Department of the Treasury Internal Revenue Service

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/Form990PFfor instructions and the latest information.

Open to Public Inspection

F	or cal	lendar year 2019 or tax year beginning		04/	01 ,2019,	and ending		03/31,20 20
N	ame of	foundation					A Employer identif	ication number
	HAM	AN FAMILY FOUNDATION OAG #	98-1135				31-	-6565640
N	umber	and street (or P O box number if mail is not deliver	ed to street add	iress)		Room/suite	B Telephone number	er (see instructions)
0	PO	BOX 1558 DEPT EA5W86						30-438 - 1180
2	ity or to	own, state or province, country, and ZIP or foreign p	ostal code					
10							C If exemption applica pending, check here	ition is ▶ 🔲 (a
 -	COL	UMBUS, OH 43216					_	_ ~
	Che	ck all that apply: Initial return		Initial return	of a former p	ublic charity	D 1 Foreign organizat	tions, check here
\equiv		Final return		Amended ret	urn		2 Foreign organizat 85% test, check h	
_		Address change		Name change		<u></u> .		iere and adacti
	Che	ck type of organization: X Section 5	01(c <u>)(3)</u> exe	empt private f	oundation	ion 04	E If private foundation	status was terminated
7 7		section 4947(a)(1) nonexempt charitable trust		ner taxable pri		1011	1 '	o)(1)(A), check here .
3	•			nethod: X Ca	ash Acc	rual	F If the foundation is i	in a 60-month termination
TMAR	end	of year (from Part II, col. (c), line	Other (spe				under section 507(b	o)(1)(8),check here
٦	16)), must be on ca	sh basis.)		<u></u>	
1	Part	Analysis of Revenue and Expenses (1	(w) ***	evenue and	(b) Net inve	stment	(c) Adjusted net	(d) Disbursements for charitable
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in	evb	enses per books	incom		income	purposes
_	1	column (a) (see instructions))						(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule) Check X if the foundation is not required to attach Sch. B.	·					
	2		• [- "		<u> </u>		
-	3	Interest on savings and temporary cash investment	1	01 102	4	7 000		COMO 1
	4	Dividends and interest from securities	•	21,123.		7,998.		STMT 1
	5a	Gross rents	•					
		Net rental income or (loss)		21 211				
4	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all		31,311.			- RECE	IVED -
Revenue	_	assets on line 6a			2	1,311.	36	08
à	7	Capital gain net income (from Part IV, line 2)			3	1,311.		2,2020
_	. 8	Net short-term capital gain					TO TAIL TURE	1, 0
	10a	Income modifications	•				III OODE	<u> </u>
	l .	and allowances						 \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
		Less Cost of goods sold .	-					
	1	Gross profit or (loss) (attach schedule) Other income (attach schedule)		· ····				· · · · · · · · · · · · · · · · · · ·
J	11 12	Total. Add lines 1 through 11 · · · · · ·		52,434.	4	9,309.	· ····	
70	13	Compensation of officers, directors, trustees, etc.	<u> </u>	11,647.		8,735.		2,912.
7 vd	ol .	Other employee salaries and wages	-			NONE	NONE	
ביי שמי	15	Pension plans, employee benefits	I	-		NONE	NONE	
<u>۔</u>	162	Legal fees (attach schedule)						
ĭ	Ь	Accounting fees (attach schedule) STMT 2		550.		275.	NONE	275.
<u>ة</u> ∼		Other professional fees (attach schedule)	I					
֓֞֓֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	17	Interest						
Z .	18	Taxes (attach schedule) (see instructions). 3		353.		24.		
55	19	Depreciation (attach schedule) and depletion	1					
္ဌန	20	Occupancy	1					
ທຽ	14 15 16a b c 17 18 19 20 21	Travel, conferences, and meetings				NONE	NONE	
Ž	22	Printing and publications				NONE	NONE	
ב	23 24 25	Other expenses (attach schedule) STMT. 4		200.		100.		100.
į	24	Total operating and administrative expense	s.					
Š		Add lines 13 through 23		12,7 <u>5</u> 0.		9,134.	NONE	
č	25	Contributions, gifts, grants paid		<u>50,150.</u>				50,150.
_	26	Total expenses and disbursements Add lines 24 and 2	25	62,900.		9,134.	NONE NONE	<u>53,437</u> .
	27	Subtract line 26 from line 12:						
	a	Excess of revenue over expenses and disbursemen	ts	-10,466.				
	b	Net investment income (if negative, enter -0	-)		4	0,175.		
_		Adjusted net income (If negative, enter -0-).						000.05
SA F	or Par	perwork Reduction Act Notice, see instruction	ns.					Form 990-PF (2019)

sρ

Pa	rt II	Balance Sheets	Attached schedules and amounts in the	Beginning of year	End o	f year
			description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	 Cash - non-interest-beari	ng			
	2	Savings and temporary	cash investments	58,479.	29,546.	29,546.
		Accounts receivable				
		Less: allowance for doub	otful accounts >			
		Less: allowance for doub	otful accounts >			·
	5	Grants receivable				
	6	Receivables due from	officers, directors, trustees, and other			
-		•	ach schedule) (see instructions)			·
-			eceivable (attach schedule)			
		Less: allowance for doui	otful accounts NONE			
Assets			se			
SS			eferred charges			
۹	10a	Investments - U S and state	government obligations (attac STMTul5	204,485.	440.650	445 553
-	b	Investments - corporate	stock (attach schedule) . STMT .6	526,588.	442,658.	447,773.
-		Investments - corporate Investments - land, building	bonds (attach schedule) . STMT .7	49,903.	355,244.	345,297.
- [and equipment basis	<u> </u>			
- 1		Less accumulated deprecia (attach schedule)				
	12	Investments - mortgage	loans			
- 1		Investments - other (atta Land, buildings, and	ich schedule)		···	
-			b interest			
-		(attach schedule)	ation			
- 1			>)			
1			completed by all filers - see the		827,448.	822-,616.
\dashv			age 1, item ()	035,433.	021,440.	022,010.
- 1			ccrued expenses			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
- 1						
Ę.						
·=I			rs, trustees, and other disqualified persons			
<u>e</u>			otes payable (attach schedule)			
7	22	Other liabilities (describe	/			
	23	Total liabilities (add line	es 17 through 22)		NONE	
\dashv			v FASB ASC 958, check here			
nces		and complete lines 24,				
핆	24	Nat assats without dono	or restrictions			
Ba	25		estrictions · · · · · · · · · · · · · · · · · · ·			
힏			ollow FASB ASC 958, check here			
Assets or Fund Bala		and complete lines 26 thre				
5	26	Capital stock, trust princ	apal, or current funds	839,455.	827,448.	
S	27		r land, bldg , and equipment fund			
sel	28	Retained earnings, accumul	ated income, endowment, or other funds			
As	29	Total net assets or fund	d balances (see instructions)	839,455.	827,448.	
Set	30	Total liabilities and	net assets/fund balances (see			
_				839,455.	827,448.	
	art III		nges in Net Assets or Fund Bala			
1			palances at beginning of year - Part			AAA 1
			d on prior year's return)			839,455.
			line 27a			-10,466.
			ded in line 2 (itemize) > SEE STAT		3	902.
			<u> </u>			829,891.
		eases not included in			5	2,443.
6	Tota	I net assets or fund ba	alances at end of year (line 4 minus li	ine 5) - Part II, column (b), line 29 6 _	827,448.

