Form **990-PF** Department of the Treasury Internal Revenue Service 핔

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

For	calei	idar year 2019 of tax year beginning		, and ending	-	
		foundation			A Employer identification	number
-		ASTER FAMILY FOUNDATION	N, INC.		25 0060510	
	•	TARA LOLLIS			35-2062512	
		nd street (or P O box number if mail is not delivered to str	eet address)	Room/suite	B Telephone number	21
		0 JOHNSON STREET			574-262-15	/
		own, state or province, country, and ZIP or foreign	n postal code		G if exemption application is p	ending, check here
		HART, IN 46514			- - -	a haali hava
G (песк	all that apply: Initial return		rmer public charity ´	D 1. Foreign organizations	s, check here
		Final return	Amended return		Foreign organizations me check here and attach co	eting the 85% test,
	haal	Address change	Name change exempt private foundation	O /1	1	
n (_	type of organization: LX Section 501(c)(3)	Other taxable private founda	tion ('')	E If private foundation sta under section 507(b)(1)	
_ <u></u>		1717 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nting method X Cash	Accrual]	
		Part II, col. (c), line 16)	Other (specify)	Accidal	F If the foundation is in a under section 507(b)(1)	
	·\$	171 622 (Part I. co	lumn (d), must be on cash basi	s.)		(D), CHECK HOLD
	ırt I			(b) Net investment	(c) Adjusted net	(d) Disbursements
		Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
_	1	Contributions, gifts, grants, etc., received	105,339.	1		,
'	2	Check If the foundation is not required to attach Sch. B	200/0000	wante and a special contracts.		<u></u>
//	3	Interest on savings and temporary cash investments	304 2 3 0			
11	4	Dividends and interest from securities	787.	787.		STATEMENT 1
М	5а	Gross rents			· ·	
		Net rental income or (loss)				!
_	_	Net gain or (loss) from sale of assets not on line 10		_	- 1 1111	
Revenue	b	Gross sales price for all assets on line 6a	RECEIVED			-
Ş	7	Capital gain net income (from Part IV, line 2)		0.		F
- Be	8	Net short-term capital gain	4AV 9 6 2020 O			
	9	Net short-term capital gain Income modifications	MAY 2 6 2020 9			1
	10a	Gross sales less returns and allowances				!
	١.	Less Cost of goods sold	OGDEN, UT			ı
		Gross profit or (loss)				i
	11	Other income				ì
	12	Total. Add lines 1 through 11	106,126.	787.	0.	
	13	Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
	14	Other employee salaries and wages		<u></u>		
	15	Pension plans, employee benefits				
ses	16a	Legal fees				
လခ္မ	Ь	Accounting fees STMT 2	750.	375.	0.	375.
S	С	Other professional fees				
- Sep	17	Interest				
港	18	Taxes STMT 3	1.	0.	0.	1.
<u>∏</u>	19	Depreciation and depletion				!
Œ	20	Occupancy				
⅓	21	Travel, conferences, and meetings				
70	22	Printing and publications				
⊢- ē	23	Other expenses				
Operating and Maministral NAZOS	24	Total operating and administrative				
%		expenses. Add lines 13 through 23	751.	375.	0.	
ফু	25	Contributions, gifts, grants paid	75,000.			75,000.
	ı	Total expenses and disbursements.	•			
	L	Add lines 24 and 25	75,751.	375.	0.	75,376.
-	27	Subtract line 26 from line 12.				
	l	Excess of revenue over expenses and disbursements	30,375.		L	i
	l	Net investment income (if negative, enter -0-)		412.		1
	l	Adjusted net income (if negative, enter -0-)			0.	1

LEMASTER FAMILY FOUNDATION, INC.

