_{Fóm} 990-P

Return of Private Foundation

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

2949108612302

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public?

Open to Public Inspection ► Go to www.irs.gov/Form990PF for instructions and the latest information. For calendar year 2019 or tax year beginning APRIL 01 2019, and ending MARCH 31 A Employer identification numbe Name of foundation Dana Charitable Foundation 34-6544909 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) (734) 629-1368 27870 Cabot Drive City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here. . . Novi, MI 48377 G Check all that apply Initial return Initial return of a former public charity D 1. Foreign organizations, check here. Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach Address change Name change H Check type of organization. | X | Section 501(c)(3) exempt private foundation E If private foundation status was terminated Other taxable private foundation Section 4947(a)(1) nonexempt charitable trust under section 507(b)(1)(A), check here . J Accounting method Cash X Accrual I Fair market value of all assets at If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here . > end of year (from Part II, col (c), line 964, 054 (Part I, column (d), must be on cash basis) (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and (b) Net investment (c) Adjusted net for charitable total of amounts in columns (b), (c), and (d) expenses per income ıncome purposes may not necessarily equal the amounts in books (cash basis only) column (a) (see instructions)) 550,000 Contributions, gifts, grants, etc., received (attach schedule) . if the foundation is not required to Check Interest on savings and temporary cash investments. 4,714 4,714 4.714 Dividends and interest from securities Net rental income or (loss) Revenue Net gain or (loss) from sale of assets not on line 10 RECEIVED Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) . FFR 1 6 202 Net short-term capital gain. Income modifications . 10 a Gross sales less returns and allowances . . . OGDEN. U b Less Cost of goods sold . c Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 554.714 4,714 4,714 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc . . . Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) b Accounting fees (attach schedule) and Administrative 5,700 5,700 5,700 c Other professional fees (attach schedule). . . Taxes (attach schedule) (see instructions). . . 11,840 11,840 11,840 Depreciation (attach schedule) and depletion. Travel, conferences, and meetings و Printing and publications 23 24 200 200 200 Other expenses (attach schedule) Total operating and administrative expenses. 17,740 17,740 17,740 Add lines 13 through 23. 517,736 259,575 Ō Contributions, gifts, grants paid 25 535,476 17,740 17,740 259,575 Received I Batching Ogde Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 19,238 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)

c Adjusted net income (if negative, enter -0-). .

S

Р	art II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	f year
	,		amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bear	ing			
	2	Savings and temporary	cash investments	654,095	943,334	943,334
	3	Accounts receivable				
		Less: allowance for dou	btful accounts ▶			
		Pledges receivable ▶				
	!		btful accounts >			
						-
	i		officers, directors, trustees, and other			
			tach schedule) (see instructions)			
			receivable (attach schedule)			
, Δ			btful accounts ►			
Assets			se			
155	9	·	leferred charges			
1			te government obligations (attach schedule).			
		•	e stock (attach schedule)			
	11 C	Investments - corporate Investments - land, buildings	e bonds (attach schedule)			
		and equipment basis Less accumulated deprecia	<u> </u>			J
		(attach schedule)	-			
			loans	_		
		Land, buildings, and	ach schedule)			
		equipment basis Less accumulated deprecia	35,520 14,800	32,560	20,720	20,720
				32,300		20,720
)			
			completed by all filers - see the age 1, item i)	686,655	964,054	964,054
\dashv				19,856	278,017	304,034
			accrued expenses	15,050	270,017	
S		· •			 	
iabilities	20					
Ē			ors, trustees, and other disqualified persons otes payable (attach schedule)			-
			e >)	-·		
		Ottici nasimico (acconsi	· /			
	23	Total liabilities (add line	es 17 through 22)	19,856	278,017	
S			w FASB ASC 958, check here			1
nces		and complete lines 24,	25, 29, and 30.			Î
a	24	Net assets without done	or restrictions	666,799	686,037	į
Ba	25	Net assets with donor re	estrictions · · · · · · · · · · · · · · · · .			!
힏		Foundations that do not for	ollow FASB ASC 958, check here			
ᆲ	24 25 26 27 28 29 30	and complete lines 26 thre	ough 30.			ļ
히	26	Capital stock, trust princ	cipal, or current funds	<u>-</u>		
হ	27	Paid-in or capital surplus, or	r land, bldg , and equipment fund			<u>'</u>
š	28	Retained earnings, accumi	ulated income, endowment, or other funds		, 	
ĕ	29	Total net assets or fund	i balances (see instructions)	666,799	686,037	
힐	30	Total liabilities and	net assets/fund balances (see			.1
				686,655	964,054	
	art li		nges in Net Assets or Fund Bala		···	
1			palances at beginning of year - Part I		· · · · · · · · · · · · · · · · · · ·	
			ed on prior year's return)			666,799
			line 27a			19,238
						<u> </u>
_						686,037
5		reases not included in			5	
6	1 ota	net assets or fund b	palances at end of year (line 4 minus	line 5) - Part II, column (b	o), line 29 6	686,037

