098.
CHARITABLE MULTI ASSET FUND	Ū	18,041,942.	18,567,431.
GLAS FUNDS SPC CHARITABLE HEDG	ט	1,282,087.	1,774,309.
PRIVATE ADVISORS COINVESTMENT	ט	188,518.	250,982.
CARLYLE PRIV EQTY ACCESS BLOCK	Ü	138,606.	155,817.
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

20,796,637.

19,699,251.

TOTALS

GAINS AND LOSSES FROM PASS-THRU ENTITIES ______

NET SHORT-TERM GAIN (LOSS) FROM PARTNERSHIPS, S CORPORATIONS AND OTHER FIDUCIARIES

COMMON TRUST FUNDS

190,339.00

TOTAL NET SHORT-TERM GAIN OR LOSS (ROUNDED)

190,339.00 =========

NET LONG-TERM GAIN (LOSS) FROM PARTNERSHIPS, S CORPORATIONS AND OTHER FIDUCIARIES

COMMON TRUST FUNDS

960,504.00

TOTAL NET LONG-TERM GAIN OR LOSS (ROUNDED)

960,504.00 ========= FORM 990PF, PART VII-A, LINE 14 - BOOKS ARE IN THE CARE OF ______

NAME: KEYBANK N.A.

ADDRESS: 4900 TIEDEMAN, MC: OH-01-49-0150

BROOKLYN, OH 44144-2302

TELEPHONE NUMBER: (216)813-4570

SCOTT KENNETH A CHARITABLE T/A 20-1089900 FORM 990PF, PART XV - LINES 2a - 2d

RECIPIENT NAME:

C/O KEY PRIVATE BANK

ADDRESS:

100 PUBLIC SQUARE, SUITE 600

CLEVELAND, OH 44113

RECIPIENT'S PHONE NUMBER: 216-752-3301

FORM, INFORMATION AND MATERIALS:

SEND INITIAL QUERRY LETTER

WEBSITE: www.kennethscottcharitabletrust.org

SUBMISSION DEADLINES:

QUARTERLY

RESTRICTIONS OR LIMITATIONS ON AWARDS:

DISTRIBUTIONS ARE LIMITED TO ORGANIZATIONS

THAT SUPPORT THE CARE & PROTECTION OF ANIMALS.

Animal Adoption & Behavior Training

Great Lakes Region Humane Society at Lollypop Farm

Fairport/Rochester, NY, 14450

Expanded Foster Care Program (2nd Year)

\$20,000

Great Lakes Region South Suburban Humane Society

Chicago Heights, IL, 60411

Implement Behavior Modification & Intervention Program

\$25,000

Ohio

Society for the Improvement of Conditions for Stray Animals (SICSA)

Kettering, OH, 45419

Satellite Cat Adoption Program (2nd Year)

\$19,500

Continuing Education & Training

Great Lakes Region

Illinois Animal Welfare Federation

Urbana, IL, 61802

Prairie States Animal Welfare Conference 2019

\$2,500

Great Lakes Region Spay-Neuter Services of Indiana

Indianapolis, IN, 46208

Indiana Animal Welfare Conference 2019

\$1,000

Great Lakes Region SPCA Serving Erie County

West Seneca / Buffalo, NY, 14224

Wildlife Rehabilitation Program

\$4,185

Ohio

Animal Welfare Institute

Washington, DC, 20003

Cross-Reporting Workshops with Humane & Human Services Agencies for Safer Families and Communities in Ohio

\$6.450

Ohio

Ohio Animal Health Foundation

Powell/Columbus, OH, 43065

Shelter Animal Medicine Program at 2019 Midwest Veterinary Conference (19th Year)

\$17,400

Ohio

Ohio Animal Welfare Federation

Columbus, OH, 43221

Creating an Effective Statewide Humane Association in Ohio (2 grants) \$25,000

Humane & Wildlife Education

Great Lakes Region

Asbury Woods Partnership, Inc.