35-2062512 Form 990-PF (2019) C/O TARA LOLLIS Page 2 Balance Sheets Attached schedules and amounts in the description column should be for end-of year amounts only Beginning of year (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash - non-interest-bearing 90.819 171.622 171,622 2 Savings and temporary cash investments 3 Accounts receivable ► Less: allowance for doubtful accounts 4 Pledges receivable ▶ Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment: basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 171,622. 171,622 90.819. instructions. Also, see page 1, item 1) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 50,428. 22 Other liabilities (describe STATEMENT 4 0. 50,428 23 Total liabilities (add lines 17 through 22) Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. Fund Balances 24 Net assets without donor restrictions 25 Net assets with donor restrictions Foundations that do not follow FASB ASC 958, check here

X and complete lines 26 through 30. 171,742 171,742 Assets or 26 Capital stock, trust principal, or current funds 27 Paid-in or capital surplus, or land, bldg., and equipment fund -80,923. -50.54828 Retained earnings, accumulated income, endowment, or other funds 90,819. 121,194 Vet. 29 Total net assets or fund balances 90,819 171.622 30 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a Other increases not included in line 2 (itemize) Add lines 1, 2, and 3 4

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Decreases not included in line 2 (itemize)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29

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r dit iv	(a) List and describe t	he kınd(s) of property sold (for rehouse; or common stock, 20	example, real esta		(b) Hov P - P D - D	v acquired urchase lonation	(c) Date (mo., d	acquired lay, yr.)	(d) Date (mo , da	
 1a				· · · · · ·						
b	NON	NE .		-						
С										
<u>d</u>										_
<u>e</u>					<u> </u>					
(e) Gro	ss sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				ain or (loss) s (f) minus (
a										
b					_					
C					-					
d					+-					
Complete (nnly for assets showing	g gain in column (h) and owner	t hy the foundation	on 12/31/69.			I) Gains /C	ol (h) gain	minus	
	as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) E>	cess of col. (I)			l. (k), but r	not less than (from col. (f	-0-) or	
a										
b										
<u>C</u>	··· , <u> </u>									
d										
е										
2 Capıtal gaın	net income or (net cap	oital loss) $ \begin{cases} & \text{If gain, also} \\ & \text{If (loss), ent} \end{cases} $	enter in Part I, line er -0- in Part I, line	7 7	} _2	2				
If gaın, also	enter in Part I, line 8, o	s) as defined in sections 1222(column (c).	5) and (6).		}					
Part V	ter -0- in Part I, line 8 Qualification I Ir	nder Section 4940(e)	for Reduced	Tax on Net	Inves	tment in	come			
f section 4940 Was the found f "Yes," the fou	(d)(2) applies, leave the attention liable for the cocting	on 1912 tax on the distributable under section 4940(e). Do no	le amount of any yo t complete this par	ear in the baso por t.	rıod?				Yes	X No
	· · ·	ach column for each year, see	the instructions be	fore making any e					(d)	
B Calendar yea	(a) ase period years ar (or tax year beginnin	g in) Adjusted qualifyin	•	Net value of no	(c) incharita			Distrib (col. (b) divi		
	2018		125,374.			82,913				12115
	2017		70,375.			67,14				18074
	2016		170,380.			62,238				37556
	2015		200,387.			L65,250 L45,274				12629 11401
	2014		<u> 175,985.</u>			L45,2/4	* •		1.4.	11401
	e 1, column (d)		atal an han Ohorf	O	a a		2		7.72	21775
-	ion has been in existen	-year base period - divide the t ce if less than 5 years	otal off fille 2 by 5.	o, or by the humb	er or yea	15	3		1.54	44355
f Enter the ne	et value of noncharitabl	e-use assets for 2019 from Pa	rt X, line 5				4		89	,072.
5 Multiply line	e 4 by line 3						5		137	<u>,559.</u>
6 Enter 1% of	f net investment incom	e (1% of Part I, line 27b)					6		 _	4.
7 Add lines 5	and 6						7		137	<u>,563.</u>
B Enter qualif	yıng distributions from	Part XII, line 4					8		75	,376.
	qual to or greater than tVI instructions.	line 7, check the box in Part VI	, line 1b, and comp	olete that part usin	ıg a 1% t	ax rate.				