Part IV Capital Gains and Losses for Tax on Investment Income

		scribe the kind(s) of property sold (for exrick warehouse, or common stock, 200 s	•	(D) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a						
b						
С						
d			<u> </u>			
е						
(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) mini	
a					· · · · · · · · · · · · · · · · · · ·	
b						
C						
d					· · · · · · · · · · · · · · · · · · ·	
<u>e</u>			but the foundation on 19/24/60			
Con	ipiete offiy for assets s	howing gain in column (h) and owned			Gains (Col (h) ga (k), but not less to	
	1V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	COI	Losses (from co	
_ a						
b						_
C						
<u>d</u> e						
If g Part V (For option If section Was the	ain, also enter in P t I, line 8 Qualification L onal use by domestic 4940(d)(2) applies, foundation liable for	the section 4942 tax on the distribi	luced Tax on Net Investment In section 4940(a) tax on net investment utable amount of any year in the bar	ment inco	·] Yes ◯X No
		n't qualify under section 4940(e) D			4 .	
1 Ent	er the appropriate ar	mount in each column for each yea T		ng any en	tries (d)	
	ase penod years ear (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra (col (b) divided by	col (c))
	2018	468,611	938,183			0.4995
	2017	453,031	822,312			0.5509
	2016	447,201	543,868			0.8223
	2015	324,160	446,417			0.7261
	2014	454,054	338,893			1.3398
	1 -61 4 1 1					3.9386
		d)		2		3.9366
	_	o for the 5-year base period - divide foundation has been in existence if	•	3		0.7877
4 Ent	er the net value of no	oncharitable-use assets for 2019 fr	om Part X, line 5	4	1	1,000,146
5 Mu	tiply line 4 by line 3.			5		787,815
6 Ent	er 1% of net investm	ent income (1% of Part I, line 27b).		6		
7 Add	I lines 5 and 6			7		787,815
		ions from Part XII, line 4 reater than line 7, check the box		8		259,575
	t VI instructions	reater than the 7, theth the box	in Fait Vi, line 10, and complete	ınat part	using a 170 (a)	Tale See [III

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ıction	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1		,	
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			,
b	Domestic_foundations that meet the section 4940(e) requirements in Part V, check			
	here ▶ ☐ and enter 1% of Part I, line 27b			
С	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-)			
3	Add lines 1 and 2			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			
6	Credits/Payments			
a	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 122			
þ	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868)			ŀ
d	Backup withholding erroneously withheld			122
7	Total credits and payments Add lines 6a through 6d			122
8 9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.			122
11	Enter the amount of line 10 to be Credited to 2020 estimated tax 122 Refunded 11			122
	t VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	T	Yes	No
	participate or intervene in any political campaign?	1a	-	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			_
c	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			,
	(1) On the foundation ►\$(2) On foundation managers ►\$			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers \$.,
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
_	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	3		X 1
4-	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a 4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
-	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		~ ~	
	conflict with the state law remain in the governing instrument?	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	Ohio			ı
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General $\frac{1}{2}$			- '
	(or designate) of each state as required by General Instruction G ² If "No," attach explanation	8b	X	
	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 tax year beginning in 2019? See the instructions for Part XIV if "Yes,"			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	complete Part XIV	9		_ X ~
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10	X	

