

For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019

Name of foundation HYLANT FAMILY FOUNDATION INC		A Employer identification number 46-4379091	
Number and street (or P O box number if mail is not delivered to street address) PO BOX 1687		Room/suite	B Telephone number (see instructions) (419) 255-1020
City or town, state or province, country, and ZIP or foreign postal code TOLEDO, OH 436031687		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) <b>\$ 52,600</b>	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis )	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	430,116			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments	82	82		
	4 Dividends and interest from securities . . .				
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2) . . .		0		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .				
	12 Total. Add lines 1 through 11 . . . . .	430,198	82		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach schedule) . . . . .	2,380	0		0
	c Other professional fees (attach schedule) . . . . .				
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . .	1	0		0
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .	212	0		0
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .				
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	2,593	0		0
	25 Contributions, gifts, grants paid . . . . .	389,016			389,016
	26 Total expenses and disbursements. Add lines 24 and 25	391,609	0		389,016
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	38,589			
	b Net investment income (if negative, enter -0-)		82		
c Adjusted net income (if negative, enter -0-) . . .					

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .			
	<b>2</b> Savings and temporary cash investments . . . . .	13,799	52,600	52,600
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U S and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .			
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .			
	<b>14</b> Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)				
<b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	13,799	52,600	52,600	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	16,007	16,219	
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23</b> <b>Total liabilities</b> (add lines 17 through 22) . . . . .	16,007	16,219	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	<b>24</b> Net assets without donor restrictions . . . . .	-2,208	36,381	
	<b>25</b> Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	<b>26</b> Capital stock, trust principal, or current funds . . . . .			
	<b>27</b> Paid-in or capital surplus, or land, bldg , and equipment fund			
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds			
	<b>29</b> <b>Total net assets or fund balances</b> (see instructions) . . . . .	-2,208	36,381	
<b>30</b> <b>Total liabilities and net assets/fund balances</b> (see instructions) .	13,799	52,600		

<b>Part III Analysis of Changes in Net Assets or Fund Balances</b>		
<b>1</b> 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) . . . . .	<b>1</b>	-2,208
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	38,589
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	36,381
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	<b>6</b>	36,381

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
<b>1a</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss) <div style="float: right; font-size: small;">             { If gain, also enter in Part I, line 7              If (loss), enter -0- in Part I, line 7           } </div>	<b>2</b>	
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	<b>3</b>	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries


(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2018	305,973	29,505	10 370208
2017	249,702	41,653	5 994814
2016	397,903	40,544	9 814103
2015	203,650	25,740	7 911810
2014	222,450	18,311	12 148435
<b>2</b> Total of line 1, column (d)			<b>2</b> 46 239370
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years			<b>3</b> 9 247874
<b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5			<b>4</b> 40,018
<b>5</b> Multiply line 4 by line 3			<b>5</b> 370,081
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 1
<b>7</b> Add lines 5 and 6			<b>7</b> 370,082
<b>8</b> Enter qualifying distributions from Part XII, line 4			<b>8</b> 389,016

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	<b>1</b>
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	<b>0</b>
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	<b>1</b>
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	<b>0</b>
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	<b>1</b>
<b>6</b>	Credits/Payments		
<b>a</b>	2019 estimated tax payments and 2018 overpayment credited to 2019	<b>6a</b>	<b>0</b>
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	<b>1</b>
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	<b>0</b>
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	<b>1</b>
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	<b>0</b>
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . ▶	<b>9</b>	<b>0</b>
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . ▶	<b>10</b>	
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2020 estimated tax</b> ▶ <b>Refunded</b> ▶	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .	<b>1a</b>	<b>No</b>
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). . . . . If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	<b>1b</b>	<b>No</b>
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	<b>No</b>
<b>d</b> 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 ▶ \$ _____ 0		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____ 0		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . If "Yes," attach a detailed description of the activities	<b>2</b>	<b>No</b>
<b>3</b> 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 . . . . .	<b>3</b>	<b>No</b>
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	<b>No</b>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . If "Yes," attach the statement required by General Instruction T	<b>5</b>	<b>No</b>
<b>6</b> 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? . . . . .	<b>6</b>	<b>Yes</b>
<b>7</b> 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 . . . . .	<b>7</b>	<b>Yes</b>
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ OH _____		
<b>b</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) of each state as required by General Instruction G? If "No," attach explanation .	<b>8b</b>	<b>Yes</b>
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV . . . . .	<b>9</b>	<b>Yes</b>
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses  . . . . .	<b>10</b>	<b>Yes</b>

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	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. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	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. . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>►</b> N/A	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of <b>►</b> HYLANT GROUP INC Telephone no <b>►</b> (419) 255-1020			