LEMASTER FAMILY FOUNDATION, INC. 35-2062512 Form 990-PF (2019) C/O TARA LOLLIS Page 4 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions 1a Exampt 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) 8 b Domestic foundations that meet the section 4940(e) requirements in Part V, check 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-) 8. 3 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 8. Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0a 2019 estimated tax payments and 2018 overpayment credited to 2019 0 b Exempt foreign organizations - tax withheld at source 6b 0. c Tax paid with application for extension of time to file (Form 8868) 6c 0 d Backup withholding erroneously withheld 0. 7 Total credits and payments. Add lines 6a through 6d 0. Enter any penalty for underpayment of estimated tax. Check here _____ if Form 2220 is attached 8 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 11 Enter the amount of line 10 to be: Credited to 2020 estimated tax Refunded Part VII-A Statements Regarding Activities No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in Х any political campaign? 1a Х b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 1b 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 d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. > \$ 0 . (2) On foundation managers ▶ \$ e 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 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 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a N/A b If "Yes." has it filed a tax return on Form 990-T for this year? 4h X 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 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 Х remain in the governing instrument? X 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

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

year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV

of each state as required by General Instruction G? If "No," attach explanation

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

10 Did any persons become substantial contributors during the tax year? If "yes," attach a schedule listing their names and addresses

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

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X

8b

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LEMASTER FAMILY FOUNDATION, INC.

Form 990-PF (2019) C/O TARA LOLLIS 35-2062512 Page 5 Part VII-A Statements Regarding Activities (continued) No Yes 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? 12 If "Yes," attach statement, See instructions 13 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A Telephone no. > 574-262-1531The books are in care of TARA LOLLIS Located at ▶ 2300 JOHNSON STREET, ELKHART, IN ZIP+4 ▶46514 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here N/A and enter the amount of tax-exempt interest received or accrued during the year 15 Yes No At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, Х 16 securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required No Yes File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year, did the foundation (either directly or indirectly): Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after Yes X No termination of government service, if terminating within 90 days) b If any answer is "Yes" to 1a(1) (6), did any of the acts fail to qualify under the exceptions described in Regulations . : 1b section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations rolying 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 1c before the first day of the tax year beginning in 2019? 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines Yes X No 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 N/A 2b statement - see instructions.) o If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. u.v 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time 🗌 Yes 🗓 No 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 boquest; or (3) the lapse of the 10-, 16-, or 20-year first phase holding period? (Use Form 4720, N/A Schedule C, to determine if the foundation had excess business holdings in 2019.) 3b 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a b Did the foundation make any investment in a prior year (but after December 31, 1969) that could leopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?

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				1	i
_					
2	Compensation of five highest-paid employees (other than those in	<u>ncluded on line 1). If none</u>	, enter "NONE."		
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, othe allowances
	NONE				
_					
_					
		<u> </u>			
	·				
_					
_					<u> </u>
T	otal number of other employees paid over \$50,000				