101111	33041 (2010)					1 age o
Par	V Capital Gains	and Losses for Tax on Inve	estment income			
	(a) List and des	scribe the kind(s) of property sold (for e	xample, real estate,	(b) How acquired	(c) Date acquired	(d) Date sold
	2-story bi	rick warehouse; or common stock, 200	shs. MLC Co.)	P - Purchase D - Donation	(mo , day, yr)	(mo , day, yr)
1 a	PUBLICLY TRADED	SECURITIES				
<u> </u>						
						
<u>c</u>				 	 	
<u>d</u>						
<u>e</u>			(120)			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) minu	
a	314,947.		283,636.			31,311.
_ <u>u</u>	021/0111					
		,				
<u>c</u>						
<u>d</u>						
<u>e</u>			1			
	Complete only for assets sh	owing gain in column (h) and owned b			Gains (Col. (h) ga	
(i) FMV as of 12/31/69	(j) Adjusted basis	(k) Excess of col. (i)	col.	(k), but not less t Losses (from co	
	,,,	as of 12/31/69	over col. (j), if any		LOSSOS (HOITI CO	
a						31,311.
b						
C						
d						
_		(If as	ain, also enter in Part I, line 7		4	
2	Capital gain net income	or (net capital loss)	oss), enter -0- in Part I, line 7	2		31,311.
3	Not abort torm conital as	ain or (loss) as defined in sections	,			J1,J11.
3		art I, line 8, column (c). See ins				
	•					
				3		
Par	Qualification U	nder Section 4940(e) for Red	uced Tax on Net Investment Ir	ncome		
(For	optional use by domestic	private foundations subject to the	section 4940(a) tax on net investn	nent inco	me.)	
If sec	ction 4940(d)(2) applies,	leave this part blank.				
		·				
Was	the foundation liable for	the section 4942 tax on the distrib	utable amount of any year in the ba	ase perio	d?	Yes X No
If "Ye	es," the foundation doesn'	t qualify under section 4940(e). De	o not complete this part.			
1			r; see the instructions before makir	ng anv en	tries.	
<u> </u>	(a)	(b)	(c)	. <u> </u>	(d)	
٠.	Base period years	Adjusted qualifying distributions	Net value of noncharitable-use assets		Distribution ration (col. (b) divided by	tio
Calei	ndar year (or tax year beginning in)		055 006		(cor (b) divided by	
	2018	59,967.	955,886.			0.062734
	2017	50,601.	973,649.			0.051970
	2016	45,730.	919,168.			0.049752
	2015	46,892.	924,044.			0.050747
	2014	45,217.	955,069.			0.047344
2	Total of line 1 column le	d)		2		0.262547
3		o for the 5-year base period - divid				
3	•			3		0.052509
	the number of years the	roundation has been in existence	If less than 5 years	-	 -	0.032307
						030 700
4	Enter the net value of no	oncharitable-use assets for 2019 from	om Part X, line 5	4		<u>939,700.</u>
5	Multiply line 4 by line 3.			5		49,343.
c	Enter 1% of not investme	ent income (1% of Part I line 27h)		6		402.
6	Litter 1/6 Of Het investme	ent income (1/00) Fait I, line Z/D)	• • • • • • • • • • • • • • • • • • • •			
_	Add to a Control			7		49,745.
7	Add lines 5 and 6			' 		<i>TJ 1T J</i> •
						E2 427
8	Enter qualifying distribut	tions from Part XII, line 4		8		53,437.
		reater 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.					

_	990-PF (2019) 31-050504U				age 4
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	- see in	istru	τιοη	il
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)				
Ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check			4	02.
	here ► X and enter 1% of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of				
	Part I, line 12, col. (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)				<u>IONE</u>
3	Add lines 1 and 2				02.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)				<u>IONE</u>
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			4	02.
6	Credits/Payments:				
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 338.				
Ь	Exempt foreign organizations - tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868) 6c NONE				
d	Backup withholding erroneously withheld			_	
7	Total credits and payments. Add lines 6a through 6d			3	<u> 38.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				<u>64.</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax ► NONE Refunded ► 11				
Par	VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or d			Yes	No
	participate or intervene in any political campaign?		1a		<u> X</u>
Ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See				
	instructions for the definition		1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any material	erials	1		
	published or distributed by the foundation in connection with the activities.	İ	-		
c	Did the foundation file Form 1120-POL for this year?	L	1c		<u>X</u>
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$	f			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impose	ed			ı
•	on foundation managers. \$				ı
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		Х
-	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, ar	dicles			
3	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		Х
4-	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	1	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	1	4b		
_b	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
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 language in t	that			
	By state legislation that effectively amends the governing instrument so that no mandatory directions		6	Х	
	conflict with the state law 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	t XV	7		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions				
	OH .				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General 10		_		37
	(or designate) of each state as required by General Instruction G ² If "No," attach explanation STMT .10		8b		<u> X</u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3				
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV If "	'Yes,"			
	complete Part XIV		9		<u>X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing		- 1		
	names and addresses		10		<u> </u>
		For	m 99 (O-PF	2019)

Pari	t VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► HUNTINGTON NATIONAL BANK Telephone no. ► (330) 364 -	742	1	
	Located at ▶ PO BOX 1558 DEPT EA5W86, COLUMBUS, OH ZIP+4 ▶ 43216			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		>	
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
	the foreign country			1
Pari	t 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.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			1
	disqualified person?			1
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			1
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			1
	the benefit or use of a disqualified person)?			1
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			1
	foundation agreed to make a grant to or to employ the official for a period after			1
	termination of government service, if terminating within 90 days.)			1
.	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			1
b	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		Х
	Organizations relying on a current notice regarding disaster assistance, check here			
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
C	were not corrected before the first day of the tax year beginning in 2019?	1c		Х
•	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
2	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
_	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
a	6d and 6e) for tax year(s) beginning before 2019?			l
				l
.	If "Yes," list the years			l
b	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			l
	all years listed, answer "No" and attach statement - see instructions)	2b		
•	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
C				ľ
20	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			İ
Эd	at any time during the year?			ĺ
L	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or			ĺ
D	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			İ
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			ļ
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the	3ь		l
_	foundation had excess business holdings in 2019.)	4a		Х
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	74	-	
þ	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4b		х
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?		A DE	<u> </u>