Located at **►** PO BOX 1687 TOLEDO OH ZIP+4 **►** 436031687

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . <b>►</b> <input type="checkbox"/>	<b>15</b>		
<b>16</b>	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, 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 <b>►</b>	<b>16</b>	<b>Yes</b>	<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

<b>1a</b>	During the year did the foundation (either directly or indirectly)		<b>Yes</b>	<b>No</b>
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(6)	Agree to pay money or property to a government official? ( <b>Exception.</b> 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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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. . . . . Organizations relying on a current notice regarding disaster assistance check here. <b>►</b> <input type="checkbox"/>	<b>1b</b>		
<b>c</b>	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? . . . . .	<b>1c</b>		<b>No</b>
<b>2</b>	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))			
<b>a</b>	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>►</b> 20____, 20____, 20____, 20____			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions). . . . .	<b>2b</b>		
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>►</b> 20____, 20____, 20____, 20____			
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</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 Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019). . . . .	<b>3b</b>		
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	<b>4b</b>		<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

		Yes	No
<b>5a</b>	During the year did the foundation pay or incur any amount to		
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.	<b>5b</b>	
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>	
<b>c</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870	<b>6b</b>	
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b>	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?	<b>7b</b>	
<b>8</b>	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(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, other allowances
NONE				
<b>Total number of other employees paid over \$50,000.</b>				<b>0</b>

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ►		0

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
<b>1</b> THE FOUNDATION SERVED 51 EXEMPT ORGANIZATIONS THIS YEAR BY PROVIDING FINANCIAL SUPPORT FOR THEM TO CONTINUE TO SERVE THEIR COMMUNITIES FOR THEIR EDUCATIONAL, CHARITABLE, RELIGIOUS AND SCIENTIFIC PURPOSES	389,016
<b>2</b>	
<b>3</b>	
<b>4</b>	

**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
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . . ►	0

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	0
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	40,627
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	40,627
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	40,627
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	609
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	40,018
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	2,001

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☒ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	
<b>2a</b>	Tax on investment income for 2019 from Part VI, line 5.	<b>2a</b>	
<b>b</b>	Income tax for 2019 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	
<b>5</b>	Add lines 3 and 4.	<b>5</b>	
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	389,016
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	389,016
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	<b>5</b>	1
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	389,015

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				
<b>2</b> Undistributed income, if any, as of the end of 2019				
<b>a</b> Enter amount for 2018 only. . . . .				
<b>b</b> Total for prior years 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2019				
<b>a</b> From 2014. . . . .				
<b>b</b> From 2015. . . . .				
<b>c</b> From 2016. . . . .				
<b>d</b> From 2017. . . . .				
<b>e</b> From 2018. . . . .				
<b>f</b> Total of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4 ▶ \$ _____				
<b>a</b> Applied to 2018, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2019 distributable amount. . . . .				
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6 Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5				
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<b>c</b> 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. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2019 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2020 . . . . .				
<b>7</b> 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). . . . .				
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9 Excess distributions carryover to 2020.</b> Subtract lines 7 and 8 from line 6a . . . . .				
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2015. . . . .				
<b>b</b> Excess from 2016. . . . .				
<b>c</b> Excess from 2017. . . . .				
<b>d</b> Excess from 2018. . . . .				
<b>e</b> Excess from 2019. . . . .				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** 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. . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section ☒ 4942(j)(3) or ☐ 4942(j)(5)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

Tax year	Prior 3 years			(e) Total	
(a) 2019	(b) 2018	(c) 2017	(d) 2016		
0	0	0	0	0	
<b>b</b> 85% of line 2a . . . . .	0	0	0	0	
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .	389,016	305,974	249,702	397,903	1,342,595
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .	0	0	0	0	0
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .	389,016	305,974	249,702	397,903	1,342,595

**3** Complete 3a, b, or c for the alternative test relied upon

**a** "Assets" alternative test—enter

(1) Value of all assets . . . . . 0

(2) Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . . 0

**b** "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .

1,334	983	1,389	1,351	5,057
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**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) . . . . . 0

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . . 0

(3) Largest amount of support from an exempt organization . . . . . 0

(4) Gross investment income . . . . . 0

**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.)**

**1 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) )  
See Additional Data Table

**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

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☒ 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. See instructions.