Par	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		Х
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		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	i -
	Website address ► N/A			·
14	The books are in care of ▶ GLENDA BUSH Telephone no ▶ (419) 88	7-51	97	
	Located at ► 3939 TECHNOLOGY DRIVE, MAUMEE, OH ZIP+4 ► 43537-9			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		_	T
	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		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			<u> </u>
	the foreign country			'
-Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	L		
ı aı			Yes	No
4-	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u> </u>		140
ıa	During the year, did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(c) common general common (c) conspection (c)			
	(1, 1),,,,,,,			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	· · · · · — —			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
Ь	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		-	
	were not corrected before the first day of the tax year beginning in 2019?	1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2019?			
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			;
	at any time during the year?			,
þ	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			,
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			
	foundation had excess business holdings in 2019)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		_	_•
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		Χ

	t VII-B Statements Regarding Activities	for Which Form	4720 May Be Red	juired (cont	inued)			
5a	During the year, did the foundation pay or incur any am	ount to					Yes	No
	(1) Carry on propaganda, or otherwise attempt to influ	ence legislation (section	on 4945(e))?	. Yes	X No			
	(2) Influence the outcome of any specific public el	ection (see section	4955), or to carry or	า,				'
	directly or indirectly, any voter registration drive?							
	(3) Provide a grant to an individual for travel, study, or				X No			+
	(4) Provide a grant to an organization other than a							,
					X No			1
	section 4945(d)(4)(A)? See instructions (5) Provide for any purpose other than religious, c			. —				{
	purposes, or for the prevention of cruelty to children				X No			•
_	If any answer is "Yes" to 5a(1)-(5), did any of the							'
ь	Regulations section 53 4945 or in a current notice rega		•	•				*
	_					5b_		
	Organizations relying on a current notice regarding disa				▶∟			
С	If the answer is "Yes" to question 5a(4), does the		•	 1	☑			
	because it maintained expenditure responsibility for the	•		. Yes	X No			
	If "Yes," attach the statement required by Regulations s	• •						
6a	Did the foundation, during the year, receive any fu				[V]			ı
	on a personal benefit contract?			. Yes	X No	-		
b	Did the foundation, during the year, pay premiums, dir	ectly or indirectly, on a	personal benefit contra	act?		6b		<u>X</u>
	If "Yes" to 6b, file Form 8870							
7a	At any time during the tax year, was the foundation a p				X No			
b	If "Yes," did the foundation receive any proceeds or ha	ive any net income atti	ributable to the transact	ion?		7 b		
8	Is the foundation subject to the section 4960 tax on pa	• • •						'
	remuneration or excess parachute payment(s) during the				X No			
Pai	Information About Officers, Directors	ors, Trustees, Fou	indation Manager	s, Highly Pa	aid Employ	ees,		
1	List all officers, directors, trustees, and foundate	ion managers and	their compensation	. See instruc	tions.			
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contribut employee bene	efit plans) Expens	se accou	
		I decided to a second				otner ai		
SEE	ATTACHED SCHEDIILE	devoted to position	enter -0-)	and deferred con	npensation	otner al		
SEE	ATTACHED SCHEDULE	devoted to position			npensation	otner al		
SEE	ATTACHED SCHEDULE	devoted to position			npensation	otner all		
SEE	ATTACHED SCHEDULE	devoted to position			npensation	otner all		
SEE	ATTACHED SCHEDULE	devoted to position			npensation	other all		
SEE	ATTACHED SCHEDULE	devoted to position			npensation	otner al		
SEE	ATTACHED SCHEDULE	devoted to position			npensation	otner al		
SEE	ATTACHED SCHEDULE	devoted to position			npensation	other all		
	ATTACHED SCHEDULE Compensation of five highest-paid employees		enter -0-)	and deferred con				
			enter -0-)	and deferred con	nstructions			
2	Compensation of five highest-paid employees "NONE."	(other than thos	se included on lin	e 1 - see i	nstructions tions to lenefit (e). If n	one,	enter
2	Compensation of five highest-paid employees	(other than thos	enter -0-)	e 1 - see i	nstructions tions to enefit (e). If n	one,	enter
2	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(other than thos	se included on lin	e 1 - see i (d) Contribut employee t plans and de	nstructions tions to enefit (e). If n	one,	enter
2 (a)	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(other than thos	se included on lin	e 1 - see i (d) Contribut employee t plans and de	nstructions tions to enefit (e). If n	one,	enter
2 (a)	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(other than thos	se included on lin	e 1 - see i (d) Contribut employee t plans and de	nstructions tions to enefit (e). If n	one,	enter
2 (a)	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(other than thos	se included on lin	e 1 - see i (d) Contribut employee t plans and de	nstructions tions to enefit (e). If n	one,	enter
2 (a)	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(other than thos	se included on lin	e 1 - see i (d) Contribut employee t plans and de	nstructions tions to enefit (e). If n	one,	enter
2 (a)	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(other than thos	se included on lin	e 1 - see i (d) Contribut employee t plans and de	nstructions tions to enefit (e). If n	one,	enter
2 (a)	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(other than thos	se included on lin	e 1 - see i (d) Contribut employee t plans and de	nstructions tions to enefit serred atton). If n	one,	enter
2 (a)	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(other than thos	se included on lin	e 1 - see i (d) Contribut employee t plans and de	nstructions tions to enefit (e). If n	one,	enter unt,
2 (a)	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(other than thos	se included on lin	e 1 - see i (d) Contribut employee t plans and de	nstructions tions to enefit serred atton). If n	one,	enter unt,
2 (a)	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(other than thos	se included on lin	e 1 - see i (d) Contribut employee t plans and de	nstructions tions to enefit serred atton). If n	one,	enter unt,
2 (a)	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(other than those) (b) Title, and average hours per week devoted to position	se included on lin	e 1 - see i (d) Contribut employee t plans and de	nstructions tions to enefit serred atton). If n	one,	enter unt,