Par	VII-B Statements Regarding Activities	for Which Form 4	1720 May Be Req	uired (continued)			
5a	During the year, did the foundation pay or incur any am	ount to:				Yes	No
	(1) Carry on propaganda, or otherwise attempt to influe	nce legislation (sectio	n 4945(e))?	. Yes X No	•		
	(2) Influence the outcome of any specific public el	ection (see section	4955); or to carry or	n,			
	directly or indirectly, any voter registration drive?			Yes X No	,		
	(3) Provide a grant to an individual for travel, study, or	other similar purposes	7	. Yes X No	,		
	(4) Provide a grant to an organization other than a						
	section 4945(d)(4)(A)? See instructions			Yes X No	•		
	(5) Provide for any purpose other than religious, of	harıtable, scientific,	literary, or educations				
	purposes, or for the prevention of cruelty to children						
ь	If any answer is "Yes" to 5a(1)-(5), did any of the				ו		
	Regulations section 53.4945 or in a current notice rega	rding disaster assistan	ice? See instructions .		<u>_ 5b</u> _		L
	Organizations relying on a current notice regarding disa	ster assistance, check	here	▶			
C	If the answer is "Yes" to question 5a(4), does the				-		
	because it maintained expenditure responsibility for the	grant?		Yes No	•		
	If "Yes," attach the statement required by Regulations s	ection 53.4945-5(d).					
6a	Did the foundation, during the year, receive any fu	· ·					
	on a personal benefit contract?			Yes X No			٠,,
b	Did the foundation, during the year, pay premiums, dire	ctly or indirectly, on a	personal benefit contra	act?	. <u>6b</u>		Х
	If "Yes" to 6b, file Form 8870.		_				
7a	At any time during the tax year, was the foundation a page 1						
b	If "Yes," did the foundation receive any proceeds or hav			ion/	· 7b		
8	Is the foundation subject to the section 4960 tax on particular.						
	remuneration or excess parachute payment(s) during the VIIIR Information About Officers, Director	e year/	ndation Manager	Yes X No			
	and Contractors					_	
1	List all officers, directors, trustees, and foundation	on managers and t	heir compensation.	See instructions.			
•	List all officers, alrestors, traditions, and realizable	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Evnens	e accol	ınt
	(a) Name and address		(c) Compensation (If not paid, enter -0-)		(e) Expens		
		(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans			
UNTI	(a) Name and address	(b) Title, and average hours per week devoted to position TRUSTEE 2	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans			
UNTI	(a) Name and address NGTON NATIONAL BANK X 1558 DEPT EA5W86, COLUMBUS, OH 43216	(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			-0-
HUNTI PO BO MARK	(a) Name and address NGTON NATIONAL BANK X 1558 DEPT EA5W86, COLUMBUS, OH 43216	(b) Title, and average hours per week devoted to position TRUSTER 2 COMMITTER 1	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			es
HUNTI PO BO MARK 2285 CINDY	(a) Name and address NGTON NATIONAL BANK X 1558 DEPT EASW86, COLUMBUS, OH 43216 HEIL BEECHWOOD DR. NW, DOVER, OH 44622 KNISELY	(b) Title, and average hours per week devoted to position TRUSTEB 2 COMMITTEB 1 COMMITTER	(c) Compensation (if not paid, enter-0-) 11,647.	(d) Contributions to employee benefit plans and deferred compensation - 0 -			-0- -0-
HUNTI PO BO MARK 2285 CINDY	(a) Name and address NGTON NATIONAL BANK X 1558 DEPT EASW86, COLUMBUS, OH 43216 HEIL BEBCHWOOD DR. NW, DOVER, OH 44622 KNISELY TUSCARAWAS, DOVER, OH 44622	(b) Title, and average hours per week devoted to position TRUSTEB 2 COMMITTEB 1 COMMITTES 1	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			-0-
HUNTI PO BO MARK 2285 CINDY 100 N	(a) Name and address NGTON NATIONAL BANK X 1558 DEPT EASW86, COLUMBUS, OH 43216 HEIL BEECHWOOD DR. NW, DOVER, OH 44622 KNISELY TUSCARAWAS, DOVER, OH 44622 VIN LUNDHOLM	(b) Title, and average hours per week devoted to position TRUSTEB 2 COMMITTEB 1 COMMITTER	(c) Compensation (if not paid, enter -0-) 11,647.	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 -			-0- -0-
HUNTI PO BO MARK 2285 CINDY 100 N J. KE	(a) Name and address NGTON NATIONAL BANK X 1558 DEPT EASW86, COLUMBUS, OH 43216 HEIL BEECHWOOD DR. NW, DOVER, OH 44622 KNISELY TUSCARAWAS, DOVER, OH 44622 VIN LUNDHOLM HAUNCEY AVE NW, NEW PHILADELPHIA, OH 44663	(b) Title, and average hours per week devoted to position TRUSTEE 2 COMMITTEE 1 COMMITTEE 1 COMMITTEE 1	(c) Compensation (If not paid, enter -0-) 11,647. -0-	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 -	other all	owance	-0- -0- -0-
HUNTI PO BO MARK 2285 CINDY 100 N J. KE 105 C	(a) Name and address NGTON NATIONAL BANK X 1558 DEPT EASW86, COLUMBUS, OH 43216 HEIL BEECHWOOD DR. NW, DOVER, OH 44622 KNISELY TUSCARAWAS, DOVER, OH 44622 VIN LUNDHOLM HAUNCEY AVE NW, NEW PHILADELPHIA, OH 44663 Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position TRUSTEE 2 COMMITTEE 1 COMMITTEE 1 COMMITTEE 1	(c) Compensation (If not paid, enter -0-) 11,647. -0-	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 -	other all	owance	-0- -0- -0-
HUNTI PO BO MARK 2285 CINDY 100 N J. KE 105 C	(a) Name and address NGTON NATIONAL BANK X 1558 DEPT EASW86, COLUMBUS, OH 43216 HEIL BEECHWOOD DR. NW, DOVER, OH 44622 KNISELY TUSCARAWAS, DOVER, OH 44622 VIN LUNDHOLM HAUNCEY AVE NW, NEW PHILADELPHIA, OH 44663	(b) Title, and average hours per week devoted to position TRUSTEE 2 COMMITTEE 1 COMMITTEE 1 COMMITTEE 1 (other than those	(c) Compensation (If not paid, enter -0-) 11,647. -0- -0- -0- -ie included on lin	(d) Contributions to employee benefit plans and deferred compensation -0- -0- -0- 1 - see instruction	other all	owance	-0- -0- -0- enter
HUNTI PO BO MARK 2285 CINDY 100 N J. KE 105 C	(a) Name and address NGTON NATIONAL BANK X 1558 DEPT EASW86, COLUMBUS, OH 43216 HEIL BEECHWOOD DR. NW, DOVER, OH 44622 KNISELY TUSCARAWAS, DOVER, OH 44622 VIN LUNDHOLM HAUNCEY AVE NW, NEW PHILADELPHIA, OH 44663 Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position TRUSTER 2 COMMITTER 1 COMMITTER 1 COMMITTER 1 (other than those	(c) Compensation (If not paid, enter -0-) 11,647. -0-	(d) Contributions to employee benefit plans and deferred compensation -0- -0- -0- 1 - see instruction (d) Contributions to employee benefit plans and deferred	other all	one,	-0- -0- -0- enter
HUNTI PO BO MARK 2285 CINDY 100 N J. KE 105 C	(a) Name and address NGTON NATIONAL BANK X 1558 DEPT EASW86, COLUMBUS, OH 43216 HEIL BEECHWOOD DR. NW, DOVER, OH 44622 KNISELY TUSCARAWAS, DOVER, OH 44622 VIN LUNDHOLM HAUNCEY AVE NW, NEW PHILADELPHIA, OH 44663 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position TRUSTER 2 COMMITTER 1 COMMITTER 1 COMMITTER 1 (other than those hours per week	(c) Compensation (If not paid, enter -0-) 11,647. -0- -0- -0- -ie included on lin	(d) Contributions to employee benefit plans and deferred compensation -0- -0- -0- 1 - see instruction (d) Contributions to employee benefit	other all	one,	-0- -0- -0- enter