**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

**c** Any submission deadlines

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

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b> ▶ <b>3a</b>				389,016
<b>b</b> <i>Approved for future payment</i> See Additional Data Table				
<b>Total . . . . .</b> ▶ <b>3b</b>				92,850

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b>	Program service revenue					
<b>a</b>	_____					
<b>b</b>	_____					
<b>c</b>	_____					
<b>d</b>	_____					
<b>e</b>	_____					
<b>f</b>	_____					
<b>g</b>	Fees and contracts from government agencies					
<b>2</b>	Membership dues and assessments. . . .					
<b>3</b>	Interest on savings and temporary cash investments . . . . .			14	82	
<b>4</b>	Dividends and interest from securities. . . .					
<b>5</b>	Net rental income or (loss) from real estate					
<b>a</b>	Debt-financed property. . . . .					
<b>b</b>	Not debt-financed property. . . . .					
<b>6</b>	Net rental income or (loss) from personal property					
<b>7</b>	Other investment income. . . . .					
<b>8</b>	Gain or (loss) from sales of assets other than inventory . . . . .					
<b>9</b>	Net income or (loss) from special events					
<b>10</b>	Gross profit or (loss) from sales of inventory					
<b>11</b>	Other revenue <b>a</b> _____					
<b>b</b>	_____					
<b>c</b>	_____					
<b>d</b>	_____					
<b>e</b>	_____					
<b>12</b>	Subtotal Add columns (b), (d), and (e). . .		0		82	0
<b>13</b>	<b>Total.</b> Add line 12, columns (b), (d), and (e). . . . . (See worksheet in line 13 instructions to verify calculations )			<b>13</b>		<b>82</b>

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

<b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of			
<b>(1)</b> Cash.	<b>1a(1)</b>		<b>No</b>
<b>(2)</b> Other assets.	<b>1a(2)</b>		<b>No</b>
<b>b</b> Other transactions			
<b>(1)</b> Sales of assets to a noncharitable exempt organization.	<b>1b(1)</b>		<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization.	<b>1b(2)</b>		<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets.	<b>1b(3)</b>		<b>No</b>
<b>(4)</b> Reimbursement arrangements.	<b>1b(4)</b>		<b>No</b>
<b>(5)</b> Loans or loan guarantees.	<b>1b(5)</b>		<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations.	<b>1b(6)</b>		<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	<b>1c</b>		<b>No</b>
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</b> should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column <b>(d)</b> the value of the goods, other assets, or services received.			

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	*****	2020-08-21	*****	May the IRS discuss this return with the preparer shown below? (see instr.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer or trustee	Date	Title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	MICHAEL L HANF CPA		2020-08-21		P01734562
	Firm's name ▶ WILLIAM VAUGHAN COMPANY Firm's address ▶ 145 CHESTERFIELD LANE MAUMEE, OH 435373836				

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
SANDRA M HYLANT	SECRETARY 2 50	0	0	0
2942 RIVA RIDGE TOLEDO, OH 43615				
RICHARD C HYLANT	PRESIDENT 2 50	0	0	0
2135 HAWTHORNE RD TOLEDO, OH 43606				
MICHAEL M HYLANT	DIRECTOR 2 50	0	0	0
2520 EDGEHILL RD TOLEDO, OH 43615				
JEANNIE Y HYLANT	TREASURER 2 50	0	0	0
5926 BARKWOOD LANE SYLVANIA, OH 43560				
STEPHEN T HYLANT	DIRECTOR 2 50	0	0	0
4346 BIRCH RUN RD TROY, MI 48098				
CLAIRE HYLANT	DIRECTOR 2 50	0	0	0
2135 HAWTHORNE RD TOLEDO, OH 43606				
TINA HYLANT	DIRECTOR 2 50	0	0	0
2520 EDGEHILL RD TOLEDO, OH 43615				
KAREN HYLANT	DIRECTOR 2 50	0	0	0
4346 BIRCH RUN RD TROY, MI 48098				
JACKIE BERENZWEIG	DIRECTOR 2 50	0	0	0
4603 BROOKSIDE RD TOLEDO, OH 43615				
JON STROLE	DIRECTOR 2 50	0	0	0
6330 JULIANNA LN WHITEHOUSE, OH 43571				

**Form 990PF Part XV Line 1a - 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).**

SANDRA M HYLANT
RICHARD C HYLANT
MICHAEL M HYLANT
JEANNIE Y HYLANT
STEPHEN T HYLANT
CLAIRE HYLANT
TINA HYLANT
KAREN HYLANT