	(a) Name and address of each person paid more than \$50,000	er "NONE." (b) Type of service	(c) Compensation
		(B) Type of Service	(C) Compensation
N	ONE		
tal number o	f others receiving over \$50,000 for professional services		•
art IX-Δ	Summary of Direct Charitable Activities		
ot the foundat imber of orga	tion's four largest direct charitable activities during the tax year. Include relevant stati inizations and other beneficiaries served, conferences convened, research papers pro	duced, etc.	Expenses
N	/A		
	್ ೨ ಯಾವು ೨ ಅವರ್ಯ ಈ ೨-ರ್ಷ ೨೪೪) ರ್ಷ	- 1 to to 1 to 1 to 1 to 1 to 1 to 1 to	
	್ ್ ಯಾಜ್ಞಾನಿ ತಿಂದಿ ಮಹ ಭಾರೀ ವಾದ ನಿಲ್ಲಿಕ್ಕೆ ಡ್ಲಸ	- 1 Sec - 4 9 - 4	
	ார் வஞ்சா சினைய சிசையை சிலநெடியா	-) tabe (
· · ·	ார் வெளும் உடையை ச ும்படி சில்றியா	-) w v . <u>s</u>	
	r n g canage n en sance que e en cana en	- 1 co c - 2 c - 2	**************************************
	rry cangers was now to be and bush our	- 1 con c	**************************************
		- 1 car 6 - 1 car 2 - 1 ca	**************************************
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art IX-B	Summary of Program-Related Investments		
art IX-B	Summary of Program-Related Investments of largost program-rolated investments are foundation during the tax year or		Amount
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P	art X ' Minimum Investment Return (All domestic found	dations must complete this part	Foreign four	ndations, see	nstructions)
1	Fair market value of assets not used (or held for use) directly in carrying our	t charitable, etc., purposes			
а		,		1a	0.
b	Average of monthly cash balances			1b	90,428.
c	Fair market value of all other assets			1c	
d	Total (add lines 1a, b, and c)			1d	90,428.
	Reduction claimed for blockage or other factors reported on lines 1a and				
	1c (attach detailed explanation)	1e	0.		
2	Acquisition indebtedness applicable to line 1 assets			2	_0.
3	Subtract line 2 from line 1d			3	90,428.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greate	r amount, see instructions)		4	1,356.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter he	-		5	89,072.
6	Minimum investment return. Enter 5% of line 5			6	4,454.
P	art XI Distributable Amount (see instructions) (Section 494 foreign organizations, check here ▶ ☐ and do not complete		oundations an	id certain	
_		uns part.)		1	4,454.
1	Minimum investment return from Part X, line 6	20	8.		4,434.
	Tax on investment income for 2019 from Part VI, line 5	2a 2b	0.		
b	Income tax for 2019. (This does not include the tax from Part VI.) Add lines 2a and 2b	20		- 2c	8.
_				3	4,446.
3	Distributable amount before adjustments. Subtract line 2c from line 1			4	0.
4.	, , ,		constant	5	4,446.
5	Add lines 3 and 4			6	4,440.
6	Deduction from distributable amount (see instructions)	d on Dort VIII. line 1		7	4,446.
<u>7_</u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here an	d on Part XIII, line 1		1	4,440.
Р	art XII Qualifying Distributions (see instructions)				
ī	Amounts paid (including administrative expenses) to accomplish charitable,	, etc., purposes.			
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	75,376.
b	Program-related investments - total from Part IX-B			1b	0.
7	Amounts paid to acquire assets used (or held for use) directly in carrying or	it charitable, etc., purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the:				
а	Suitability test (prior IRS approval required)			3a	
b	Cash distribution test (attach the required schedule)			3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V	, line 8, and Part XIII, line 4		4	75,376.
5	Foundations that qualify under soction 4940(o) for the reduced rate of tax of	n not invostmont			
	income. Enter 1% of Part I, line 27b			5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	75,376.
	Note: The amount on line 6 will be used in Part V, column (h), in subsequel	nt vears when calculating whether th	e foundation o	malifies for the	section

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4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see instructions)