HUNTI PO BO MARK 22285 CINDY 400 N J. KE 405 C	(a) Name and address NGTON NATIONAL BANK X 1558 DEPT EASW86, COLUMBUS, OH 43216 HEIL BEECHWOOD DR. NW, DOVER, OH 44622 KNISELY TUSCARAWAS, DOVER, OH 44622 VIN LUNDHOLM HAUNCEY AVE NW, NEW PHILADELPHIA, OH 44663 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTER 2 COMMITTER 1 COMMITTER 1 COMMITTER 1 (other than those hours per week	(c) Compensation (If not paid, enter -0-) 11,647. -0- -0- -0- ie included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -0- -0- -0- 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	other all ons). If no (e) Expens other all	one,	-0- -0- -0- enter
HUNTI PO BO MARK 2285 CINDY 100 N J. KE 105 C	(a) Name and address NGTON NATIONAL BANK X 1558 DEPT EASW86, COLUMBUS, OH 43216 HEIL BEECHWOOD DR. NW, DOVER, OH 44622 KNISELY TUSCARAWAS, DOVER, OH 44622 VIN LUNDHOLM HAUNCEY AVE NW, NEW PHILADELPHIA, OH 44663 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTER 2 COMMITTER 1 COMMITTER 1 COMMITTER 1 (other than those hours per week	(c) Compensation (If not paid, enter -0-) 11,647. -0- -0- -0- -ie included on lin	(d) Contributions to employee benefit plans and deferred compensation -0- -0- -0- 1 - see instruction (d) Contributions to employee benefit plans and deferred	other all ons). If no (e) Expens other all	one,	-0- -0- -0- enter
HUNTI PO BO MARK 22285 CINDY 400 N J. KE 405 C	(a) Name and address NGTON NATIONAL BANK X 1558 DEPT EASW86, COLUMBUS, OH 43216 HEIL BEECHWOOD DR. NW, DOVER, OH 44622 KNISELY TUSCARAWAS, DOVER, OH 44622 VIN LUNDHOLM HAUNCEY AVE NW, NEW PHILADELPHIA, OH 44663 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTER 2 COMMITTER 1 COMMITTER 1 COMMITTER 1 (other than those hours per week	(c) Compensation (If not paid, enter -0-) 11,647. -0- -0- -0- ie included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -0- -0- -0- 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	other all ons). If no (e) Expens other all	one,	-0- -0- -0- enter
HUNTI PO BO MARK 22285 CINDY 400 N J. KE 405 C	(a) Name and address NGTON NATIONAL BANK X 1558 DEPT EASW86, COLUMBUS, OH 43216 HEIL BEECHWOOD DR. NW, DOVER, OH 44622 KNISELY TUSCARAWAS, DOVER, OH 44622 VIN LUNDHOLM HAUNCEY AVE NW, NEW PHILADELPHIA, OH 44663 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTER 2 COMMITTER 1 COMMITTER 1 COMMITTER 1 (other than those hours per week	(c) Compensation (If not paid, enter -0-) 11,647. -0- -0- -0- ie included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -0- -0- -0- 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	other all ons). If no (e) Expens other all	one,	-0- -0- -0- enter
HUNTI PO BO MARK 22285 CINDY 400 N J. KE 405 C	(a) Name and address NGTON NATIONAL BANK X 1558 DEPT EASW86, COLUMBUS, OH 43216 HEIL BEECHWOOD DR. NW, DOVER, OH 44622 KNISELY TUSCARAWAS, DOVER, OH 44622 VIN LUNDHOLM HAUNCEY AVE NW, NEW PHILADELPHIA, OH 44663 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTER 2 COMMITTER 1 COMMITTER 1 COMMITTER 1 (other than those hours per week	(c) Compensation (If not paid, enter -0-) 11,647. -0- -0- -0- ie included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -0- -0- -0- 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	other all ons). If no (e) Expens other all	one,	-0- -0- -0- enter
HUNTI PO BO MARK 22285 CINDY 400 N J. KE 405 C	(a) Name and address NGTON NATIONAL BANK X 1558 DEPT EASW86, COLUMBUS, OH 43216 HEIL BEECHWOOD DR. NW, DOVER, OH 44622 KNISELY TUSCARAWAS, DOVER, OH 44622 VIN LUNDHOLM HAUNCEY AVE NW, NEW PHILADELPHIA, OH 44663 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTER 2 COMMITTER 1 COMMITTER 1 COMMITTER 1 (other than those hours per week	(c) Compensation (If not paid, enter -0-) 11,647. -0- -0- -0- ie included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -0- -0- -0- 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	other all ons). If no (e) Expens other all	one,	-0- -0- -0- enter
HUNTI PO BO MARK 22285 CINDY 400 N J. KE 405 C	(a) Name and address NGTON NATIONAL BANK X 1558 DEPT EASW86, COLUMBUS, OH 43216 HEIL BEECHWOOD DR. NW, DOVER, OH 44622 KNISELY TUSCARAWAS, DOVER, OH 44622 VIN LUNDHOLM HAUNCEY AVE NW, NEW PHILADELPHIA, OH 44663 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTER 2 COMMITTER 1 COMMITTER 1 COMMITTER 1 (other than those hours per week	(c) Compensation (If not paid, enter -0-) 11,647. -0- -0- -0- ie included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -0- -0- -0- 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	other all ons). If no (e) Expens other all	one,	-0- -0- -0- enter
HUNTI PO BO MARK 22285 CINDY 400 N J. KE 405 C	(a) Name and address NGTON NATIONAL BANK X 1558 DEPT EASW86, COLUMBUS, OH 43216 HEIL BEECHWOOD DR. NW, DOVER, OH 44622 KNISELY TUSCARAWAS, DOVER, OH 44622 VIN LUNDHOLM HAUNCEY AVE NW, NEW PHILADELPHIA, OH 44663 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTER 2 COMMITTER 1 COMMITTER 1 COMMITTER 1 (other than those hours per week	(c) Compensation (If not paid, enter -0-) 11,647. -0- -0- -0- ie included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -0- -0- -0- 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	other all ons). If no (e) Expens other all	one,	-0- -0- -0- enter
HUNTI PO BO MARK 22285 CINDY 400 N J. KE 405 C	(a) Name and address NGTON NATIONAL BANK X 1558 DEPT EASW86, COLUMBUS, OH 43216 HEIL BEECHWOOD DR. NW, DOVER, OH 44622 KNISELY TUSCARAWAS, DOVER, OH 44622 VIN LUNDHOLM HAUNCEY AVE NW, NEW PHILADELPHIA, OH 44663 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTER 2 COMMITTER 1 COMMITTER 1 COMMITTER 1 (other than those hours per week	(c) Compensation (If not paid, enter -0-) 11,647. -0- -0- -0- ie included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -0- -0- -0- 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	other all ons). If no (e) Expens other all	one,	-0- -0- -0- enter
HUNTI PO BO MARK 2285 CINDY 100 N J. KE 105 C 2	(a) Name and address NGTON NATIONAL BANK X 1558 DEPT EASW86, COLUMBUS, OH 43216 HEIL BEECHWOOD DR. NW, DOVER, OH 44622 KNISELY TUSCARAWAS, DOVER, OH 44622 VIN LUNDHOLM HAUNCEY AVE NW, NEW PHILADELPHIA, OH 44663 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTER 2 COMMITTER 1 COMMITTER 1 (other than thos (b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-) 11,647. -0- -0- e included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 - e 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation NONE	other all (e) Expensother all	one,	-0- -0- -0- enter