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

<div>Recipient</div>	<div>If recipient is an individual, show any relationship to any foundation manager or substantial contributor</div>	<div>Foundation status of recipient</div>	<div>Purpose of grant or contribution</div>	<div>Amount</div>
<div>Name and address (home or business)</div>				
<b>a</b> <i>Paid during the year</i>				
AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES 3100 W CENTRAL AVE TOLEDO, OH 43606	NONE	PC	THE AMERICAN RED CROSS PREVENTS AND ALLEVIATES HUMAN SUFFERING IN THE FACE OF EMERGENCIES BY MOBILIZING THE POWER OF VOLUNTEERS AND THE GENEROSITY OF DONORS	5,000
AMERICAN RED CROSS OF NW OHIO CHAPTER 1111 RESEARCH DRIVE TOLEDO, OH 43614	NONE	PC	THE AMERICAN RED CROSS PREVENTS AND ALLEVIATES HUMAN SUFFERING IN THE FACE OF EMERGENCIES BY MOBILIZING THE POWER OF VOLUNTEERS AND THE GENEROSITY OF DONORS	20,000
BASE CAMP CHILDREN'S CANCER FOUNDATION 1230 COMMERCIAL PARK DRIVE SUITE 108 LONGWOOD, FL 32779	NONE	SO III NFI	OUR MISSION AT BASE CAMP CHILDREN'S CANCER FOUNDATION IS TO PROVIDE A YEAR-ROUND BASE OF SUPPORT FOR CHILDREN AND FAMILIES WHO ARE FACING THE DAY-TO-DAY CHALLENGE OF LIVING WITH CANCER AND OTHER LIFE-THREATENING HEMATOLOGICAL ILLNESSES	2,500
<b>Total . . . . . ► 3a</b>				389,016



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BGSU FOUNDATION- INSURANCE & RISK MANAGEMENT INSTITUTE DEPT OF FINANCE MILETI ALUMNI CENTER BOWLING GREEN, OH 43403	NONE	PC	CREATE AN EDUCATIONAL AND PROFESSIONAL NETWORK THAT PROVIDES THE INDUSTRY TO STUDENTS	5,000
BLACK SWAMP BIRD OBSERVATORY 13551 WEST STATE ROUTE 2 OAK HARBOR, OH 43449	NONE	SO III NFI	TO INSPIRE THE APPRECIATION, ENJOYMENT AND CONSERVATION OF BIRDS AND THEIR HABITATS THROUGH RESEARCH, EDUCATION, AND OUTREACH	5,500
CAL RIPKEN SR FOUNDATION INC 1427 CLARKVIEW ROAD SUITE 100 BALTIMORE, MD 21209	NONE	PC	THE CAL RIPKEN, SR FOUNDATION HELPS BUILD CHARACTER AND TEACH CRITICAL LIFE LESSONS TO DISADVANTAGED YOUNG PEOPLE LIVING IN AMERICA'S MOST DISTRESSED COMMUNITIES THROUGH SPORTS-THEMED PROGRAMS	15,000
<b>Total . . . . . ▶ 3a</b>				389,016

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CARDINAL STRITCH CATHOLIC HIGH SCHOOL & ACADEMY 3225 PICKLE ROAD OREGON, OH 43616	NONE	PC	CARDINAL STRITCH CATHOLIC HIGH SCHOOL & ACADEMY IS A LEADER IN CATHOLIC EDUCATION. WE CHALLENGE ALL STUDENTS TO GROW AS DISCIPLES OF JESUS CHRIST IN A FAMILY-ORIENTED COMMUNITY THAT FOSTERS ACADEMIC AND PERSONAL EXCELLENCE. CARDINAL STRITCH CATHOLIC HIGH SCHOOL & ACADEMY IS A FAMILY OF FAITH, KNOWLEDGE, AND STRENGTH.	500
CARSON'S CREW AND KENNEDY TOO 719 ASPEN AVE ELMORE, OH 43416	NONE	PC	"CARSON'S CREW AND KENNEDY, TOO!" WAS FOUNDED AS AN ORGANIZATION TO HELP RAISE AWARENESS ABOUT CYSTIC FIBROSIS AND MONEY TO HELP FUND RESEARCH FOR A CURE.	5,000
CHERRY STREET MISSION 105 17TH ST TOLEDO, OH 43604	NONE	PC	SHELTER, FEED, AND CLOTHE THE HOMELESS AND POOR.	10,000
<b>Total . . . . . ► 3a</b>				389,016

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CHILDREN'S HOSPITAL OF MICHIGAN FOUNDATION 3011 W GRAND BLVD SUITE 218 DETROIT, MI 48202	NONE	PC	THE CHILDREN'S HOSPITAL OF MICHIGAN FOUNDATION SUPPORTS PEDIATRIC RESEARCH, EDUCATION, COMMUNITY BENEFIT PROGRAMS, AND OTHER INITIATIVES THAT IMPROVE THE HEALTH AND WELLNESS OF CHILDREN	5,000
COLLEGE MENTORS FOR KIDS 212 W 10TH ST B260 INDIANAPOLIS, IN 46202	NONE	PC	SUPPORT KIDS LEARNING ABOUT HIGHER EDUCATION OPPORTUNITIES, AS WELL AS THE IMPORTANCE OF SELF-RELIENCE, SELF-CONFIDENCE, TAKING INITIATIVE AT SCHOOL, AND MAKING WISE ACADEMIC AND SOCIAL CHOICES	15,000
COLUMBUS METROPOLITAN LIBRARY 96 S GRANT AVE COLUMBUS, OH 43215	NONE	SO III NFI	BUILDING RESOURCES FOR THE SOLE PURPOSE OF ADVANCING THE MISSION OF COLUMBUS METROPOLITAN LIBRARY FOR GENERATIONS TO COME	5,000
<b>Total . . . . . ▶ 3a</b>				389,016