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emplo and Contractors (continued)	yees,
3 Five	highest-paid independent contractors for professional services. See instructions. If none, enter "NONI	E. "
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
	·	
T-4-1	has af abbas assaults and \$50,000 for an factorial assaults.	
Part IX-A	ber of others receiving over \$50,000 for professional services	0
List the fo	bundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ons and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 NOT A	APPLICABLE	
		(
2		
3		
4		
Part IX-E	Summary of Program-Related Investments (see instructions)	
	the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NOT A	APPLICABLE	
		(
2		
-		
All other p	program-related investments. See instructions	
3 NOT A	APPLICABLE	
T-4-1 A : 1 1	Union of Abraham 2	0
TOTAL ACC	lines 1 through 3	l

Pa	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions)	ign fou	ndations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	0
	Average of monthly cash balances	1b	994,657
С	Fair market value of all other assets (see instructions)	1c	20,720
d	Total (add lines 1a, b, and c)	1d	1,015,377
е			"
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1,015,377
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	15,231
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,000,146
6	Minimum investment return. Enter 5% of line 5	6	50,007
Pa	To XI Distributable Amount (see instructions) (Section 4942(J)(3) and (J)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part)	ndations	
1	Minimum investment return from Part X, line 6	1	50,007
2 a	Tax on investment income for 2019 from Part VI, line 5 2a		
b	Income tax for 2019 (This does not include the tax from Part VI). 2b		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	50,007
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4		50,007
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7]	50,007
	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		050 575
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26		259,575
b		1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)		
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	259,575
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	259,575
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculated qualifies for the section 4940(e) reduction of tax in those years	lculating	g whether the foundation