Page 7

3	Five highest-paid independent contractors for professional services. See instruction	i. If none, enter "NONE."	
	(a) Name and address of each person paid more than \$50,000		ompensation
ON	<u>E</u>		NONE
	number of others receiving over \$50,000 for professional services		NON
	IX-A Summary of Direct Charitable Activities		
Lis	t the foundation's four largest direct charitable activities during the tax year. Include relevant statistical informa panizations and other beneficiaries served, conferences convened, research papers produced, etc.	tion such as the number of	Expenses
1 N	ONE		
• • •	<u> </u>		
_			
2_			
_			
			
3 _			
_			
4-			
-			
	IX-B Summary of Program-Related Investments (see instructions)		
	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 <u>N</u>	ONE		
_			
2 -			
			
	other program-related investments. See instructions		
3 <u>N</u>	ONE		

Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	gn fo	undations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
я	Average monthly fair market value of securities	1a	910,173.
	Average of monthly cash balances	1b	43,837.
	Fair market value of all other assets (see instructions)	1c	NONE
d		1d	954,010.
	Reduction claimed for blockage or other factors reported on lines 1a and		
_	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	954,010.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
•	instructions)	4	14,310.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	939,700.
6	Minimum investment return. Enter 5% of line 5	6	46,985.
_	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and certain foreign organizations, check here and do not complete this part.)	dation	
1	Minimum investment return from Part X, line 6	1	46,985.
2 a	Tax on investment income for 2019 from Part VI, line 5 2a 402.		
ь	Income tax for 2019. (This does not include the tax from Part VI.) 2b		
c	Add lines 2a and 2b	2c	402.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	46,583.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	46,583.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
-	line 1	7	46,583.
	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		53 435
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		53,437.
	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		11011
	purposes,	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	53,437.
5	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	5	402.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	53,035.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	lculatır	ng whether the foundation
	qualifies for the section 4940(e) reduction of tax in those years.		

Part XIII Undistributed In	ncome (see instruct		(6)	(a)	(4)
4 Distributable assessed for 60	110 from Book VI	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 20					46,583.
2 Undistributed income, if any, as					10/2021
a Enter amount for 2018 only.	1			27,094.	
b Total for prior years: 20,2			NONE		
3 Excess distributions carryover		·			
i	NONE				
b From 2015	NONE				
c From 2016	NONE				
d From 2017	NONE				
e From 2018	NONE				
f Total of lines 3a through e		NONE			
4 Qualifying distributions for 2					
line 4: ▶ \$5	3,437.				
a Applied to 2018, but not more	than line 2a			27,094.	
b Applied to undistributed inco	ome of prior years				
(Election required - see instruct	tions)		NONE		
c Treated as distributions out of	of corpus (Election				
required - see instructions)		NONE			26 242
d Applied to 2019 distributable		NONE			26,343.
e Remaining amount distributed 5 Excess distributions carryove	•	NONB			
(If an amount appears in col-	umn (d), the same	NONE			NONE
amount must be shown in colu		1,01,12			
6 Enter the net total of e indicated below:		NONTE			
a Corpus. Add lines 3f, 4c, and	4e. Subtract line 5	NONB			
b Prior years' undistributed	income. Subtract		NONE		
line 4b from line 2b			NONE		
c Enter the amount of prior y income for which a notice					
been issued, or on which th			NONE		
tax has been previously assess			1,01,1		
d Subtract line 6c from 1 amount - see instructions			NONE		
e Undistributed income for 20					
4a from line 2a. Taxable	e amount - see				
instructions					
f Undistributed income for 20 4d and 5 from line 1 This					
distributed in 2020					20,240.
7 Amounts treated as distribute	ions out of corpus				
to satisfy requirements imp	1				
170(b)(1)(F) or 4942(g)(3)	· · · · · · · · · · · · · · · · · · ·				
required - see instructions)		NONE			· wa.
8 Excess distributions carryove	er from 2014 not				
applied on line 5 or line 7 (see	instructions)	NONB		m	·
9 Excess distributions carr	yover to 2020.				
Subtract lines 7 and 8 from lin	e 6a	NONB			
10 Analysis of line 9:	17017				
a Excess from 2015	NONE				
b Excess from 2016	NONE				
c Excess from 2017	NONE				
d Excess from 2018	NONE				
e Excess from 2019	NONE				Form 990-PF (2019)

Form	990-PF (2019)			31-	<u>6565640</u>		Ρ.	age 10
Pai	t XIV Private Ope	erating Foundation	s (see instructions a	nd Part VII-A, quest	ion 9)		NOT APPLI	<u>CABL</u> E
1 a	If the foundation has	received a ruling or o	determination letter tha	t it is a private oper	rating	_		
	foundation, and the ruling	ıs effective for 2019, er	nter the date of the ruling		▶			
b	Check box to indicate v	whether the foundation	is a private operating	foundation described in	n section	4942(j)	(3) or 494	2(j)(5)
2a	Enter the lesser of the ad-	Tax year		Prior 3 years				
	justed net income from Part	(a) 2019	(b) 2018	(c) 2017	(d) 20	016	(e) Total	
	I or the minimum investment		10,750.5		 			
	return from Part X for each				1			
	year listed	 -	 		 -	/		
þ	85% of line 2a		-		 	/		
C	Qualifying distributions from Part							
	XII, line 4, for each year listed	<u> </u>			 / 			
u	Amounts included in line 2c not used directly for active conduct							
	of exempt activities				1			
е	Qualifying distributions made							
	directly for active conduct of exempt activities Subtract line							
_	2d from line 2c							
3	Complete 3a, b, or c for the alternative test relied upon							
а	"Assets" afternative test - enter				1			
	(1) Value of all assets			<u></u>				
	(2) Value of assets qualifying							
	under section 4942(j)(3)(B)(i)							
b	"Endowment" alternative test-					·		
	enter 2/3 of minimum invest-							
	ment return shown in Part X, line 6 for each year listed				[
c	"Support" alternative test - enter							
	(1) Total support other than							
	gross investment income							
	(interest, dividends, rents, payments on securities				1			
	loans (section 512(a)(5)),				1	}		
	or royalties)	/			 			
	public and 5 or more							
	exempt organizations as provided in section 4942							
	(j)(3)(B)(iii)				 			
	(3) Largest emount of sup- port from an exempt							
	organization		<u> </u>		<u> </u>			
_	(4) Gross investment income		0 1 4 41 2 2 2 4			VE 000 -	•	
Par		tary information (uring the year - see	Complete this part	only if the founda	ation nad \$	5,000 or	more in asse	ets at
•	<u>.</u>							
	Information Regarding	_		a than 20/ of the tat	al aanteibutia		ad by the form	dation
a	List any managers of the before the close of any						ed by the loun	uation
	-	tax year (bat only it to	icy nave continuates i	11010 111011 40,000). (0	00 000000000000000000000000000000000000	37(3)(2).		
	N/A	 						
b	List any managers of					an equally	large portion	of the
	ownership of a partners	sinp or other entity) of	i willon the loundation	ilias a 10% or greater	mierest.			
	N/A Information Regarding							
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholarshi	p, etc., Programs:				
	Check here ▶ if the							
	unsolicited requests for			ints, etc., to individua	als or organi	zations un	der other cond	ıtions,
	complete items 2a, b, c							
а	The name, address, and	telephone number o	r email address of the	person to whom appl	lications shou	ıld be addı	ressed:	
	SEE STATEMENT 1	.1						
b	The form in which appl		omitted and information	n and materials they	should includ	le:		-
	SEE ATTACHED ST	ATEMENT FOR LI	INE 2					
	•	 -						
C	Any submission deadling	nes:				· · · · · ·		
	SEE ATTACHED ST		NE 2					
	AND MITHERITY OF	TI						
d	Any restrictions or lin	mitations on awards	. such as by geogra	phical areas, charita	ble fields.	kinds of i	nstitutions, or	other
-	factors:		,, googic	onwitte		•, •		
	מים איייארטייא מים	ידי מר <i>י</i> ים ייתואים אים ייף אי	ישואי פ					
	SEE ATTACHED ST	VIDUONI LOK PI	INL) Z					