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DIABETES YOUTH SERVICES 2100 W CENTRAL AVENUE SUITE 110 TOLEDO, OH 43606	NONE	PC	DIABETES YOUTH SERVICES (DYS) IS AN INDEPENDENT NON-PROFIT ORGANIZATION THAT PROVIDES EDUCATIONAL AND SUPPORTIVE SERVICES FOR YOUNG PEOPLE WITH DIABETES, THEIR FAMILIES, SCHOOLS AND COMMUNITIES THROUGHOUT NORTHWEST OHIO AND SOUTHEAST MICHIGAN	2,000
EVANS SCHOLAR FOUNDATION 4405 DORR STREET TOLEDO, OH 43607	NONE	PC	THE FOUNDATION PROVIDES SCHOLARSHIPS AND OTHER EDUCATIONAL OPPORTUNITIES FOR CADDIES AND PROMOTES THE SOCIAL AND EDUCATIONAL WELFARE OF RECIPIENTS	750
FEET ON THE STREET 1947 FRANKLIN AVENUE TOLEDO, OH 43604	NONE	PC	RAISING MONEY FOR THE TOLEDO POLICE DEPARTMENT'S MOUNTED PATROL UNIT AND TO BRING ATTENTION TO THE IMPORTANCE OF PROPER STAFFING OF OUR POLICE PERSONNEL	2,000
<b>Total . . . . . ► 3a</b>				389,016

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FIRST TEE OF LAKE ERIE LLC 4601 DORR STREET TOLEDO, OH 43615	NONE	PC	INTRODUCING THE GAME OF GOLF AND ITS INHERENT VALUES TO YOUNG PEOPLE	3,000
FORGOTTEN HARVEST 21800 GREENFIELD RD OAK PARK, MI 48237	NONE	PC	SUPPORT EFFORTS IN COLLECTING FOOD AND DONATING IT TO EMERGENCY FOOD PROVIDERS TO RELIEVE HUNGER	1,000
FOUNDATION TO ERADICATE DUCHENNE INC PO BOX 2371 ALEXANDRIA, VA 22301	NONE	PC	RESEARCH TREATMENTS AND AN ULTIMATE CURE FOR DUCHENNE MUSCULAR DYSTROPHY	2,000
<b>Total . . . . . ▶ 3a</b>				389,016

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GOOD SAMARITAN HOSPICE OF PITTSBURGH 116 BROWNS HILL ROAD SUITE 100 VALENCIA, PA 16059	NONE	SO III NFI	THE MISSION IS TO ESTABLISH AND MAINTAIN PROGRAMS WHICH PROVIDE SUPPORTIVE CARE FOR TERMINALLY ILL PATIENTS AND THEIR FAMILIES, AND TO PROVIDE ASSOCIATED SERVICES INCLUDING, BUT NOT LIMITED TO, OPERATIONS OF A NON-PROFIT HOSPICE	100
HEARTBEAT OF TOLEDO 4041 W SYLVANIA AVE SUITE LL4 TOLEDO, OH 43623	NONE	SO III NFI	HEARTBEAT IS A LIFE-AFFIRMING ORGANIZATION WHOSE MISSION IS TO BE THE BEST SOURCE OF INFORMATION AND SUPPORT TO WOMEN FACING PREGNANCIES AND TO HELP MOMS, DADS AND BABIES IN NEED	1,450
HOUSTON SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS 900 PORTWAY DRIVE HOUSTON, TX 77024	NONE	SO III NFI	TO PROMOTE COMMITMENT TO AND RESPECT FOR ALL ANIMALS AND TO FREE THEM FROM SUFFERING, ABUSE AND EXPLOITATION	500
<b>Total . . . . . ▶ 3a</b>				389,016