Destrobutable amount for 2019 from Part XI, inte 7		(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
Line	1 Distributable amount for 2019 from Part XI.				
2. Uncombided scene 4 any, as of the and of 2019 a Enter amount for 2018 only b Total for prior years. 3. Excess distributions carryover, if any, to 2019; a From 2014 16.8, 7.21 b From 2015 19.2, 1.24 c From 2016 16.7, 2.68 c From 2016 16.7, 2.68 c From 2016 17.0, 1.23 c From 2018 1.21 c J.23 c From 2018 c J.23 c From 2018 1.21 c J.23 c From	·				4,446.
Series amount for 2016 only	· •				
S Excess dishibutions curryover, J any, to 2018; a From 2014	· · · · · · · · · · · · · · · · · · ·			0.	
3 Excess distributions carryover, farry, to 2019: a From 2014	b Total for prior years.				
a From 2014	,,		0.		
b From 2015	3 Excess distributions carryover, if any, to 2019:				
EFrom 2016					
d From 2017					
e From 2018					
f Total of lines 3s through e 4 Qualifying distributions for 2019 from Part XII, line 4. ► 5. T5, 376. a Applied to 2018, but not more than line 2a b Applied to indistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2019 distributable amount e Remaning amount distributed out of corpus (Election required - see instructions) d Applied to 2019 distributable amount e Remaning amount distributed out of corpus (in amount appears in column (in)) E fletter than et total of each column as indicated below: 2 Corpus Add treast 4.c. and 4 subtract line 5 b Prior years' undistributed income Subtract line 4 b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deteniency has been issued, or on which the section 494(2a) tax has been previously assessed 3 Subtract line 6 from line 8b. Taxable amount - see instructions c Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must be distributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must be distributed income for 2019 Subtract lines 4d and 5 from line 8. This amount must be distributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must be distributed income for 2019 Subtract lines 4d and 5 from line 6a 10 Analysis of line 9. 3 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9. 3 Excess from 2016 6 16 7, 268. 6 70, 18. 6 Excess from 2016 6 Excess from 2016 6 167, 268. 6 Excess from 2018 6 121, 230.					
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b Excess from 2016 c Excess from 2017 d Excess from 2018 167,268. 67,018. 121,230.					
c Excess from 2017 67,018. d Excess from 2018 121,230.	b Excess from 2016 167, 268.				
d Excess from 2018 121, 230.					

LEMASTER FAMILY FOUNDATION, INC. 35-2062512 Form 990-PF (2019) Page 10 C/O TARA LOLLIS Part XIV | Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling 4942(j)(3) or 4942(j)(5) b Check box to indicate whether the foundation is a private operating foundation described in section 2 a Enter the lesser of the adjusted net Tax year Prior 3 years (d) 2016 (a) 2019 (b) 2018 (c) 2017 (e) Total income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4, for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter. (1) Value of all assets (2) Value of assets qualifying under section 4942(1)(3)(B)(1) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed c "Support" alternative test - enter: (1) Total support other than gross investment income (interest. dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III) (3) Largest amount of support from an exempt organization (4) Gross investment income Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) NONE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here $\triangleright [X]$ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or email address of the person to whom applications should be addressed: b The form in which applications should be submitted and information and materials they should include:

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

c Any submission deadlines,

LEMASTER FAMILY FOUNDATION, INC. 35-2062512 Page 11 Form 990-PF (2019) C/O TARA LOLLIS Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation status of recipient Purpose of grant or contribution show any relationship to any foundation manager or substantial contributor Amount Name and address (home or business) a Paid during the year

FUNDACION MIES	NONE	EXEMPT	RELIGIOUS	
P.O. BOX 8642				
BAYAMON, PR 00960				75,000.
		-		
		1		
Total	1		▶ 3a	75,000.
b Approved for future payment				73,000.
• • • • • • • • • • • • • • • • • • • •			I	
NONE				_
NONE				_
NONE				
NONE			▶ 3b	0. form 990-PF (2019)

Part XVI-A Analysis of Income-Producing Activities

Fatar avec an extension otherwise indicated	Unrelated	business income	Exclude	d by section 512, 513, or 514	(0)
Enter gross amounts unless otherwise indicated	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	Code		-		
b					
c					
d					
e	1				
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					···
4 Dividends and interest from securities			14	787.	
5 Net rental income or (loss) from real estate.					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property			-		
7 Other investment income		_ · - · - ·	1 1		<u> </u>
8 Gain or (loss) from sales of assets other					
than inventory 9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
С					
d					
е					
12 Subtotal. Add columns (b), (d), and (e)		0.	<u>. </u>	787.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	787.
(See worksheet in line 13 instructions to verify calculations)					
Part XVI-B Relationship of Activities					
Line No. Explain below how each activity for which income the foundation's exempt purposes (other than			A contribut	ted importantly to the accom	plishment of
NOT APPLICABLE					
					-
					