Form 990-PF (2019)				Page 11
-Part-XV- Supplementary Information (continued)	and for	Eutura Payment	<u></u>
3 Grants and Contributions Paid Durin	ig the Year or Appi	Foundation		1
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
SEE STATEMENT 20				50,150.
SEE STATEMENT 20		İ		30,130.
•				
				· '
	•			
]	
Total			▶ 3a	50,150.
b Approved for future payment				
			1	
		·	> 2h	

-Part-XVI	Analysis of Income-Produ	icing Acti	vities			
Enter gross	amounts unless otherwise indicated.	(a)	(b)	(c)	(d)	(e) Related or exempt function income
1 Progran	n service revenue:	Business code	Amount	Exclusion code	Amount	(See instructions.)
a			.=	<u> </u>		
ь						
· ·		-				
						
e						
· —	and contracts from government agencies					
•	rship dues and assessments					
	on savings and temporary cash investments					
	ds and interest from securities			14	21,123.	
5 Net ren	tal income or (loss) from real estate:					
a Deb	t-financed property					
b Not	debt-financed property			<u> </u>		
6 Net rent	al income or (loss) from personal property			-		
	nvestment income			18	31,311.	
•	loss) from sales of assets other than inventory			10	31,311.	
	ome or (loss) from special events · · · rofit or (loss) from sales of inventory · ·					
•	evenue: a				-	
		·				
				_		
е						
	I. Add columns (b), (d), and (e)				52,434.	
	Add line 12, columns (b), (d), and (e)			· · · · · · ·	13	52,434.
	heet in line 13 instructions to verify calcu					
Part XVI	Relationship of Activities	to the A	ccomplishment of E	xempt Pur	poses	<u> </u>
Line No.	Explain below how each activity					
lacktriangledown	accomplishment of the foundation	on's exemp	t purposes (other than	by providing	funds for such purposes	s). (See instructions.)
						
			,,,,			
				-		
			NOT APPLICABL	<u>ı E</u>		
			 			
			-			
			 			
			<u>·</u>			
					_	

	•										
Part XVII	Information Rega	arding Tra	ansfers	to a	and	Transactions	and	Relationships	With	Noncharitable	Exemp
	Organizations										

1	Did the	organization directl	y or indirectly	engage in any of the	following with	h any other o	ganization des	cribed	Yes	No
	in sect	tion 501(c) (other	than section	501(c)(3) organizat	tions) or in s	section 527,	relating to po	olitical		
		ations?								
а	_		foundation to	a noncharitable exer	not organizatio	n of:				
_			-					1a(1)		X
										X
_		ransactions:						13,37		
D								1b(1)		X
				mpt organization						X
				ble exempt organizati						
				r assets						X
										X
		_						I .		X
				ip or fundraising solic						<u>X</u>
				sts, other assets, or pa						<u>X</u>
d	If the	answer to any of th	e above is "Y	es," complete the fol	lowing schedu	ile. Column (b) should alway	s show the	fair m	ıarket
	value o	of the goods, other	assets, or serv	rices given by the rep	oorting foundat	tion. If the fou	indation receive	ed less than	fair m	ıarket
	value i	n any transaction or	sharing arran	gement, show in cole	umn (d) the va	alue of the go	ods, other asse	ts, or service	s rece	ived.
(a) L	ne no	(b) Amount involved	(c) Name of	noncharitable exempt organ	nization (d	i) Description of tra	nsfers, transactions	, and sharing arra	ngeme	nts
	<u> </u>			-						
										
										
				· · · ·						
				·						
2a	Is the	foundation directly of	or indirectly at	ffiliated with, or relat	ed to, one or	more tax-exer	npt organizatio		_	_
	describ	ed in section 501(c)	(other than se	ction 501(c)(3)) or in	section 527?.			Yo	es 🔼	∐ No
Ь	If "Yes,	complete the follow	ving schedule.							
		(a) Name of organization		(b) Type of org	janization		(c) Description o	f relationship		
			-							
			·							
		-						<u> </u>		
	Under	penalties of perjury, I declar	re that I have exam	ined this return, including acc	companying schedules	s and statements, a	nd to the best of my	knowledge and b	elief, it	ıs true,
		t, and complete Declaration of	preparer (other than	taxpayer) is based on all informa	ation of which preparer	r has any knowledge				
Sigr	ا ا	1 1 °-	1-	07/06/20	20 177	CE PRESID	ENT May	the IRS discus		
Here	9		_ _ _		Title	CE FRESIL		the preparer s	Yes [No
	Sign	afture of officer or wustee	ONTAT	Date	inte		366		٦'٠٠' لـ	
	J HU	NTINGTON NATIO		Dec. 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	0/11	Data	<u> </u>	, PTIN		
Paid	l	Print/Type preparer's nar	ne	Preparer's signature		Date	Check L	' " i	- c	
		DOAK A PFAFF		Loah H.	* feft	07/06	/2020 self-emp			<u>. 8</u>
	arer		NST & YOU		•		Firm's EIN	· 34-6565	<u> 596</u>	
Use	Only	Firm's address > 80	0 YARD STI	REET, SUITE 20	0		1			
		GR.	ANDVIEW H	EIGHTS, OH	43212		Phone no 6	<u> 14-232-7</u>		
								Form 99 6	D-PF	(2019)

:

- DIVIDENDS AND INTEREST FROM SECURITIES PART I FORM 990PF,

NET INVESTMENT INCOME	1,375. 324. 697. 722. 93. 3,98. 759. 458. 845. 3,957. 1,11. 955. 235. 2,713. 671. 338.	
REVENUE AND EXPENSES PER BOOKS	1,375. 1,375. 324. 697. 722. 1,125. 3,988. 759. 8458. 8458. 3,957. 1,000. 1,508. 1,000. 1,508. 1,508. 1,508. 1,352. 2,713. 2,713. 2,713. 338.	
DESCRIPTION	ARTISAN INTL VALUE FUND-ADV FHLB SERIES 0001 2.75% 06/10/2022 FEDERATED INSTITUTIONAL HIGH YIELD BOND FEDERATED TOTAL RETURN BOND FUND-R6 FIDELITY ADVISOR NEW INSIGHTS FUND - CL GUGGENHEIM LIMITED DURATION CL INSTL HILLIARD OH SCH DIST REF UTGO 2.25% 12/0 ISHARES S & P MIDCAP 400 LORD ABBETT SHORT DURATION INCOME FUND - MFS NEW DISCOVERY VALUE FUND-R6 MFS GLOBAL REAL ESTATE FUND-R6 MFS GLOBAL REAL ESTATE FUND-R6 MFS VALUE FUND #893 METROPOLITAN WEST UNC BD-I HUNTINGTON CONSERVATIVE DEPOSIT ACCOUNT MORGAN STANLEY INTL ADVANTAGE CL I AMERICAN FUNDS - NEW WORLD FUND - R6 OHIO ST SER C UT GO 2% 11/01/2019 PIMCO INCOME FUND - INSTITUTIONAL CLASS PIMCO LONG DURATION TOTAL RETURN FUND - I SPDR S&P DIVIDEND FUND TOLEDO OH CITY SCH DIST REF SCH FACS IMP VANGUARD SHORT TERM INVESTMENT GRADE FUN VANGUARD SHORT TERM INVESTMENT GRADE FUN VANGUARD SHORT TERM INVESTMENT GRADE FUN VANGUARD SHORT TERM INVESTMENT SHARE	