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
INSURANCE SOCIETY OF PHILADELPHIA 1120 RT 73 SUITE 200 MOUNT LAUREL, NJ 08054	NONE	PF	TO DELIVER EXCEPTIONAL VALUE TO THE RISK AND INSURANCE COMMUNITY BY PROVIDING A FORUM FOR NETWORKING, SCHOLARSHIPS, CAREER DEVELOPMENT AND CHARITABLE SUPPORT	5,500
LAMBIE'S LEGACYPO BOX 1068 PERRYSBURG, OH 43552	NONE	PC	WE BRING PEOPLE TOGETHER TO SUPPORT ORGANIZATIONS THAT PROMOTE HEALTH AWARENESS AND CANCER RESEARCH IN THE HOPE OF GIVING PEOPLE MORE TIME TO SHARE THE EXTRAORDINARY MOMENTS OF EVERYDAY LIFE	1,250
LOURDES UNIVERSITY 6832 CONVENT BLVD SYLVANIA, OH 43560	NONE	PC	CONTINUING OPPORTUNITIES FOR INTELLECTUAL DISCOVERY, ACCENTUATING BOTH LIBERAL LEARNING AND INTEGRATED PROFESSIONAL EDUCATION	10,000
<b>Total . . . . . ▶ 3a</b>				389,016

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MARCH OF DIMES FOUNDATION 1275 MAMARONECK AVE WHITE PLAINS, NY 10605	NONE	PC	SUPPORT PROGRAMS ASSISTING MOMS TO HAVE FULL-TERM PREGNANCIES AND RESEARCH THE PROBLEMS THAT THREATEN THE HEALTH OF BABIES	2,500
MERCY FOUNDATION 2213 CHERRY ST ACC BUILDING SUITE 307 TOLEDO, OH 43608	NONE	PC	THE VISION OF THE MERCY COLLEGE OF OHIO FOUNDATION, ROOTED IN THE COLLEGE'S HISTORY AND HERITAGE, IS TO INITIATE AND FORM RELATIONSHIPS THAT PROMOTE STEWARDSHIP, FUNDRAISING, AND ADVOCACY IN SUPPORT OF STUDENT SUCCESS THE MISSION OF MERCY COLLEGE OF OHIO FOUNDATION, INC IS TO PROVIDE PHILANTHROPIC SUPPORT FOR MERCY COLLEGE OF OHIO THROUGH THE ACQUISITION AND ALLOCATION OF RESOURCES	7,500
MIAMI UNIVERSITY FOUNDATION 725 E CHESTNUT ST OXFORD, OH 45056	NONE	PC	SUPPORT THE EDUCATIONAL AND RESEARCH ACTIVITIES AS WELL AS THE MANAGEMENT AND STEWARDSHIP OF THE MIAMI UNIVERSITY ENDOWMENT	7,500
<b>Total . . . . . ► 3a</b>				389,016



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
OHIO FOUNDATION INDEPENDENT COLLEGES 250 E BROAD ST STE 1700 COLUMBUS, OH 43215	NONE	PC	EDUCATIONAL PROGRAMS, SCHOLARSHIPS AND COLLABORATIVE EFFORTS	6,000
OTTAWA HILLS SCHOOLS FOUNDATION 3600 INDIAN ROAD TOLEDO, OH 43606	NONE	PC	RAISE AND DISTRIBUTE PRIVATE DOLLARS TO SUPPORT IMPORTANT PROGRAMS AND OFFERINGS FOR STUDENTS	10,000
PINE LAKE COUNTRY CLUB - EMPLOYEE SCHOLARSHIP FOUNDATION 3300 PINE LAKE RD ORCHARD LAKE, MI 48324	NONE	SO II	SCHOLARSHIPS TO ITS EMPLOYEES AND THEIR FAMILIES IN THEIR PURSUIT OF AN UNDERGRADUATE OR TRADE SCHOOL DEGREE	500
<b>Total . . . . . ▶ 3a</b>				389,016

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PROMEDICA FOUNDATION 2142 N COVE BLVD TOLEDO, OH 43606	NONE	SO II	GENERAL FUND FOR HEALTHCARE NETWORK	113,833
PROMEDICA TOLEDO HOSPITAL FOUNDATION 2142 N COVE BLVD TOLEDO, OH 43606	NONE	SO II	GENERAL FUND FOR HEALTHCARE NETWORK	25,000
PROVIDENCE ST MEL SCHOOL 119 S CENTRAL PARK BLVD CHICAGO, IL 60624	NONE	PF	PROVIDENCE ST MEL SCHOOL IS AN INDEPENDENT, PRIVATE SCHOOL WHOSE MISSION IS TO PROVIDE A HIGH-QUALITY, COLLEGE PREPARATORY EDUCATION TO STUDENTS FROM PRESCHOOL THROUGH GRADE 12 THE SCHOOL PRIMARILY TARGETS STUDENTS ON CHICAGO'S WEST SIDE	5,000
<b>Total . . . . . ► 3a</b>				389,016