Pa	rt XIII Undistributed Income (see instr	uctions)			
	Distributable amount for 2010 from Park VI	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1	Distributable amount for 2019 from Part XI,		, , , , , , , , , , , , , , , , , , ,		50,007
•	line 7				30,007
	Undistributed income, if any, as of the end of 2019 Enter amount for 2018 only,				,
	o Total for pnor years 20,20,20			·····	, , , , , , , , , , , , , , , , , , ,
	Excess distributions carryover, if any, to 2019				1
	From 2014				!
	From 2015				,
	From 2016				'
	From 2017				1
۰	From 2018				
	Total of lines 3a through e	1,992,573	· -	······································	1
	Qualifying distributions for 2019 from Part XII,	· · · · · · · · · · · · · · · · · · ·			
	line 4 ▶ \$ 259,575				
а	Applied to 2018, but not more than line 2a				· · · · · · · · · · · · · · · · · · ·
b	Applied to undistributed income of prior years (Election required - see instructions),				
C	Treated as distributions out of corpus (Election required - see instructions)				'
d	Applied to 2019 distributable amount				50,007
е	Remaining amount distributed out of corpus	209,568			
5	Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				1
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,202,141			
b	Prior years' undistributed income Subtract				1
	line 4b from line 2b			·-··	ļ
C	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				; ; t
d	Subtract line 6c from line 6b Taxable				1
	amount - see instructions				
е	Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount - see instructions				
f	Undistributed income for 2019 Subtract lines				
	4d and 5 from line 1 This amount must be distributed in 2020				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				İ
	required - see instructions)				
8	Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions)	437,109			
9	Excess distributions carryover to 2020.				1
•	Subtract lines 7 and 8 from line 6a	1,765,032			
0	Analysis of line 9				1
	Excess from 2015				i
	Excess from 2016				1
	Excess from 2017 411, 915				
	Excess from 2018 421,702				1
е	Excess from 2019 209, 568				

Form 990-PF (2019)					Page 10
	Operating Foundation	s (see instructions at	nd Part VII-A. gues	tion 9)	Fage 10
	as received a ruling or o				
•	uling is effective for 2019, e			_	
b Check box to indica	ite whether the foundation	is a private operating	foundation described i	in section 4942((3) or 4942(j)(5)
2a Enter the lesser of the			Prior 3 years	- T· ·· · · · · · · · · · · · · · · · · ·	(e) Total
justed net income from I I or the minimum investr	(4) 2013	(b) 2018	(c) 2017	(d) 2016	
return from Part X for e	1				Y
year listed				 	<u>'</u>
b 85% of line 2a	• •		<u></u>	 	-
C Qualifying distributions from XII, line 4, for each year liste					
d Amounts included in line 20			<u></u>	+ /	
used directly for active con of exempt activities					
e Qualifying distributions in					
directly for active conduct exempt activities. Subtract					
2d from line 2c					
3 Complete 3a, b, or c for alternative test relied upon					
a "Assets" alternative test - en					
(1) Value of all assets					
(2) Value of assets qualr under section	fying				
4942(j)(3)(B)(i)		 			
b "Endowment" alternative enter 2/3 of minimum in	1				
ment return shown in Pa					
line 6 for each year listed . C "Support" alternative test - e		 		<u> </u>	
(1) Total support other					
gross investment inc	come				
(interest, dividends, n payments on secu					
loans (section 512(a or royalties))(5)).				
(2) Support from ge	neral				
public and 5 or r exempt organizations					
provided in section 4 (j)(3)(B)(iii)	1942				
(3) Largest amount of	sup-				
port from an ex- organization					
(4) Gross investment incor	[· · · · // · · · · · · · · · · · · · ·				
	mentary Information (only if the found	lation had \$5,000 c	or more in assets at
	e during the year - see				
	ding Foundation Manage		a than 20/ of the to		und bu the foundation
	of the foundation who any tax year (but only if t				
	any tax year (but only in t	ncy have contributed in	101e tilali \$5,000) (t	Jee 3ection 307 (d)(2))	
NONE h List any managers	of the foundation who	own 10% or more of	the stock of a cor	noration (or an equal)	v large portion of the
	tnership or other entity) o				y large portion of the
			•		
NONE					
	ding Contribution, Gran	t, Gift, Loan, Scholarsh	ip, etc., Programs:		
Check here ▶	if the foundation only	makes contributions	to preselected cha	ritable organizations	and does not accept
	ts for funds. If the found				
	, b, c, and d See instruction				
a The name, address	s, and telephone number	or email address of th	e person to whom ap	oplications should be ad-	dressed
	39 TECHNOLOGY DRI				
b The form in which a	applications should be su	ibmitted and information	on and materials they	y should include	
	47 AD AANTENIE				
NO SPECIFIC FORM					
c Any submission de	auiii its				
NONE					
	or limitations on awards	s, such as by geogra	aphical areas, charit	table fields, kinds of	institutions, or other
factors		.,	,		