FEES	
ט	1
Ż	١
\mathbf{H}	1
Ħ	١
Z	1
$\boldsymbol{\sim}$	۱
<u>o</u>	١
\mathcal{C}	!
\preceq	!
Α,	i
1	i
•	i
\vdash	i
• •	i
⊣	i
AR	i
Ø	
	1
Ы	1
~ '	1
<u>а</u> ,	1
F, P	1
PF, P	1
0PF, P	1
90PF, P	
0PF, P	
90PF, P	
M 990PF, P	
RM 990PF, P	
M 990PF, P	

CHARITABLE PURPOSES	275.
ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	275.
REVENUE AND EXPENSES PER BOOKS	550.
DESCRIPTION	TAX PREPARATION FEE (NON-ALLOC TOTALS

TAXES	
1	į
н	
	i
⊣	ĺ
PART	ĺ
ಠ	-
Д	
_	
Lt.	
990PF	i
0	
σ	
σ	
_	
FORM	
Ä	
표	i

NET INVESTMENT INCOME	22. 2. 2
REVENUE AND EXPENSES PER BOOKS	329. 22. 22
DESCRIPTION	FEDERAL ESTIMATES - PRINCIPAL FOREIGN TAXES ON QUALIFIED FOR FOREIGN TAXES ON NONQUALIFIED

٠.

STATEMENT

		RE	~
EXPENSES			
OTHER			
Η.	- - -		
PART	 		
990PF,	 		
FORM	11 11 11 11		

CHARITABLE PURPOSES	100.
NET INVESTMENT INCOME	100.
REVENUE AND EXPENSES PER BOOKS	200.
DESCRIPTION	STATE ATTORNEY GENERAL FILING

•	11	
0	H .	
0	11	
\vdash	11	
	ii	
	ii	
	ii	
	ii -	
	Ϊ	
	ii	
	ii	
	II	
	II	
	II	

100.

200.

TOTALS

OBLIGATIONS
STATE
AND
- U.S.
ΙI
PART
990PF,
FORM

HILLIARD OH SCH DIST 2.25% 12/ MIDDLETOWN OH VAR PEUPOSE 2% 1 OHIO ST SER UT 2% 11/1/19 TOLEDO OH CITY SCH DIST 2% 12/ GNMA POOL # 268345XSF 10% 3/15 GNMA POOL # 268345XSF 10% 3/15 VANGUARD SHORT TERM INVESTMENT FHLB SERIES 0001 2.75% 6-1-22 TOTALS TOTALS ===================================	DESCRIPTION		BEGINNING BOOK VALUE
TOTALS =======	LLIARD OH SCH DIST 2.25% 12/		51,782.
49,92 204,48 TOTALS ====================================	DDLEIOWN ON VAN FEGESSE 2% I IO ST SER UT 2% 11/1/19 LEDO OH CITY SCH DIST 2% 12/ MA POOL # 268345XSF 10% 3/15		51,615. 51,162.
204,48	NGUARD SHORT TERM INVESTMENT ILB SERIES 0001 2.75% 6-1-22		
		TOTALS	

വ

FORM 990PF, PART II - CORPORATE STOCK

ENDING UE FMV 	145,278. 155,276. 129,521. 141,878. 73,942. 75,148. 6,740. 22,298. 19,155. 13,748. 14,366. 11,150. 9,116. 14,366. 11,835. 	
ENDING BOOK VALUE	145, 129, 139, 141, 14,	
BEGINNING BOOK VALUE	52,237. 145,278. 57,951. 144,000. 11,348. 79,443. 36,331. 526,588.	
	TOTALS	
DESCRIPTION	ARTISAN INTL VALUE FD INVESTOR FIDELITY ADVISOR NEW INSIGHTS FIDELITY LOW PRICED STCK FD MFS VALUE FD CL I OPPENHEIMER DEVEL MKTS FD CL Y SPDR S&P DIVIDEND FD VANGUARD SM CAP INDX ADMIRAL ISHARES CORE S&P MID-CAP ETF MFS NEW DISCOVERY VALUE FUND-R MFS GLOBAL REAL ESTATE FUND - MORGAN STANLEY INTL ADVANTAGE AMERICAN FUNDS - NEW WORLD FUN	

9

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	ENDING FMV
VANGUARD ST INVESTMENT GR FD FHLB SERIES 0001 2.75% 06/10/2 FEDERATED INSTITUTIONAL HIGH Y FEDERATED TOTAL RETURN BOND FU GUGGENHEIM LIMITED DURATION CL HILLIARD OH SCH DIS REF UTGO 2 LORD ABBETT SHORT DURATION INC METROPOLITAN WEST UNC BD-I PIMCO INCOME FUND - INSTITUTIO PIMCO LONG DURATION TOTAL RETU TOLEDO OH CITY SCH DIST REF SC	49,903.	49,926. 10,000. 10,000. 51,782. 45,000. 10,000. 35,000.	52,463. 8,849. 44,647. 9,874. 50,884. 42,143. 9,321. 43,104. 33,799.

345,297.

355,244.

49,903.

TOTALS

FORM !	990PF,	PART	III	-	OTHER	INCREASES	IN	NET	WORTH	OR	FUND	BALANCES	
=====	=====	=====	====	==	-=====	========	====	====	=====	===	=====		

DESCRIPTION

2018 TRANSACTIONS POSTED IN 2019
ROUNDING

TOTAL

AMOUNT

886.

16.

FORM 990PF,	PART III -	OTHER	DECREASES	IN NET	WORTH	OR	FUND	BALANCES
========	========	=====:	========	======	======	===	=====	=======

DESCRIPTION		AMOUNT
LOSS ON BOND AT MATURITY		1,615.
2019 TRANSACTIONS POSTED TO 2020		828.
	TOTAL	2,443.

990PF, PART VII-A LINE 8b - EXPLANATION OF NON-FILING WITH A.G. STMT.

The Ohio Attorney General requires that charitable organizations operating or organized within the State submit an annual registration through an online portal that highlights key information from the Form 990-PF for public disclosure purposes. The Trust completes this registration as required in lieu of furnishing a copy of its Form 990-PF to comply with the specific reporting instructions of the State of Ohio.

'HAMAN FAMILY FOUNDATION OAG #98-1135 FORM 990PF, PART XV - LINES 2a - 2d

RECIPIENT NAME:

HUNTINGTON NATIONAL BANK C/O LARRY MARKWORTH

ADDRESS:

232 WEST 3RD STREET

DOVER, OH 44622

RECIPIENT'S PHONE NUMBER: 330-364-7421

FORM, INFORMATION AND MATERIALS:

SUBMIT A SIGNED GRANT APPLICATION, A COMPLETED QUESTIONNAIRE, AND A COPY OF THE ORGANIZATION'S 501(c)(3) LETTER.