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SISTERS OF THE VISITATION 1745 PARKSIDE BLVD TOLEDO, OH 43607	NONE	NC	WE, THE SISTERS OF THE VISITATION OF HOLY MARY, HAVE FREELY RESPONDED TO A CALL TO FOLLOW JESUS BY BEING GATHERED IN LOVING PRAYERFUL COMMUNITIES THAT ARE CHARACTERIZED BY FIDELITY TO THE GOSPEL AND THE CHURCH	1,000
SMILE TRAIN41 MADISON AVE NEW YORK, NY 10010	NONE	PC	TRAINING AND FUNDING TO EMPOWER LOCAL DOCTORS IN DEVELOPING COUNTRIES TO PROVIDE 100%-FREE CLEFT REPAIR SURGERY	250
ST FRANCIS DE SALES HIGH SCHOOL 7101 PINE BIRR LN SYLVANIA, OH 43560	NONE	PC	SCHOLARSHIP PROVIDED TO ST FRANCIS HIGH SCHOOL STUDENTS	5,750
<b>Total . . . . . ► 3a</b>				389,016

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ST JOHN'S JESUIT HIGH SCHOOL 5901 AIRPORT HWY TOLEDO, OH 43615	NONE	SO I	SCHOLARSHIPS FOR ST JOHNS JESUIT HIGH SCHOOL AND ACADEMY	15,000
SUNSHINE INC RESIDENTIAL & SUPPORT SERVICES 7223 MAUMEE WESTERN ROAD MAUMEE, OH 43537	NONE	PC	SUNSHINE'S MISSION IS TO CREATE COMMUNITY AMONG PEOPLE WITH DEVELOPMENTAL DISABILITIES, THEIR FAMILIES, FRIENDS AND STAFF WE DO THIS BY OFFERING SERVICES THAT ENABLE ALL OF US TO BUILD RELATIONSHIPS THAT ENHANCE OUR LIVES THROUGH MUTUAL CARING AND GROWTH	4,133
THE COUNCIL FOUNDATION 45 L STREET SW WASHINGTON, DC 20024	NONE	NC	TODAY, THE COUNCIL FOUNDATION'S FOCUS IS TO RECRUIT AND ATTRACT THE NEXT GENERATION OF DIVERSE TALENT TO THE COMMERCIAL INSURANCE BROKERAGE INDUSTRY PRIMARILY WE ARE DOING THIS THROUGH OUR ANNUAL SCHOLARSHIP PROGRAM, WHICH PROVIDES \$5,000 SCHOLARSHIPS TO STUDENTS INTERNING IN MEMBER FIRMS	2,500
<b>Total . . . . . ► 3a</b>				389,016

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE LEUKEMIA & LYMPHOMA SOCIETY INC 1311 MAMARONECK AVENUE SUITE 310 WHITE PLAINS, NY 10605	NONE	PC	THE MISSION OF THE LEUKEMIA & LYMPHOMA SOCIETY (LLS) IS CURE LEUKEMIA, LYMPHOMA, HODGKIN'S DISEASE AND MYELOMA, AND IMPROVE THE QUALITY OF LIFE OF PATIENTS AND THEIR FAMILIES WE EXIST TO FIND CURES AND ENSURE ACCESS TO TREATMENTS FOR BLOOD CANCER PATIENTS	1,000
THE NATIONAL WORLD WAR II MUSEUM INC 945 MAGAZINE ST NEW ORLEANS, LA 70130	NONE	PC	SUPPORT EFFORTS TO COLLECT AND PRESERVE HISTORY AND ARTIFACTS FROM WORLD WAR II	1,500
THE NATURE CONSERVANCY 1917 FIRST AVE SEATTLE, WA 98101	NONE	PC	SUPPPORT EFFORTS TO PROTECT AND CONSERVE LANDS AND WATERS	10,000
<b>Total . . . . . ► 3a</b>				389,016

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE POTTER'S HOUSE 810 VANRAALTE DR SW GRAND RAPIDS, MI 49509	NONE	PF	THE POTTER'S HOUSE PROVIDES A CHRIST-CENTERED EDUCATION TO CHILDREN OF ALL ETHNIC HERITAGES AND INCOME LEVELS, EQUIPPING THEM TO SERVE GOD AND SOCIETY TO THEIR FULLEST POTENTIAL	500
THE TOLEDO COMMUNITY FOUNDATIONTHE SCIENCE SOCIETY 2949 KENWOOD BLVD TOLEDO, OH 43606	NONE	PC	GENERAL FUND FOR INFORMING AND EDUCATING INDIVIDUALS ABOUT COMMUNITY ISSUES AND GRANT-MAKING OPPORTUNITIES	5,000
THE TOLEDO MUSEUM OF ART PO BOX 1013 TOLEDO, OH 43697	NONE	PC	GENERAL FUND FOR THE COLLECTION AND PROGRAMS	25,000
<b>Total . . . . . ► 3a</b>				389,016