		· · · · · ·			
				· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·			

orm 990-PF (20	19) C/O	TARA L	OLLIS	_		35- <u>2062512</u>	Page 13
Part XVII	Information	Regarding	Transfers to and T	ransactions and	Relationships Wit	h Noncharitable	
	Evampt Ora						

		Exempt Organ	izations							
1	Did the or	ganization directly or indi	rectly engage in any	of the followin	ng with any other organizati	on described in sec	tion 501(c)		Yes	No
	(other tha	n section 501(c)(3) organ	nzations) or in sectio	n 527, relatin	g to political organizations?	•			İ	
a	Transfers	from the reporting founda	ation to a noncharita	ble exempt or	ganızatıon of;					
	(1) Cash							1a(1)		<u>X</u>
	(2) Other	assets						1a(2)		<u>X</u>
b	Other tran	sactions:								
	(1) Sales	of assets to a noncharital	ble exempt organizat	tion				16(1)		_X_
	(2) Purch	nases of assets from a no	ncharitable exempt o	organization				1b(2)		<u>X</u>
	(3) Renta	al of facilities, equipment,	or other assets					1b(3)		<u>X</u>
	(4) Reim	bursement arrangements						1b(4)		X X X X X
	(5) Loans	s or loan guarantees						1b(5)		<u>X</u>
	(6) Perfo	rmance of services or me	mbership or fundrais	sıng solıcıtatıc	ons			1b(6)		<u>X</u>
		f facilities, equipment, ma						lu		<u>X</u>
					dule. Column (h) should al				ets.	
					ed less than fair market vali	ud in any transaction	n or sharing arrangeme	nt, show in		
	,) the value of the goods,					pr,pr s,			
1) Lii	ne no	(b) Amount involved	(c) Name of		e exempt organization	(d) Descriptio	n of transfers, transactions,	and sharing arra	angemer	1ts
				N/A						
					*****************				-	
		· · · · · · · · · · · · · · · · · · ·								
								•		
		······	**************	·			********************			
								,		
										<u>-</u>
			-		or more tax-exempt organi	ızatlons described				1
		501(c) (other than section		ction 527?				Yes	X	J No
b	If "Yes," co	mplete the following sch			457	T	(-) December of males			
		(a) Name of org	anization		(b) Type of organization		(c) Description of relat	onsnip		
		N/A								
						-				
	[[]		45-415				hast of multiplication	-		
o: ~	and be	elief, it is true, correct, and con	nplete Declaration of pro-	s return, including eparer (other that	ng accompanying schedules and n taxpayer) is based on all inform	nation of which prepare	r has any knowledge	May the IRS d return with the	iscuss t	nis
Sig Hei	in	- 1. /h/	1 <i>(</i>)		10/100		PARY/TREAS	s <u>hown</u> below?	See ins	tr
10	4	prayer	ks		3/16/20	URER	 	X Yes	<u> </u>	JNo
	Sign	nature of officer of trustee		I D	Daté /	Title	Chook	TIM		
		Print/Type preparer's na	ıme	Preparer's s	ignature	Date		ΓIN		
D~:	id			LANG	The de	1/2/20N	self- employed	200040		
Pai		MICHAEL E.		*	while	91.		200048		
	eparer	Firm's name ► KRU	GGEL, LAW	TON &	COMPANY, LLC	2	Firm's EIN ► 35	-13077	U1	
US	e Only						<u> </u>			
		Firm's address ▶ 31								
		EL	KHART, IN	<u> 46516</u>			Phone no. 574			
								Earm QQA	DE	2010)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