NONE JSA 9E1490 1 000

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation Amount status of recipient Name and address (home or business) a Paid during the year PC TO CONTRIBUTE TO SEE ATTACHED SCHEDULE 259,575 THOSE ORGANIZATIONS THAT QUALIFY UNDER IRC 501(C)(3) IN CARRYING OUT THEIR EXEMPT PURPOSE. 259,575 **b** Approved for future payment SEE ATTACHED SCHEDULE PC TO CONTRIBUTE TO 278,017 THOSE ORGANIZATIONS THAT QUALIFY UNDER IRC 501(C)(3) IN CARRYING OUT THEIR EXEMPT PURPOSE.

▶ 3b

278,017

Part .	XVI-A Analysis of Income-Produ	ucing Acti	ivities			
	ross amounts unless otherwise indicated		ated business income	Excluded by	section 512, 513, or 514	(e)
J	gram service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
						(COO MISSI CONSTITUTION OF THE CONSTITUTION OF
						 -
- •						
е.						
f.				<u> </u>		
•	Fees and contracts from government agencies		_	:		
•	, i					
	nbership dues and assessments					 .
	rest on savings and temporary cash investments -					4,714
	dends and interest from securities					
	rental income or (loss) from real estate					
	Debt-financed property			 		
	Not debt-financed property					
	rental income or (loss) from personal property			1		· · · · · · · · · · · · · · · · · · ·
	er investment income					
	or (loss) from sales of assets other than inventory					<u>-</u>
	income or (loss) from special events · · ·					
	ss profit or (loss) from sales of inventory		·			
	er revenue a					<u>.</u>
e . 12 Sub	total Add columns (b), (d), and (e)					4,714
	al. Add line 12, columns (b), (d), and (e)		· · · · · · · · · · · · · · · · · · ·	1	42	4,714
	orksheet in line 13 instructions to verify calci				13	1,711
	XVI-B Relationship of Activities		complishment of Ex	remnt Puri	nnses	
				<u> </u>		
Line N ▼	Explain below how each activity accomplishment of the foundation					
N/A						
		 				
			·			
					· · · · · · · · · · · · · · · · · · ·	
			<u> </u>			
				· · · · · · · · · · · · · · · · · · ·		
·			· · · · · · · · · · · · · · · · · · ·			
	-					

		Organizations									
1	Did th	e organization direct	ly or indirectly	engage in any of the fo	llowing with	any other orga	nization	described		Yes	No
	ın sed	ction 501(c) (other	than section	501(c)(3) organization	s) or in se	ction 527, re	lating to	political			
	organı	zations?					•				
	_		g foundation to	a noncharitable exemp	t organization	of					
		-	-		-				1a(1)		Х
											X
		transactions									
			ncharitable exe	mpt organization					16(1)		Х
				able exempt organization.							X
				assets							Х
											Х
		_									X
		-		hip or fundraising solicitat					_		Х
				ts, other assets, or paid e							X
		-	_	es," complete the follow	• •			,		fair m	
				ices given by the report							
				gement, show in columi							
(a) Lir		(b) Amount involved		noncharitable exempt organizati	····	Description of transf	-				
(a) L	ie iio	(b) Amount involved	(c) Name of	nonchantable exempt organizati	(4)	Description of transi	ers, uarisac	uons, and snai	ing ana	ngenie	1115
											