Erie, PA, 16506

Enhance Wildlife Education with New Biofacts & Technology

\$10,410

Great Lakes Region Humane Society of Huron Valley

Ann Arbor, MI, 48105

Humane Education Programs (8th Year)

\$20,000

Great Lakes Region

Roger Tory Peterson Institute

Jamestown, NY, 14701

Telling the Stories of Urban Wildlife

\$15,000

Great Lakes Region Wildlife in Need Center

Oconomowoc, WI, 53066

Wildlife Education Program (2nd Year)

\$5,000

Ohio

Dayton Society of Natural History

Dayton, OH, 45414

Meet the Animals - Programs for City and Inner-Suburb Schools in Dayton & Springfield Areas

\$14,090

Ohio

Friends of Aullwod, Inc.

Dayton, OH, 45414

STEMing Science into Wildlife Conservation (6th Year)

\$10,000

Ohio

Geauga County Humane Society

Novelty / Russell Township, OH, 44072

Humane Education Program Expansion

\$20.000

Ohio

Humane Society of Summit County

Twinsburg, OH, 44087

Outreach Coordinator Position for Humane Education

\$15,000

Ohio

Nature Center at Shaker Lakes

Shaker Heights, OH, 44120

Getting a Head Start on Wildlife and Environmental Education (10th Year)

\$10,000

Medical, Rehabilitation, and Wellness Care for Animals

Great Lakes Region CANTER Michigan

Commerce Township, MI, 48382

Surgery & Care for Injured Ex-Racehorses at Michigan State University Equine Hospital (12th Year)

\$12,500

Great Lakes Region SPCA Serving Erie County

West Seneca / Buffalo, NY, 14224 Wildlife Rehabilitation Program \$7,120

Ohio

Brukner Nature Center

Troy, OH, 45373

New Quarantine Building for Contagious Wildlife Patients \$10,000

Ohio

Lake Erie Nature & Science Center

Bay Village, OH, 44140

Wildlife Rehabilitation - Lights Out Cleveland Initiative (3rd Year)

\$15,000

Ohio

LifeCare Alliance

Columbus, OH, 43223

Senior PetCare Program (10th Year)

\$10,000

Ohio

Pets in Need of Greater Cincinnati

Lockland/Cincinnati, OH, 45215

Wellness Care to Pets of Lower Income Households (5th Year)

\$12,000

Ohio

United Coalition for Animals

Cincinnati, OH, 45225

Dog ID Microchips & Vaccinations in Butler County (3rd Year)

\$6,000

Other

Ohio

Philanthropy Ohio

Columbus, OH, 43215

Membership for 2019

\$1,475

Other Animal Care Projects

Great Lakes Region

Northwoods Humane Society

Hayward, WI, 54843

Pets for Life Program at Lac Courte Oreilles Reservation

\$20,000

National

Animal Legal Defense Fund

Cotati, CA, 94931

Criminal Justice Program (4th Year)

\$10,000

National

Global Federation of Animal Sanctuaries

Phoenix, AZ, 85050

Equine Sanctuary Accreditation Program (3rd Year)

\$20,000

Other Equipment & Facilities Improvements

Great Lakes Region

The Wildcat Sanctuary

Sandstone, MN, 55072

Purchase Big Cat Transport Crates

\$7,000

Ohio

Berea Animal Rescue Friends

Berea, OH, 44017 New Shelter Building Project \$50,000

Ohio

League for Animal Welfare

Batavia, OH, 45103 More Than a Shelter Capital Campaign \$20,000

Ohio

Mercy Health Foundation Clark and Champaign Counties

Springfield, OH, 45504
Dog Park for Oakwood Village
\$2,500

Ohio

Paws and Whiskers Cat Shelter

Toledo, OH, 43615 Purchase & Implement New Donor Management Software \$10,500

Pet & Feral Animal Population Control

Great Lakes Region

Angels Among Us, Inc.
Bridgeport / Saginaw, MI, 48722

Feline Spay/Neuter Surgeries for Project TNR Saginaw (3rd Year) \$6,000

Great Lakes Region

Animal Friends, Inc.