	EMASTER FAMILY FOUNDATION, INC.	35-2062512
Organization type (check of		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	is covered by the General Rule or a Special Rule.)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ula Saa instructions
Note: Only a section 30 (c)	(r), (b), or (ro) diganization can check boxes to both the deneral rule and a Special ru	ile dee instructions
General Rule		
•	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II See instructions for determining a contributor	•
Special Rules		
sections 509(a)(1) any one contribute	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amou I, line 1. Complete Parts I and II	or 16b, and that received from
year, total contribi	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from utions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educative to children or animals. Complete Parts I, II, and III	
year, contributions is checked, enter purpose Don't co	In described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a sexclusively for religious, charitable, etc., purposes, but no such contributions totaled makere the total contributions that were received during the year for an exclusively religious implete any of the parts unless the General Rule applies to this organization because it is etc., contributions totaling \$5,000 or more during the year	ore than \$1,000 If this box ,, charitable, etc ,
but it must answer "No" or	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fin Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Forther filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	•

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Employer identification number

LEMASTER FAMILY FOUNDATION, INC. C/O TARA LOLLIS

35-2062512

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution LEMASTER FAMILY CHARITABLE LEAD UNITRUST C/O COMERICA BANK & Person Payroll Noncash P.O. BOX 75000 105,339. (Complete Part II for noncash contributions) DETROIT, MI 48275-3300 (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions) (d) (a) (b) (c) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II for noncash contributions) (c) (a) (b) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroil Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

LEMASTER FAMILY FOUNDATION, INC.

C/O TARA LOLLIS

35-2062512

Part II Non	cash Property (see instructions) Use duplicate copies of Pa	art II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

Name of organization

Employer identification number

LEMASTER FAMILY FOUNDATION, INC.

DEMMOTEN	LWMITHI	FOUNDATION,	TIAC .
C/O TARA	LOLLIS		

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m	(h) Down and of wift	(a) Hop of sift	(d) Description of how gift is hold
No. m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of now gift is field
_ =			(d) Description of how gift is held Relationship of transferor to transferee (d) Description of how gift is held Relationship of transferor to transferee (d) Description of how gift is held Relationship of transferor to transferee
			
		(e) Transfer of gif	ft
	Transferee's name, address, an	nd 7IP ± 4	Relationship of transferor to transferee
	Transfer de Chame, addresse, an		
-			
o. n	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		2.502	
-			
		(e) Transfer of gif	rt
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee
o. n	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
1	(b) i dipose of girt	(0) 000 01 g	(e) Zees. p. a
_ _			
-			
	<u> </u>	(e) Transfer of git	ft
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
0.			
o. n	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- —			
) —		(e) Transfer of git	
		(e) Transfer of gr	Relationship of transferor to transferee

FORM 990-PF	DIVIDENDS	S AND INTER	EST FROM	SECUR	ITIES	SI	ATEMENT	1	
SOURCE	GROSS AMOUNT	CAPITAI GAINS DIVIDENI	REV	(A) REVENUE PER BOOKS		(B) NET INVEST- MENT INCOME		ADJUSTED	
ROBERT W BAIRD ACCOUNT #3430-6396 DM47	787.		0.	787.		787.	71	87.	
TO PART I, LINE 4	787	. 0.		787.		787.	787.		
FORM 990-PF		ACCOUNTI	NG FEES			SI	ATEMENT	2	
DESCRIPTION		(A) EXPENSES PER BOOKS	NET INV	EST-		red	(D) CHARITAI PURPOSI		
KRUGGEL, LAWTON & COLLC	OMPANY,	750.		375.		0.	3'	75.	
TO FORM 990-PF, PG 1, LN 16B		750. 375.		375.	·	0. 375		75.	
FORM 990-PF		TAX	ES			SI	ATEMENT	3	
DESCRIPTION		(A) EXPENSES PER BOOKS	NET INV	EST-		red	(D) CHARITAI PURPOSI		
2019 TAX		1.		0.	0.			1.	
TO FORM 990-PF, PG	1, LN 18 _	1.		0.		0.		1.	
·									
FORM 990-PF		OTHER LIA	BILITIES		"'	SI	TATEMENT	4	
		OTHER LIA	BILITIES		TUUOMA		TATEMENT	4	
FORM 990-PF	CLUT	OTHER LIA	BILITIES				<u>_</u>		