											
		· · · · · · · · · · · · · · · · · · ·			.						
							·				
	-			- ·							
											
	-										
	-			 .			•				
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							-				
-											
	-				 -						
											
		•	•	filiated with, or related		•	_		_	<u>.</u>	1
			-	ction 501(c)(3)) or in sec	tion 527?	• • • • • • • •			Ye	s X	No
<u>b</u>	If "Yes	s," complete the follow									
		(a) Name of organization	1	(b) Type of organiz	ation	· · · · · · · · · · · · · · · · · · ·	c) Descript	on of relations	hib		
				-		<u> </u>					
		<u> </u>	<u></u>			1					
	Linda	r negatives of popular 1 deals	re that I have success	inad this ration includes assessed	anuna sahadidas	and statements and :	a the h	f my beauters		olice :	10 to -
				ined this retum, including accompliaxpayer) is based on all information.			o ine Desi C	i my knowledge	ano b	ellet, it	is true,
Sign		AFRE 1 L	\mathcal{L}	1 00 5-2 00				May the IRS	discus	s this	retum
lere	. 🔼	- INI SUL	<u> </u>	08 FER 202	<u> </u>	EASURER		with the pre	parer s	hown L	oelow?
	Sig	nature of fofficer or trustee		Date	Title			See instructions		Yes	No
		Dent/Type and		Department of		D-1-	<u> </u>	_ 	TIL		
Paid		Print/Type preparer's nar	me	Preparer's signature		Date	Che	··· — ··	TIN		
	arer					<u> </u>	self	-employed			
-	arer	Firm's name				· · · · · · · · · · · · · · · · · · ·	Firm's EIN	<u> </u>			
JSE	Only	Firm's address									
							Phone no				

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury

Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2019

Employer identification number 34-6544909 Dana Charitable Foundation Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 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 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 1/3% 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 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Employer identification number 34-6544909

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	DANA INCORPORATED 3939 TECHNOLOGY DRIVE	_ \$550,000	Person X Payroll
	MAUMEE, OH 43537		Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 	Person Payroll Nońcash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ _ \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ _ \$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Dana Charitable Foundation

Employer identification number

34-6544909

Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed								
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received						
	 \$							
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received						
	 \$							
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received						
	 \$							
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received						
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received						
	\ \ \ \ \ \ \ \ \							
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received						
•	 							
	(b) Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (See instructions) \$ (d) Description of noncash property given (c) FMV (or estimate) (See instructions) \$ (c) FMV (or estimate) (See instructions) \$ (d) Description of noncash property given (e) FMV (or estimate) (See instructions) \$ (c) FMV (or estimate) (See instructions) \$ (c) FMV (or estimate) (See instructions)							

Name of organization Employer identification number Dana Charitable Foundation 34-6544909 Part III Exclusively 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 exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once. See instructions) ▶\$ Use duplicate copies of Part III if additional space is needed (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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (d) Description of how gift is held from (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

DANA FOUNDATION FORM 990PF FEIN: 34-6544909 Supplemental Information TAX YEAR ENDED 3/31/2020

PART I, LINE 16b

	Column (a)	Column (b)	Column (c)	Column (d)
Other Professional Fees				
Audit Fees	5,700	5,700	5,700	0
Total	5,700	5,700	5,700	0

PART I, LINE 19 & PART II, LINE 14b

	Date Placed			Method of					
<u>Description</u>	in Service Cost		Useful Life	<u>Depreciation</u>	<u> 2019</u>	<u>2020</u>	<u> 2021</u>	<u> 2022</u>	<u>Total</u>
Software	1/1/2019	35,520	3 years	MACRS SL	2,960	11,840	11,840	8,880	35,520
				Accumulated			<u>-</u>		
				Deprciation	2,960	14,800	26,640	35,520	35,520

PART 1, LINE 23

	Column (a)	Column (b)	Column (c)	Column (d)
Other Expenses				
Ohio Annual Report Fee	200	200	200	0
Total	200	200	200	0