SUBMISSION DEADLINES:

NONE

RESTRICTIONS OR LIMITATIONS ON AWARDS:

MUST BENEFIT CHARITABLE ORGANIZATIONS LOCATED IN

TUSCARAWAS COUNTY

RECIPIENT NAME:
TUSCARAWAS COUNTY UNIVERSITY
FOUNDATION
ADDRESS:
330 UNIVERSITY DR., NE
NEW PHILADELPHIA, OH 44663
RELATIONSHIP:
NONE
PURPOSE OF GRANT:

FULL SIZE TORSO LEARNING MODEL FOR LAB FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 2,000.

RECIPIENT NAME:
CAMP TUSCAZOAR FDN
ADDRESS:
PO BOX 308
ZOARVILLE, OH 44656

RELATIONSHIP:
NONE

PURPOSE OF GRANT:
REPLACEMENT WINDOWS FOR HOOVER LODGE
FOUNDATION STATUS OF RECIPIENT:
PC

RECIPIENT NAME:
PERSONAL & FAMILY COUNSEL
SERVICE OF TUSCARAWAS VA
ADDRESS:

1433 FIFTH STREET NW
NEW PHILADELPHIA, OH 44663

RELATIONSHIP: NONE

PURPOSE OF GRANT:

PURCHASE COMPUTER/SOFTWARE FOUNDATION STATUS OF RECIPIENT:

RECIPIENT NAME:

TUSCARAWAS VALLEY LOCAL

SCHOOLS DISTRICT

ADDRESS:

2637 TUSKY VALLEY ROAD

ZOARVILLE, OH 44656

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

PROJECT LEAD THE WAY

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 1,000.

RECIPIENT NAME:

CLAYMONT INTERMEDIATE SCHOOLS

ADDRESS:

220 N. 3RD STREET

DENNISON, OH 44621

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

PLAYGROUND EQUIPMENT FOR GR 4 & 5

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 1,000.

RECIPIENT NAME:

TUSCARAWAS COUNTY HUMANE

SOCIETY

ADDRESS:

1432 TALL TIMBER ROAD NE

NEW PHILADELIPHIA, OH 44663

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEW PET TAG ENGRAVING MACHINE

FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID 1,000.

RECIPIENT NAME:

AMERICAN RED CROSS STARK & MUSKINGUM
LAKE
ADDRESS:

408 9TH ST. SW, UNIT 1800
CANTON, OH 44707
RELATIONSHIP:

RELATIONSHIP: NONE PURPOSE OF GRANT:

CRYOSTORAGE SYSTEM FOR RARE BLOOD CELLS FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:
DOVER CITY SCHOOLS
ADDRESS:
219 WEST 6TH STREET

DOVER, OH 44622

RELATIONSHIP: NONE

PURPOSE OF GRANT: PROJECT LEAD THE WAY

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME: INDIAN VALLEY LOCAL SCHOOLS

ADDRESS:

100 N WALNUT STREET GNADENHUTTEN, OH 44629

RELATIONSHIP:

NONE
PURPOSE OF GRANT:

PROJECT LEAD THE WAY

FOUNDATION STATUS OF RECIPIENT:

PC

'HAMAN FAMILY FOUNDATION OAG #98-1135 31-6565640 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: STRASBURG-FRANKLIN LOCAL SCHOOLS ADDRESS: 140 NORTH BODMER AVENUE STRASBURG, OH 44680 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: 1,000. AMOUNT OF GRANT PAID RECIPIENT NAME: HABITAT FOR HUMANITY TUSC VALLEY ADDRESS: 1400 RAFF RD NW. STE A CANTON, OH 44710 RELATIONSHIP: NONE PURPOSE OF GRANT: COMPUTER PURCHASE FOUNDATION STATUS OF RECIPIENT: PC1,000. AMOUNT OF GRANT PAID RECIPIENT NAME: NEW PHILADELPHIA CITY SCHOOLS ADDRESS: 248 FRONT AVE SW

STATEMENT

15

NEW PHILADELPHIA, OH 44663

FOUNDATION STATUS OF RECIPIENT:

SCIENCE KITS FOR ELEMENTARY STUDENTS

RELATIONSHIP:

PURPOSE OF GRANT:

NONE

PC

DENNISON FIRE DEPARTMENT

ADDRESS:

302 GRANT STREET DENNISON, OH 44621

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

FOR K12 SAW & VENTIALTOR SAW

FOUNDATION STATUS OF RECIPIENT:

3,000. AMOUNT OF GRANT PAID

'HAMAN FAMILY FOUNDATION OAG #98-1135 31-6565640 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID ______ RECIPIENT NAME: EAST CENTRAL OHIO EDUCATIONAL SERVICE CENTER ADDRESS: 834 E HIGH AVE NEW PHILADELPHIA, OH 44663 **RELATIONSHIP:** NONE PURPOSE OF GRANT: BOOKS FOR ANNUAL FAMILY READING FESTIVAL FOUNDATION STATUS OF RECIPIENT: 2,000. AMOUNT OF GRANT PAID RECIPIENT NAME: FIRST UNITED METHODIST CHURCH ADDRESS: 201 WEST HIGH AVE NEW PHILADELPHIA, OH 44663 RELATIONSHIP: NONE PURPOSE OF GRANT: NEW BOILER FOR CHURCH FOUNDATION STATUS OF RECIPIENT: PC

1,000. AMOUNT OF GRANT PAID

RECIPIENT NAME: TUSCARAWAS COUNTY LITERACY COALITION ADDRESS: PO BOX 1173 NEW PHILADELPHIA, OH 44663 RELATIONSHIP: NONE

PURPOSE OF GRANT: PURCHASE BOOKS FOR ONE BOOK ONE COMMUNITY

AMOUNT OF GRANT PAID

FOUNDATION STATUS OF RECIPIENT: PC

1,000.

RECIPIENT NAME:

SALVATION ARMY

ADDRESS:

809 EMMET AVE NW

NEW PHILADELPHIA, OH 44663

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

COMPUTERS FOR AFTER SCHOOL PROGRAM

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

STRASBURG BAND BOOSTERS

ADDRESS:

PO BOX 222

STRASBURG, OH 44680

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNIFORMS FOR HIGH SCHOOL MARCHING BAND

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 5,800.

RECIPIENT NAME:

HARCATUS SENIOR NUTRITION

ADDRESS:

221 GRANT ST

DENNISON, OH 44621

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

NEWCOMERSTOWN PUBLIC LIBRARY

ADDRESS:

123 E MAIN ST

NEWCOMERSTOWN, OH 43832

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 2,500.

RECIPIENT NAME:

VILLAGE OF ROSWELL

ADDRESS:

5198 MAIN STREET NE

NEW PHILADELPHIA, OH 44663

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

FOR VILLAGE MAINTENANCE TRUCK

FOUNDATION STATUS OF RECIPIENT:

GOVT

RECIPIENT NAME:

HEALTHY TUSC

ADDRESS:

600 MONROEV ST

DOVER, OH 44622

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

HEALTH SCREENING AT FARMERS MARKET

FOUNDATION STATUS OF RECIPIENT:

RECIPIENT NAME:

CAMP ZIMMERMAN FOUNDATION

ADDRESS:

PO BOX 644

GNADENHUTTEN, OH 44629

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEW UTILITY VEHICLE

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

BUCKEYE CAREER CENTER

ADDRESS:

545 UNIVERSITY DRIVE

NEW PHILADELPHIA, OH 44663

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

PROJECT LEAD THE WAY

FOUNDATION STATUS OF RECIPIENT:

PC

TOTAL GRANTS PAID:

50,150.