Pittsburgh, PA, 15237

Compassionate Communities - Low Cost Spay/Neuter Services \$7.500

Great Lakes Region

Animal Humane Society

Minneapolis, MN, 55422

Community Outreach Program (4th Year)

\$20,000

Great Lakes Region

Indiana County Humane Society

Indiana, PA, 15701

Purchase Equipment to Open In-House Veterinary Clinic

\$12,000

Great Lakes Region

Low Cost Spay Neuter Washington County, Inc. (dba Fix 'ur Cat)

Canonsburg, PA, 15317

Purchase Surgical Instruments for Spay/Neuter Suite for Cats & Dogs

\$3,300

Great Lakes Region

Operation Pets: The Spay/Neuter Clinic of Western New York

Blasdell/Buffalo, NY, 14219

Feline Frenzy Project for Spay/Neuter of Feral & Other Free-Roaming Cats

\$15,000

Great Lakes Region

PAWS Chicago

Chicago, IL, 60614

Community Cats Stray & Feral TNR Program (7th Year)

\$6,750

Great Lakes Region

Spay-Neuter Services of Indiana

Indianapolis, IN, 46208

Northern Indiana Community Cats Initiative (3rd Year)

\$22,050

Great Lakes Region

The PAWS Clinic

Taylor, MI, 48180

The Family Affair Spay/Neuter Program (2nd Year)

\$6,750

Great Lakes Region

Wisconsin Humane Society

Milwaukee, WI, 53208

Pets for Life Program (3rd Year)

\$25,000

Ohio

Angels for Animals

Canfield, OH, 44406

Kitty BOGO Spay/Neuter Program (2nd Year)

\$13,350

Ohio

Cleveland Animal Protective League

Cleveland, OH, 44113

Community Cat TNR for Suburban Cuyahoga County (9th Year)

\$14,000

Ohio

CliftonDeer.org

Cincinnati, OH, 45220

Humane Urban Deer Solutions (4th Year)

\$7,500

Ohio

Fayette County Humane Society

Washington Court House, OH, 43160

Operation Cat Snip TNR Program (4th Year)

\$7,350

Ohio

Friends of the City of Cleveland Kennel

Cleveland, OH, 44105

Neighborhood Pets - Spay/Neuter Program (3rd Year)

\$25,000

Ohio

Humane Ohio

Toledo, OH, 43613

Outdoor Cat Spay/Neuter Program for Toledo & Lucas County (6th Year)

\$11,000

Ohio

PetFix Northeast Ohio

Euclid, OH, 44123

New Transport Vehicle Conversion

\$35,795

Ohio

Pets in Need of Greater Cincinnati

Lockland/Cincinnati, OH, 45215

Spay/Neuter Assistance to Pets of Lower Income Households (5th Year)

\$7,000

Ohio

Saving Pets One at a Time (SPOT)

Stockport, OH, 43787

Low Cost Spay/Neuter Clinic Visits for Dogs and Cats (4th Year) (with

MoCo Kitty Kontrol)

\$6,000

Ohio

Sierra's Haven for New and Used Pets

Portsmouth, OH, 45662

Spay/Neuter for Pets of Lower Income Households (9th Year)

\$10,000

Ohio

TNR of Warren

Warren, OH, 44484

Low Cost Spay/Neuter for Cats of Lower Income Families, and for Stray/Feral Cats (7th Year)

\$6,750

Ohio

Toledo Area Humane Society

Maumee, OH, 43537

Upgrade Veterinary Clinic Equipment

\$25,000

Ohio

United Coalition for Animals

Cincinnati, OH, 45225

Dog Spay/Neuter Surgeries for Butler County (3rd Year)

\$14,000

Veterinary Medical Education

Great Lakes Region

Leader Dogs for the Blind

Rochester Hills, MI, 48307

Veterinary Externship Progream (3rd Year)

\$10,000

National

American Society for the Prevention of Cruelty to Animals (ASPCA)

New York, NY, 10018

Spay/Neuter Alliance Veterinary Extern Training Program (3rd Year)

\$20,000

Ohio

University of Cincinnati Foundation

Cincinnati, OH, 45219

Veterinary Technology Program Community Service Partnership with Shelters (5th Year)

\$10,000