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNITED JEWISH APPEAL - FED OF JEWISH PHILANTHROPIES OF NEW YORK INC DBA 130 E 59TH ST NEW YORK, NY 10022	NONE	PC	SUPPORT CENTRAL FORCE FOR COMMUNAL PLANNING AND PHILANTHROPY IN THE NEW YORK JEWISH COMMUNITY	5,000
UNITED WAY OF WESTERN MICHIGAN 118 COMMERCE AVE SW SUITE 100 GRAND RAPIDS, MI 49503	NONE	PC	OUR VISION IS A THRIVING COMMUNITY FOR ALL WE WILL ACCOMPLISH THIS BY FULFILLING OUR MISSION TO UNITE COMMUNITY RESOURCES TO INVEST IN SOLUTIONS THAT REDUCE POVERTY IN WEST MICHIGAN	2,500
UNIVERSITY OF ST FRANCIS 2701 SPRING STREET FORT WAYNE, IN 46808	NONE	PF	ROOTED IN THE CATHOLIC AND FRANCISCAN TRADITIONS OF FAITH AND REASON, THE UNIVERSITY OF SAINT FRANCIS ENGAGES A DIVERSE COMMUNITY IN LEARNING, LEADERSHIP, AND SERVICE	2,500
<b>Total . . . . . ▶ 3a</b>				389,016

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WESTERN RESERVE ACADEMY 115 COLLEGE ST HUDSON, OH 44236	NONE	PC	GENERAL FUND FOR EDUCATION	5,000
WOODBERRY PARK FOUNDATION PO BOX 158 TOLEDO, OH 43697	NONE	PC	THE MISSION OF WOODBERRY PARK IS TO PROMOTE INCREASED KNOWLEDGE AND UNDERSTANDING OF THE GAME OF CHESS FOR ITS OWN SAKE AND THROUGH CRITICAL THINKING AND ART	1,500
<b>Total . . . . . ▶ 3a</b>				389,016



**TY 2019 Accounting Fees Schedule****Name:** HYLANT FAMILY FOUNDATION INC**EIN:** 46-4379091

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING FEES	2,380	0		0

**TY 2019 Substantial Contributors  
Schedule****Name:** HYLANT FAMILY FOUNDATION INC**EIN:** 46-4379091

Name	Address
HYLANT GROUP INC	PO BOX 1687 TOLEDO, OH 43603
MIKE TINA HYLANT	2520 EDGEHILL RD OTTAWA HILLS, MI 43615
SANDRA HYLANT	2942 RIVA RIDGE TOLEDO, OH 43615
JEANNIE HYLANT	5926 BARKWOOD LN SYLVANIA, OH 43560
STEVE KAREN HYLANT	4346 BIRCH RUN DR TROY, MI 48098
RICHARD CLAIRE HYLANT	2135 HAWTHORNE RD TOLEDO, OH 43606

**TY 2019 Taxes Schedule****Name:** HYLANT FAMILY FOUNDATION INC**EIN:** 46-4379091

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL INCOME TAX EXPENSE	1	0		0

<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	<b>Schedule of Contributors</b>  ▶ <b>Attach to Form 990, 990-EZ, or 990-PF</b> ▶ Go to <u><a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a></u> for the latest information	OMB No 1545-0047
		<b>2019</b>
Name of the organization HYLANT FAMILY FOUNDATION INC		<b>Employer identification number</b> 46-4379091

Organization type (check one)

<b>Filers of:</b>	<b>Section:</b>
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  
HYLANT FAMILY FOUNDATION INC

Employer identification number  
46-4379091

**Part I****Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HYLANT GROUP INC 811 MADISON AVE TOLEDO, OH 43604	\$ 304,316	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions )
2	MIKE AND TINA HYLANT 2520 EDGEHILL RD TOLEDO, OH 43615	\$ 35,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions )
3	SANDRA HYLANT 2942 RIVA RIDGE TOLEDO, OH 43615	\$ 17,500	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions )
4	JEANNIE HYLANT 5926 BARKWOOD LN SYLVANIA, OH 43560	\$ 10,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions )
5	STEVE AND KAREN HYLANT 4346 BIRCH RUN DR TROY, MI 48098	\$ 25,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions )
6	RICHARD AND CLAIRE HYLANT 2135 HAWTHORNE RD TOLEDO, OH 43606	\$ 20,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions )

Name of organization HYLANT FAMILY FOUNDATION INC	Employer identification number 46-4379091
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions) Use duplicate copies of Part II if additional space is needed</small>	(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
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

Name of organization HYLANT FAMILY FOUNDATION INC	Employer identification number 46-4379091
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<b>Part III</b>	<b>Exclusively</b> religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of <b>exclusively</b> religious, charitable, etc., contributions of <b>\$1,000 or less</b> for the year. (Enter this information once. See instructions.) ► \$ _____ Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee